



WHAT WORKS II FLAGSHIP REPORT 2026

Ready for Scale: Lessons on
Expanding Violence Against
Women and Girls Prevention
Approaches through Civil Society
and Government Partnerships

Acknowledgements

This report was developed to share practice-based knowledge from the What Works II initiative on what we have learnt so far on intervention, organisational and government readiness for scale. It is the second in our series of reports on scale. The main authors are: Tina Musuya, Alice Kerr-Wilson, Dorah Kiconco Musinguzi and Shanaaz Mathews.

We would like to acknowledge the valuable contributions (in alphabetical order) of: Ali Ahmed, Sana Ali, Yassin Ally, Maggie Kathewera Banda, Amanda Bangura, Dorica Chibota, Nicola Christofides, Aislinn Delany, Petronille Geara, Meka Kamanga Gausi, Zharia Ibrahim, Josh Jeong, Lusungu Kalanga, Rozina Karmaliani, Maham Khan, Phinah Kodisang, Elfrida Kumalija, Regina Makwinja, Thabiso Mathibedi, Lucy Mphuru, Atta Muhammad, Sophie Namy, Bongani Ndolovu, Zoleka Ndolovu, Mpho Silima and Reney Weiner.

The document also benefited from the insightful review and feedback (in alphabetical order) of: Kate Bishop, Mary Ellsberg, Emily Esplen, Erika Fraser, Urvashi Gandhi, Anne Gathumbi, Natsnet Ghebrebrhan, Lori Heise, Manisha Mehta, Lori Michau, Benedetta Musillo, Morag Patrick and Chelsea Ullman.

Suggested Citation

Musuya, T., Kerr-Wilson, A., Musinguzi, D.K. and Mathews, S. (2026) *What Works II Flagship report: Ready for Scale: Lessons on Expanding Violence Against Women and Girls Prevention Approaches Through Civil Society and Government Partnerships*

Contents

Acknowledgements	2
Acronyms	4
Glossary	5
1. Background and Overview	6
2. Definitions and pathways to scale	10
3. Readiness to scale	13
Reflections from What Works II grantee partners	17
4. Intervention readiness for scale	18
5. Organisational readiness for scale	23
6. Government readiness for scale	29
7. Emerging lessons on readiness to scale	35
8. Recommendations for the VAWG prevention field	41
Annexes	
1) What Works II project portfolio	45
2) Bibliography	48
3) Interview guide	50

Acronyms

CHW	Community health worker
CoP	Community of Practice
CSO	Civil society organisation
CUSP	Community for Understanding Scaling Processes
DfID	UK Department for International Development
EFFECTS	Engaging Fathers for Effective Child Nutrition and Development, Tanzania
FCDO	UK Foreign, Commonwealth and Development Office
INGO	International non-governmental organisation
IPV	Intimate partner violence
MO	Moyo Olemekhezeka (Life with Dignity), economic empowerment component of PKN project, Malawi
NGO	Non-governmental organisation
PPVAWG	Play for Prevention of Violence Against Women and Girls, Pakistan
PKN	Pamodzi Kuthetsa Nkhanza (Together Ending Violence) project, Malawi
SRHR	Sexual and reproductive health and rights
STA	Senior technical adviser
TA	Technical adviser
ToC	Theory of Change
VAC	Violence against children
VAWG	Violence against women and girls
WOLREC	Women's Legal Resources Centre, Malawi
WRO	Women's rights organisation

Glossary

■ BOX 1

Glossary of terms

Key terms used in this paper are described in the glossary:



Civil society: A plural, sometimes contradictory sphere outside the state, family and market, where informal, voluntary and funded actors organise, campaign, provide services and contest power. It includes NGOs, community groups, women's rights organisations (WROs), faith based organisations, activists and social movements. (1, 2)

Implementing partner: A term used by many donors, including the UK FCDO, to describe organisations formally engaged or funded to deliver programme activities, outputs or outcomes. In What Works II, we refer to our implementing partners as grantee partners and they include WROs, international non-governmental organisations (INGOs), community-based organisations (CBOs) and private sector organisations.

International non-governmental organisation (INGO): Non-profit, non-state organisation operating internationally, typically through an international coordinating body or a network of country or regional offices. Many INGOs, though not all, have traditionally had headquarters in and are funded by the Global North. (2)

Scale: The process through which an effective intervention, approach or set of practices expands its reach, deepens its impact, adapts to new contexts, becomes embedded in systems or contributes to wider social change. In VAWG prevention, scale must maintain quality, safety, accountability, feminist values and fidelity to the core elements that make the intervention effective. There are multiple pathways to scale. (3, 4)

Violence against women and girls (VAWG): Any act of gender-based violence that results in, or is likely to result in, physical, sexual, psychological or economic harm or suffering to women and girls, including threats, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. (5)

Women's rights organisation (WRO): Civil society organisation whose primary purpose is to advance women's and girls' rights, gender equality and feminist change, often through advocacy, services, mobilisation and accountability work. They are often led by women and centre women's and girls' voices in their work. (6)

1.

Background and overview

There is now substantial global evidence that well-designed and carefully implemented interventions can prevent violence against women and girls (VAWG) in small, limited settings (7, 8). However, we know far less about how to take these approaches to scale while maintaining their quality and effectiveness, and remaining accountable to women, girls and local communities.

Experience to date shows that scaling VAWG prevention requires more than replicating proven models in new locations or with larger populations; it also depends on adaptation, partnerships, resources and the political and institutional conditions for sustained change. Attempts to scale effective approaches have thus far produced mixed results, underscoring the need for deeper practice-based learning on what enables ethical, effective and sustainable scale.

Let's take a look

¹ In addition to these 14 projects, What Works II also provides technical support to the UK FCDO and other projects through its Helpdesk.

This paper provides a unique contribution to the current knowledge on 'readiness for scale' by drawing on the experience of What Works II grantee partners working to scale approaches to prevent VAWG. Focusing on three interrelated conditions for scale – intervention, organisational and government readiness – it draws primarily on grantee partner interviews, supplemented by their written reflections and the wider literature, to identify key lessons and recommendations for practitioners, researchers, donors and governments.

Evolution of the What Works initiative

The first phase of the UK government's What Works to Prevent Violence Against Women and Girls initiative (2014-2020) rigorously evaluated 15 innovative approaches and demonstrated that VAWG can be prevented through carefully implemented initiatives. The second phase of the initiative, What Works II (2021-2028), builds on the evidence of the first phase and aims to understand and document how effective approaches can be adapted, sustained and ethically taken to scale to inform wider VAWG prevention policy and programming.

What Works II also seeks to understand the partnerships needed for scale: what incentivises women's rights organisations (WROs), wider civil society and governments to scale, and how they can collaborate to deliver effective, sustainable and equitable interventions. Civil society, including WROs and social movements, is not only central to scaling efforts, but provides the foundational infrastructure for rights-based, ethical and sustainable expansion (4, 9). What Works II therefore prioritises WROs in shared leadership roles, recognising them as essential actors in preventing VAWG at scale (10), in partnership with governments.

As of July 2026, What Works II is funding, supporting and evaluating 14 projects¹. Basic information about these projects is provided in Annex 1, with more information on the four grantee partners interviewed for this report in Box 2.

Methodology

This second report in the scale series builds on the first report (11), which examined What Works II's competitive grant selection process, launched in 2022 to award scale grants. As fewer applications than expected met the scale criteria² or were not already under evaluation elsewhere, this prompted a strategic shift toward understanding pathways to scale beyond intervention effectiveness.

The paper is primarily based upon in-depth interviews³ with four selected grantee partners conducted between June and July 2026, exploring how they ensured that their intervention and organisations were ready for scale and how they worked with government. These interviews have been supplemented by written reflections from nine grantee partners⁴ on their journey to scale, and by a review of wider literature on definitions, pathways and readiness to scale.

The four grantee partners interviewed included three scale projects and one innovation grant, selected for their diversity of approaches, which provide lessons from a range of perspectives and contexts (see Box 1). The innovation grant was included because it was designed with scale in mind: its components were tested and developed over a long period, and its edutainment approach has the potential to reach large numbers of people.

As these projects are still underway, the paper does not assess impact on VAWG; instead, it offers a snapshot of current practice-based lessons. While partnerships with communities, community-based organisations (CBOs) and government-to-government actors are important for scale, they are not explored in depth in this paper.

² Criteria for scale projects included projects that had previously been robustly tested and shown to effectively prevent VAWG; were cost-effective; demonstrated the ability to scale and to be sustainable; were to be implemented in a context with an enabling environment; could be measured through a robust evaluation with a control; were led or co-led by a WRO; were based in sub-Saharan Africa, Asia or the MENA region; and demonstrated equality and inclusion principles (Scale Grants Guidance Note, 2022).

³ See Annex 3 for the interview guide.

⁴ Scale: Pamodzi Kuthetsa Nkhanza (PKN), Malawi and Familia Imara, Tanzania. Mainstream: Udaan, India; Play for Prevention of VAWG, Pakistan; Empowered Communities, including girls and boys to fight against VAWG, Somalia. Innovation: Comprehensive Sexuality Education to Prevent Violence, Madagascar; Shay'indlela, South Africa; Imarisha Mahusiano, Kenya; Preventing IPV and Enhancing Resilience to Impacts of Climate Change, Uganda.

■ BOX 2

Grantee partners interviewed for this paper

Scale

Pamodzi Kuthetsa Nkhanza (PKN)

works in Lilongwe and Balaka districts in Malawi and implemented by a consortium of three WROs: The Women's Legal Resources Centre (WOLREC), the Girls Empowerment Network (GENET) and Human Rights for Women and Girls with Disabilities (WAG Disability). The project works on both VAWG prevention and response in communities, and with couples and government institutions. It combines components of SASA! Together, a community empowerment model, with Moyo Olemekhezeka (MO), a social and economic empowerment model at the household level based on the Zindagii Shoista evidence-based approach. It also includes the Gender Transformative Curriculum working with frontline health and security sector workers, and the Survivor Support Fund.

