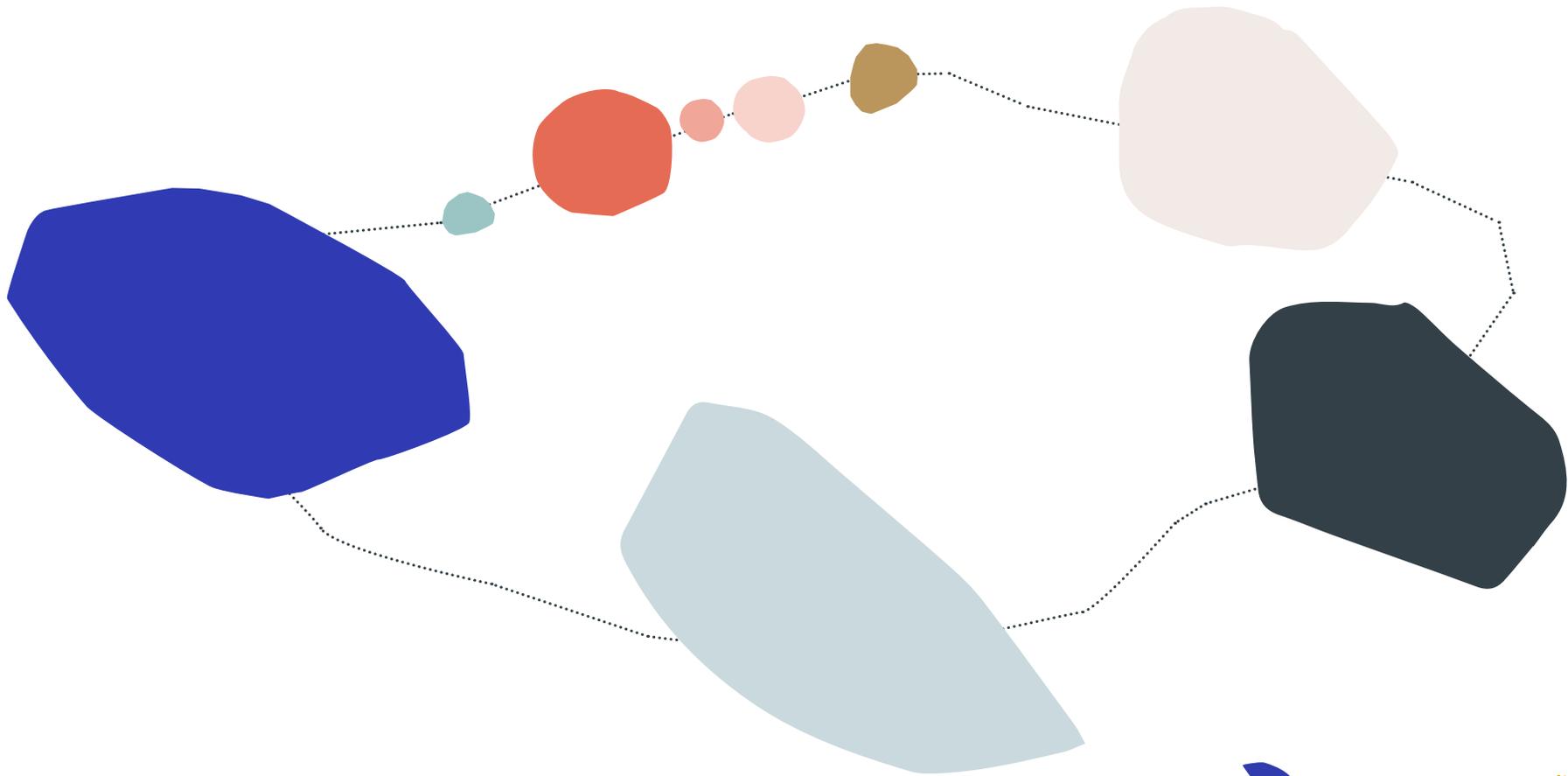


The IPV-ADAPT+ Framework

How to Adapt Intimate Partner Violence Prevention Programs



Authors

Vandana Sharma, MD, MPH
Jennifer Scott, MD, MPH
Katherine Belen, PhD
Elizabeth Dartnall, MSc
Anik Gevers, PhD

Suggested Citation

Sharma V, Scott J, Belen K, Dartnall E, Gevers A. (2022). The IPV-ADAPT+ Framework: How to adapt intimate partner violence prevention programs. Equality Insights Lab and Sexual Violence Research Initiative.

Acknowledgements

The authors would like to thank those who gave their time to provide input to this guide. In particular, we give thanks to the members of the advisory board for their valuable input and comments and to individuals and organizations who shared materials and participated in interviews to inform this guide.

Funding

This work was funded by the Sexual Violence Research Initiative.

© Equality Insights Lab, 2022. All rights, ownership and copyright of data and materials are retained by Equality Insights Lab.

equalityinsightslab.org

Requests for further information on this guide:

info@equalityinsightslab.org

Graphic Design by Manifest Media.

Contents

1 Background Information

- 3 Preventing Intimate Partner Violence
- 5 Adaptation of Effective IPV Programs
- 6 Adaptations: Key Terms
- 7 Types of Adaptations
- 9 The IPV-ADAPT+ Framework
- 13 Intersections with Funding Processes

14 The IPV-ADAPT+ Framework: 5 Stages, 15 Steps

- 15 STAGE 1: ASSESS CONTEXT & SELECT IPV PROGRAM
 - 16 - [Step 1: Assess Community Context & IPV Risk Factors](#)
 - 18 - [Step 2: Select an IPV Program to Adapt](#)
 - 21 - [Step 3: Consult Stakeholders & Establish Partnerships](#)
- 22 STAGE 2: DESIGN IPV PROGRAM ADAPTATION APPROACH
 - 23 - [Step 4: Review Core Components of Selected IPV Program & Materials](#)
 - 25 - [Step 5: Refine the Theory of Change](#)
 - 26 - [Step 6: Identify Adaptations Needed & Develop Approach](#)
- 28 STAGE 3: ADAPT IPV PROGRAM
 - 29 - [Step 7: Modify Program Components/Develop New Materials](#)
 - 33 - [Step 8: Obtain Feedback](#)
 - 34 - [Step 9: Document & Capture Learning](#)
- 35 STAGE 4: PILOT & REFINE ADAPTED IPV PROGRAM
 - 36 - [Step 10: Design & Conduct a Pilot Test](#)
 - 37 - [Step 11: Analyze Pilot Results & Refine Materials](#)
- 38 STAGE 5: TARGETED IMPLEMENTATION & EVALUATION
 - 39 - [Step 12: Develop Implementation & Evaluation Plans](#)
 - 40 - [Step 13: Implement Adapted Program & Collect M&E Data](#)
 - 41 - [Step 14: Analyze Data, Interpret Findings & Develop Recommendations](#)
 - 42 - [Step 15: Disseminate Findings & Scale Effective IPV Programs](#)

