

Adaptation of Violence Against Women and Girls Interventions: Insights from What Works II



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A central aim of the FCDO-funded “What Works to Prevent Violence: Impact at Scale” initiative (What Works II) is to contribute to the body of evidence in the Violence Against Women and Children (VAWC) prevention field on ethical, accountable, safe and effective pathways to impact at scale. The Practice-Based Learning (PBL) Series brings together lessons from across the programme on *how* practitioners design, implement and monitor the day-to-day activities needed to implement effective VAWC prevention programmes. It enables What Works II to capture and share the tacit, hard-won knowledge that practitioners build through day-to-day experience, the judgement calls, workarounds, and contextual insight that rarely make it into formal research but are essential to informing design and implementation of interventions. These briefs complement other evidence generated by research that the programme is producing on the *impact* of programmes through robust evaluations. All evidence produced by the programme can be found on our [website](#).

This practice-based learning (PBL) brief draws on interviews with grantee and consortium partners of the What Works II team. The lessons shared in this brief are specific to experiences of those working on the What Works II programme.

Design and illustration by Meg Del Castillo

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Overview of implementing partners

We start by introducing What Works II implementing partners who contributed to this Practice based learning brief on adapting Violence Against Women and Children (VAWC).

What Works II Partners that have contributed to this PBL brief	
Right To Play and Aahung	Right To Play is an international non-profit organization that protects, educates, and empowers children through the power of play. For 25 years, they have been helping children in some of the world's most challenging places to learn, stay safe, and thrive. Aahung is a feminist organization supporting sexual and reproductive health and rights in Pakistan for the past 21 years. Together, they are rolling out a play-based life skills education project in public and private schools across Sindh province. Type of adaptation: to different settings and for scale-up within a similar context.
The International Committee for the Development of Peoples (CISP) & Northern Frontier Youth League (NOFYL) ,	CISP is an Italian civil society organization active in the international cooperation and in the fight against social exclusion. Within Somalia, CISP is, since 1983, actively engaged in various programs spanning from education, to health, nutrition, and protection. In collaboration with the Northern Frontier Youth League (NOFYL), a welfare society by local Somali pastoral youth and women, they are implementing a community-based intervention and a school-based intervention in public schools in Somalia. Type of adaptation: to new populations and to address a new issue.
Global Communities & Kivulini	Global Communities is an international organisation that works hand-in-hand with communities worldwide to create meaningful, lasting change. In collaboration with Kivulini Women's Rights Organization working on preventing violence against women, girls and children and the Government of Tanzania, they are implementing a gender-transformative parenting and nutrition programme to prevent violence against women and girls through a gender-transformative approach. Type of adaptation: for scale-up within a similar context, to address a new issue and to different settings.
Reach Digital Health , Ipas ASR & Lovelife	Reach Digital Health is a non-profit organisation based in South Africa, that uses digital tools to address disparities in health services by connecting people to health services. In collaboration with Ipas African Southern Region (ASR) focused on reproductive rights and youth support, and Lovelife a prominent youth-focused health organization, they are implementing an evidence-based Chatbot intervention. Type of adaptation: to new populations and to address a new issue.
Centre for Rights Education and Awareness (CREAW) & Agency for Empowerment of Pastoralists (AFEOP) ,	CREAW is a national feminist women's rights non-governmental Organisation based in Kenya. In collaboration with the Agency for Empowerment of Pastoralists (AFEOP) who have expertise in the radio diffusion, they are implementing a curriculum-based model with heterosexual couples and that is adapted into a radio program. Type of adaptation: to new populations and to new modalities.

Women Unlimited Eswatini & Bantwana Initiative	Women Unlimited Eswatini is committed to advancing the rights of women and youth and empowering them for greater participation in social, economic, and political spheres. In collaboration with Bantwana Initiative, they are implementing a hybrid, club-based peer-driven university campus intervention to prevent sexual harassment. Type of adaptation: to a new population.
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Introduction

This PBL brief consolidates learning on adapting VAWG prevention interventions from implementing partners of the What Works II initiative. It is a reflective piece that aims to share lessons and practical examples to support other practitioners to adapt interventions themselves. While it is not intended to provide a framework or step-by-step guide for adaptation, the examples and lessons are organised around three key phases, which the six partners identified as central to their adaptation process. While two partners followed the Prevention Triad¹ as a guiding theoretical framework developed by the Prevention Collaborative, others adopted a more iterative approach, the same three phases consistently emerged across interviews. This brief explores each phase and unpacks the different activities undertaken by different implementing partners, practical considerations, and lessons learned from their experiences.

Adapting VAWG prevention interventions refers to, “the deliberate and planned process of modifying the content, delivery or implementing mechanisms of an evidence-based intervention in order to improve its fit in a new context, while retaining the original program's core components and approaches critical to achieving its theory-based intermediate outcomes and effectiveness²”. Thoughtful and intentional adaptation is critical to achieve intended outcomes and impacts, improve programme effectiveness, and ensure contextual relevance. When adaptation is poorly planned or implemented, it can compromise the intervention's quality, reduce its effectiveness, result in inefficient use of resources, create unexpected challenges and might even cause harm to programme participants and community members.

To better understand how programmes are modified across contexts, it is important to start with distinguishing between the different types of adaptation, each reflecting different objectives and contextual considerations.

