Masculinité, Famille et Foi: Learnings from scaling up in two countries

After an initial pilot phase in Kinshasa, Democratic Republic of Congo (DRC) between 2015 and 2019, Masculinite, Famille et Foi (MFF) was extended within Kinshasa and replicated in Kigali, Rwanda between January 2020 and May 2021, under USAID funding. In the DRC, the implementing partner was l'Eglise du Christ au Congo (ECC), a nation-wide church network which encompasses 95 Protestant denominations, representing 25 million members in 320,000 congregations. In Rwanda, the implementing partners were two local organizations, Association Mwana Ukundwa (AMU) and Health Development International (HDI). AMU, a faith-based organization working with Christian denominations for community development and HDI, a rights-based community and reproductive health organization. This report synthesizes learnings on the scale-up journey of MFF from 2019-2021. Learnings comprise experiences of both geographic expansion (horizontal) and institutional (vertical) scale-up, with key takeaways generated on scaling norms-shifting interventions from both countries.

The Masculinité, Famille et Foi Innovation

Masculinité, Famille et Foi (MFF) is a faith-based, norms-shifting intervention implemented under the USAID-funded Passages Project. The goal of MFF is to reduce intimate partner violence (IPV) and improve healthy timing and spacing of pregnancies, through shifting social norms that shape inequitable gender relations and prevent the use of modern methods of family planning. Between 2015 and 2021, Tearfund and Georgetown University's Institute for Reproductive Health (IRH) supported the implementation and scale up of MFF in partnership with ECC in Kinshasa, DRC, and HDI and AMU in Kigali, Rwanda.

The MFF intervention is based on Tearfund's evidence-based Transforming Masculinities intervention, which was developed for conflict-affected rural communities in Eastern DRC. In the DRC, the majority of the population identify as belonging to a religion, and religious leaders remain influential leaders of opinion within communities.[1] Faith-based organizations are active in responding to material need, providing between 50% - 70% of healthcare in the region.[2] Transforming Masculinities engages religious leaders and faith communities to promote positive masculinities and gender equality within a faith context to reduce sexual and gender-based violence (SGBV). The core innovation uses a process of

Box 1: What is the Passages Project?

Passages is an implementation research project that aims to address a broad range of social norms, at scale, to achieve sustained improvements in violence prevention, gender equality, family planning and reproductive health. The project uses norms-shifting approaches to build the evidence base, contributing to the capacity of the global community to understand and shift norms, and strengthen reproductive health environments.

Passages capitalizes on formative life course transitions – very young adolescents, newly married couples and first-time parents – to test and scale up interventions that promote collective change and foster an enabling environment for voluntary family planning, especially healthy timing and spacing of pregnancies. Passages is committed to sharing learnings on the integration, measurement, evaluation and scale of norms-shifting interventions.