43 Applying the Framework

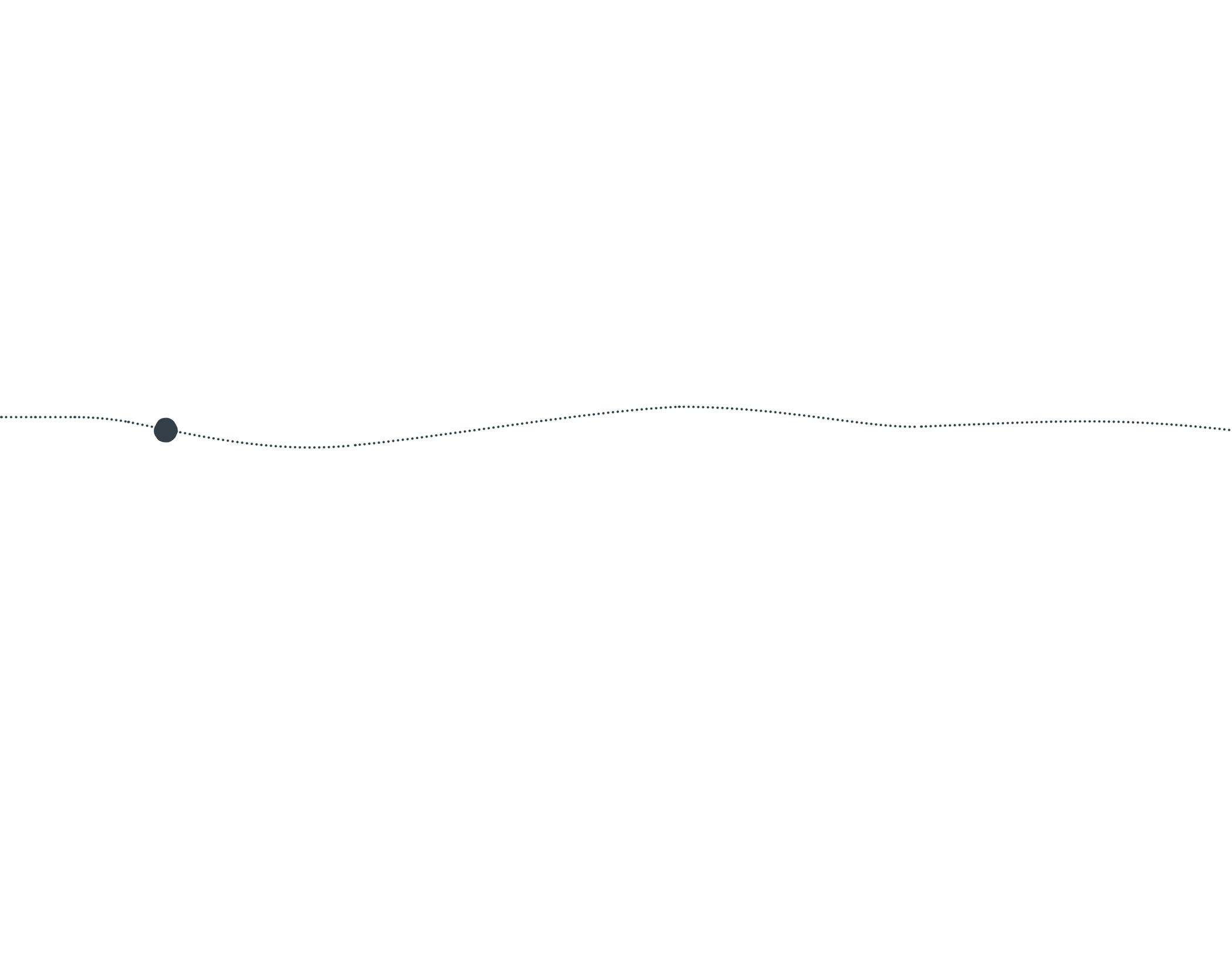
- 44 Incorporating the Framework Across Adaptations
- 45 Budgeting Time & Resources
- 46 Building Adaptive Capacity
- 47 Facilitating Participatory Processes
- 48 Safety & Ethics

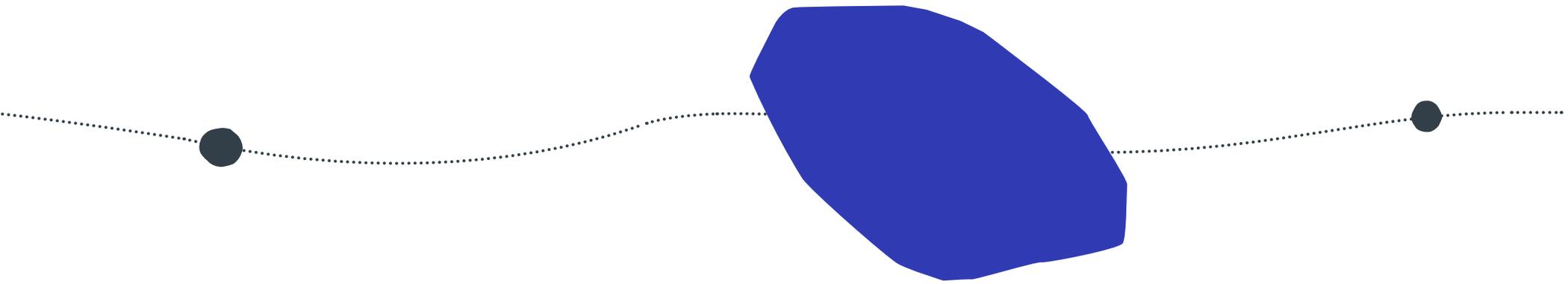
49 A Note on Methodology

50 Additional Resources

54 Case Examples

- 55 Piloting Indashyikirwa in Rwanda
- 56 Adaptation of Unite for a Better Life to a Refugee Context
- 57 Language and Cultural Considerations during Adaptations of SASA!
- 58 Podcast-based Adaptation of Unite for a Better Life
- 59 Adapting GREAT for Scale Up





The IPV-ADAPT+ Framework

Background Information

Introduction: What, Who, Why, How?

The IPV-ADAPT+ Framework is a systematic process for adapting IPV prevention programs to new contexts and/or populations.

What is this guide about?

This guidance document is designed to **support a variety of stakeholders to adapt Intimate Partner Violence (IPV) prevention programs** for different populations and contexts. This document includes:

- Background information on IPV program adaptation
- The **IPV-ADAPT+ Framework**: a step-by step process for conducting adaptations
- Tools for use during adaptation and additional resources
- Case examples to illustrate learning from previous IPV program adaptations

This guide was informed by a literature review and key informant interviews with input and review from an expert advisory board. Further details on the methodology are provided on page 49.

Who is this guide for?

This guidance is for **program implementers, researchers, donors and other stakeholders** who are planning to adapt an IPV prevention program or are already in the process of adapting an IPV prevention program.

Why do we need guidance on adapting IPV programs?

Over the past decades, a growing number of programs to prevent and reduce IPV have been designed, implemented and evaluated in many different contexts. As program implementers, researchers and donors become increasingly interested in adapting these ‘proven and tested’ IPV prevention interventions to new contexts and/or populations, there is a need for guidance and tools to facilitate and strengthen this process. Using this guidance can help **prevent inefficient use of resources and adaptations that may not be successful or that could contribute to unintended consequences.**

How to use this guide?

This document provides **a flexible approach**, recognizing that the adaptation process may not be linear and may look very different for different adaptations. We encourage you to use this guide in a way that makes sense for your program.

Intimate Partner Violence: Key Facts

Intimate Partner Violence (IPV) refers to behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.¹ The most common perpetrators of IPV are male partners or ex-partners. While men may also experience IPV, women are disproportionately affected.

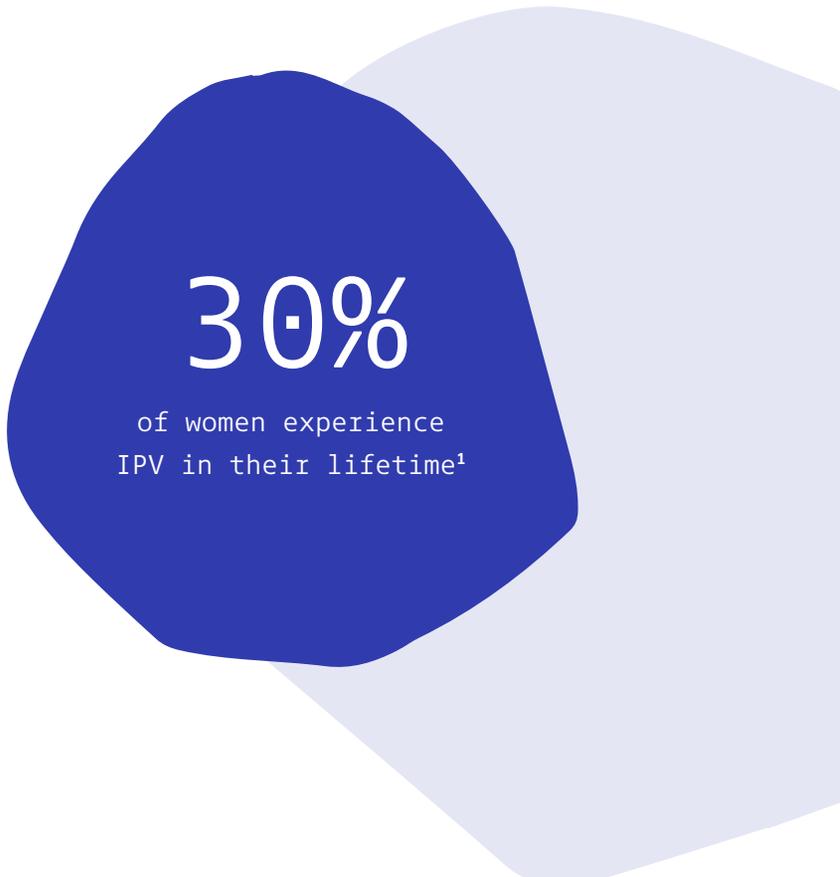
Globally, IPV is one of the most common forms of violence against women. Around the world, 30% of women experience physical and/or sexual violence from an intimate partner in their lifetime.¹

Intimate partner violence can include:

- Physical violence
- Sexual violence
- Emotional violence
- Controlling behaviors

Intimate partner violence has many negative immediate and long-term health, social and economic effects on women and their families. Physical effects can include traumatic injuries, chronic illnesses, poor reproductive and sexual health outcomes and mental health effects can include depression, anxiety and suicide.