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Types of Adaptation as defined by the IPV Adapt Framework³

Adaptation to new populations: Adapting interventions to reflect linguistic, cultural, or religious contexts (e.g., adapting language, images, examples, scenarios, and activities to enhance cultural relevance and acceptability).

Adaptation to different settings: Adjusting interventions for implementation in different contexts (e.g., from non-humanitarian to humanitarian settings, rural to urban areas, different locations, or entirely new countries or contexts).

Adaptation to new modalities/ implementation innovations: Modifying how interventions are delivered (e.g., transitioning from in-person to remote delivery or from community mobilisation to digital or social media approaches).

Adaptation to address a new issue: Integrating additional or intersecting issues into an existing intervention (e.g., incorporating violence against children (VAC) into an IPV intervention).

Adaptation for scale-up within similar contexts: Adapting interventions to support expansion while maintaining effectiveness within similar contexts.

A key consideration throughout adaptation is maintaining fidelity to the essential elements of the intervention. The definition and components of fidelity are presented below:

Fidelity to the model

Fidelity⁴ is the degree to which a program is implemented as intended by its originators with the aim of maintaining the program's intended effects.

Components of fidelity:

Adherence: Extent to which program components delivered as per model i.e. program content, methods, & activities

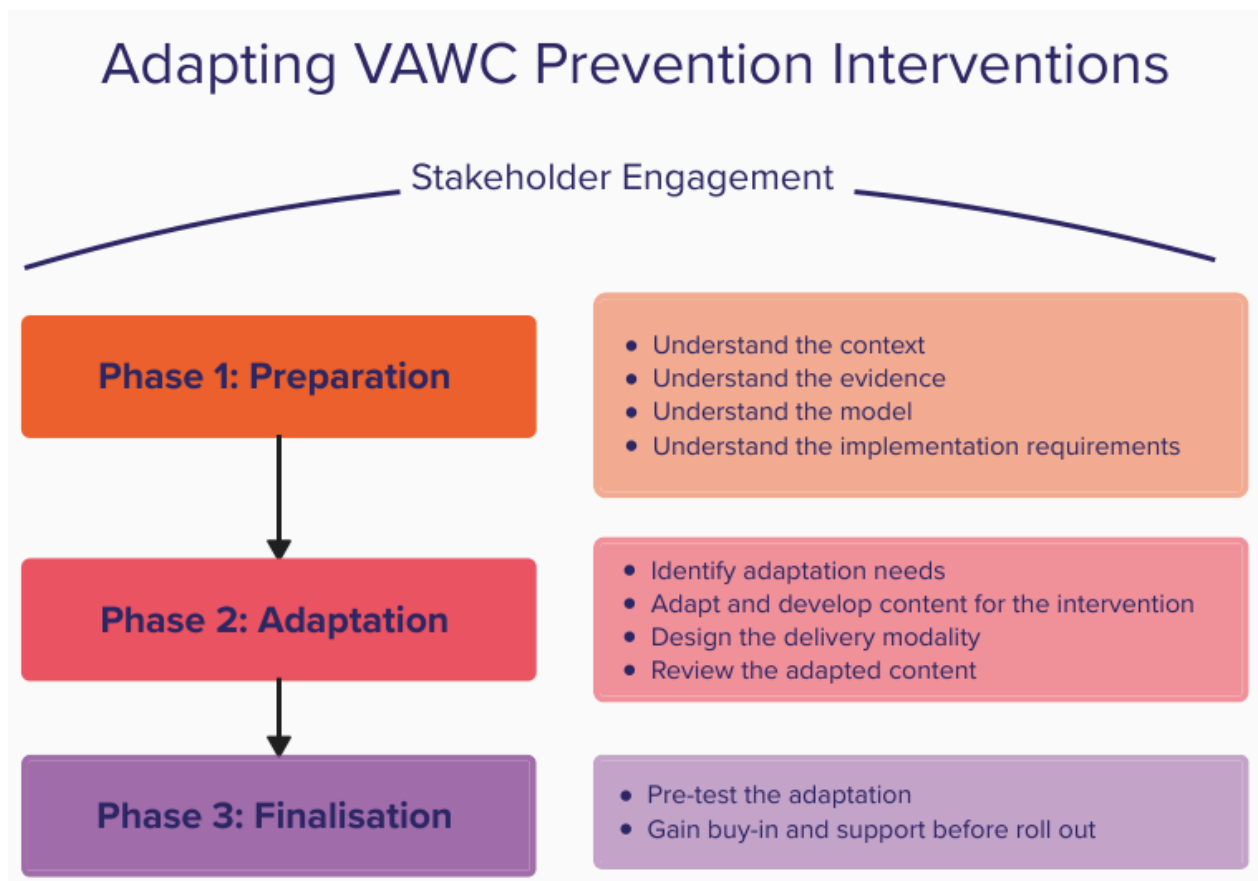
Dose (Exposure): Amount of program delivered in relation to model i.e. # of sessions or contacts, attendance, frequency & duration of sessions

Quality of delivery: Includes implementers preparedness, use of relevant examples, ability to respond to questions and communicate clearly

Participant / Community responsiveness: How participants / the community respond to and engage with program

Program differentiation: Degree to which critical components of program are distinguishable from each other and from other programs

The following infographic outlines the three key phases that emerged from adaptation experiences within the What Works II initiative. It highlights what practitioners did and considered throughout the adaptation process, offering practical insights for others undertaking adaptation. These phases are interconnected and often occurred simultaneously.