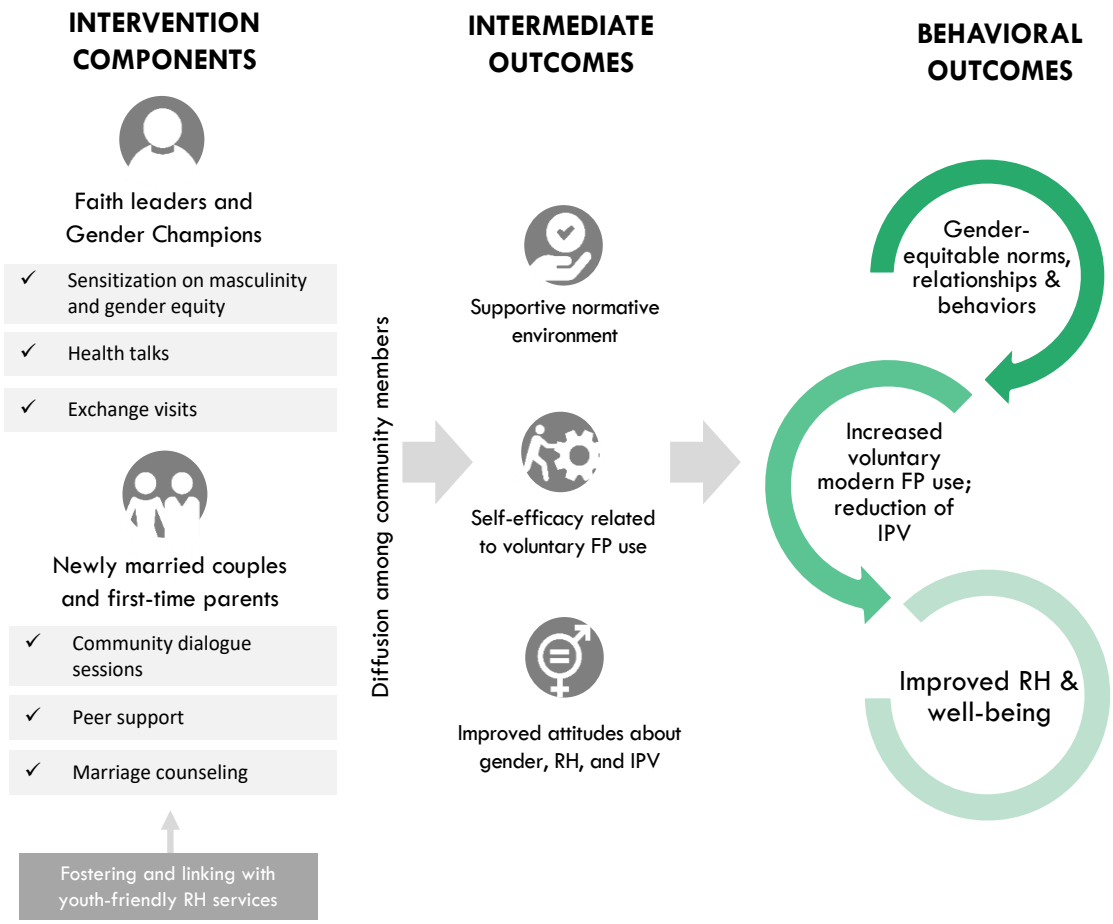
[1] Église du Christ au Congo (2021). Église du Christ au Congo: Une, Sainte, Universelle et Apostolique. http://ecc.faithweb.com/

[2] Ministère du Plan et Suivi de la Mise en oeuvre de la Révolution de la Modernité, Ministère de la Santé Publique, Kinshasa, République Démocratique du Congo, et MEASURE DHS, ICF International (2014). *Congo Democratic Republic Demographic and Health Survey 2013–2014.* ICF International, Rockville, Maryland, USA.

participatory scriptural reflection, transformative discussions and activities with faith leaders and congregants – men and women – to identify, create and embrace new, positive masculine identities, and to take action to address gender inequality and unequal power relations as the root cause of SGBV. Under Passages, Transforming Masculinities was adapted to include components on family planning and to engage newly married couples and first-time parents in life transitions to form new supportive norms around health and wellbeing. MFF posits that by working with faith communities, there is potential to shift norms to improve sexual and reproductive health and well-being and see a reduction of violence for these young couples. To inform the adaptation, the Social Norms Exploration Tool identified social norms and reference groups underpinning behavioral outcomes related to family planning, gender, and IPV.

The MFF theory of change (**Figure 1**) illustrates the hypothesized pathway of intervention activities shifting social norms, improving attitudes and increasing self-efficacy, in order to reduce IPV and increase the use of modern family planning for young couples. MFF is designed to be embedded within existing communities and structures, specifically within existing congregation activities. This choice fostered institutional leadership and ownership within individual congregations and throughout the leadership hierarchy within engaged faith-based institutions.

Figure 1. Theory of Change for Masculinite, Famille et Foi



Box 2: Designed for scale

In 2015, the MFF intervention was designed with scale in mind, to maximize its impact and reach. Underpinning the design, the adapted MFF toolkit streamlined family planning and reproductive health in the existing content. Its design – a light and costed package of scalable activities – included:

1) **Transforming faith leaders** through partnership and workshops at the national, provincial and congregational level, supporting change through denominational hierarchy. Already in place, in partnership the Faith leaders support Gender Champions in the recruitment for and running of community dialogues and provide supportive sermons to the wider congregation. Leaders in the congregation, they remain throughout and after implementation.
2) **Building capacity of Gender Champions** through workshops, working with Faith Leaders to support young couples. Existing members of the congregation, Gender Champions facilitate community dialogues, support organized diffusion, and act as change agents.
3) **Community dialogues**, facilitated by Gender Champions, are a series of structured small group discussions that support critical reflection and support young couples to take action together on issues related to IPV, family planning, and gender equality. Grounded in scripture reflections, content is recognizable and relevant in the lives of participants and easily integrated in existing religious activities within congregations.
4) **Organized diffusion** throughout congregations through supportive sermons, couples' stories of change, community mobilizing events, and more, to help facilitate the spread of new ideas and behaviors to the larger community. Events are standalone or woven into exiting community or congregational activities to maximize reach.
5) **Enabling service environment**, strengthened with provider training on youth-friendly service provision, providing referrals and running a family planning/reproductive health hotline. Young couples received free family planning information and advice from existing community health workers, linked to existing health service centers.

Evidence & Learnings from the Pilot Phase

The MFF pilot phase ran from 2015–2019 and was implemented as a partnership between IRH, Tearfund and ECC. Evaluation results from 2019 indicated promising shifts in social norms, supporting family planning and male involvement in household work, and weakening IPV norms. Positive behavior changes were seen for family planning behaviors, though the overall picture for IPV behaviors was mixed.

In addition, a midline ethnographic study was conducted to better understand how MFF was accepted, practiced and understood in participating congregations. At the end of implementation, faith leaders, Gender Champions and young couples also took part in qualitative learning studies. A number of insights from these qualitative studies informed the planned scale-up:

1. The intervention messaging and approach was well received by Faith Leaders, Gender Champions and couples, and there was commitment within to continue and support scale-up.

Box 3: Pilot Phase Achievements

- 17 ECC Protestant congregations were engaged with 8 receiving full intervention and all receiving strengthened services
- 42 faith leaders and 40 Gender Champions were trained and engaged
- 7 cycles of Community Dialogues engaged 458 young couples
- 120,000 congregation members were reached through numerous diffusion activities: 384 supportive sermons, 315 couple testimonies, 24 community mobilisation events
- 42 health workers were trained in youth friendly services
- 5,506 individuals sought services
- 1,700 calls were made to a confidential hotline

2. Participants identified a need to continue building internal capacity to support scale-up. Training multiple individuals who can in turn train others will support both institutionalization (vertical scale-up) and horizontal expansion.
3. Faith Leaders were keen to support the intervention and share sermons supportive of new norms and behaviors. However, monitoring is needed to track the content, framing and reach to ensure their alignment with intended messaging.
4. Facilitation skills of Gender Champions are critical for successful reflection and discussion on social norms. Therefore, their selection, training and ongoing support are essential.
5. Diffusion activities such as Community Mobilization events are very popular but they require more funds and planning which can create an additional burden for Gender Champions.
6. Strong relationships are needed between congregations and service providers, as well as clear communication to couples on the family planning services available.
7. Given interest in expanding the reach of the intervention, other young couples who weren't strictly newly married or had more than one children, could be engaged at scale.

Finally, Tearfund undertook an activity-based costing study of MFF, drawing on guidance from the Costing primer for norms-shifting interventions. The costing study enabled better understanding of the implementation costs of the MFF pilot in Kinshasa, DRC, in order to plan more effectively for scaling efforts, including expansion in the DRC and adaptation and replication in other settings. The costing study highlighted that roughly a third of the project resources were spent on stakeholder engagement and training faith leaders and Gender Champions; another third on core intervention activities (the running and monitoring of community dialogues); and a third on capacity building for ownership transfer to ECC along with other support costs.

Further details of the initial pilot phase, including learnings, evaluation results, costing and recommendations, can be found in the End of project report.

Scale-up Activities: Where, when, who, why, how?

Following the pilot of MFF, the intervention was scaled by ECC in the DRC, and further adapted and scaled in Rwanda through two new organizations. This presented an opportunity to learn how to support scale-up in a shorter period across two countries. The scale-up activities in the DRC and Rwanda were independent from one another, with some cross-learning and collaboration between countries. Here, we discuss the vertical and horizontal (see **Box 4**[3]) scale-up activities for the two countries.