Familia Imara works in 15 councils across four regions in Tanzania and is implemented by Global Communities (INGO) and Kivulini (WRO). The project is based on the Engaging Fathers for Effective Child Nutrition and Development in Tanzania (EFFECTS) curriculum, previously implemented and evaluated by Global Communities, which focuses on parenting and nutrition and supporting parents with children aged zero to two years old. This version has been adapted to include sessions aimed to reduce VAWG and violence against children (VAC), and the sessions with parents are facilitated by specially trained government community health workers.

Play for Prevention of Violence Against Women and Girls (PPVAWG)

education project in Sindh province, Pakistan is implemented by Right to Play (INGO) and Aahung (WRO). The project combines Right to Play's play-based education curriculum, funded and evaluated through What Works I, which has been adapted to include sexual and reproductive health and rights (SRHR) sessions based on Aahung's work. While the What Works I project was implemented through Right to Play's facilitators, this phase of the project is being facilitated by trained teachers.

Innovation

Shay'indedla is implemented by Soul City (WRO) in South Africa. The intervention is multi-component, combining a 13-part TV drama series broadcast on national television with girls' empowerment through RISE clubs in 30 schools in Ekurhuleni, alongside parenting sessions and watch parties engaging boys and men. It builds on Soul City's established social and behaviour change communication work, including popular television dramas adapted with a deliberate focus on VAWG-specific elements.

2.

Definitions and pathways to scale

The scale debate

Over the past three decades, actors from business, global health and international development have grappled with a central question: **How can successful pilot projects be expanded to reach more people and to generate greater impact in ways that are equitable, sustainable and cost-effective?**

‘Scaling science’⁵ has emerged as a field of study, concerned with the “systematic, critical, and principles-based science of scaling that will increase the likelihood that research and innovation will benefit society” (12), with coalitions such as ExpandNe⁶, the Community for Understanding Scaling Processes (CUSP)⁷ and ScaleXchange developing curricula, tools and resources to support more thoughtful and effective work on scale.

Let’s take a look

⁵ What Works II use the term ‘implementation science’ rather than scaling science. The fields are closely related – both focus on translating research into practice – but they differ in scope and objectives. Implementation science promotes the systematic uptake of a proven intervention into real-world settings, while scaling science examines the strategies and infrastructure needed to scale successful interventions.

⁶ ExpandNet focuses on scale within the international health and development field.

⁷ CUSP members are ‘originators’ – the original individuals or organisations that developed an evidence-based model and hold deep knowledge of the theory, core components and implementation process, enabling them to support safe, ethical adaptation and scale.

⁸ The Women Engaged Against Violence Everywhere (WEAVE) Collective explore how feminist movements can contribute to ending VAWG at a local, national, and global level. Employing a collective, transnational approach, WEAVE members seek to share personal experiences and co-create knowledge through mediums such as artwork, academic research, and documentary filmmaking.

⁹ SASA!, Stepping Stones and Indashyikirwa are evidence-based VAWG prevention interventions focused on shifting harmful gender norms and reducing intimate partner violence. SASA! is a community mobilisation approach, Stepping Stones is a participatory group-based intervention, and Indashyikirwa is couples based.

This broader debate has raised a series of related questions including: what implementation mechanisms and pathways are most effective for scaling? What level of evidence is needed before scaling begins? How much can a model be scaled while maintaining its core elements? What types of partnerships, systems and levers are needed to achieve transformational scale?

At the same time, debates have continued over the different pathways to scale. Government uptake and rollout are often seen as essential because governments operate across local and national levels. Yet relying primarily on government take-up can also be challenging, given shifting political priorities, uneven capacity, pressure to deliver cost-effective solutions without adequate budgets, and limited time and capacity of government staff to support the in-depth community conversations needed for social norm change.

There has also been substantial discussion on whether scaling should follow single or multiple pathways, and whether some approaches are more desirable than others. There is a growing recognition that there is not a 'one size fits all' approach, that scaling is not always a linear, apolitical and technical process that draws on technical expertise to replicate proven models in new contexts. Rather it is inevitably shaped – and often complicated – by broader socio-economic and political realities, and involves transformative political work to upend entrenched norms (13), particularly when scaling VAWG prevention approaches (3).

Best practice describes a commonly understood pathway to scale that focuses on replicating proven models in new contexts, using rigorous evidence and technical expertise. Other concepts include **resonance**,

which starts with the local context and seeks to align with local values, institutions and systems; and **resistance**, which understands scaling as a contested political process requiring the navigation of constant pushback and opposition.

Research from the VAWG prevention field reinforces that scale is not only a question of reach or replication, but also a political and movement-led process. Evidence from Nicaragua shows that sustained organising by the women's movement contributed to long-term reductions in physical IPV through legal and policy reform, survivor services, norm change and rights awareness, while the WEAVE collective⁸ similarly argues that evidence-based prevention strategies require robust women's movements to sustain gains over time (14, 15).

Within the VAWG prevention field, interest in scale has grown as interventions such as SASA! in Uganda, Stepping Stones in South Africa, and Indashyikirwa in Rwanda⁹ have been shown to be effective through robust external evaluations. Donors, civil society organisations and governments have increasingly asked how to scale these approaches to reach different populations in different contexts. Efforts to do so have met with varying degrees of success and there have been limited efforts to scale in a systematic way. Lessons learnt have pointed to the need to maintain fidelity to the core elements of the original model; involve original implementers as advisers to ensure uptake of lessons learned in other contexts; allow adequate time and funding for programming; and adapt interventions to new settings and for scale (3).

Defining scale in What Works II

What Works II initially [defined](#) scale as ‘**expanding and/or deepening the evidence base for VAWG prevention programming and policy efforts in partnership with organisations, institutions and communities who share a commitment to sustainable change**’. Our concept of scale has evolved to encompass four key types which may occur on their own or co-occur within one scale project:

- **Quantitative:** Increasing reach across additional locations or populations.
- **Functional:** Deepening impact through a comprehensive multisectoral package.
- **Organisational:** Involving new organisations or partnerships.
- **Political:** Influencing or working with governments to enable interventions to be scaled and sustained.

These are in turn informed by CUSP’s feminist scale principles. What Works II prioritises community accountability, fidelity to core intervention values and elements, adequate time and funding, meaningful involvement of originators, and critical reflection on the roles of governments and international NGOs in enabling ethical scale.

■ BOX 3

How What Works II partners define scale

During our interviews, we asked grantee partners to define scale in their own words. While all partners said scale was a complex and iterative process, key language partners used to describe scale included:

- **Design for integration:** Projects need to be feasible and aligned with existing delivery roles.
- **Embed in systems and partnerships:** Scale is achieved when an effective approach becomes part of how institutions and partners work together to respond to an issue rather than remaining tied to one implementer. They saw it as embedding models in government or community systems, building partner capacity and reducing reliance on implementers so projects no longer remain organisation dependent.
- **Balance adequate duration with intensity and feasibility:** Partners stressed the need to balance effectiveness with delivery through existing systems.

These debates and interpretations of scale provide the basis for the next chapter, which turns from definitions and pathways to the issue of readiness.

3.

Readiness to scale

This paper draws on insights from the WHO ExpandNet Framework (4), CUSP (6) and broader literature for scaling social and behaviour change interventions, to develop the conceptual understanding of readiness for scale. We synthesise key concepts from these approaches to identify four interrelated conditions of readiness that influence whether VAWG prevention interventions can be successfully expanded and sustained: intervention readiness, organisational readiness, partnership readiness and financial readiness. Together, these conditions¹⁰ provide a lens for examining both the characteristics of interventions themselves and the wider systems, actors and resources needed to support scale.

Let's take a look

While the findings chapters are organised around the themes emerging from the interviews and case studies, the readiness framework presented in this chapter provides the conceptual lens used to interpret those findings. The conditions overlap in practice and should be understood as interconnected rather than distinct conditions.

i) Intervention readiness

Refers to a clearly defined evidence-based model¹¹ that can be replicated and adapted in different contexts. This requires a structured model with a clear theory of change and a practical implementation guide with a clear, thoughtful process for expanding it effectively and safely (16). It should clarify the types of scale envisioned, such as reach/ geographical expansion, integration into systems or replication by partners. It also requires a scale plan that sets out the staffing structures, clear roles and responsibilities, community engagement, leadership arrangements, safe and feasible activities, indicative budgets and mentoring, supervision and technical assistance¹² needed to maintain quality, fidelity and accountability to women and girls as the project scales (17). CUSP reinforces the need to work with originators to co-develop. It also requires that originators are meaningfully engaged and appropriately recognised throughout adaptation and implementation, with their expertise and contribution acknowledged, while core elements and values are protected. Minimum system readiness conditions might include:

- Availability of minimum financial and operational resources to implement the intervention as intended.

- Basic survivor safety, confidentiality and functioning referral pathways.
- Decision-makers' support for the intervention and its gender-transformative principles.
- Quality training and ongoing coaching for implementers.
- Staff having the time, skills and supervision needed to deliver the intervention.
- The intervention's non-negotiable core components are maintained, even if adaptations are made.
- Simple systems in place to monitor implementation quality, identify risks and support continuous improvement.

ii) Organisational and capacity readiness

Refers to whether the implementing organisations and their partners, including government agencies and civil society organisations, have the people, tools, budget, systems, relationships, skills and clear ways of working needed to deliver a VAWG prevention project with quality, safety and accountability. CUSP emphasises that equitable and transformative scale requires organisations implementing VAWG prevention interventions to practice their values of gender equity and power sharing (18). This means having sufficient, well-trained staff, facilitators, activists and frontline workers with a strong understanding of VAWG prevention and its core drivers, including gender, power and inequality. It also requires clear implementation guidance, survivor-centred referral pathways, technical support structures, learning and monitoring systems, and adaptation guidance that supports continuous improvement while maintaining fidelity to core components.

¹¹ An evidence-based model is a VAWG project or intervention that has been evaluated through a well-designed research study and has statistically demonstrated a measurable positive impact on outcomes such as reducing intimate partner violence or changing harmful social norms.

¹² Provided by Originators, technical support providers or leadership of a CSO that has the capacity.