Adolescent girls, young women, women belonging to ethnic and other minorities and women with disabilities face higher risks of violence. Humanitarian emergencies can also exacerbate the risks of violence. Further information on IPV is available in the **Resources Section** of this guide.



30%
of women experience
IPV in their lifetime¹

¹ Violence against women prevalence estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. WHO: Geneva, 2021

Preventing IPV

A growing evidence base shows that well-designed programs that target the root causes of violence can prevent intimate partner violence.

Many programs designed to prevent IPV use a primary prevention approach. That is they aim to stop violence before it starts by addressing the underlying risk factors that contribute to violence. These programs address gender inequalities and power differentials that are at the root of violence as well as other intersecting factors.

The socio-ecological model helps describe the different factors that contribute to, enable and perpetuate violence.² The model includes factors at the individual, relationship, community and society levels (see Figure 1).

Examples of Strategies To Prevent IPV

The RESPECT Women Framework describes a number of strategies that have been used to prevent IPV.³ There are varying levels of evidence available for the different strategies. Examples include:

- Facilitated gender dialogues
- School-based curricula
- Microfinance or saving and loans programs to empower women
- Social marketing or media interventions

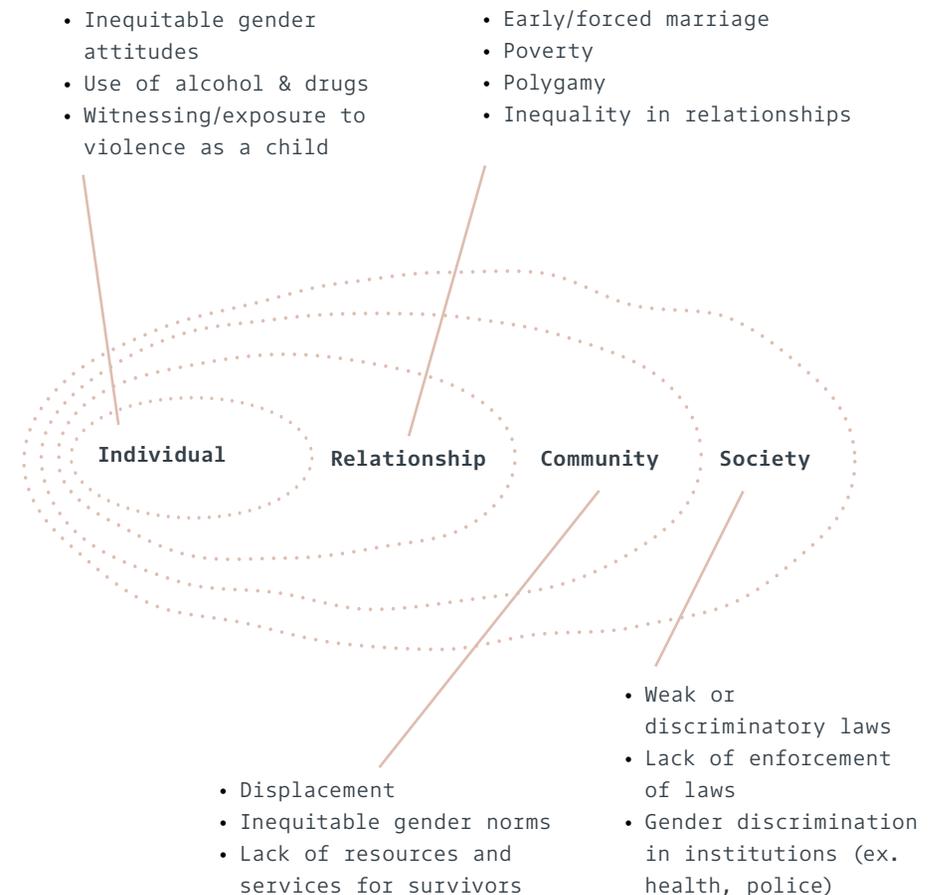


Figure 1: The Socio-ecological Model

² Heise L. What works to prevent partner violence: an evidence overview. London: STRIVE; 2011.

³ RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019

IPV Prevention Programs

Rigorous evaluations have shown which strategies work best in different contexts.

A number of research studies and rigorous evaluations have assessed various IPV prevention programs in diverse contexts. Many of these studies have used randomized controlled trials (see box) to assess impact on women's past-year experience of IPV and men's perpetration of violence.

Examples of programs that have been found to be effective in preventing IPV include:

- **SASA!** in Uganda
- **Unite for a Better Life** in Ethiopia
- **Indashyikirwa** in Rwanda
- **Transforming Masculinities** in the Democratic Republic of the Congo
- **Bandebereho** in Rwanda

Additional information and examples of effective IPV prevention programs are included in the **Resources Section** of this guide.

What is a Randomized Controlled Trial?

A randomized controlled trial is a method of evaluating the impact of a program in which program participants are randomly selected from the eligible population. A control or comparison group is also randomly selected from the same eligible population. The random assignment reduces bias and enables assessment of the causal effect of the program on outcomes.

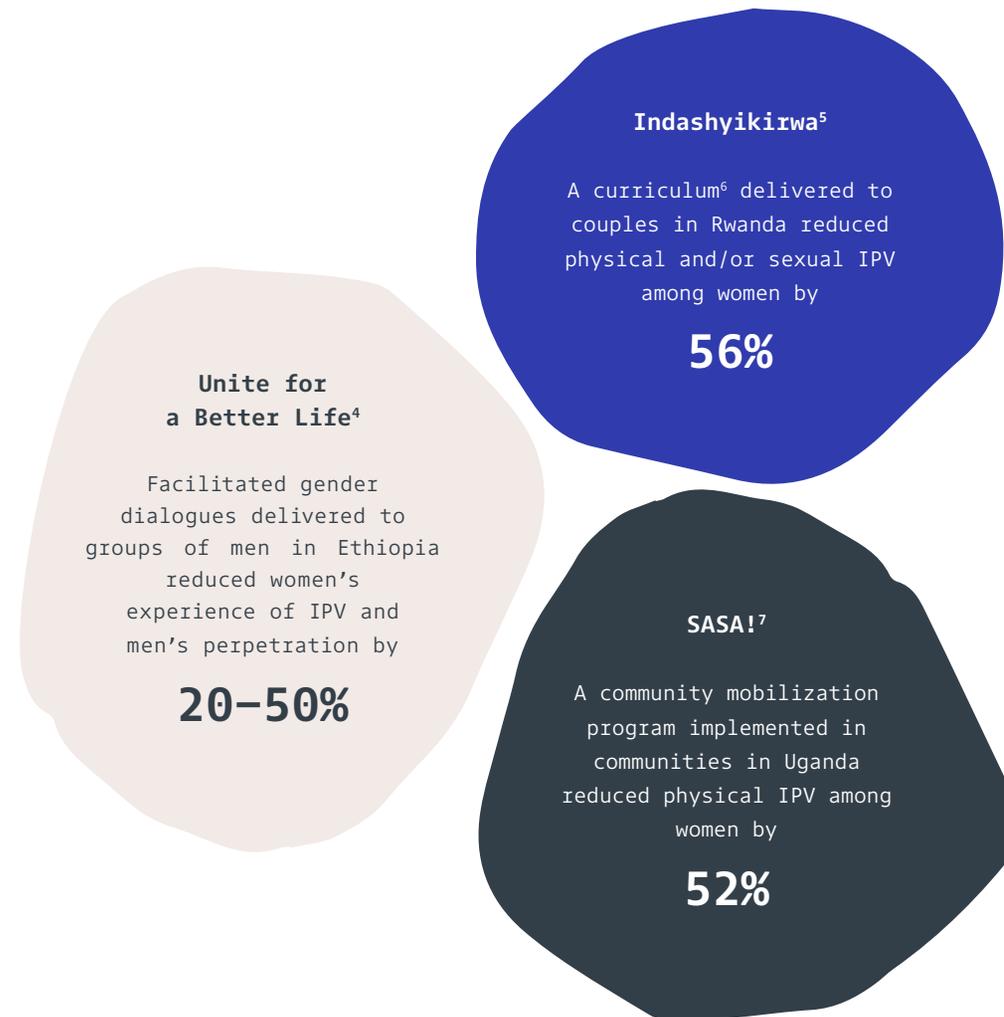


Figure 2: Examples of Effective IPV Prevention Programs

⁴ Sharma V, Leight J, Verani F, Tewolde S, Deyessa N. Effectiveness of a culturally appropriate intervention to prevent intimate partner violence and HIV transmission among men, women, and couples in rural Ethiopia: findings from a cluster-randomized controlled trial. *PLoS Medicine*. 2020;17(8):e1003274.