Box 4: Horizontal and vertical scaling

Horizontal scaling focuses on replicating and expanding the impact of innovations to more people, for example, by working with more communities or churches.

Vertical scaling focuses on creating sustainability of the innovation through political, legal and or structural changes, for example, by creating a permanent team within the implementing organisation, by training senior leadership or by changing laws and policies to accommodate the programme.

DRC Scale Up Activities

In Kinshasa, the MFF scale-up strategy covered three areas, taking place from June 2020 to May 2021:

[3] Box 4: ExpandNet (2021). Scaling-up framework. https://expandnet.net/scaling-up-framework-and-principles

1. Vertical scale-up by supporting project staff to become the scale-up resource team (see **Box 5**[4]) within the organization, able to support the rest of the organization and their networked churches. Project staff were supported by strengthening their technical expertise on MFF, social norms and scale-up.
2. Vertical scale-up through increased integration of MFF into the national departments.
3. Horizontal expansion through increasing geographic reach of the intervention from eight pilot congregations to 24 new congregations in Kinshasa, testing additional diffusion activities and engaging more young couples.

Vertical scale-up: *Institutionalization of MFF*

ECC demonstrated their commitment by voting at the national level to establish a national MFF directorate to support the institutionalization and integration of the MFF approach. The MFF directorate is responsible for building the training capacity and knowledge of staff and stakeholders within ECC departments and congregations. During the scale-up period, 12 ECC internal trainers on MFF received follow up training and went on to facilitate eight workshops for ECC department leaders. Further, four of ECC's national departments (the Departments for Men, Women, Youth and Pastors) were selected to be engaged during an adaptation workshop with ECC leaders. These four departments have significant influence on ECC decision-making, impacting all denominations and provinces. Their members form a link between national executive decisions and congregation-level activities. Twenty members of their leadership staff were trained on MFF and equipped to run eleven events to promote MFF, to advocate for scale-up in national meetings, and to discuss IPV, family planning and gender equality within their existing events and programs. Fifteen ECC faith leaders also participated in a workshop to integrate MFF into existing marital counselling activities.

Box 5: Resource team and user organizations

The **resource team** refers to the individuals and organisations that seek to promote and facilitate wider use of the innovation.

The **user organization** refers to the institution or organization that adopt and implement the innovation at scale. With increased knowledge of the innovation, members of the user team will become part of the resource team.

Horizontal scale-up: *Integration of MFF into congregational activities*

MFF expanded its reach to 24 new congregations selected for scale-up based on faith leader interest and the number of eligible young couples for whom the intervention would be relevant. Among the five intervention components tested during the pilot phase, two were implemented as originally planned in the congregations and three components were modified for expansion (see **Table 1**).

Table 1. DRC Scale Up Components, Adaptations and Reach

Intervention Component	Adaptation and Reach	Adaptation Rationale
Transforming faith leaders	As per pilot design 48 congregational faith leaders trained	
Building capacity of Gender Champions	As per pilot design 48 Gender Champions trained	
Community Dialogues	Inclusion criteria expanded to include parent couples married over five years and with more than one child 2 cycles of community dialogues conducted in each of the	*High interest from all couples in congregations for information on family planning and improved couple relationships*

[4] Box 5: WHO (2010). Nine steps for developing a scaling-up strategy. https://www.who.int/immunization/hpv/deliver/nine_steps_for_developing_a_scalingup_strategy_who_2010.pdf