Remember: Effective adaptation processes require meaningful engagement with a diverse range of stakeholders to ensure that diverse perspectives are reflected and that there is broad ownership of, and commitment to, the process and output. These stakeholders could include community members, government representatives, healthcare professionals, service providers, VAWC prevention practitioners, those who designed the original VAWC prevention initiative, and researchers, among others. Power dynamics will inevitably arise throughout the adaptation process, particularly as different stakeholders bring different perspectives, priorities, and levels of influence to decision-making. It is important to

acknowledge that these dynamics exist, recognise them as a normal part of collaborative processes, and proactively identify and address them throughout adaptation.

Phase 1: Preparation

Preparing for adaptation is critical for ensuring changes are informed and intentional. During this phase, implementing partners developed a thorough understanding of the intervention and why it works, how it has been implemented effectively, and the context in which it will be adapted. This helped ensure that adaptations were appropriate and feasible in the new context, while keeping the essential elements of the intervention. When preparing for adaptation, practitioners can consider the following elements before moving forward with the adaptation process.

Understand the context

To understand the context, implementing partners adopted different learning approaches. These included:

- **Social norms assessment:** CISP conducted a social norms assessment with community members. This helped them understand the prevalence and drivers of different types of VAWC, as well as barriers they might face to engaging with the programme.
- **Community mapping and analysis:** CISP also looked at legislation, available community services, policies, and which ministries and key stakeholders needed to be included in the process to maximise buy-in and sustainability.
- **Gendered Political Economy Analysis (GPEA):** Women Unlimited and Bantwana Initiative used a GPEA to understand the context, the prevailing norms, available services, policies related to VAWC, as well as power dynamics in institutions and at national levels in Eswatini.
- **Formative research:** Reach Digital Health, and **Ipas Africa Southern Region (ASR)** conducted formative research to gain deeper understanding of adolescent girls' and boys' needs, experiences and priorities in relation to VAWC and dating violence in South Africa, as well as the pathways of violence and behaviours.

Understand the evidence

To understand which intervention to adapt, implementing partners reviewed evidence from previous evaluations. Activities included



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- **Reflecting on evaluation findings of previous interventions.** Right to Play (RtP) and Aahung chose to build on their previous interventions because their evaluation findings demonstrated significant impact. Right to Play's findings indicated a significant decrease in self-reported peer violence, victimisation, the number of girls exhibiting signs of depression, and corporal punishment in intervention schools compared to control schools. Aahung's evaluations demonstrated reductions in harmful gender attitudes, and children's improved understanding of their bodies, and Sexual Reproductive Health and Rights (SRHR).

Global Communities and Kivulini explored the findings of the Engaging Fathers for Effective Child Nutrition and Development (EFFECTS) trial in Tanzania. These indicated that the bundled nutrition and parenting intervention promoted more gender-equitable attitudes among fathers, increased their involvement in domestic work, strengthened women's decision-making power, improved couple communication, and reduced women's exposure to intimate partner violence (IPV) even without an explicit focus on it.

CISP looked at evidence from previous evaluations of the Communities Care model developed by UNICEF⁵ that indicated significant improvements in VAWC-related norms and a greater increase in confidence in VAWC services among participants in the intervention district compared with the control districts in Somalia. CISP also looked at evaluation results of the same model in Kenya.

Understand the model

Once the intervention had been chosen, implementing partners focused on understanding the model they were planning to adapt, including which parts were essential for its effectiveness and which parts could be changed during adaptation. Activities included:

- **Collaborating with originators.** Right to Play and Aahung were the originators of their interventions. They developed a thorough understanding of each other's models before initiating the adaptation process by jointly reviewing the curricula. The original programme designers were actively involved, and each organisation reviewed the other's curriculum to better understand its theory, themes, session structure, frequency, and delivery methods. This



collaborative review enabled them to identify and map the core components needed to inform the adaptation phase and maintain fidelity to the original model.

- **Consulting originators.** CREAM and AFEOP were not the originators of the Indashikirwya⁶, an intervention originally developed by CARE international. They consulted the intervention originators to gain a deeper understanding of the programme's theory of change, activities, components of the intervention as well as the core elements that needed to be preserved to maintain fidelity during their adaptation process. While they were not the originators themselves, they ensured that this knowledge informed their adaptation.
- **Reviewing the model:** Women Unlimited and Bantwana Initiative reviewed their existing models (“Protect Our Youth” and “Unlimited Interact Club”) which it had previously developed and implemented through programmes outside of What Works II. They also reviewed similar interventions that were implemented by other organisations in higher education settings. This included visiting higher education institutions to better understand how the activities functioned in practice and to identify the most appropriate target groups. This close review gave them a strong understanding of the core components of the models that inspired their adaptation, which should not be changed during adaptation.

Understand the implementation requirements

As well as understanding the content of the model, implementing partners explored how the intervention had been implemented in practice, including what delivery modalities had been effective, and any other lessons learned. Activities included:

- **Drawing on institutional learning from previous implementation.** Reach Digital Health built on learning from earlier pilots, which provided a strong foundation for understanding not only the intervention content but also the delivery approach. This included how the intervention had been implemented in practice, including who delivered it, the training and support required for implementers, and the operational processes needed for implementation. They also leveraged learning from the organisation's broader experience implementing chatbot-based interventions.