⁵ Impact of Indashyikirwa. Evidence Brief, 2019. Available at: <https://www.whatworks.co.za/documents/publications/352-indash-evidence-brief-aug-2019>

⁶ CARE Rwanda, RWAMREC and Rwanda Women's Network (2018). Couples Curriculum Training Module. Available at: <https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/program-resources/>

⁷ Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, Cundill B, Francisco L, Kaye D, Musuya T, Michau L. Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine*. 2014;(1):1-7.

Adaptation of Effective IPV Programs

Adaptation is the deliberate and planned process of modifying the content, delivery or implementation of a program to optimize its fit for a different context or population. The process upholds the original program's core components to achieve intended outcomes and impacts.

What is adaptation in the context of IPV prevention?

Adaptation is an important concept in program design and implementation and typically refers to a planned and deliberate process of altering a program for use in a new context. The definition of adaptation used in this guide emphasizes the importance of **maintaining fidelity to the core components** of the original program. Core components are the features of the program which fundamentally define it and are responsible for the program's desired effects. **These core components should be retained during a program adaptation.**

This guide encourages intentional adaptations undertaken using a systematic process and informed by theory and practice, as opposed to unplanned or reactive adaptations. Various types of adaptations beyond cultural adaptations, such as adaptations required when implementation context changes are described and discussed throughout this guide.

What are fit and fidelity?

Fidelity refers to the degree to which a program is implemented as intended by the original developers. Fit refers to how closely the program is tailored to a particular context. The goal during an adaptation is to increase fit while maintaining fidelity - both are essential to a successful adaptation. Therefore, it can be helpful to consider the degree to which adaptations to improve fit are fidelity consistent or fidelity inconsistent.

What are a program's core components?

It can be challenging to determine which elements of an IPV program are responsible for its measured effects. In many instances, the original program developers may not have specified which program components it considers as being core and which are adaptable (also called discretionary or peripheral components). It is important to consult with the original program developers to understand what they see as core elements and how to adapt the overall model.

See Table 1 for definitions of key adaptation terms.

What challenges commonly arise during adaptations of IPV prevention programs?

Common issues include:

- Important adaptation or program processes are skipped
- Inadequate documentation of adaptation processes
- Limited sharing of learning from an adaptation
- Insufficient time and budget allocated
- Unplanned and unsystematic modifications
- Selection of a program that is not well suited for the new context
- Lack of input from the community
- Lack of input from the developers of the original program

Adaptations: Key Terms⁸

Establishing shared vocabulary on important adaptation concepts and terms will help strengthen the process.

Adaptation	The deliberate and planned process of modifying the content, delivery or implementing mechanisms of an evidence-based intervention in order to improve its fit in a new context, while retaining the original program's core components and approaches critical to achieving its theory-based intermediate outcomes and effectiveness.
Adaptive Capacity⁹	Individual and organizational ability to translate knowledge and critical thinking about complexity and adaptation into context-sensitive implementation behavior. It includes the skill of balancing the need to adapt an intervention to a local context while retaining "core" program principles and analyzing the contexts of implementation. See page 46 for further information.
Core Components	Components that fundamentally define the intervention and have been theorized and/or evaluated to be responsible for achieving the desired intervention effects. These should not be modified during program adaptation.
Cultural Adaptation	A distinct type of adaptation broadly defined as changes to increase an intervention's cultural relevance taking into account the broader socio-cultural, economic and political factors in the new setting.
Discretionary Components	Those features of the program which can be modified without influencing the effectiveness of the intervention. Alternative terms: peripheral components, optional components, key characteristics.
Evidence-based Interventions	Programs that have been shown to be effective in achieving their intended results through scientific testing and evaluation often using experimental or quasi experimental designs.
Fidelity	The degree to which a program is implemented as intended by its developers with the aim of maintaining the program's intended effects. The components of fidelity include adherence, dose (duration and frequency of exposure to intervention), quality of delivery, participant responsiveness and program differentiation.
Intersectionality	Intersectionality is an approach that identifies multiple and overlapping factors of advantage and disadvantage. These factors include race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity and geography. Intersecting and overlapping social identities result in unique experiences, opportunities and barriers for individuals.
Proactive / Reactive	A proactive (or planned) adaptation is one where the change is made in response to an anticipated obstacle, change or difference in contexts. A reactive adaptation is one where the adaptation is made in response to an unanticipated obstacle, change or difference in contexts. Both proactive or reactive adaptations can be made using systematic or unsystematic processes.
Reinvention	The degree to which a program is changed or modified by the user in the process of its adoption and implementation. It is often measured by the number elements in an implementation that are different from "core elements" of the innovation.
Scale Up	The deliberate effort to expand the delivery of an intervention to reach additional individuals and communities. Scale up often involves settings similar to those where the program has already been tested and may require one or more types of adaptation to enable expansion. The World Health Organization (WHO) and ExpandNet (2009) distinguish three types of scaling: 1) Expansion or replication (horizontal scaling up): the program is replicated in different geographical sites or is extended to serve larger or new categories of populations, 2) Institutional scaling (vertical scaling up): formal government decisions are made to adopt the program on a national or subnational level and the program is institutionalized to ensure sustainability, 3) Diversification (functional scaling up): additional interventions are added to an existing package to address linked issues.
Systematic/ Unsystematic	A systematic adaptation process involves a formal approach that includes consulting data, theory, best practice and/or stakeholders as well as considering the impact of changes on a variety of outcomes. Unsystematic adaptations are made without a formal process and may be more likely to compromise a program's core components.
Theory of Change	Refers to the theoretical relationships between the program's activities, mediators of change, and outcomes. Alternative terms: program theory, internal logic, logic or causal model.

Table 1: Key Terms and Definitions

⁸ Adapted from: Movsisyan A, Arnold L, Evans R, Hallingberg B, Moore G, O'Cathain A, Pfadenhauer LM, Segrott J, Rehfuess E. Adapting evidence-informed complex population health interventions for new contexts: a systematic review of guidance. *Implementation Science*. 2019;14(1):1-20.

⁹ Adapted from: What Is Adaptive Capacity? Syntegral. Available at: <https://www.syntegral.org/what-is-adaptive-capacity>

Types of Adaptations

Avoiding inappropriate or ineffective modifications is key to a successful adaptation.

What types of modifications are possible?

Table 2 summarizes the different types of program adaptations. These include adaptations **for a new population, adaptations to a new modality, adaptations from a non-humanitarian to a humanitarian context, adaptations as part of a scale up** and **adaptations to address a new issue**.

More research is needed to understand how different types of adaptations influence program outcomes and which are most effective. However, it is generally accepted that adaptations that compromise fidelity are likely to be inappropriate or ineffective. Adaptations that use a systematic process including consulting data, stakeholders, theory or other approaches may be more likely to adhere to a program's core components, which will likely contribute to success.

Inappropriate or ineffective modifications can occur in the context of limited available resources and/or time, or when the modifications have been unplanned or unsystematic. In most instances, adjusting an IPV prevention program so that it can be implemented over a shorter timeframe or with fewer resources poses a threat to fidelity to the original program with the potential of negative outcomes or harms. Modifications such as making content more culturally sensitive, adding new sessions to curricula to address issues that intersect with IPV or reducing sessions that do not align with goals in the new context (e.g., removing HIV sessions to focus the program only on IPV prevention) may compromise fidelity to a lesser extent.