	24 congregations	
Organized Diffusion	Faith leaders preached supportive sermons and couples shared stories of change, as in pilot phase **Cultural Activities** Artistic presentations of intervention topics shared through drama, poetry, song and dance replaced the community mobilization events. Members of the ECC Youth department prepared cultural activities and presented them during the main Sunday service to all the congregation members. **Radio Shows** Radio shows were broadcast in Kinshasa through 3 radio stations. Two were Christian stations; one is ECC's own radio station. Broadcasts consisted of 15 minutes of scripted information on IPV, family planning and gender equality written and read by members of the ECC MFF directorate and trained facilitators. The third radio station is one of the most listened-to radio stations in the DRC, Top Congo. Broadcasts were 90 minutes long and included debate and Q&A with listener call-ins and text messages. Three of these longer shows were held over the six months. In total, 637 sermons and 258 couple testimonies were shared, and 14 cultural activities and 60 radio shows were held over the six months.	*Seen as a helpful way to raise awareness of sensitive topics in a large group setting. Youth from each congregation were trained on developing the presentations, with plans for these to continue after the implementation period.* *ECC included radio shows to reach a wider audience outside the 24 participating congregations. The three stations were selected as they each have a different audience.*
Enabling Service Environment	Gender Champions trained to deliver the family planning health talk and to direct couples to nearby clinics. In the pilot phase, community health workers visited to make the presentation and distributed referral cards to track visits to linked clinics.	*Gender Champions expanded their roles to simplify the intervention package for scale by removing the need for a formal health provider partnership, and related costs.*

Rwanda Scale Up Activities

In October 2019, Tearfund and IRH facilitated a workshop in Kigali, Rwanda, with 16 NGOs from the Great Lakes region of East Africa to explore possible partnerships for scale. MFF was presented as an approach to strengthen the work of NGOs already addressing SGBV and/or family planning and reproductive health, as well as for those looking for a model to begin responding to these needs. Of the organizations who expressed an interest in scaling MFF, Passages partnered with 2 organizations (see **Box 6**) from March 2020–May 2022, to build their knowledge and capacity to implement MFF, adapt intervention materials, and align it with their organizational priorities, in order to position them for ongoing MFF implementation. The partnership focused on providing a foundation for future implementation, through vertical scale-up (institutionalization) within these two organizations. Both partners considered that the MFF intervention was well suited to their context and aims and proposed relatively small adaptations. Initially, activities were planned for an eight-month period, but this was impacted by COVID-19 lockdown measures, which prevented gatherings, meetings and trainings. The actual implementation period was four months (see **Figure 2**) and included the following strategies by partner:

Box 6:
Rwanda scale-up Partners & Plans

AMU (Association Mwana Ukundwa) is a faith-based NGO based in Rwanda, working on HIV/AIDS prevention with churches. With Tearfund, they expanded their work on violence prevention and health strong relationships within faith settings. Together they engage local churches in Church and Community Transformation (CCT). CCT is a multi-stage process which faith leaders and church members to form self-help groups collectively respond to the material and relational needs of their communities.

HDI (Health Development Initiative) is a reproductive health rights and community health development NGO, with an extensive portfolio in Rwanda. A new partner to Tearfund, HDI brought extensive experience and resources within the health sector but are new to faith-based programming. In scaling MFF, they sought to develop their relationships with faith-based partners.

- **AMU's** scale-up strategy was to integrate MFF into its existing work on community mobilization through church networks to ensure sustainability. AMU integrated MFF into self-help groups by training Gender Champions and recruiting couples who were members of these groups. Self-help groups are formed of community members and include people from churches and from the wider community. This was a change from MFF in the DRC where only congregation members participated. AMU considered MFF as a means to respond to IPV, and as an entry point for working with service providers in supporting service linkages for participants.
- **HDI's** scale-up plan was to adapt and integrate MFF into their work at the community level, and to leverage ongoing communication activities (such as radio programs) to expand the reach of project messages. HDI recognized that the church has the potential to advance national development agenda, including shaping positive masculinities and promoting access to family planning. Their participation in MFF was an entry point to build relationships with faith-based structures.

Both partners kept the core intervention model and contextualized the training manuals. To facilitate the integration of MFF within their own organization, both partners prioritized internal capacity-building and engaging organizational members beyond the project team in initial training on MFF.