This dimension of readiness recognises that transformative scale depends on organisational systems and people-centred ways of working, including staff wellbeing, clear roles and coordination, capacity strengthening, succession planning, clear transition processes and realistic workloads.

iii) Partnership and ecosystem readiness

Readiness to scale operates at two interconnected levels. First, partnership readiness refers to the preparedness of the actors directly engaged in scaling to work collaboratively, equitably and with shared accountability. CSOs, governments, communities, originators, funders, researchers and implementing partners need to align their technical, financial and institutional resources in order to safely adapt, implement, sustain and learn from evidence-based VAWG prevention interventions. Second, ecosystem readiness refers to the broader enabling environment around these partnerships – the wider networks of organisations, institutions, influential actors, movements, practitioners and coordination spaces that can support safe, effective and ethical scale. Together, these two levels determine whether scaling efforts are well coordinated, evidence informed, locally grounded and able to contribute to sustainable prevention outcomes.

Weak ecosystem readiness can undermine scale by creating fragmentation, competition, and parallel implementation, limiting collective learning, coordinated action, institutionalisation and sustainable impact. Government actors play a critical role in partnership readiness. But governments require organisational capacity to support scale. When working with them to ethically

scale evidence-based VAWG prevention models, it is important to acknowledge real-world system constraints such as high staff turnover, limited capacity, competing priorities, bureaucratic processes, limited resources and varying levels of commitment to gender-transformative approaches.

iv) Financial readiness

Refers to whether a VAWG prevention project has sufficient, reliable and flexible funds to scale safely, effectively and sustainably. This includes bilaterals, government/donor commitment to long-term funding and realistic indicative budget based on implementation experience. Financial readiness requires funding approaches to recognise the realities faced by CSOs and community-based organisations in different contexts, provide space for dialogue and adaptation, and value local knowledge and learning. Supportive funders who listen, build trust and work collaboratively with partners can play a critical role in enabling ethical scale – particularly where grantee partners are navigating complex implementation scaling processes, government systems and changing priorities.

Without strong or sustainable funding, projects risk over-extending beyond the capacity that organisations and systems can safely deliver. This can lead to truncating the very components that make the models effective. It can also result in uneven quality, staff burnout, weakened safeguarding and referrals, loss of fidelity to core intervention components, fragmented implementation and repeated pilots without sustainable growth. Short-term or unrealistic funding can also prioritise rapid reach over transformative impact and reinforce power imbalances by under-resourcing local and women-led organisations.

Why readiness to scale matters

Drawing from insights from CUSP and the RESPECT Framework (19), VAWG prevention is about transforming deeply rooted gender norms, harmful beliefs and behaviours driven by unequal power relations and systems that perpetuate VAWG. The following highlights potential harms of scaling without adequate readiness:

- **Ineffective programming including harmful communication:** Communication campaigns that reproduce gender stereotypes, such as 'real men protect women', normalise male control, stigmatise survivors and reinforce unequal gender expectations and relations.
- **Weak accountability to women, girls and communities:** Projects may be driven by targets and funding pressures rather than meaningful community participation and partnerships. This can lead to reinforcing existing gendered and intergenerational inequalities.

- **Excluding or engaging originators too late in scaling processes:** This risks inappropriate adaptation of evidence-based models, misunderstanding of core principles, repetition of previously identified implementation mistakes, and reduced quality, fidelity and effectiveness.
- **Pressure for wider geographic coverage and simplified delivery to scale through government systems:** This may lead to truncating evidence-based VAWG prevention projects into short-term activities and excluding critical but sometimes sensitive components such as gender equality, power, comprehensive sexuality education and rights-based approaches.

Readiness for scale is dynamic and interconnected, requiring attention to intervention quality, organisational capacity, partnerships and sustainable financing. The findings that follow show how these conditions for scale surfaced across the reviewed cases, and what this means for strengthening VAWG prevention at scale.





Reflections from What Works II grantee partners

The following chapters of this report represent findings related to how grantee partners have applied the scale readiness conditions described in the previous section. We draw these findings and lessons primarily from interviews with the four project teams, supplemented by reflections from additional grantee partners. While the scale framework(s) guided our understanding of scale readiness, the data that emerged from grantee partners allowed us to revisit these conditions. We have therefore organised the findings around three conditions – intervention readiness, organisational readiness and government readiness – as discussed in the next three chapters. Although presented as separate conditions of readiness, it is important to highlight that they are all interrelated, and we cross refer to examples where possible.

4.

Intervention readiness for scale

Through discussions with the four grantee partners, it became clear that intervention readiness for scale involved identifying and protecting the essential core elements most likely to drive change, then combining these with new components to extend and deepen reach and potential impact in new populations and settings.

Practical compromises were made throughout the process to enable delivery through schools, community systems, government services or mass media platforms. Careful consideration was also given to intervention fidelity and what government partners or frontline workers could feasibly deliver.

Let's take a look

¹³ Familia Imara interview.

¹⁴ Determining the essential elements of models will depend on what was learnt from the previous implementation, practice-based learning, monitoring and the external evaluation. Also on what might be essential and appropriate for the scale context and population.

¹⁵ Right to Play's original model in Pakistan, the SASA! component of PKN in Uganda and the original version of EFFECTS in Tanzania were previously evaluated through randomised controlled trials (RCTs). Soul City has had process evaluations of the edutainment model, and Rise Clubs were also evaluated through a process evaluation in 2019. The original version of MO, Creating Futures, was evaluated through a quasi-experimental design.

¹⁶ Right to Play, Global Communities and Soul City.

i) Preserve tested core elements, working with model originators

"Programmes must be purposeful so that every component is necessary¹³."

A consistent feature across the projects was the deliberate effort to conserve the essential elements of models¹⁴ that had already demonstrated promise or effectiveness. All four projects entered What Works II with strong foundations: each had components that had previously been evaluated¹⁵ and shown to reduce VAWG and/or change attitudes and behaviours related to gender equality in a specific context and population. The availability of existing curricula, manuals and implementation materials was an important part of readiness. In all four cases, partners were able to build from manuals, tools and facilitator materials that had been carefully developed through earlier intervention design and implementation.

In addition, the original implementing organisations or individuals were also part of the new project teams. For three of the projects, the lead grantee partners¹⁶ were the originators of the models and had several years of direct implementation experience. In PKN, the WRO partners had less prior implementation experience of the full models, but were accompanied by the originators of SASA! Together, Moyo Olemekhezeka (MO), the Gender Transformative Curriculum and the Survivor Support Fund – helping to ensure that critical implementation knowledge was retained.

ii) Carefully adapt to the scale context

Grantee partners also carefully adapted the models to strengthen them for the scale contexts,

combining new components onto the essential core (20). Most of this adaptation took place during the co-design phase at the start of the project. In Pakistan, Right to Play combined their play-based curriculum with Aahung's SRHR curriculum through a detailed adaptation process, mapping the curriculum, target groups and sites, activities, monitoring systems and social norms into an adaptation matrix. As one of the team explained:

"We didn't pick activities just because they were easy to deliver. Instead, we focused on what actually creates change in the classroom, and then figured out how those same activities could realistically work when taken to scale."

The team also reduced a 120-session curriculum to 60 sessions over two years. This was based on the findings from the original Right to Play evaluation which recommended two years as the ideal implementation timeframe, but with the number of sessions halved to make it easier for teachers, rather than Right to Play facilitators, to implement.

In Tanzania, the Familia Imara team integrated additional sessions to the original EFFECTS curriculum to strengthen the focus on IPV and VAC prevention and streamlined the original content (see Box 5 for details). In South Africa, Shay'indlela added parenting components and community watch parties to their original model of films and Rise Clubs. This was aimed at expanding reach and building critical mass for change across the individual, relationship, community and societal levels of the ecological model. In Malawi, meanwhile, the PKN team adapted the components to the context. These

adaptations served to deepen the interventions, making them more transformative, and to strengthen the likely impact across a broader population than in the original implementation context.

In Malawi, drawing from recommendations from an initial scoping analysis, the PKN team combined two evidence-based models: SASA! Together which works with communities to change attitudes, behaviours and norms; and Zindagii Shoista (Living with Dignity) a socio-economic model at the household level, which later became Moyo Olemkezeka in Chichewa. To ensure greater potential impact, the team also added a gender transformative curriculum for frontline staff and survivor support fund. This ensured that the programme was holistic and worked across individual, inter-personal, community, societal and political levels.

Further adaptations and adjustments continued during implementation where the teams identified a need or a gap. For example, the Shay'indlela team found that some early scripts and session materials were too complicated in terms of language and content and needed to be simplified to resonate with audiences across South Africa. In both Malawi and South Africa, the teams identified the need for additional resources to support mental health after high levels of poor mental health were recorded in the baseline research. The PKN team developed

additional manuals, including on trauma and psychological first aid, to improve training for frontline service providers, while the Shay'indlela team increased the number of trained psycho-social support personnel working on the project and integrated mental health messaging into the Rise Club curriculum.

The need for flexibility and continual adaptation served to strengthen the interventions and was made possible due to implementation and research teams being able to identify areas of potential weakness and respond appropriately. This does, however, raise an important question for scale as the degree of adaptation and responsiveness possible within a grant-funded project run primarily by WROs and NGOs may be harder to sustain if a model is taken up wholesale by government and rolled out across multiple locations. These projects suggest that intervention readiness should not be interpreted as a fixed and final model. Amendments and gaps are likely to emerge as populations and contexts continue to evolve, and the implementing institution, be it government, private sector or civil society, will need the expertise to carefully monitor and adjust content, materials and support to staff as needed.