Global Communities brought together two interventions (EFFECTS developed by Global Communities and components of SASA! originated by Raising Voices). They drew on their own extensive implementation learning from EFFECTS, which was



heavily informed by feedback from community health workers who delivered the original EFFECTS intervention. This provided insights into how the programme was implemented in practice, participant experiences, and the implementation challenges. In addition, they drew on lessons from the SASA! implementations in other contexts to better understand the implementation requirements.

- **Engaging with others who have implemented similar interventions.** CREAM and AFEOP engaged with local and regional peer-learning platforms to learn from the experiences of others who had implemented similar interventions. Platforms such as the [Sexual Violence Research Initiative](#) (SVRI) provided valuable opportunities to understand effective practices, how the implementation was done, the implementation challenges and the lessons learned.

Phase 2: Adaptation

During the adaptation phase, implementing partners used the learning from this phase to develop the content and implementation plan for the adapted intervention, while maintaining fidelity to the model (please see out box 2 for an overview on fidelity). This was done in consultation and collaboration with various stakeholders including community members during this phase, to check that the decisions they made were likely to be effective and accepted within the intended community. While partners adopted different approaches to developing and adapting intervention content, the following examples highlight the key considerations that can help practitioners think through and inform their own adaptation process.

Identifying adaptation needs

The adaptation process for all partners began with identifying adaptation needs prior to developing the content itself. This included:

- **Mapping the scope of the curriculum:** Right to Play and Aahung established a dedicated technical adaptation team which comprised seven people including Right to Play staff, Aahung Staff, an Aahung consultant and the What Works II senior technical advisor. They mapped the scope of the curriculum, the implementation sites, the intervention goal, the intervention duration, the schools, the activity design, the implementation in schools, the monitoring, the characteristics of participants as well as the relevant social norms.



- **Using contextual research to understand adaptation needs:** CISP revisited the social norms assessment they had conducted with local communities to identify the types of VAWC to be addressed with adults in communities and children in schools, and any adaptations related to these.

Reach Digital Health, Ipas ASR also revisited the formative research they had conducted with adolescent girls to identify the different types of violence they faced, explore their experiences and priorities, and inform the strategies needed to address this violence. The findings directly shaped the content and direction of the intervention, ensuring it was genuinely youth friendly and grounded in girls' realities.

Adapt and develop content for the intervention

Implementing partners took various collaborative approaches to developing content for the adapted intervention, and documented any changes made to help them track fidelity to the model. Multiple rounds of revision were done throughout the adaptation process. Activities included:

- **Establishing content advisory groups:** CREAM and AFEOP developed content for 4 episodes that was reviewed by the content advisory group. The groups consisted of 10 people (couples, radio partner, programme team, representatives from technical working groups [coordination platform organised by county leadership which includes representatives from local government and CSOs working to address VAWC, local CSOs, and research team]).
- **Facilitating co-creation workshops:** Global Communities and Kivulini developed the content by convening four curriculum development sessions, each between 2 and 4 days with the key staff members including the Global Communities and Kivulini staff, the health institute, principal investigators as well as the What Works II senior technical advisor. Through these workshops, they decided that the content of the original intervention would be too long and that they would need to reduce the number of sessions. They discussed which activities to keep, and which to remove through rigorous reviews of the original model and by connecting each activity to the new theory of change. This ensured that the activities that were kept, were relevant to the aims of the adapted intervention.
- **Developing an adaptation matrix:** Right to Play and Aahung developed an adaptation matrix to help document changes to the agreed themes, objectives, and key messages and to align the content with effective research measures. They also established a technical group, which reviewed and refined the content. The

adaptation matrix helped them track changes to the original models, which helped them maintain fidelity and supported future learning.

- **Determining the intervention dosage / intensity:** In all the interventions the programme dosage / intensity was carefully scrutinised to ensure that adapted interventions would be feasible (for organisations, facilitators and programme participants) while still maintaining fidelity and achieving the implementation outcomes. CISP maintained curriculum intensity for its adult intervention, at 26 sessions, delivered twice weekly over 13 weeks. However, the intervention for children in schools was adapted to 18 sessions, delivered once a week, based on discussions with schools regarding their availability. This decision was made through consultation with relevant stakeholders, including the Ministry of Education, and CISP's education experts.

Design the delivery modality

Implementing partners also focused on how the adapted intervention would be delivered. During this step, partners developed delivery approaches including the frequency of sessions, and identified who would implement the intervention, the skills they should have, training needs, and coaching and supervision plans. Implementation design was crucial to maintaining fidelity to the original intervention while accounting for facilitator capacity, delivery systems, programme intensity, scalability, and contextual relevance. Decisions included:

- **Design of delivery approach:** Reach Digital Health and **Ipas ASR** whose intervention involved a chatbot that required internet access, identified a risk that the children they would be working with might not have mobile phones or data. They worked closely with parents during the design, to build buy-in and ensure that children could have access to their parents' phones. They also decided to host the intervention around a local centre with Wi-Fi so that those participating could access the application without internet access if needed. Additionally, they engaged champions from the communities, who were trained in the intervention and who could support the team to engage young people without having to rely on the application alone.
- **Identification of facilitator profiles:** Women Unlimited and Bantwana Initiative decided to engage 25 student champions as facilitators for their university-based intervention, which they identified with support from university personnel. They aimed to recruit students in their first and second years to support sustainability and trained these champions in facilitation skills, the core principles and objectives of the intervention, and safeguarding.
- **Development of training package for facilitators:** CISP designed their intervention to be implemented by community discussion leaders (CDLs) in communities and by

teachers in public schools. They developed two training manuals tailored to the needs and capacities of CDLs and teachers, taking into account the number of training days required and available to teachers, aligning the training content with the curricula, and identifying the facilitation skills needed. They also developed selection criteria for the CDLs and the teachers to ensure that the facilitators chosen were best suited to deliver the intervention.