What are unplanned modifications?

Unplanned or reactive adaptations are those that occur in response to unanticipated obstacles or changes in the context. These adaptations

are sometimes unavoidable but if done in a systematic way may not be a threat to the fidelity of the program. It can be helpful to consider the degree to which a modification is systematic versus unsystematic and reactive versus proactive (see Figure 3).

Deviating from Core Components of a Program

When the core components of an IPV prevention program cannot be maintained, it is important to strive for transparency and avoid calling the resulting program an adaptation of that particular program. Instead, it may be more appropriate to describe it as a reinvention of the original program or something “informed by” or “inspired by” the program.

CUSP described “experiences with donors and programmers “over-adapting” their methodologies, including picking and choosing from multiple programs to create something unrecognizable to the original designs.”¹⁰ Among other things, this can lead to a problem where the ineffectiveness of this new program is wrongly attributed to the original intervention.

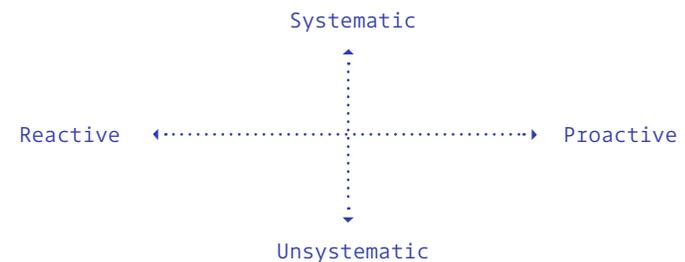


Figure 3: Mapping Modifications

¹⁰CUSP. (2018). Social Norms Change at Scale: CUSP's Collective Insights. Available at <https://raisingvoices.org/resources/social-norms-at-scale/>

Types of Adaptations

It can be helpful to consider and understand the different types of program adaptations that may be needed for a particular context and/or population.

Adaptation Type*	Description and Examples
Adaptation to a new population	<ul style="list-style-type: none"> • Aims to make the program more acceptable and culturally responsive to the needs of the communities in the new context. • Could include modifying language, images and examples to ensure program messages, content and materials resonate with the community. • May involve implementation changes such as changes in the program venue or setting or in the type of program staff. • May require changes to existing content or addition of new content to address IPV risk factors relevant to the new population (e.g., addition of a new session to address substance use and its links to IPV). • These adaptations are commonly needed when replicating or expanding the reach of an intervention to new populations or geographic locations. This is also called horizontal scale up.
Adaptation to a new modality or form of program implementation	<ul style="list-style-type: none"> • Involves adaptations to the the intervention implementation approach (e.g., from in-person to remote modality). • May be needed in the original context (e.g., when the context changes and the original modality is no longer appropriate or to reach community members who are not reached by the original modality) or when adapting for a new setting. • Adapting the modality of delivery became more relevant in the context of the COVID-19 pandemic when in-person programming became limited due to movement restrictions and physical distancing. • Some consider modality changes as going beyond adaptation towards the creation of a new program. Either way, evidence on the original modality cannot be assumed to apply to a new modality and evaluation is recommended.
Adaptation from non-humanitarian to humanitarian setting	<ul style="list-style-type: none"> • Involves adaptation of a program developed for a non-humanitarian setting for implementation in a humanitarian context. • May involve an adaptation to a new population and/or a new modality. • May require content changes to address displacement-related factors influencing IPV risk and specific considerations related to the type and phase of the humanitarian emergency.
Adaptation for scale-up within similar contexts	<ul style="list-style-type: none"> • Aims to expand the reach of a program to new areas within the same country, but not necessarily. • Often involves government adoption of the program (also called vertical scale up). • May involve changes in the implementing organization (e.g., from research institution to government or NGO). • May entail adaptations to accommodate larger numbers of participants and to increase cost efficiencies (e.g., adjusting group size for training, changes in duration, length of training, etc.).
Adaptation to address a new issue	<ul style="list-style-type: none"> • Involves using the original program's core approaches and methods to address an issue intersecting with IPV. For example, adding sessions to address violence against children or family planning. This may also be called diversification or functional scale up.

Table 2: Types of Adaptations

*Note: An adaptation may require and/or involve a combination of different adaptation types described

The IPV-ADAPT+ Framework

This framework outlines a deliberate and planned process to facilitate the modification of the content, delivery or implementation of a program for a different context or population.

The IPV-ADAPT+ Framework is built upon existing theory and practice and includes a combination of steps tailored for IPV prevention programming in diverse contexts across the globe.

The Framework comprises **15 steps across 5 key stages** corresponding to the acronym A.D.A.P.T. These include:

- A** - Assess context and select IPV prevention program
- D** - Design adaptation approach
- A** - Adapt IPV program
- P** - Pilot and refine adapted IPV prevention program
- T** - Targeted implementation and evaluation of the adapted IPV prevention program

The stages are also organized according to the different phases of a typical program cycle in the context of development or humanitarian programming. For example, assessing the context and selecting the IPV prevention program (Stage A) typically occurs during the program planning and development phase, which may include creation of a project or funding proposal. The D, A and P stages take place during a program's adaptation and pilot phase and the T stage occurs during the implementation and evaluation phases of a development or humanitarian program. This may have various implications from a practical and/or operational standpoint as different teams or decision makers may be involved in the program development stage than in the adaptation and pilot phase. Limited or no budgetary resources in the program development or proposal stage may make it challenging to bring together the key stakeholders or conduct needs assessments.

The Framework emphasizes an **I**ntentional, **P**lanned and **V**alidated (I.P.V.) process for the systematic adaptation of evidence-based IPV prevention programs that: a) seeks to avoid unintentional deviations and 'on-the-fly' adaptations, b) allows a flexible approach, recognizing that the steps do not necessarily follow a linear process and c) deliberately considers the knowledge, skills and attitudes needed to develop adaptive capacity. The IPV-ADAPT+ Framework draws on learning from adapted IPV prevention programs that originated in both high-income and low- and middle-income countries, thus, highlighting considerations and approaches relevant to global audiences and contexts.

The IPV-ADAPT+ Framework also highlights the importance of a principled approach. The + (plus) refers to the incorporation of several overarching principles and quality measures throughout the adaptation process. This includes employing a **community-based participatory and women-centered approach** considering ethical issues throughout the process including **addressing safety issues and minimizing potential harms** and **conducting systematic documentation and learning-oriented monitoring and evaluation**.

Figure 4 summarizes the key stages and steps in the IPV-ADAPT+ Framework. These will be described in detail later in this guide. It is important to note that different individuals and organizations may enter into the process at different stages.

+ Participatory community & women-centered approach
 + Ethical & evidence-based adaptation
 + Learning-oriented monitoring & evaluation

A

D

A

P

T

ASSESS CONTEXT & SELECT IPV PREVENTION PROGRAM

DESIGN IPV PROGRAM ADAPTATION APPROACH

ADAPT IPV PROGRAM

PILOT & REFINE ADAPTED IPV PROGRAM

TARGETED IMPLEMENTATION & EVALUATION

- 1 Assess community context & IPV risk factors
- 2 Select an IPV program to adapt
- 3 Consult stakeholders & establish partnerships

- 4 Review core components of selected IPV program & materials
- 5 Refine Theory of Change
- 6 Identify adaptations needed & develop approach

- 7 Modify selected program components &/or develop new materials while considering fidelity & fit
- 8 Obtain feedback on adapted materials & approach from stakeholders & communities
- 9 Document adaptation process & capture learning

- 10 Design & conduct a pilot test of adapted program among population of interest, including key indicators
- 11 Analyze pilot results & refine materials & approach accordingly

- 12 Develop implementation & evaluation plans
- 13 Implement adapted program & collect M&E data
- 14 Analyze data, interpret findings & develop recommendations to inform next steps
- 15 Disseminate findings & scale effective IPV programs

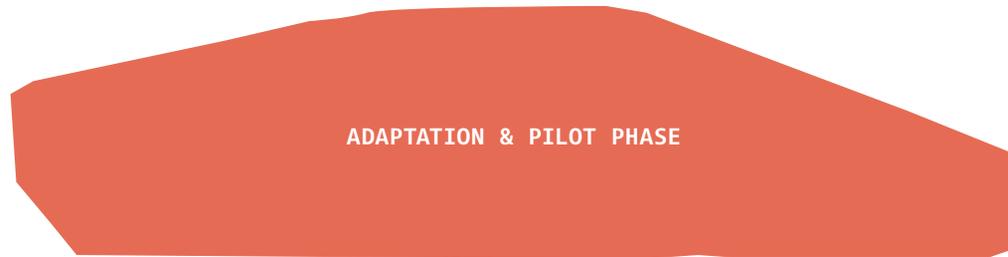


Figure 4: The IPV-ADAPT+ Framework

The IPV-ADAPT+ Framework: Core Principles

This Framework is grounded in a number of core values.