■ BOX 4

The Evolution of Familia Imara

Global Communities' original EFFECTS curriculum focused on the roles of fathers and mothers in infant nutrition and early childhood development. It also showed promising unintended effects on IPV through improved couple communication. To strengthen this impact at scale, the curriculum was adapted from 24 to 20 sessions by removing less essential modules, including WASH, family planning and COVID-19, simplifying complex language, shortening discussions and removing activities that were less practical or effective. The adapted curriculum placed greater emphasis on gender-equitable norms, power, violence prevention, emotional regulation, stress management and parents working as a team. IPV and VAC modules were introduced early and in manageable doses, with sessions connected through recurring messages on loving parenting, non-violence and the use of power. The delivery model was also adjusted to include an additional layer of government supervisors supporting an expanded team of community health workers and field supervisors. In parallel, Kivulini WRO led work to strengthen community dialogue and referral systems, helping to foster safety and community ownership as the project expanded to reach around 6,048 households across four regions of Tanzania.

iii) Take risks to find the sweet spot between adequate duration, intensity and effect

A further dimension of intervention readiness was the willingness to take calculated risks in order to identify the sweet spot between adequate duration and intensity¹⁷, effect, feasibility and reach. Scale inevitably requires extending models beyond the conditions under which they were first tested, it

“requires thinking carefully about the delivery agent – facilitators who already exist in communities – and finding the ‘sweet spot’ between the minimum effective dose and cost/effort¹⁸.”

Familia Imara expanded from two district councils in the EFFECTS trial to 15 districts in four regions, while PKN expanded across seven traditional authorities in Lilongwe and Balaka districts to test the models across more diverse populations and contexts. Shay’indlela took a different approach, centring their intervention with the survivor and then building an ecological model around the adolescent girl encompassing parents, family, communities and national levels to achieve scale.

These decisions were not easy options and were not without risk. Partners repeatedly emphasised that they had to make decisions about reach, ensuring adequate duration and intensity alongside delivery. They had to balance what was known to be effective with what was realistically feasible within existing government systems and budgets. In Familia Imara, field supervisors now have to support a larger number of community health workers than in the EFFECTS trial,

reflecting what government systems can realistically sustain. This reduces the intensity of supervision support by field coordinators. In PKN, wide geographic spread, long distances and the large number of trained volunteers and activists made it difficult to maintain consistent oversight. To balance coverage and quality, staff prioritised support for volunteers who needed additional coaching while reducing follow-up for those performing well.

In Shay’indlela, the team emphasised that community dialogue quality depends heavily on facilitator skill and ongoing supervision, making it one of the highest-risk components at scale. In Pakistan, this meant shifting delivery from Right to Play coaches to teachers, requiring a new training manual tailored to teachers’ capacities and needs. These are all necessary trade-offs to balance complex demands. At this stage of the What Works II initiative, when projects are at different points on their implementation journey, the impact of these decisions on project outcomes is as yet unknown. The risks around supervision, geographic spread, frontline worker workload, and minimum effective duration and intensity remain live questions. However, these risks are central to learning about scale. A model cannot be considered ready for scale just because it worked under ideal or highly supported conditions. Rather, it becomes ready for scale by being deliberately expanded, monitored and adapted, and by being agile for different contexts. In this way, implementers can assess the duration and intensity, delivery modalities, support and fidelity needed to achieve impact across diverse contexts. And they can test which components government partners are able to take on and how.

¹⁷ Sometimes referred to as dose

¹⁸ Familia Imara interview

5.

Organisational readiness for scale

Insights from the What Works II initiative point to a set of critical organisational, relational and contextual factors that determine whether WROs and NGOs have the capacity and infrastructure to deliver complex VAWG prevention work at scale with quality. As discussed in earlier chapters, CSOs and WROs play a critical role in scaling, innovating and testing transformative models on VAWG prevention that keep women and girls at the centre. Organisational readiness incorporates aspects of organisational strengthening, including building partnerships, systems and staff that are foundational to the journey to scale.

[Let's take a look](#)

i) Building partnerships to take projects to scale

Organisational readiness requires an assessment of the organisational capacity in relation to staff and skillset(s) required to deliver either an adapted model or deeper impact of an existing model. This might result in strategic decisions on the type of partner that will bring complementary skillsets and deepen the work of the organisation. In the case of PPVAWG, for example, Aahung contributed important SRHR skills to achieve a modified outcome for an adapted PPVAWG model with a focus on sexual harassment (see Box 5 and earlier discussion on adaptation for scale).

Similarly, the Women's Legal Resources Centre (WOLREC) in Malawi formed a consortium to expand its reach and deepen its impact on the PKN project. The PKN consortium spent time building relationships and ran joint learning for consortium members to build a shared understanding of their work together. They developed “a whole organogram of how we wanted to operate as a consortium”. This included clarification of roles and responsibilities, decision-making structures, and policies on ways of working for everyone from leadership to PKN secretariat and field staff, covering lines of communication and reporting, and accountability. Laying this foundation is critical to ensuring project implementation effectiveness, as each partner brings “different capacities, skills and ways of working”. Strong partnerships were sustained through consistent engagement, joint planning and shared problem solving, which builds trust and aligns expectations over time.

■ BOX 5

Right to Play and Aahung collaboration

Right to Play and Aahung had strong organisational systems in place, including financial management, safeguarding and quality assurance, as well as committed leadership that supported scaling efforts. In addition, both organisations invested time in establishing a strong partnership, clarifying roles and responsibilities, and creating shared decision-making processes. Similarly, they built mutual understanding of each organisation's expertise and operating approaches. Moreover, existing partnerships with government stakeholders further contributed to scaling efforts. This investment in partnership-building fostered trust, shared ownership and complementary leadership, enabling both organisations to work effectively together and creating a strong organisational foundation for scaling the intervention.

While Global Communities implemented the EFFECTS pilot independently, scaling required deepening partnership with Tanzanian government ministries, including community development, gender, women and special groups, and health. Global Communities leveraged Government of Tanzania health sector reforms and policy priorities to secure backing for curricula promoting child nutrition, early childhood development and IPV and VAC prevention. This enabled early adoption of the curricula into health ministry training guides, as well as the secondment of 432 enrolled CHWs to deliver Familia Imara. VAWG prevention and response, however, fell outside Global Communities' core expertise, a gap addressed through partnership with Kivulini WRO. Kivulini's grounded experience in VAWG programming, and in community systems strengthening, brought critical complementarity – supporting training for the delivery of the adapted VAWG component and providing oversight for referrals and response.

Similarly, Soul City has decades of experience using edutainment (film and drama) to drive behaviour change in South Africa, and a long-standing partnership with the government-owned South African Broadcasting Corporation (SABC). This means television programmes produced 20 years ago remain in circulation and accessible to audiences today – a testament of the durability of this approach. It was this foundation that made the further adaptation of Shay'indlela possible. See page 19 for the adaptations made to the project.

Taking stock of staff capacity to deliver at scale, the PPVAWG team noted that they had to focus on enhancing staff capacity around play-based approaches, including facilitation skills and safeguarding.

They also had to strengthen internal systems and create procedures and tools for consistent implementation across schools. The team was able to leverage existing expertise to refine the intervention through regular reflective sessions that also strengthened their partnership.

Although organisations spoke about having a clear “roadmap” for scale, they were aware that they needed to invest in staff capacity building, because scale requires an increase in staffing, particularly for those delivering programming in communities. PKN expanded on this, highlighting that continued supervision and support is critical to ensuring fidelity to the model. This requires an adaptive system of continual monitoring to identify knowledge gaps and investment in ongoing staff mentoring.

ii) Localisation and community ownership

All of the grantee partners noted that building partnerships with communities through engagement meant that projects were locally embedded from the start. Change could then be driven from within through culturally-relevant programming. The projects “will leave behind knowledge and capacity built through trainer of trainers and community health worker training”, said a Familia Imara team member. Beyond direct training, relevant manuals and materials in local languages ensure that communities have tools to continue to build on the foundations of the projects. In addition, PKN reported that not only have they strengthened capacity among community leaders, activists and accompaniers, they have also strengthened community structures, which is important for sustainability. This serves as a mechanism to create an enabling environment for safe and ethical VAWG programme delivery.

Partnering with communities builds community ownership, which is important when scale is considered from the onset. During the inception period of all projects, there is therefore a deliberate effort to engage communities as a project partner in the design and adaptation of the intervention. Beyond that, teams foster community ownership and strengthen relationships by creating spaces and conditions where locally grounded experiences and efforts are recognised, which contributes to sustainable prevention outcomes.

iii) Accompaniment and quality technical support

Grantee partners described technical support from the originators and the What Works II team (technical advisers and researchers) as an important contributor to organisational readiness for scale. Across projects, technical support played a critical role in strengthening design, supporting adaptation without losing core feminist and survivor-centred principles, and helping organisations navigate tensions between fidelity, feasibility and institutional requirements.

Grantee partners highlighted that the support went beyond technical guidance to include: co-creation at the start of the programmes; adaptations; capacity strengthening through online or in-person workshops and Community of Practice (CoP); troubleshooting implementation challenges; and nurturing more equitable and collaborative partnerships across their partners and What Works II. Partners also emphasised the relational value of the technical support, noting that regular engagement, shared reflection and mutual accountability strengthened trust, solidarity and the people-centred approach needed for effective VAWG prevention at scale.

■ BOX 6

Technical support in What Works II

Technical support in What Works II is both technical and political. It is a sustained, evidence-informed and feminist approach that strengthens project design, implementation, research and impact while supporting implementing partners to navigate power dynamics and drive positive change for women and girls. Politically, it is grounded in feminist principles, including power sharing, inclusivity and respect for local knowledge and context through a wide range of reciprocal and equitable learning collaborations.

Key technical support phases

- **Inception and co-design (6–9 months):** Supports partners to identify, mobilise and build partnerships among key stakeholders and co-design the project with focus on establishing the Theory of Change (ToC) and research aims and setting the vision for activity implementation.
- **Implementation (1.5–2.5 years for innovation projects and 3–4.5 years for scale projects):** Deliver activities with ongoing technical support and quality assurance keeping fidelity to the model while emphasising practice-based learning. These include bi-weekly calls and in-person visits that observe community in action. These spaces provide opportunities for skills transfer.
- **Ethical closure (3–6 months):** Thoughtfully consider lessons, impacts and sustainability. Encompasses careful completion of outstanding tasks and closure.

Source: What Works II Technical Assistance Guidance Note 2026 (21)

Strengthened systems are a critical component in planning for the sustainability of projects. The internal systems of grantee partners have all benefitted from the What Works II initiative through a focus on strengthening the organisational systems and infrastructure needed to scale projects. Across the What Works II initiative, senior technical advisers (STAs) supported the implementation teams to strengthen the project designs and make adaptations to project components such as training manuals as well as MEL frameworks.