Review of the adapted content

All implementing partners implemented a review process, where stakeholders and programme participants who had been engaged throughout the process were able to provide feedback on the draft product and suggest changes before wider implementation. Rather than relying on a single validation event, partners incorporated multiple opportunities for technical review and stakeholder feedback. The final approval was still the responsibility of the partners, but this decision was greatly informed by the review processes that partners undertook. Activities included:

- **Consulting content advisory groups:** CREAM and AFEOP established a content advisory group, which consisted of 10 people (couples, their radio partner, the programme team, representatives from local government and CSOs working to address VAWC, and the research team). This team reviewed radio content in batches of 4 radio episodes to provide feedback and ensure quality and relevance.

Reach Digital and Ipsa ASR reviewed the content of their intervention through a continuous process with the community advisory board, established to provide accountability and guidance. This board included religious representatives and a youth officer. The team often conducted a soft launch with the advisory board before sharing materials with young people, which helped ensure the content was appropriate, promote ethical integrity and build community support.

- **Facilitating workshops to review content:** Women Unlimited and Bantwana Initiative held a 5-day review workshop with all stakeholders who participated in the co-design workshop, including government officials, faculty and students from the university, members of civil society, and donors. During these workshops they checked the content and length of sessions to ensure they were appropriate.



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Global Communities and Kivulini had two review and validation sessions and throughout the adaptation process they engaged members of the community and community healthcare workers to review the content and ensure it was appropriate.

Phase 3: Finalisation

Ideally, adaptation is not a linear process with a fixed endpoint. Rather, it is iterative, with priorities, delivery modalities and implementation approaches continually evolving in response to learning and changing contexts. As such, while this final section is titled *Finalisation*, it does not imply that the adaptation process is complete. Instead, it marks the point at which the approach has been sufficiently tested, refined and endorsed for implementation, while recognising that adaptation and learning should continue throughout delivery. The following examples highlight what practitioners considered and did during this phase and can help inform what to consider towards the end of the adaptation process. Pre-testing and piloting play an important role in refining an adaptation before finalisation. Before presenting examples from practice, we first distinguish between these two processes.

What do we mean by pre-testing vs. piloting based on the guidance developed by the prevention collaborative ⁷

Pre-testing involves trying out and getting feedback on specific components of a programme, curriculum, or strategy before they are piloted together. For example, you can pre-test key messages, illustrations, or participatory exercises designed as part of a workshop or curriculum. A lot can be learned through structured cycles of observation, reflection, and revision.

Piloting typically means implementing the programme as planned from start to finish (on a small scale or abbreviated timeline) while intensively collecting feedback. If possible, the programme is then further revised and retested or implemented. This process allows organisations to make the necessary changes without incurring additional costs or delays, and it reveals opportunities to improve or strengthen programming.

Pre-test the adaptation

Testing is an important step for checking the intervention is likely to succeed and for building buy-in with the community and other key stakeholders. Ideally, all adaptation processes would include enough time to fully pilot an intervention before rolling it out. However,

sometimes resources and time constraints, along with the nature of the intervention itself, mean this is not possible. In those instances, pre-testing can help identify any final changes that need to be made to key aspects of an intervention before roll-out.

For technology-based interventions, pre-testing through user testing was integrated throughout the adaptation process, evolving alongside the development of the intervention. In contrast, for curriculum-based interventions, pre-testing was typically conducted after the content had been developed, serving as the final stage of the adaptation process before implementation. For example:

- **Continuous user testing:** Reach Digital Health and Ipas ASR used two types of testing, 1) continuous informal testing with an advisory board and 2) a formal user testing. Because of research ethical protocols, the team could not gather feedback from young women, who were the intended beneficiaries, immediately. Instead, early informal testing was conducted with professionals who work closely with young women. Once appropriate safeguards were in place, two formal user tests were conducted with girls, the first lasting half a day and the second spanning two to three days.
- **Pre-test workshops:** Right to Play and Aahung conducted a three-day workshop with teachers from both public and private schools to test their curriculum. The workshop was used to assess the relevance, acceptability, and cultural appropriateness of the adapted content. Particular attention was given to the newly developed sessions on violence and victimisation, with participants' feedback informing refinements to ensure the curriculum was contextually relevant and appropriate before implementation.
- **Pre-Testing through training:** Women Unlimited and Bantwana Initiative used the training of student champions as an opportunity to pre-test the intervention content, using participants' feedback and experiences to refine and adjust the curriculum before implementation.
- **Pre-Testing through early rounds of implementation:** CISP was unable to conduct a pre-test or formal pilot before implementation due to time constraints. However, this curriculum-based intervention was implemented over three rounds, and so the first round served as an informal pilot of the full intervention. The feedback gathered during this phase helped to refine the curriculum and implementation approach for later rounds.