1. Participatory Community and Women-centered Approach

Community-centered approaches involve working closely with community partners to shape the project and inform decisions. Integrating a participatory community and women-centered approach throughout the adaptation process promotes greater acceptability and sustainability of the adapted program, ensures culturally appropriate and sensitive content and that women's voices are front and center. Stakeholders should address existing gender inequalities and promote women's autonomy and dignity by:

- Being aware of the power dynamics and norms that perpetuate IPV
- Reinforcing the value of women as persons
- Respecting women's dignity
- Challenging victim-blaming of women who experience IPV
- Providing information that empowers women and survivors of violence to make their own decisions

Equity must be considered in the adaptation process in every step from program design to evaluation (see box). Additional resources are included in the **Resources Section**. A list of practical ways to incorporate participatory processes throughout an adaptation is provided on page 47.

2. Ethical and Evidence-based Adaptation

The adaptation process and implementation of the adapted program should not cause harm to women, community members or partners. Appropriate safeguarding mechanisms should be in place to monitor and mitigate safety

risks. This involves carefully and meaningfully listening to women's needs and concerns and understanding where risks could be exacerbated during the adaptation process. More information on mitigating safety risks is available on page 48. The IPV-ADAPT+ Framework emphasizes adapting **evidence-based IPV prevention programs**. These are programs that have demonstrated effectiveness as measured through evaluations using experimental or quasi experimental designs.

3. Learning-Oriented Monitoring and Evaluation

The IPV-ADAPT+ Framework integrates evidence generation and learning through documentation of the adaptation process and monitoring and measuring effects (both intended and unintended) of the adapted program during piloting and program implementation. Understanding what, how and when changes occur to a program and their implications will help advance standards of IPV prevention programming and maximize success and impacts. The Framework promotes systematic assessment of the effects of adaptations on both implementation outcomes (i.e. acceptability, appropriateness, fidelity, dosage, sustainability) and on participant outcomes (i.e. changes in norms, attitudes, behaviors etc.).

Figure 5 highlights the key steps and intended results of conducting an intentional, planned and validated adaptation of an IPV prevention program. It differentiates between results of the adaptation process and results of implementing and evaluating the adapted program. This can be a helpful tool to assess success of the adaptation process and whether the adapted program achieves intended outcomes.

Integrating an Equity Lens

The purpose of an equity lens is to be deliberately inclusive as decisions are made about program adaptation, design, implementation and evaluation. It introduces a set of questions into decisions that help decision makers focus on equity. Was the adaptation planned with considerations of equity? Who was involved in the decision to adapt? Who was involved in the planning of the adaptation? Who was not involved? For whom is the adaptation beneficial? Who may be disadvantaged by the adaptation?

Effects of modifications

Some changes, such as those that increase the fit of a program to a new context, could increase acceptability and engagement with the program and ultimately the desired outcomes. Other types of changes which, for example, remove a core program element may not be as effective or may lead to unintended consequences and risk.

Importantly, a single adaptation could have a positive impact on one outcome and at the same time an unintended effect on a different outcome.

IPV-ADAPT+ FRAMEWORK

Mapping steps and desired results from Intentional, Planned and Validated adaptation of IPV prevention programs

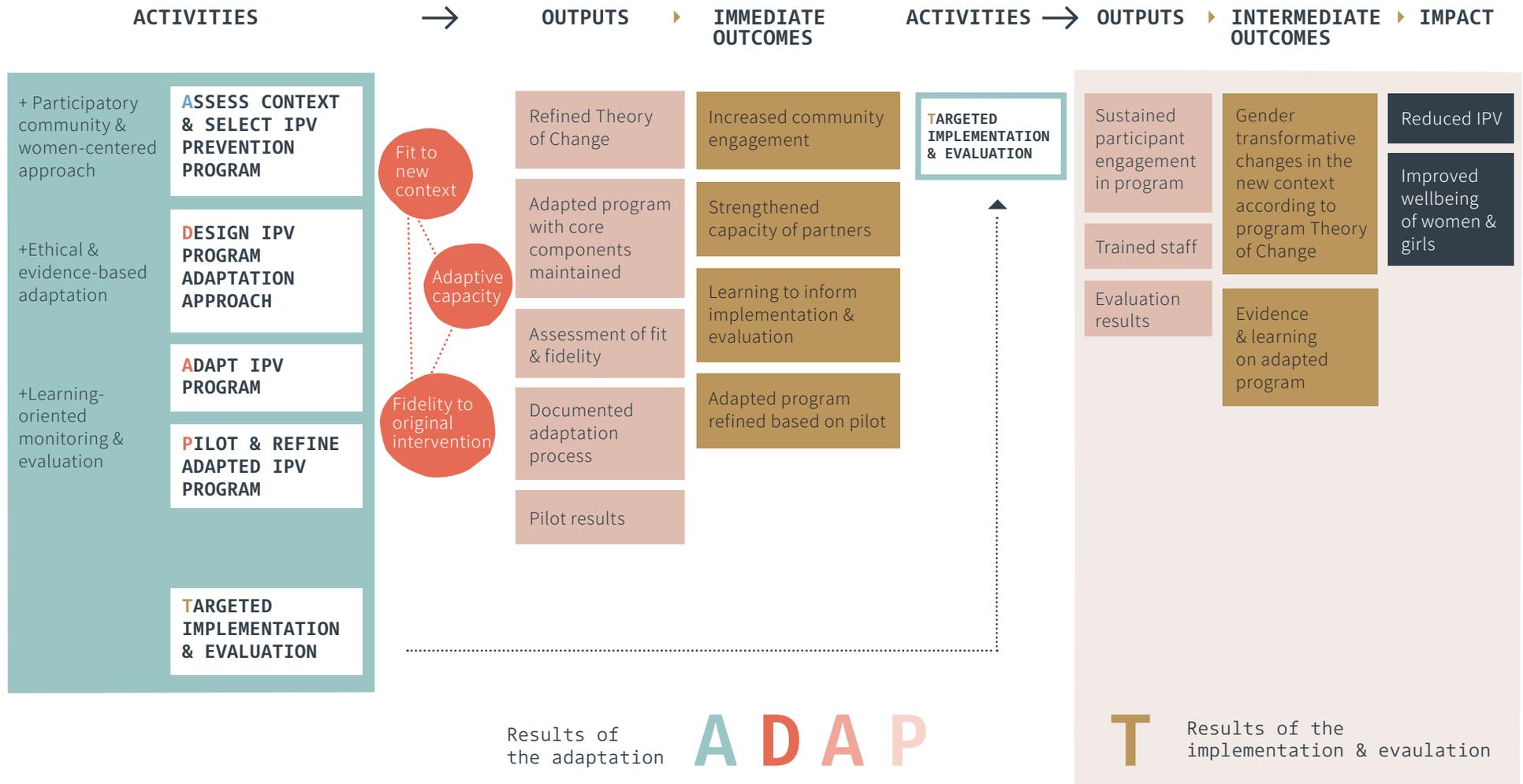


Figure 5: Steps and Results of Using the IPV-ADAPT+ Framework

The IPV-ADAPT+ Framework: Intersections with Funding Processes

Identifying key funding points in relation to the adaptation process can facilitate planning.