Both Aahung and Right to Play have developed the capacity to implement a project at scale that required an integration of the project into the education system. The partnership drew on their organisations' knowledge of the system but the intensity of a scale project means that it takes over the life of an organisation rather than being a standalone project. Similarly, Kivulini noted that their institutional capacity to deliver at scale was strengthened, and this will be important for future iterations of the project and in decisions about the scale of future projects.

iv) Intentional planning and co-design phases

The What Works II initiative deliberately built time and structure into its pre- and post-grant processes for co-design of the intervention and research. This phase brought together grantee partners, technical advisers (TAs), researchers, and community and government partners to assemble the building blocks of the intervention, and sharpen the technical, ethical and programmatic dimensions of each intervention.

Implementers entered delivery with greater clarity and foresight, while researchers were positioned to contribute to design.

This enabled a fit-for-purpose evaluation that addressed research questions co-created by the research and implementation teams. An inception period of three to six months followed, giving organisations dedicated time to consolidate readiness before full implementation began.

"Co-design enabled us to make key decisions; envisioning the scale story we hoped for, matching complex realities with our organisational capacity, the level of funding and the possible extent of the research questions that would be answered. It gave us an opportunity to mobilise support of all our key stakeholders that were invited to shape some components with us."

(Familia Imara team member).

Familia Imara's choice of the districts of intervention and the level of community health cadres to engage was selected with government counterparts at co-design stage, and this provided greater clarity and foresight, while researchers were better positioned to define what to study.

Shay'indlela's team spent over eight months designing different components of the intervention. Although the intervention evolved around using television as a platform for reaching a wide population, on its own this has not been proven to shift norms. Careful consideration of the integration of additional components was therefore necessary to ensure the model had the potential to demonstrate effectiveness. Soul City noted that they now understand that strong foundations are essential to delivering complex VAWG prevention interventions effectively.

"These phases ensured that Shay'indlela launched on solid ground. We conducted a formative study that informed us of communities' key issues, and were able to design the 'message bible' that guided the Theory of Change, the drama productions and all curricula development. By the time we started implementation, we were certain we would start our journey with people who understood the work deeply, put systems in place and had a research agenda aligned with what was happening on the ground."

v) Funding arrangements

Flexible funding arrangements were considered important in the scaling of innovative projects by all grantee partners. Realistic budgets were stressed, yet grantee partners noted that although budgets seem large, a number of unknowns were faced once they started implementation. In the case of PPVAWG in Pakistan, teacher turnover means that school-based programming requires

"extra investment to train additional teachers to sustain project implementation".

This is true in all projects where there is an integration into government systems. Project staff have limited control over the deployment of staff even when memoranda of understanding are signed between a project and government. The unexpected shifts in the environment or unknown challenges in the community or school can result in unexpected, unplanned for financial costs. This is particularly evident in the PKN project where rising fuel prices pose a challenge to project delivery. They had to strategise to reduce transportation costs and consider combining activities

"rather than travel back and forth, so that the money that we have will still be able to do planned activities".

Similarly, in the PPVAWG project it was easier to secure buy-in from public schools than private schools. It was a slow process of

"repeated negotiations with school leadership leading to a decision to give them incentives".

These unexpected delays were costly and additional incentives had budgetary implications that were not initially planned for.

The nature of scaling in the real world means that partners are faced with unanticipated challenges. During the baseline evaluation, Shay'indlela reported an unexpected challenge when large numbers of young girls required psychosocial support. The research team had employed a social worker to address the psychosocial needs of girls who measured positive for mental health distress, but an additional social worker was added when more than half of the girls needed to be referred for psychosocial support. This was, however, still

"insufficient given the scale of the need".

6.

Government readiness for scale

Grantee partners emphasised that readiness is built through sustained partnerships between government and civil society, shared ownership, institutional commitment, and investment systems that enable government to lead and sustain gender-transformative programming. Eight interconnected themes emerged from these reflections.

[Let's take a look](#)

i) Importance of long-term partnerships with governments, and government buy-in as the foundation for readiness

Across all partner contexts, government support and agreement with the intervention approach emerged as a critical precursor to scale. Partners emphasised that buy-in was a process. All grantee partners had decades of experience working with national and local governments prior to the What Works II projects, enabling them to embed those projects within existing government systems and partnerships from the outset. However, they noted that government buy-in is usually needed at multiple levels. PKN worked with the Ministry of Gender at the national level to ensure policy alignment and legitimacy with the Malawi Police Service for survivor centred response; and with regional or traditional authorities at the community level for operational, implementation, coordination and sustainability. Promising results came from combining national policy support, sectorial ownership and local government commitment, backed by coordination across VAWG-related systems. Meanwhile, the PPVAWG project team reflected that the government's role began even before implementation, through approving project content, identifying schools and nominating teachers.

These experiences suggest that government buy-in serves as an important entry point for scale. However, partners consistently cautioned against equating buy-in with readiness. While government endorsement created favourable conditions for implementation, readiness evolved through continued engagement, learning, capacity strengthening and increasing institutional ownership.

ii) Co-creation as a building block to ownership

A strong theme across grantee partner experiences was the importance of engaging government as a co-creator rather than a recipient or implementer of externally designed interventions. Grantee partners described involving government stakeholders in project adaptation, curriculum development, implementation design and learning activities. The PPVAWG team reflected that the Sindh Teachers Education Development's review helped turn the project content into classroom-ready action. In Tanzania, government representatives helped align the intervention design with multisectoral parenting guidelines, nutritional guidelines, implementation structure and engagement with key actors. PKN worked alongside the Ministry of Gender to jointly develop and strengthen the Malawi National Action Plan on GBV.

Grantee partners observed that ownership deepened when government actors' roles were clarified and they were given meaningful decision-making power rather than simply consulted. Joint planning processes, technical working groups, inception workshops and signing of memoranda of understanding all helped to ensure shared understanding of the commitments.

iii) Alignment with government priorities creates an enabling environment

Grantee partners consistently highlighted the importance of aligning interventions with existing government priorities, policies and systems. For example, PKN's Gender Transformative Curriculum (Part B, Malawi Police Service) supports police priorities on strengthening survivor centred, coordinated

referrals and accountability for violence. The PKN embedded technical adviser helps ensure the training remains practical, police-owned, grounded in rights-based gender-transformative approaches and aligned to the operational needs of the Malawi Police Service. Shay'indlela Rise Club aligns with multisectoral parenting guidelines, and Familia Imara with nutrition strategies and the National Plan of Action to End Violence Against Women and Children (NPAVAWC II). At the provincial level, PPVAWG worked with various government bodies who provided strategic oversight, including the Student Literacy Department, to ensure the intervention aligned with government priorities on keeping children safe in schools. This generated legitimacy and facilitated access to government structures at the national and local levels as well as public schools, communities and decision-making spaces. It also increased the likelihood that interventions would be seen as contributing to government objectives rather than competing with them.

These initiatives indicate how core components of PKN, PPVAWG and Familia Imara interventions were embedded within key sectoral committees, and the value of allies within government that provide support and leadership. Achieving this level of buy-in and integration required grantee partners to build trust and long-term partnerships with these institutions, plus consistent engagement in technical working groups to influence the adoption of curricula and tools developed by CSOs and WROs.

iv) Partnering with government across different functions

Grantee partner experiences demonstrated that government plays multiple roles, including: providing policy leadership

and strategic direction; public endorsement and championing violence prevention and gender equality; and reviewing and approving CSO projects at the country level. In Malawi, the Ministry of Gender worked jointly with PKN to publicly launch the PKN project. The Inspector General of Police endorsed the Gender Transformative Curriculum for the Malawi Police Service and worked with the TA embedded in the Malawi Police Service to strengthen survivor-centred response. For PPVAWG and Shay'indlela, the Ministry of Education facilitated access to public schools, sometimes contributing technical expertise in curricula development and helping to frame sensitive topics such as sexuality education. The Ministry also coordinated stakeholders across sectors, supported referrals and service delivery, mobilised participants and advocated for project priorities within government structures.

Grantee partners emphasised that government readiness for scale is multi-layered. It requires strengthening interconnected roles across frontline services, legal and policy frameworks, national VAWG action plans, partnerships with civil society, school systems and curriculum and SOP development. Readiness is therefore about systems strengthening across government not at a single point.

Projects are most sustainable when supported by local and national priorities. Familia Imara noted that in Tanzania the

“government has learnt from the first NPA VAC cycle and is developing a new early childhood development multisectoral national programme, which Familia Imara learnings will feed into”.

PKN reported that the Malawian National Action Plan on GBV has

“embedded evidence-based approaches that we have been using in PKN”.

Embedding evidence-based strategies in policy influences not only the government but other partners to adopt these strategies. Midway through the project implementation, there is already a high demand by both community organisations and government for support from the PKN team to understand VAWG prevention programming, delivered through PKN’s involvement in the national level technical working group in Malawi.

v) Evidence-based models as a driver of confidence, accountability, and scale

Grantee partners consistently described robust evidence of effectiveness as a critical factor in strengthening readiness. For example, the Right to Play evidence from What Works I allowed government to have confidence in the model and prepare for scale. This provided government stakeholders with a credible basis for investing in approvals, teacher training and system integration. Partnerships between grantee partners and research partners were considered important to build a credible evidence base. In Pakistan, Right to Play noted that the researchers are

“needed in the framing of the evidence”,

suggesting that working together to understand and use the evidence strategically is a joint responsibility.