Gain buy-in and support before rollout

Getting approval from government representatives for the roll out of VAWC prevention interventions is important for supporting buy-in, reducing the risk of backlash and laying the groundwork for scale. Getting approval was not seen as a final step by partners, but part of a continuous process embedded within stakeholder engagement. All partners engaged key decision-makers throughout the adaptation process, seeking their inputs on a continuous basis, to maximise the chance of approval before the roll out of interventions. Activities included:

- **Linking to government priorities:** Global Communities and Kivulini included government representatives from the start of the adaptation process, inviting them to participate in the adaptation workshop. The team deliberately engaged multiple government ministries including the Ministry of Health and the Ministry of Local Government, as well as relevant technical staff from the government. Their engagement helped the team link the intervention to government priorities.
- **Developing strong relationships with government:** Right to Play has built strong relationships with government representatives and the Sindh Teacher Education Development Authority through their wider work and previous interventions. They actively involved these stakeholders through the adaptation process, and their inputs supported the feasibility, legitimacy and alignment of the curriculum with education system requirements. This early and continuous collaboration was instrumental in securing approval from the Sindh Teacher Education Development Authority at the end of the adaptation process. Further information about how they built these relationships can be found in the Practice Based Learning Brief on [Working with Governments](#).

CISP engaged the Ministry of Education and other education stakeholders from the outset and maintained close collaboration throughout the adaptation process. This involved presenting the assessment findings and proposed intervention model as well as holding numerous meetings, reviews, and iterative discussions to refine the curriculum.



Cross-cutting step: Engaging with stakeholders at every stage of adaptation

Stakeholder engagement is a cross-cutting element that should be integrated throughout the adaptation process rather than treated as a one-off activity. Engaging relevant stakeholders throughout the preparation phase, adaptation phase, and finalisation phase, helps build ownership and buy-in, enhances the contextual relevance of the intervention, promotes collaboration and transparency, improves the acceptability and the sustainability of the adapted interventions, and increases the likelihood of gaining approval for roll-out.

Examples of stakeholder engagement include:

Multi-stakeholder advisory boards: Reach Digital Health and Ipas ASR whose intervention focused on adolescents, engaged a Community Advisory Board throughout the adaptation process to provide accountability and guidance. This board included youth representatives, religious leaders, parents, and representatives from relevant government ministries. The team often conducted a “form of pretesting” of materials with the advisory board before sharing materials with young people, which helped ensure ethical integrity and build community support for the intervention.

Sector-specific engagement: CISP, whose intervention is school-based, engaged the Ministry of Education and other education stakeholders from the outset and maintained close collaboration throughout the adaptation process. This involved presenting the assessment findings and the proposed intervention model as well as holding numerous meetings, reviews, and iterative discussions to refine the curriculum. CISP also engaged an education specialist to lead discussions with schools, alongside a VAWC expert working with communities. This continuous engagement fostered ownership, addressed concerns, and ultimately enabled the Ministry's approval despite a lengthy review process.

Working with researchers: Implementing partners agreed that researchers play an important role in programme adaptation by ensuring that intervention design and evaluation remain closely aligned. Their involvement helps ensure that any changes to programme content or delivery are reflected in research tools and outcome measures, allowing evaluations to accurately assess intended results. Researchers also contribute valuable insights and lessons from other

programmes, complementing the expertise of implementers and local stakeholders and supporting more informed adaptation decisions. The extent of researcher engagement may vary across adaptation stages, depending on programme objectives, resources, and the nature of the changes being made.

Key lessons

With any process, challenges can be encountered at any stage. The following section shares key lessons from implementing partners about how they addressed some of the challenges they faced and lessons learned for future adaptation processes. Some of these challenges reflect those identified by Womanity's adaptation journey⁸, while others provide additional insights from implementing partners' adaptation experiences.

Ensure an adequate timeframe for adaptation: Implementing partners recognised the importance of having enough time for the adaptation process. Some highlighted that adaptation is an iterative process involving diverse stakeholders that requires patience and coordination, which can cause delays. Others recognised the importance of spending enough time during the preparation phase, to ensure a full understanding of the evidence and model, which is key to making strong decisions later. In other cases, they found that government approvals took longer than expected, reducing time for testing and leading to delays in rollout. Some also identified delays in ethical research processes as a risk to roll out and proactively planned to accommodate such delays.

Promote strong communication and collaboration: Implementing partners recognised that a collaborative adaptation process involves stakeholders from diverse backgrounds. For example, it could include researchers, originators, technical experts, community members, government representatives, and youth, among others. They highlighted the importance of building a strong team dynamic that promoted teamwork through clear roles and responsibilities, multiple channels of communication and regular check-ins.

Address the conflict between fidelity to the original model while adapting it for diverse stakeholders or new contexts: Implementing partners often faced challenges balancing fidelity and feasibility and they valued the insights of those who had developed the original model and those from the adaptation context, to inform these decisions and develop risk mitigations. One partner had to move some of their sessions online due to



university closures. To mitigate the risks associated with this, they conducted additional training for student champions to support students to increase their digital literacy, while maintaining fidelity to the core content. Other partners using curriculum-based models found the sessions were too long or they had to balance the inclusion of original content with the addition of new content. In these instances, they found it useful to explicitly link changes to the theory of change and test these changes with communities, to ensure that they got the balance right.