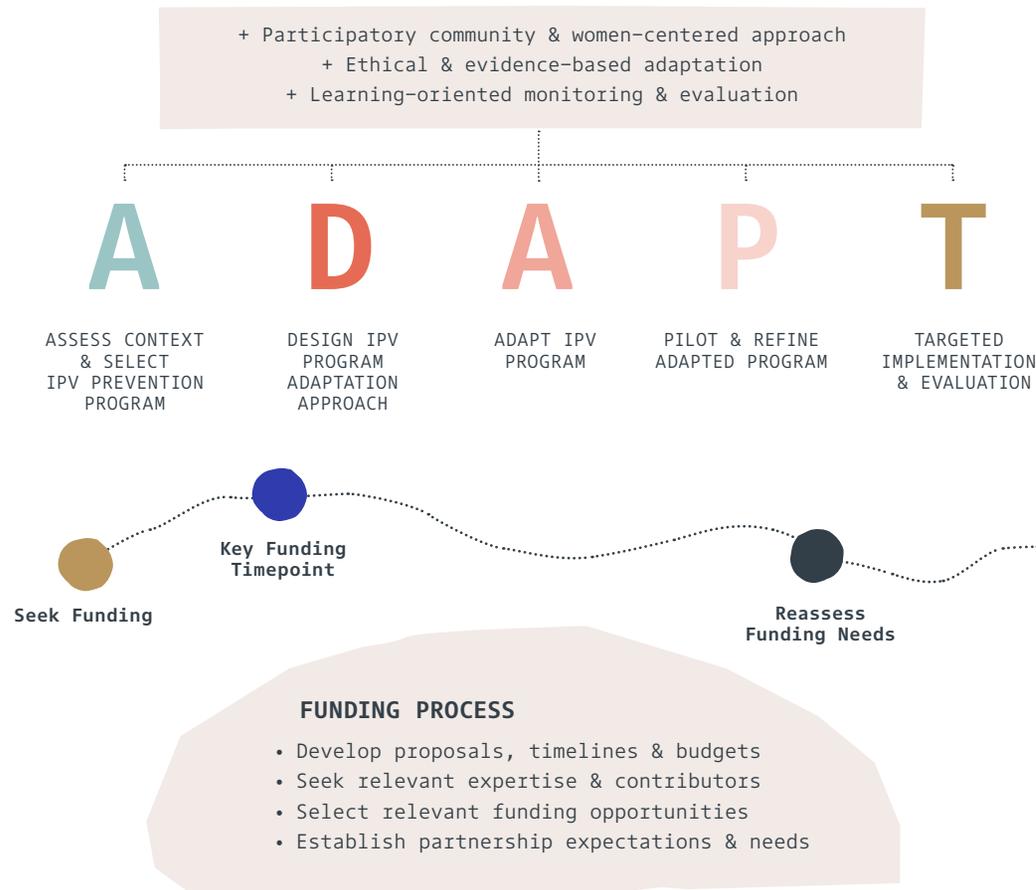
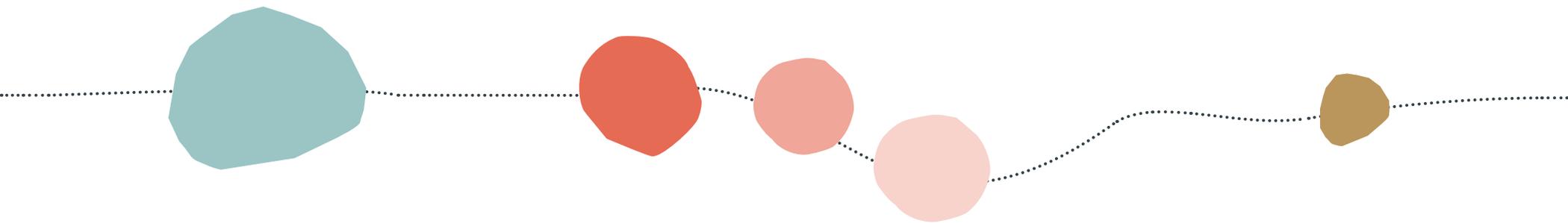


Figure 6: Key Funding Timepoints and the IPV-ADAPT+ Framework

Funding is critical to conducting an effective adaptation. While it is important that adaptations include realistic budgets and timelines, some steps and decisions about an adaptation may occur before funding is secured.

Figure 6 illustrates where key funding points are in relation to the stages of the adaptation process. Context analyses and decisions about which program to implement and partners to engage often occur during the process of developing a proposal for funding. There is a key funding point after the first stage, since conducting the adaptation during the subsequent stages will require funding to proceed. The funding obtained at this key point may cover only the adaptation and piloting (Stages 2-4 / DAP), in which case additional funding may be needed to proceed to the implementation and evaluation stage (Stage 5 / T).

Refer to the **Applying the Framework Section** for more information on budgeting for an adaptation.



The IPV-ADAPT+ Framework

5 Stages, 15 Steps

A

ASSESS CONTEXT & SELECT IPV PREVENTION PROGRAM

- 1 Assess community context & IPV risk factors
- 2 Select an IPV program to adapt
- 3 Consult stakeholders & establish partnerships

STAGE 1

- The first stage in the adaptation process focuses on **understanding the community and implementation context** where the adapted program will be implemented and **identifying an evidence-based IPV prevention program** which is a good match for this new context.
- Consulting stakeholders and establishing partnerships are critical elements of this stage.
- Typically, this stage takes place in the **proposal or project development phase**, often as part of fundraising efforts.

1 Assess Community Context & IPV Risk Factors

Gathering data and insights about the communities, organizations and broader context is useful to inform the adaptation process.

To ensure an effective adaptation of an IPV prevention program, an analysis of the context and needs of the community where the IPV prevention program will be implemented is needed. There are three main components of a comprehensive context analysis:

1. Issues and Needs Analysis
2. Organizational Analysis
3. System Analysis

An **issues and needs analysis** focuses on identifying and understanding the risk and protective factors for IPV within the new population and context. This analysis is critical in determining the most relevant IPV prevention intervention to decrease women's risk of IPV in the focus communities and should inform decisions on which program to adapt. The issues and needs analysis will also generate information on the types of IPV which are prevalent in the context and the family structures and community and gender norms that are important to inform the selection of an appropriate intervention. This information will also be helpful later in the adaptation process to inform the types of modifications needed. The needs assessment should be carried out in a participatory way and can include the following:

- Identification of stakeholders' needs, challenges, motivations and priorities
- Analysis of forms of IPV and risk and protective factors, as well as intersecting factors that can influence experience or perpetration of violence¹¹
- Identification of appropriate and strategic times, events (e.g., community gatherings and ceremonies) and venues to conduct program activities

- Needs/challenges/priorities that could facilitate or hinder participation in the program

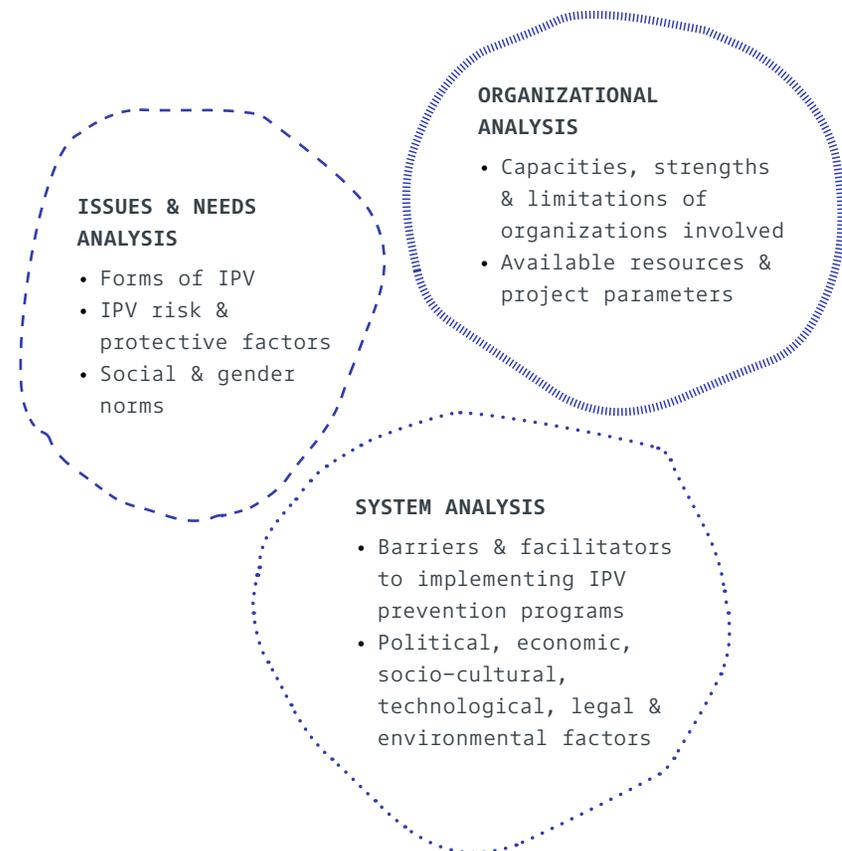


Figure 7: Components of a Context Analysis

¹¹The socio-ecological framework is helpful to identify multiple and intersecting factors at the individual, relational/family, community/institutions and societal/structural levels. Available at: https://www.cdc.gov/violenceprevention/pdf/sem_framework-a.pdf

1

Assess Community Context & IPV Risk Factors

The assessment conducted during this step can also be referred to as formative research.