Grantee partners regularly shared project baseline findings, political and economic analysis (PEA), practice-based learning and progress

updates with government actors through stakeholder meetings, technical working groups, advocacy forums and government coordination platforms. Evidence served multiple functions: demonstrating project effectiveness; supporting policy influence; strengthening accountability; building confidence in expansion; informing government decision-making; and supporting rationale for resource allocation. Consistent and transparent use of evidence helped position grantee partners as trusted technical resources for the government.

vi) Scaling gender-transformative approaches presents distinct challenges

Grantee partners consistently highlighted that scaling gender-transformative VAWG prevention and response approaches presents specific challenges. VAWG approaches require facilitators to engage deeply with gender norms, power, violence, sexuality and relationships in ways that support critical reflection and change. Shay’indlela and PPVAWG explained that this requires ongoing personal reflection and transformation among facilitators, but sustaining such work within government systems can be difficult because of high staff turnover, competing priorities, uneven facilitator capacity, and varying levels of comfort in discussing sensitive issues. PPVAWG noted that implementing a gender-transformative project through government schools required continuous negotiation between what evidence showed was effective and what schools could realistically deliver. As PPVAWG reflected:

“Scaling was not about doing less; it was about protecting what mattered most while making implementation feasible within government systems.”

Through a technical working group, PPVAWG identified and retained the activities most closely linked to the project's ToC, while adapting reach, training approaches and delivery methods to fit teachers' capacity, school timetables, language sensitivities and frequent staff transfers. PPVAWG also developed a more practical, student-centred training manual to help teachers deliver the curriculum more effectively. Their experience showed that maintaining quality at scale requires ongoing supervision, refresher training, regular coordination meetings, evidence sharing, and shared accountability between government and implementing partners. These processes strengthened government confidence in integrating the approach more sustainably within both public and private school systems.

Grantee partners also noted that sustaining gender-transformative VAWG prevention and response work requires addressing underlying system constraints, including uneven capacity, high staff turnover, bureaucratic processes, resource and funding limitations, and the need for ongoing supervision, mentoring and accountability among government actors. Several grantee partners emphasised that government systems may need to undergo their own strengthening and change processes to deliver and sustain transformative work effectively. They also stressed the importance of realistic long-term government funding for VAWG prevention, and of integrating gender-transformative approaches into existing mandates, systems and standard operating procedures (SOPs) rather than treating them as parallel or standalone projects. What Works II partners' experience remains at an early stage, and more time is needed to assess whether

institutionalisation efforts translate into sustained implementation and impact at scale.

vii) Institutionalisation as a means to strengthen readiness

Across grantee partners, sustainability was understood as a gradual process of institutionalisation, not a simple handover or policy endorsement. Partners were optimistic that governments could sustain key VAWG project components where they were embedded in existing systems, including education and police services, but they also stressed that this requires sustained political commitment, system strengthening and long-term investment in government capacity.

Shay'indlela identified opportunities to institutionalise parts of its model through existing school structures, particularly Rise Clubs and the emerging learner support agent system, where trained government facilitators could continue activities within schools. At the same time, the team cautioned that successful institutionalisation depended on facilitators' commitment, confidence, and values, especially when engaging learners on sex, dating, relationships and comprehensive sexuality education. This raised an important lesson about realistic expectations. As a team member explained,

“Government may not innovate in the same way as civil society, but existing school structures can sustain core activities when supported with the right facilitators, guidance, and ongoing engagement.”

PPVAWG offered a complementary example. They developed a more practical, student-centred training manual that teachers could deliver within existing school structures, integrating violence prevention, body awareness, consent and boundaries, life skills, play-based learning, gender norms, child protection and safe and inclusive classrooms into curriculum content for both public and private schools. PPVAWG also invested in teacher training, refresher training, supervision, regular coordination meetings, evidence sharing and feedback mechanisms with government stakeholders to strengthen implementation quality and long-term integration. Their experience showed that institutionalisation required careful navigation of staff transfers, competing education priorities, and sensitivities around language and terminology, particularly when discussing puberty and sexuality-related issues. A PPVAWG team member noted:

“Critically framing the issues is key; if sensitive topics are presented in ways that create unnecessary difficulties for government partners, support can be lost.”

Across these examples, grantee partners described institutionalisation as the work of embedding evidence-based models into routine service delivery through practical tools, formal partnerships, continuous coordination and capacity strengthening.

Five common areas of institutionalisation emerged:

- **Building knowledge and changing institutional norms:** Grantee partners prioritised strengthening the knowledge, skills, confidence and behaviours of government personnel, with early evidence of shifts in gender attitudes and knowledge.
- **Embedding approaches within government systems:** This included integrating curricula, training packages, tools, standard operating procedures and evidence-based practices into existing government structures and processes, and departmental curricular and policies rather than creating parallel projects.
- **Strengthening government capacity and ownership:** Grantee partners highlighted investments in training government staff, community health workers, teachers, committees and trainers, alongside fostering government leadership through continuous engagement at national, regional and district levels.
- **Generating and using evidence:** Learning, implementation evidence, cost-effectiveness data and ongoing reflection were seen as critical to informing policy, strengthening projects and building government confidence to sustain and expand interventions.
- **Creating demand for scale:** Grantee partners reported growing demand from governments and other stakeholders to adapt and expand approaches, reflecting increasing ownership and confidence in the models.

7.

Emerging lessons on readiness to scale

In this chapter, we draw out emerging lessons on readiness for scale, based on grantee partner reflections on intervention, organisational and government readiness for scale in the previous chapters.

Let's take a look

Intervention readiness

The experiences of the four grantee partners suggest that intervention readiness is not only about having a well-developed model, but also about knowing which parts of that model must be protected, what can be adapted, and what additional support is needed for implementation in a new system or setting. Key lessons on intervention readiness include:

- **Readiness depends on knowing which core elements must be protected during adaptation.** All four grantee partners built on carefully developed models and adapted these for new contexts and populations. To be able to identify and protect the core elements, they drew on the expertise of the original model developers, either because they were themselves the originators, for example Right to Play, Global Communities and Soul City, or because they invited external originators to support design, adaptations and implementation, as in the case of the PKN partners. They also finessed the models, removing anything that had not worked under the previous iteration. They piloted the curriculum with small groups to test it before rolling out to the wider target groups and communities.
- **Impact can potentially be strengthened when complementary components are combined with the core elements to respond to contextual needs.** Right to Play integrated its play-based Social and Emotional Learning approach with Aahung's SRHR-focused Life Skills-Based Education curriculum, creating an amalgamated model that retained the essential elements of both approaches while strengthening its relevance to

violence prevention and gender transformation in schools.

Familia Imara added a gender-transformative component to its parenting curriculum and the Shay'indlela team also responded to needs identified after the baseline by strengthening mental health support for staff and participants, and ensuring that its television shows resonated with South African adolescents' interest in pop culture.

- **Scaling requires flexibility and adaptation continues throughout implementation, not only during design.** Our conversations with the four grantee partners showed that adaptation is not confined to the design phase, but continues throughout implementation, as context specific changes, risks and learnings may surface which challenge the assumptions underpinning the project approach and require timely reflection and adaptation. This reinforces the need for an organisational learning agenda, as discussed in the next sub-section, and for pre-testing adapted models through piloting to understand how well they are likely to work in practice. Scale is not an exact science, and some grantee partners, including Familia Imara, highlighted the need to take informed risks to test different elements of scale. Although partners have made informed decisions about supervision, geographic spread, frontline worker workload and the minimum effective duration and intensity of each model, it remains to be seen whether these decisions will result in the expected impact. These risks are central to learning about scale, and a model cannot be considered ready for scale because it worked under ideal or highly supported conditions.

¹⁹ Including technical support from originators on research, VAWG prevention expertise, MEL, design and implementation.

- **Models are likely to be more scalable when they are adapted to fit the realities of government systems.** For both PPVAWG and Familia Imara, project teams had to think carefully about what it would mean for government staff (e.g. teachers and community health workers) to deliver the intervention activities, rather than INGO staff as in the earlier phases. In both cases, the teams had to adapt the model into an accessible package that government workers could deliver more easily as part of their standard functions. They also needed to strengthen training, mentoring and supportive supervision to maintain implementation quality and protect the model's core and non-negotiable elements within existing government workloads and structures.

Organisational readiness

- **Scaling requires intentional planning around resources and partnerships from the outset.** Scale requires intentionality from day one; pilots designed without a clear view of how they could eventually scale often struggle to do so later. 'Design with scale in mind' is foundational to driving readiness. When the organisation is ready to scale the intervention, it should plan carefully and invest time to think through core components, ToC, strategic partners, necessary adaptation, indicative budgets and the entire implementation cycle. Incorporating co-design and inception periods positions programmes to roll out with clarity.
- **Scale requires organisations to rethink and develop the skills they need.** As organisations build readiness for scale, they must simultaneously strengthen

their internal capacities. The complexity of programming at scale demands a broader bundle of technical skills¹⁹ than pilot-stage implementation. Typically, it requires careful intervention design, building community competence, and navigating the technical, ethical and institutional demands that come with growth. Organisations develop some of these skills through experience over time; others they may need to build deliberately through technical support. Readiness for scale therefore requires organisations to understand which skillsets they need, and to invest in continuous capacity strengthening and partnership building to complement/close the skills gap.

- **Organisations need to adopt a learning posture throughout the scale journey.** Even with careful design, opportunities to learn and adjust delivery approaches often emerged. Partners need a learning agenda to identify early lessons. For example, after the baselines, PKN built new ways of engaging with polygamous relationships, rethinking their original plan of working with monogamous couples when communities surfaced the need for this adaptation. The Shay'indlela team needed to integrate more support for mental health after the results indicated that many adolescent girls presented with psychosocial struggles. This on-the-ground adjustment was facilitated by a close partnership between researchers and implementers, who interrogated the results and collaborated on solutions. Organisations must also continuously track and learn from the MEL framework and document their practice-based lessons as this strengthens implementation and impact.

- **Partnerships with WROs can ensure transformation and sustainability.** Operating from the best practice principle, What Works II encouraged INGOs to partner with WROs as they planned to expand projects into new communities. WROs work closer to the grassroots, and their long-term presence and depth of community engagement help ensure that projects remain genuinely grounded while also pushing implementers to think more deeply about gender transformation. A WRO partnership also offers a route to sustainability, since rootedness means the relationships and capacities built can outlast the project's own funding cycle. It is hoped that these new relationships will ultimately strengthen models and the organisations as well. Although the evidence is not yet in, the underlying logic is sound.
- **Developing internal systems is important to support scale.** Scale tests an organisation's systems: the internal structures that hold quality and safety in place. The systems need to support supervision and accountability mechanisms, referral pathways, safeguarding protocols, and the human and relational infrastructure. The latter includes staff skills, institutional knowledge, and trust-based relationships with communities, government and other stakeholders that programmes depend on to function well. The organisation needs to strengthen how decisions get made, how learning is captured and fed back, and how fidelity to core principles is protected under pressure to expand, among other areas. Because these systems are tested continuously as programmes grow, strengthening them is an

ongoing investment. The Right to Play and Aahung collaboration highlights how the system had to be reinforced at the consortium level, whereas Soul City reports how it needed to rehire former staff with the necessary skills to deliver the intended outcomes.