Figure 2. Timeline of MFF scale-up activities in Rwanda

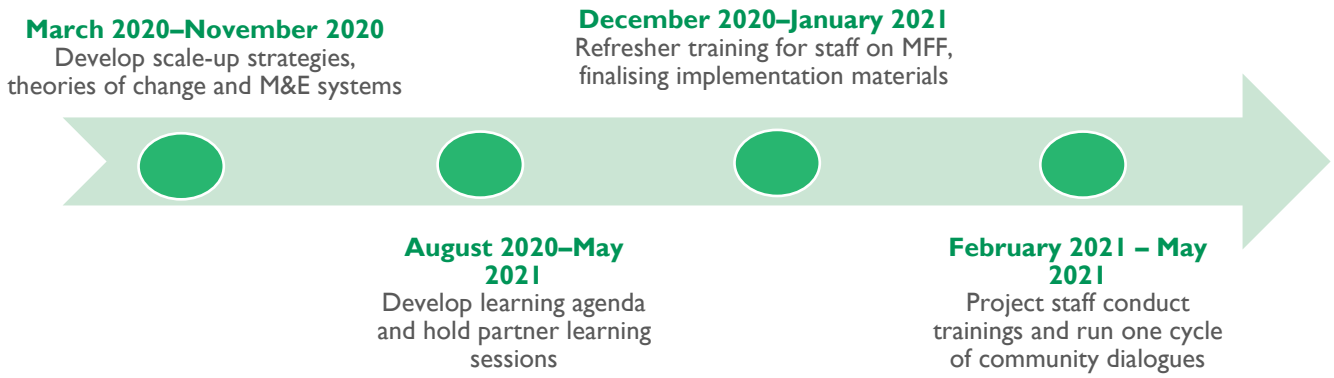


Table 2. ECC Rwanda Scale Up Components, Adaptations, and Reach

Intervention Component	AMU Implementation Reach	HDI Implementation Reach
Internal Capacity Building	5 staff trained including the Executive Director	5 staff members trained including the Executive Director
Transforming Faith Leaders	9 denominational faith leaders; 40 congregational faith leaders from 20 congregations already linked with AMU	8 congregational faith leaders from four congregations that HDI established relationships with
Gender Champion Capacity Building	40 Gender Champions trained **Adaptation:** Training Gender Champions from existing community-based self-help groups	16 Gender Champions trained – only 12 continued to facilitate dialogues
Community Dialogues	193 newly married couples and first-time parents completed **Adaptation:** Engaging couples from existing community-based self-help groups	48 newly married couples and first-time parents
Organized Diffusion	60 sermons 216 stories of change	**Adaptation:** Inclusion of radio shows Four Radio shows leading to 51 call-ins and 781 Twitter interactions. Two of the radio shows involved the trained faith leaders
Enabling Service	Established links with six health centers	Four health providers linked to the

Environment	and the participating congregations 129 couples and 19 individuals attended clinic; and 122 couples and 12 individuals selected a family planning method	congregations (individual-level service data was not collected).

Future for MFF: 2021 and beyond

In the **DRC**, ECC continues to consolidate the MFF directorate's responsibilities and support integration of MFF into national department strategies and congregation-level activities. A sustainability plan, developed with Tearfund's support, outlines a continued gradual scale-up to an additional 30 congregations while maintaining support for the 32 congregations already running MFF. Couples who have participated in community dialogues will be brought together to share their experiences and create momentum for change across their communities. Organizational institutionalization continues with refresher training for the four key national departments to focus on their role as advocates for scale-up, scale-up workshops with the national executive team, and regular reports on the progress of MFF integration at the national synod. The ECC MFF directorate continues to present MFF in various ECC fora and departments, including ECC-run schools, and to mobilize funding to support this ongoing work.

In **Rwanda**, both AMU and HDI are working with the churches and denominational leaders they partnered with to enable them to continue implementation beyond this scale up piloting phase. MFF is being scaled to 88 new churches by AMU between June 2021 - June 2022. To support sustainability, AMU's trained MFF Gender Champions will continue to facilitate MFF in their communities. HDI continues to explore options to integrate MFF to ongoing or future activities.

Our Scale Up Journey Learnings

To best understand and draw key lessons on how MFF was scaled in both Rwanda and the DRC all three partners maintained a focus on documenting and reflecting on learnings. Each partner developed a 'Scale-up Learning Agenda' with key learning areas to guide discussion, analysis and reflection:

- In the **DRC**, this centered on the process of institutionalization, sustainability, the technical support given to the integration and institutionalization activities as well as the quality and fidelity of the intervention package for the geographic expansion. To address these learning areas, learning meetings were held with at the beginning of 2021, quantitative monitoring and evaluation data was analyzed, and a rapid qualitative study was conducted in March 2021, involving focus group discussions with faith leaders, Gender Champions and staff of the four engaged national departments.
- In **Rwanda**, learnings were generated on adaptations, implementation, and the overall scale up experience. Individual monthly meetings were held with AMU and HDI, alongside quarterly cross-partner conversations. Partners discussed their implementation experiences, as M&E data were not collected until after the final learning meeting. These inputs were recorded in matrices circulated to the global project team in Tearfund and IRH.