Work to gain support from key stakeholders, while recognising that not everyone may get on board: While all implementing partners engaged a range of diverse stakeholders throughout the adaptation process, they did not always achieve buy-in for all components of their interventions. Some faced resistance from religious leaders, which meant they had to remove topics around female genital mutilation/ cutting and child marriage to ensure the majority of the intervention could be approved by government. In another case, parents refused to give consent for their child to participate in testing because they were a member of the LGBTQI+ community. The team overcame this by gaining approval from the national research ethics body to include the child in testing without parental consent.

Aim high but be realistic about what is achievable: Implementing partners highlighted the importance of staying focused on what they could realistically adapt within the timeframe and resources available. One shared that during the preparatory research, they identified multiple types of violence within the community. They recognised that, while no type of violence is more important than another, focusing on preventing fewer forms would support them have a greater impact. In this instance, they chose not to address technology-facilitated violence, because they did not have the time or resources required to address this safely and effectively.

Prioritise local expertise to guide adaptation processes. Adaptation is most effective when it is led by those with a deep understanding of the local context, power dynamics, and programme realities. One partner reflected that engaging an international consultant required significant additional time to build contextual understanding, share background information, and facilitate remote consultations and feedback processes. While external expertise can provide valuable support, adaptation should be driven by local knowledge and perspectives, with local practitioners and communities playing a central role in decision-making to ensure adaptations are relevant, feasible, and responsive.



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Value different forms of expertise during adaptation. It is essential for adaptation to recognise the complementary expertise that each partner brings, including technical knowledge, implementation experience, contextual knowledge and lived experience. Being intentional about creating space for these different forms of expertise to inform decisions can support a more collaborative adaptation process and help prevent one partner or perspective from disproportionately shaping the adapted intervention.

Recognise and address power dynamics throughout the adaptation process. Adaptation should be understood as a relational and political process that involves engaging stakeholders with different levels of power and influence, from community members to government actors and other institutions. Meaningful participation requires sufficient time for consultation, relationship-building, and dialogue, as well as careful consideration of whose voices are heard, whose knowledge is valued, and who holds decision-making power. Practitioners are encouraged to be intentional in identifying and addressing power imbalances, creating meaningful opportunities for diverse stakeholders to shape adaptation decisions, and communicating clearly how their input has influenced the process.

Recommendations and implications for the VAWG prevention field

The experiences documented in this brief have implications not only for future adaptation processes but also for the wider VAWG prevention field. They highlight several areas requiring greater attention and investment from practitioners, researchers and funders. Practitioners identified several key gaps in evidence and learning that, if addressed, could strengthen future adaptation efforts across the field.

- 1. Allocate time and resources to enable practitioners to document their learning on adaptation.** Adaptation is complex and practitioners hold valuable expertise about the challenges, trade-offs, and opportunities encountered during adaptation. However, much of this learning cannot be fully captured through evaluations, frameworks, or guidance documents alone. Time, funding, and resources should be allocated to enable practitioners to systematically document, reflect on, and share their learning with the field to improve future adaptation processes.
- 2. Link adaptation learning to evidence of intervention effectiveness.** Building a larger evidence base that links adaptation approaches to intervention outcomes could help identify patterns, promising practices, and potential risks associated with different adaptation strategies. Although intervention effectiveness is influenced by a range of factors, a better understanding of how different adaptation approaches influence effectiveness would provide valuable insights for future programming.

3. **Capture adaptation lessons across projects where possible.** This brief demonstrates the value of taking a cross-intervention perspective, bringing together experiences from multiple projects to identify shared challenges, adaptation strategies, and enabling factors. Synthesising learning across interventions can help build a more robust evidence base, support peer learning, and provide practitioners and funders with insights that are more broadly applicable across different contexts than lessons drawn from a single project alone.
4. **Recognise that adaptation is a relational and political process, not simply a technical exercise.** Effective adaptation requires practitioners to negotiate complex power dynamics, competing priorities, and institutional hierarchies while seeking to incorporate the voices and perspectives of diverse stakeholders. However, how these challenges are managed in practice is rarely documented. Future research should examine how adaptation decisions are negotiated, whose voices shape them, and the strategies used to foster meaningful participation and buy-in.
5. **Recognise practitioners as knowledge producers:** Practitioners are at the forefront of adaptation. Through the everyday work of making decisions, navigating challenges, engaging with communities and stakeholders, testing different approaches and responding to changing contexts, they are actively shaping what we know about how adaptation happens in practice. Their experiences generate knowledge that cannot be fully captured through evaluations, frameworks or guidance alone. By documenting and sharing this practice-based knowledge, practitioners are not simply implementing existing approaches to adaptation; they are contributing to building and advancing the global body of knowledge on adaptation. Recognising them as knowledge producers and creating opportunities for their experiences and learning to inform the wider field, is therefore critical to strengthening how adaptation is understood and undertaken.
6. **Recognise practitioners' role in shaping the VAWC prevention agenda:** The adaptation work being undertaken by practitioners is helping to shape the future direction of VAWC prevention. Through adapting interventions to new populations, settings, delivery modalities and emerging realities, practitioners are expanding where and how prevention programming can be applied and identifying areas that require further attention and investment. Their work brings into focus emerging priorities, gaps and opportunities that can inform future programming, research and funding agendas. Ensuring that these experiences feed into wider conversations about the direction of VAWC prevention is therefore important for keeping the field responsive to changing contexts and grounded in the realities of prevention practice.