- **Scale requires sufficient and flexible funding to respond to unforeseen needs.** Organisations need financial capacity to respond to needs that cannot be known at the design stage; however carefully a programme is planned, budgets rarely capture everything expansion will surface. The emergence of new issues/areas of need is an inherent feature of scale. This calls for financial resilience within organisations, alongside contingency budgets that allow them to respond as issues surface. This flexibility and budget sufficiency are necessities that funding partners/donors must help build within practitioner organisations.

Government readiness

- **Government ownership and buy-in grows from trust, relationships and shared design.** Government buy-in to scale an intervention builds on long-standing relationships and trust across grantee partners that underscores partnerships between all grantees and government partners. However, the readiness of government to scale an effective intervention requires taking government partners along on the journey, starting with co-designing a project, as in the case of Familia Imara in Tanzania, to ensure there is a sense of government ownership. This process aligns with the Scaling with Government report (22), which highlights the need to build relationships and trust but cautions that

interventions must be co-designed to match real world realities.

- **It is important to align with government policies to ensure long-term buy-in and sustainability.** Policies and systems provide an enabling environment that makes it easier to obtain support for a project, as well as providing the system to scale a project through, for example, the education and health sectors. This builds on the notion that aligning with policy priority is important (22) but the What Works II grantee partners highlight that it extends beyond identifying a policy priority. In Pakistan, the PPVAWG project is integrated into the school curriculum and delivered in the classroom by trained teachers. But this required close collaboration with the education department to develop curriculum content that is ready for the classroom, and the development of a student-centred training manual for teachers to enable them to deliver the play-based learning sessions in the classroom. Training of teachers is not a one-off exercise; they require refresher training, supervision and regular co-ordination meetings to support them and ensure fidelity to the model. The delivery of the model therefore still requires the involvement of Right to Play and Aahung in defining roles and responsibilities as well as providing mentoring support.
- **Ensure there is clarity between what governments can take up and where civil society must continue to lead.** A caution against governments taking on projects wholesale: across the projects, grantee partners reflected that models are never completely finalised and adaptations are ongoing. An

insight from the Shay'indlela project is that governments are unable to innovate in the way CSOs or WROs can. There is a need to identify which aspects of a model can be taken on by government and what aspects should continue to be implemented by CSOs due to their agility. This resonates across most grantee partners, but is an issue that has not been previously described.

- **Institutionalisation is a gradual process of systems strengthening, not a simple handover.** Institutionalisation of a project is considered by grantee partners as a gradual process that is accompanied by system strengthening and ongoing political commitment. It is not just the handover of a project; it requires ongoing deliberate engagement and skills transfer with realistic expectations of which aspects of a project the government can confidently implement, and which remain the domain of CSOs.
- **Scaling gender-transformative interventions is complex and requires sustained work.** The gender-transformative work underpinning all of these interventions goes beyond technical expertise and draws on deeper personal beliefs regarding gender, power, sexuality and relationship dynamics among other topics, which makes it challenging for governments to effectively deliver VAWG prevention programming. Government structures are hierarchical and often patriarchal in nature, perpetuating unequal power dynamics that are contradictory to the gender-transformative principles that underpin VAWG prevention interventions. Grantee partners stressed the importance

of addressing these system constraints through long-term partnerships and sustained system strengthening to address institutional constraints and effectively deliver transformative interventions. In addition, partners also highlighted the importance of sustained values clarification, reflective practice and mentoring to help implementers examine their own beliefs and biases, and engage safely with sensitive topics and content.

Some of these lessons align closely with existing evidence and guidance on readiness to scale. They include the importance of identifying and protecting the core components most likely to drive change; drawing on the expertise of originators; and adapting and combining core components with new elements appropriate to the different context to deepen potential impact. At the same time, the grantee partners' experiences enrich the literature by offering practical insight into what it takes to work with governments when scaling VAWG prevention. They highlight the need to adapt models for delivery through government systems, rather than assuming that interventions developed and supported by more agile CSOs can be transferred wholesale to government bodies to run on their own. All four partners demonstrated the importance of building on long-standing relationships with government actors; of understanding the political and policy environment; and of aligning interventions with government priorities in ways that create value for all partners. A further contribution is the emphasis on informed risk-taking to be able to learn what scale requires, especially where projects involve substantial adaptation in complex environments and are moving from innovation towards scale.

8.

Recommendations for the VAWG prevention field

Let's take a look

Practitioners

- Scaling needs complementary skills. Build strategic alliances early and clarify roles and ways of working. Scaling VAWG prevention requires collaboration across organisations with complementary strengths. Practitioners, institutions, WROs and CSOs with a shared gender power analysis and long-term relationships can innovate, prepare for scale and sustain collective change better than any organisation working alone. Work with originators to select and protect essential elements.
- The science and practice of scaling VAWG prevention is still evolving, largely shaped by insights drawn from other fields. This creates an opportunity for the sector to lead the conversation through CoPs. Movements and organisations can collectively shape what scaling means and how it is practised, grounded in their contexts, priorities and aspirations.
- Work with the government from the outset and continue engaging them throughout implementation and evaluation.
- Build relationships with government actors at national and local levels before designing a scale project, so there is sufficient trust, alignment and institutional buy-in to support implementation and future expansion.
- Embed learning at every stage of implementation. Scaling requires organisations to stay alert to what implementation reveals, course correct as needed, and adapt both before and during the programme's life. This needs a clear learning agenda and dedicated budget from the outset and the documenting of practice-based lessons along the scale journey.
- Working with government or donors might require adaptive language. Organisations might need to use strategic language without compromising principles when working with government, nuancing language to fit the political and cultural context as needed, while keeping the core purpose, values and substance of VAWG prevention intact.

Researchers

- Building partnerships between research and implementation teams is critical for teams to develop a common vision of the evidence that a scale project can generate, and what gap in the evidence base the project can contribute to.
- Collaboration between researchers and practitioners should be established early in the design phase of a scale project. This will allow for the development of projects that are designed to measure the impact of the intervention. Importantly, joint decisions on adaptations to the intervention allow for the development of a project-wide ToC that should allow the development of measurable outcomes.
- A respectful working relationship between research and implementation teams is foundational. It enables both to learn from data generated across the project life cycle. Combining research expertise with practitioners' contextual and implementation knowledge can strengthen ongoing delivery, support continuous improvement and generate learning for longer-term impact at scale.
- Work collaboratively with practitioners once research findings have been generated to package evidence from research in a meaningful way that also takes into account the nuances of the context. This includes a joint dissemination strategy to engage stakeholders across the ecosystem.

Government policymakers

- Acknowledge the importance of partnerships between governments and civil society for scale and the complementary competencies that each have to offer, with government demonstrating the political will and leadership to champion VAWG prevention through policy alignment as foundational to scale.
- Demonstrate long-term political commitment with clearly assigned leadership, accountability and ownership. Sustained VAWG prevention requires allocated personnel mandated to make decisions so that momentum to scale does not rest with one individual/ally.
- Allocate realistic in-country budgets to implement transformative VAWG work. Embed budgets for VAWG prevention and response activities across departments to integrate cross sectoral response, moving beyond Ministries of Women and Gender/Equalities. Create mechanisms to allocate and protect funding through annual budget cycles and ring fenced budgets for VAWG.
- Work alongside the WROs and CSOs implementing the projects that originated or adapted these evidence-based models to protect core components, support safe adaptation and maintain survivor centred, quality practice as projects scale.
- Engage with WROs as strategic partners, innovators, knowledge holders and accountability actors for transformative VAWG programming at scale. Employ them to assist in the identification of what functions need to sit with government-led scale and what could be outsourced to CSOs or other partners.
- Strengthen regional and global policy commitments to VAWG prevention through sharing practical learning at convenings on the conditions needed to scale and institutionalise promising interventions.

Donors

- Adopt a broad understanding of scale that goes beyond reaching large numbers of people. Donors should support multiple pathways to scale, including approaches that prioritise depth, quality, adaptation, institutionalisation and new forms of partnership.
- Invest in the partnerships and relationships needed for responsible scaling. Provide sufficient time and funding for civil society organisations, communities and government actors to build trust, credibility and sustained engagement before and during implementation. Recognise that government uptake may be partial or uneven, and continue investing in more agile civil society organisations, including WROs, to lead innovation, adaptation, learning and accountability within scale processes.
- Recognise that strong evidence alone is rarely sufficient to secure government uptake or financing for scale projects. Experiences from contexts such as Uganda and South Africa show that, even where there is extensive evidence on promising practice models, government priorities and political incentives shape whether and how projects are adopted. Support grantee partners to align VAWG prevention with relevant government agendas without compromising project quality or feminist principles.
- Make contingency funding accessible for large, multi-year scale projects, particularly those operating across multiple partners or in complex contexts, so that unforeseen needs can be addressed without weakening project quality.

- even where there is extensive evidence on promising practice models, government priorities and political incentives shape whether and how projects are adopted. Support grantee partners to align VAWG prevention with relevant government agendas without compromising project quality or feminist principles.
- Make contingency funding accessible for large, multi-year scale projects, particularly those operating across multiple partners or in complex contexts, so that unforeseen needs can be addressed without weakening project quality.
- Coordinate and sustain investment in VAWG prevention at scale. Donors should ensure funding is complementary rather than duplicative, provide flexible long-term support, and continue investing in evidence on effective pathways to scale and interventions that remain effective at scale.
- Intentionally invest in building the evidence on effective pathways to scale and test interventions that have been proven to reduce VAWG at scale with new contexts and populations.