DRC Learnings

Transferring Technical Ownership

Transferring technical ownership of the MFF intervention to the ECC MFF directorate was a key focus of this scale-up phase, in order to ensure ECC, as an extensive national network, had the technical expertise needed to continue scaling MFF after the end of Passages. The ECC MFF directorate was supported in Kinshasa by the Tearfund DRC team and remotely by IRH and Tearfund's technical staff. The team received a training-of-trainers to equip them to support other trainers within ECC, and became the key facilitators for all internal training. The MFF ECC team coordinated advocacy efforts within ECC

and oversaw implementation in the 24 parishes, including collecting monitoring data and holding regular feedback sessions with the faith leaders and Gender Champions. However, travel restrictions due to the COVID-19 pandemic hampered more frequent and in-depth technical support from the remote team which could have supported the scale-up process, including refining the M&E system for planned future scale-up.

Institutionalizing MFF

Congregations perceived MFF as an ECC-owned project, rather than an external initiative, which increased project acceptance. Couples and congregation members participated with confidence due to the support and promotion of MFF by the ECC President and the creation of the MFF directorate within ECC. The involvement and commitment of the four national departments on Women, Youth, Men and Pastors also increased confidence and trust in MFF and its messages on IPV, family planning and gender equality – their main objective was promoting MFF and advocating for its integration. Advocacy from these departments at the national level encouraged pastors from the 24 congregations to support the MFF implementation in their congregations, as it demonstrated theological support from the ECC leadership. The engagement of the national departments also led to MFF being profiled and promoted at national conferences and raised awareness of the intervention and topics beyond the current 24 congregations in Kinshasa. Despite all of these successes, MFF was integrated into ECC during a process of major restructuring within ECC. During this period, the MFF directorate had to ensure that structural changes in the ECC management did not affect the motivation to continue. The expressed support from the four national departments specifically engaged to advocate for MFF ensured that the program's integration continued. However, this requires funding which may be challenging long-term. The significant size and competing priorities of ECC made it difficult for MFF to have continuous visibility and has led to difficulties in establishing ongoing internal funding.

Expanding Reach to New Congregations

In the horizontal scale-up, the MFF intervention ran successfully in the 24 congregations, with two cycles of Community Dialogues engaging 480 couples and having a 98% retention rate. Engagement by couples and Faith Leaders remained high and Gender Champions' facilitation scores during community dialogues were strong. The MFF directorate was able to manage the increased number of congregations and ensure activities were implemented and monitored as planned. Of the two new organized Diffusion Activities, the cultural activities were seen as very effective in sharing messages on these sensitive topics to the wider congregation. Although the cultural activities were well received and encouraged conversations on family planning, IPV and gender equality within participating congregations, there was a cost associated with these. This is why they were organized in only 14 of the 24 congregations and only occurred once during the six-month implementation period. However, youth members from each congregation were trained in developing the sketches and poems, with the plan that they will continue this as an ongoing activity in these congregations.

The radio broadcasts were seen to be helpful in sensitizing the broader public to issues of IPV, family planning and gender inequality. However, it was challenging to monitor both the content and the reception to these shows, and to see a clear link between these and the uptake of the MFF intervention. Monitoring effectiveness wasn't possible given the broad target audience and limited mechanisms to collect data on audience numbers and reactions. The radio shows also had cost implications, especially the longer, interactive ones. The ECC MFF directorate is looking at ways to continue using the ECC radio station to share key information on MFF topics and raise awareness of the MFF intervention with lowered costs.