Summary

This practice-based learning brief consolidates learning from the adaptation experiences of What Works II implementing partners, providing a concrete picture of what adaptation can look like in practice. By bringing together examples of what practitioners considered, navigated and did throughout the process, we hope this learning can serve as a practical resource that others can draw on and apply to their own adaptation processes.

Several key reflections emerge from these experiences:

- **There is no single pathway to adaptation:** while common phases and considerations emerged, how partners approached them varied according to the intervention, context and implementation realities.
- **Adaptation is iterative and context-responsive,** requiring ongoing learning, reflection and refinement as new information emerges and contexts change.
- **Balancing contextual fit with fidelity is central to adaptation,** requiring careful consideration of what can change to improve relevance and feasibility in a new context, while preserving the essential elements that underpin how and why an intervention works.
- **Meaningful participation is central to adaptation.** Communities, implementers and other stakeholders bring different forms of knowledge and expertise that can inform and strengthen adaptation decisions. Creating space for this engagement also means recognising that **adaptation takes time**, particularly when building relationships, engaging different stakeholders, testing and refining changes, and learning from implementation.
- **Power dynamics also matter throughout the process,** and practitioners play an important role in navigating them across their engagement with communities, adaptation partners, government and other stakeholders with different forms of expertise, authority and influence.

Taken together, these experiences and reflections also highlight the important role practitioners play in advancing the wider VAWC prevention field. Practitioners are not only undertaking the complex work of adaptation; their experiences contribute to what the field knows about adaptation in practice and help shape how and where VAWC prevention evolves. The adaptations being undertaken today, across different contexts, populations and ways of delivering



interventions, can bring emerging needs, gaps and opportunities to the attention of the wider field and help inform future priorities for programming, research and investment.

We hope the experiences shared throughout this publication help practitioners reflect on their own processes, anticipate what they may encounter, and draw inspiration from how others have approached similar decisions and challenges. We also hope that documenting and valuing this practice-based learning helps ensure that practitioners' experiences continue to inform and shape the future direction of VAWC prevention.

Resources

The following table details resources that our partners recommend for other organisations seeking to adapt VAWC/VAWC prevention interventions.

Resources	Details
IPV Adapt Framework, SVRI	The <i>ADAPT+ Adaptation Framework and Guide to Ethical & Effective IPV Prevention Programme Adaptations</i> provides researchers and practitioners with practical, evidence-based guidance and tools on conducting ethical and effective intimate partner violence prevention programme adaptations.
The Prevention Triad, Prevention Collaborative	The prevention triad is a tool developed by the Prevention Collaborative, to encourage a more holistic understanding of what it takes to make VAWC prevention programmes work. It can be used to guide adapting evidence-based violence prevention programmes to new contexts and populations.
Virtual Programs to Advance Gender Equality: A Checklist for Adaptation, Equipundo	This brief contains a summary checklist of the best practices and recommendations for designing, implementing, and evaluating virtual interventions. This tool can serve as a starting point, to guide an organization to effectively plan for a new program or to adapt an existing intervention.
Adapting Curriculum-Based Violence Prevention Programmes, Prevention Collaborative	This guidance note offers minimum steps to follow to adapt VAW/C prevention programmes, with a focus on adapting curriculum-based programmes.
Accelerating Innovation & Impact in International Development, Womanity and Center on Gender Equity and Health	This summary provides insights for practitioners, funders, and researchers, of a qualitative case study of effective approaches to adapt and scale prevention of violence against women and girls' innovations.

Inspire Guide to Adaptation and Scale Up , World Health Organisation	The INSPIRE guide serves as a resource on the adaptation and scale up of violence against children prevention programmes. It is a practical and flexible tool to help policy makers and practitioners make decisions as they select, adapt and implement activities to prevent and respond to violence against children.
Ending Violence Against Children: A Quick Start Guide to the Adaptation and Scale Up of Programmes , Joining Forces for All Children	This guide is a practical manual designed to help practitioners and policymakers select, adapt, and expand evidence-based violence prevention initiatives effectively.
How to Conduct a Pretest, Compass	This is a short guide that provides step-by-step instructions on how to pretest interventions.
Adaptation Journeys	Adaptation Journeys shares real-world examples and insights from diverse settings to showcase what works, what doesn't, and how teams creatively navigate the process of making prevention programmes fit new realities

¹ Stern, E., Heise, L., & Levto, R. (2022). *Introducing the Prevention Triad: A tool for understanding what works to prevent violence against women and girls*. Prevention Collaborative.

² Sharma, V., Scott, J., Belen, K., Dartnall, E., & Gevers, A. (2022). *The IPV-ADAPT+ Framework: How to Adapt Intimate Partner Violence Prevention Programs*. Equality Insights Lab & Sexual Violence Research Initiative, p. 5.

³ Sharma, V., Scott, J., Belen, K., Dartnall, E., & Gevers, A. (2022). *The IPV-ADAPT+ Framework: How to Adapt Intimate Partner Violence Prevention Programs*. Equality Insights Lab & Sexual Violence Research Initiative, p. 7-8.

⁴ Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation science: IS*, 2, 40. <https://doi.org/10.1186/1748-5908-2-40>

⁵ United Nations Children's Fund. (2014). *Communities Care: Transforming lives and preventing violence*. UNICEF.

⁶ <https://prevention-collaborative.org/programme-examples/indashyikirwa/>

⁷ <https://prevention-collaborative.org/guide-programming/pre-testing-and-piloting>

⁸ <https://www.adaptationjourneys.com/>