Annexes

1) What Works II project portfolio

Pamodzi Kuthetsa Nkhanza (PKN), Malawi

A consortium of the Women's Resource Centre (WOLREC), Girls Empowerment Network (GENET) and Human Rights for Women and Girls with Disabilities (WAG) combines SASA! Together community mobilisation, an economic empowerment approach (Moyo Olemekhezeka) and the Gender Transformative Curricula (GTC) for institutions, working closely with government to prevent VAWG. The GTC is complemented by a response arm that includes the Survivor Support Fund, accompaniment for survivors and external engagement in Balaka and Lilongwe districts.

Communities Care, Somalia

Led by Comitato Internazionale Per Lo Sviluppo Dei Popoli (CISP) in partnership with Somali Women Development Centre (SWDC) and Women Initiative for Social Empowerment (WISE) and government ministries. The project adapts the Communities Care model – originally for conflict-affected settings – to reduce violence against women, boys and girls in and around schools in Banadir and Galmdug districts. It targets adolescent girls and boys in schools at high risk of violence.

Familia Imara, Tanzania

Led by Global Communities and Kivulini WRO in partnership with the Government of Tanzania, Familia Imara is a nutrition, parenting and early childhood development programme that integrates violence against women and children components. It operates across 15 districts in Mwanza, Mara, Dodoma and Geita. This family-strengthening and parenting programme is delivered through community health workers and social welfare officers in close collaboration with community leaders.

Play for Prevention of VAWG (PPVAWG), Pakistan

Implemented by Right to Play and Aahung, PPVAWG builds on the success of the play-based life skills project supported by What Works I by integrating into Aahung's life skills-based SRHR curriculum. It aims to mainstream this combined approach within public and private schools in the Sindh province with students aged 11-15. The intervention incorporates a whole-of-school approach by addressing violence prevention through the school ecosystem of students, teachers, school management, parents and referral systems.

Udaan Health Project, India

Led by Mahila Sarvangeen Utkarsh Mandal (MASUM) in collaboration with the Centre for Enquiry into Health and Allied Themes (CEHAT), the project aims to strengthen health systems' capacity to prevent and respond to VAWG in rural Indian communities. It works to embed VAWG identification and response into routine healthcare delivery.

Preventing IPV and Enhancing Resilience to Climate Change, Uganda

Led by the Centre for Domestic Violence Prevention (CEDOVIP), the project seeks to integrate violence prevention into government climate change programming. Working at both national and district levels, it utilises the SASA! Together community mobilisation approach to raise awareness of the links between climate change and GBV while influencing attitudes, skills and behaviour of communities settled along wetlands in Pallisa District. It has contributed to Uganda positioning itself as a regional leader in integrating GBV considerations into climate change policy.

Shay'indlela, South Africa

Run by Soul City Institute for Social Justice in partnership with the South African Broadcasting Corporation (SABC), Shay'indlela combines mass media/edutainment with multi-level community mobilisation across 30 schools in Ekurhuleni. It targets transactional sex and IPV among adolescent girls and young women.

Comprehensive Sexual Education to Prevent Violence in Rural Madagascar

(Led by Projet Jeune Leader, a youth-founded and women-led organisation implementing gender-transformative Comprehensive Sexuality Education (CSE) since 2013. The project works in rural, school-based settings to give adolescents the knowledge and skills to navigate adolescence safely. It aims to transform harmful gender norms that drive violence.

Imarisha Mahusiano: Radio and Couples Curriculum, Kenya

Implemented by the Centre for Rights Education and Awareness (CREAW Kenya) and the Agency for Empowerment of Pastoralists (AFEOP), the project adapts the Indashyikirwa couples curriculum, working with heterosexual couples on power dynamics and non-violent, equitable relationships. Extends its reach through radio dramas and participatory media for community-wide norm change.

Safe Signs Chatbot, South Africa

WhatsApp-based chatbot developed by Reach Digital Health with Ipas and LoveLife. It helps young women identify harmful behaviours in dating relationships, builds self-efficacy and connects users to psychosocial support. Early testing showed reduced violence exposure among users aged 18–24 three months after use.

Safe to Be Me, Nigeria

Implemented by Vision Spring Initiatives (VSI) and the Centre for Health Education and Vulnerable Support (CHEVS), the project addresses both IPV and non-partner violence, particularly sexual harassment among the gender diverse audience in and around the University of Lagos. Utilises an adapted Values Clarification and Attitudes Transformation (VCAT) model while also fostering an enabling environment for prevention of violence against gender diverse women in Nigeria.

Preventing Violence in Higher Education

Led by Women Unlimited and the Bantwana Initiative Eswatini. Focuses on sexual harassment prevention within institutions of higher education, building engagement, agency, participation and advocacy among students. Addresses socio-cultural barriers that leave young people vulnerable to violence on campuses.

Advancing LBT Rights Through Peacebuilding, Nepal

A collaboration between Mitini Nepal and Nagarik Aawaz, the project aims to strengthen dignity, safety and inclusion for lesbian, bisexual and transgender (LBT) women. Addresses stigma, discrimination and violence faced within families, communities and institutions.

SATH – Standing Together to End Sexual Harassment at the Workplace, Pakistan

Implemented by Shirkat Gah – Women’s Resource Centre, SATH uses a law and policy advocacy approach to driving transformative change on workplace-based VAWG. The intervention focuses on promoting behavioural change within specific institutions and workers, both female and male, including labour organisations and collective bargaining agents. Part of a broader push to embed protections against sexual harassment into the labour environment.



2) Bibliography

1. Cohen, J.L. and Arato, A. (1992), Civil society and political theory: MIT press.
2. OECD (2024), Shifting power with partners: Toolkit for implementing the DAC recommendation on development co-operation and humanitarian assistance. Paris: OECD Publishing.
3. Community for Understanding Scaling Processes (CUSP) (2021), Enhancing social norms programmes: An invitation to rethink 'scaling up' from a feminist perspective.
4. World Health Organization, ExpandNet (2010), Nine steps for developing a scaling-up strategy.
5. United Nations General Assembly (1993), Declaration on the Elimination of Violence against Women. A/RES/48/104.
6. UN Women. Women's rights organizations and feminist movements [Internet] n.d., <https://knowledge.unwomen.org/en/topics/ending-violence-against-women/womens-rights-organizations-and-feminist-movements>.
7. Ellsberg, M., Arango, D.J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M. et al (2015), Prevention of violence against women and girls: What does the evidence say? The Lancet. 2015;385(9977):1555-66.
8. Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A. et al (2020), Effective design and implementation elements in interventions to prevent violence against women and girls. Pretoria: South African Medical Research Council. 2020.

9. Community for Understanding Scale Up (CUSP) (2018), Social norms change at scale: CUSP's collective insights. CUSP 2018 case study collection.

10. What Works to Prevent Violence (2026), From insight to impact, <https://ww2preventvawg.org/>.

11. Ullman, C., Musuya, T. and Kerr-Wilson, A. (2023), Practice-based lessons for feminist, ethical and evidence-based violence against women and girls prevention at scale. What Works II programme.

12. International Development Research Centre (IDRC), In brief: Scaling science. Ottawa: IDRC; n.d.

13. Aston, T. and Guerzovich, F. (2022), Contrasting alternative pathways to scale, Medium; 12 Jan 2022, <https://thomasmtaston.medium.com/contrasting-alternative-pathways-to-scale-7157b67cdd0d>.

14. Ellsberg, M., Quintanilla, M. and Ugarte, W.J. (2022), Pathways to change: Three decades of feminist research and activism to end violence against women in Nicaragua. Global Public Health. 2022;17(11):3142-59.

15. Weave Collective (2025), Weaving stories from the margins: A study on women's movements against violence. Global Report.

16. Raising Voices (2020), Scaling up SASA! Together: Tools & tips. Brief No. 8. Kampala, Uganda: Raising Voices; 2020.

17. Raising Voices (2020). SASA! Together: An activist approach for preventing violence against women – set-up guide. Kampala, Uganda: Raising Voices; 2020.

18. Goldmann, L., Lundgren, R., Welbourn, A., Gillespie, D., Bajenja, E., Muvhango, L. et al. (2019), On the CUSP: The politics and prospects of scaling social norms change programming. Sexual and Reproductive Health Matters. 2019;27(2):51-63.

19. World Health Organization, UN Women (2019), RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019.

20. Geara, P. and Massawe, D. (2026), Adaptation of violence against women and girls interventions: Insights from What Works II.

21. Kerr-Wilson, A., Geara, P., Musuya, T. and Kiconco Musinguzi, D. (2026), Guidance note for technical advisers supporting violence against women and girls prevention programming.

22. Spring Impact (2026), Scaling with government: The government's perspective on what non-profits and funders need to do differently.

3) Interview guide

Understanding scale

- Putting aside the WWII definition, what do you understand by scale?

Tell us about X organisation's readiness for scale

- Did your organisation(s) have a clear plan or road map for scale? How did you ensure you had the necessary skilled staff and systems to go to scale.
- What did it take for your partnership to be ready to scale? (If relevant)
- Outside of What Works, what additional support/TA has been needed?
- How have you been able to implement your project at scale within the WW II contractual and budgetary framework? Have there been any challenges?

Tell us about X model's readiness for scale

- How ready was X to go to scale? What did you need to make it ready for scale under WWII?
- How did you make decisions about reach and types of activities most suitable for impact at scale?
- What compromises did you have to make and is there anything that you think may be likely to break or weaken at scale?

Tell us about your partnership with government

- Very briefly, what is the government's role on this project?
- How have you leveraged and sustained government allies?
- How able has the government been to deliver or partner with you to implement this intervention with quality and fidelity?
- What additional support to the government has been required (eg training, coaching, supervision, mindset shifts like empathy building, structural and norm change, funding)?

Let's discuss sustainability

- What will you leave behind when the project ends either in terms of physical infrastructure or organisational or government infrastructure or knowledge?
- To what extent is it feasible for the government to continue scaling/ implementing this intervention after WWII? What would be their role?
- What level of demand is there from communities, government or external parties e.g. donors, stakeholders from other parts of your country or other countries to use evidence, adapt approaches and scale your model elsewhere?