Supporting the enabling service environment, a formal relationship with a service provider was not maintained at scale in order to simplify the intervention package and reduce costs. Gender Champions received additional training to deliver a health talk during the Community Dialogues, which members of the congregations with medical expertise also supported. However, not all Community Dialogue couples lived near their church and therefore may not have been situated close to the suggested service provider. Some couples faced cost barriers in accessing family planning methods. Although a lighter-touch

approach to health service linkages had lower costs (anticipated to be useful for scale-up), more expertise or direct collaboration with ECC health clinics may be required to strengthen access to services.

Rwanda Learnings

Institutionalization within partner organizations

The focus of the scale-up period in Rwanda was vertical institutionalization within the new partners, with a short implementation period planned to provide experience and learning for future implementation. Due to the COVID-19 pandemic and lockdown measures in Rwanda, the implementation of activities was delayed. The resource team and implementing partners used this delay to further embed knowledge of the MFF intervention within the implementing partners, committing a significant portion of time to developing technical capacity on social norms and norms-shifting interventions, supporting the development of theories of change and project design and adaptation.

At the outset, both partners were attracted to the MFF intervention because it aligned with their organizational goals – and saw it as an opportunity to expand their work into new areas. AMU was experienced in working with churches, but had less experience working on reproductive health issues. HDI was strong on reproductive health, but had less experience in working with faith groups. The resource team and implementing partners developed a continuous learning approach, in which partners came together to share learnings and equip one another based on their complementary skills. In the context of the COVID-19 pandemic, it took more time than initially planned for AMU to set up links with health services and for HDI to build relationships with faith leaders and faith institutions. The COVID-19 pandemic also had an impact on in-person technical support from IRH and Tearfund, and impacted setting up the formal partnership between Tearfund and HDI.

The original scale-up plan included plans for two cycles of Community Dialogues during implementation, but this was also limited by the COVID-19 pandemic. This reduced the opportunities for learning what worked well and what needed refining in the activities at the congregational level, as data was not collected until the end of the project. It also meant Gender Champions did not participate in a refresher training or have an opportunity to consolidate their facilitation skills and familiarity with the material over time. However, both AMU and HDI held weekly follow-up meetings with Gender Champions during the Community Dialogue process to ensure they gave regular feedback and discussed any challenges, so that Gender Champions were well equipped to continue facilitating the Community Dialogues beyond the project period.

Faith Leaders appreciated that the curriculum was based on Christian scriptures. However, early in the project, there was pushback from congregational Faith Leaders around discussions of family planning and reproductive health, especially modern family planning methods. To address these concerns, health providers met with faith leaders to make their health talk presentation and respond to their questions. The conversations with health providers reassured Faith Leaders, who went on to approve of the family planning health talk presentations being conducted in their congregations. The location of clinics, which were not always accessible to congregation members, may have limited uptake, while higher-than-anticipated costs for accessing methods acted as a barrier to access.

Crosscutting Takeaways for Scaling Norms-Shifting Interventions

Shared here are key takeaways drawn from the MFF experience of scaling in two countries with three different implementation partners discussed above.

1. Churches and Faith Leaders can be effective partners in shifting norms at scale, especially when the focus is on church ownership, can be integrated into existing congregation activities, and importantly aligns with church priorities.
2. Supportive relationships and close, regular communication between the resource team and the user team is important for supporting scale-up activities through the organizations. Investment in building understanding of how norms develop and function facilitates the adaptation of the intervention to new contexts by the user organizations.
3. Identifying the strategic departments or key influencing positions within a user organization is essential to enable institutionalization and should be done as early as possible. It is important to regularly review this, especially in the context of organizational restructuring, and to continue to actively engage these individuals or groups through trainings and regular updates.
4. Ongoing transformative training within the implementing partners is important for norms-shifting interventions. For scaling interventions, these trainings need to include both the implementing staff and senior leadership, who can support organizational norm shift. Building the capacity of the project staff to be advocates and trainers within their respective organizations increases internal understanding and momentum to adopt the intervention.
5. Adaptation or inclusion of new elements should be carefully considered in regards to their effectiveness and scalability, and proposed pathway to support shifting norms, as well as tested ahead of larger scale-up. In the DRC, aiming to simplify the intervention by removing the service provider link resulted in weakening an aspect of the tested intervention, while adding in radio shows without effective monitoring created time and financial costs without a measurable improvement.

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