An **organizational analysis** to assess all organizational partners' capacities, strengths, limitations and resources is important to ensure an appropriate mix of partners and stakeholders for the adaptation and implementation of the program in the new context. It is also important to assess partners' missions and values to ensure they are aligned with the rights-based and gender transformative principles central to IPV prevention. An honest and critical assessment of the strengths and limitations of all stakeholders that will be involved in the adaptation can help ensure success. This is also an important step in creating meaningful and equitable partnerships that build on strengths and complement capacities and expertise.

Systems analysis, sometimes called macro-environmental or socio-political analysis, is useful in identifying barriers and facilitators to implementing an effective IPV prevention program. One tool that can be used is the PESTLE Framework which helps identify political, economic, socio-cultural, technological, legal and environmental factors in the context that may influence implementation.¹² Examples of specific questions to ask while conducting the analysis include:

- What is the political situation of the country and how does it affect the adaptation and implementation of IPV prevention programs?
- What are the relevant economic factors?
- What are socio-cultural factors to consider in adapting and implementing IPV prevention programs?
- What are relevant technological factors influencing IPV?
- What are legislations and policies that impact IPV?
- What, if any, are the relevant environmental concerns?

Relevant Methods

Issue and Needs Analyses can involve a variety of different types of methods from scoping studies and situation analyses to participatory rural appraisals and needs assessments. Information on the future program participants and communities to better understand risk and protective factors for IPV, knowledge, beliefs, practices, social norms, literacy and education level can be obtained through consultations and qualitative approaches such as in-depth interviews and focus group discussions. Quantitative surveys such as attitude and perception surveys are also a viable option. When it is not feasible to collect new data, review of any existing data can be helpful.

Organizational Analyses can use tools such as the SWOT approach and the Organization Capacity Assessment Tool.

Systems Analyses can use a variety of different tools such as the PESTLE Framework, Stakeholder Analysis, Force Field Analysis, Problem Tree and the Fishbone Analysis Diagram.

Formative Research

According to the CDC, formative research is “the process by which researchers or public health practitioners define a community of interest, determine how to access that community, and describe the attributes of the community that are relevant to a specific public health issue.”¹³ Formative research usually involves gathering data useful for the development and implementation of programs.

The assessment done in the first step of an adaptation can therefore also be considered formative research. However, because this assessment may occur during the proposal development stage prior to securing funding, it may be limited in scope. Many IPV program adaptations have also included budget for more robust formative research as part of the second stage of the adaptation process.

¹² The PESTLE Framework is an analytical tool used to assess macro-environmental factors. Available at: <https://pestleanalysis.com/pestel-framework/>

¹³ Centers for Disease Control and Prevention. National HIV Behavioral Surveillance System in Men Who Have Sex with Men– Round 4: Formative Research Manual. December 20, 2013. Available at: <https://www.cdc.gov/hiv/pdf/statistics/systems/nhbs/nhbs-msm4-formativeresearchmanual.pdf>

2 Select an IPV Program to Adapt

Choosing an evidence-based program that best matches community needs and partner goals in the new context will minimize challenges and costs of the adaptation process.

Selecting an IPV program to adapt is an important step that usually involves several activities (see Figure 8). Candidate IPV programs can be found by searching available literature and evidence hubs (see box).

Materials and evidence on each potential program should be reviewed to understand the approach, content, activities and effectiveness of the program and whether it was designed based on established best practices in IPV programming (see **Resources Section**). A number of evidence-based IPV programs also have existing guidance on how to adapt their programs including SASA!, the REAL Father's Initiative, Stepping Stones and Unite for a Better Life.

Ideally, the content and activities of the selected program should address risk factors, behavioral determinants and risk behaviors associated with the relevant forms of IPV in the new context. Formative research and consultations conducted in Step 1 can help determine how well the candidate programs match the community needs and context, organizational capacities and available resources.

Evidence Hubs

To identify IPV interventions that have evidence demonstrating their effectiveness in reducing IPV, consult existing literature and program resources. Several evidence and resource hubs compile a wealth of information including:

- [What Works to Prevention VAWG online evidence hub](#)
- [Prevention Collaborative](#)
- [WHO RESPECT women: Preventing violence against women framework program summaries](#)
- [SVRI and World Bank Innovations to Prevent GBV: Building Evidence for Effective Solutions](#)

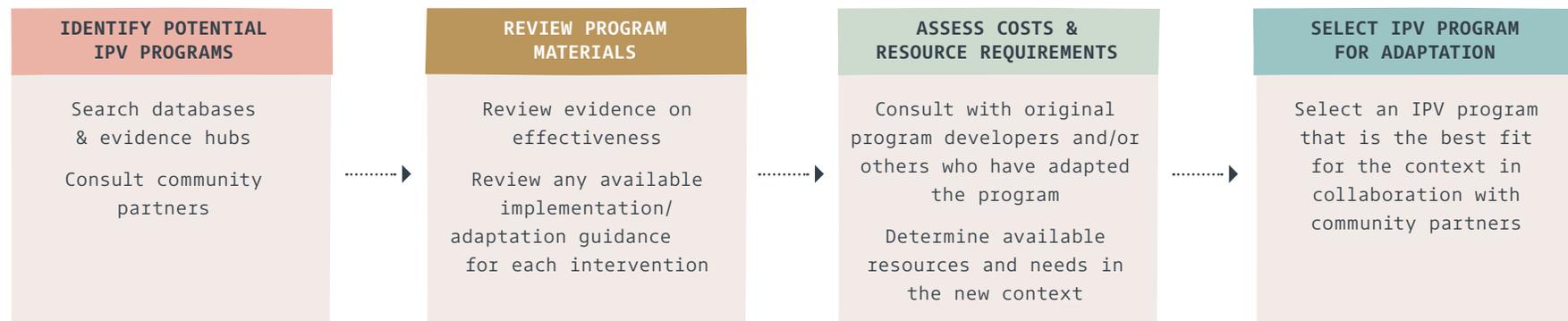


Figure 8: Selecting an IPV Program

2 Select an IPV Program to Adapt

It can be helpful to use a systematic approach when choosing a program to adapt.

Key questions to ask during the selection process include:

1. **Strength and quality of evidence.** How effective was the program in reducing IPV and what is the quality of the supporting evidence?
2. **Availability of guidance and tools.** Does the program provide implementation and training guides and tools?
3. **Support from original program developers.** Are the original developers known and available to provide input and support during the adaptation process?
4. **Training and technical assistance.** How much training and technical support would program staff need to implement the program?
5. **Costs and Resources.** What is the estimated time and budget needed to adapt, implement and evaluate the program?

Assessing how well a candidate IPV prevention program matches the program needs and goals in the new context should involve examining several different factors including the **program content, the method of delivery, characteristics of the implementing partner and needed resources** (see Figure 9).

For example, the program approach and activities should match the implementing partner's available resources including funding, project timeframe and staffing (e.g., number and skills needed).

Mismatches between a program and the implementing organization's characteristics and resources may lead to challenges and potential failure during adaptation and implementation in the new context.

Previous Adaptations

It can be helpful to consider IPV programs that have already been adapted to address similar risk factors or for a similar context. For example, MAISHA in Tanzania successfully adapted IMAGE which was originally developed and implemented in South Africa. Minimal adaptation was needed due to the similarity in the contexts of the two countries.¹⁴

The Sammanit Jeevan project in Nepal adapted Zindagii Shoista, (an adaptation of Stepping Stones) in Tajikistan, because of its specific engagement of mothers-in-law, who may support and/or perpetrate violence against women—an important risk factor in Nepal as well.¹⁵

Using a Systematic Process

EnCompass' process for identifying an evidence-based men's engagement program to adapt for Ethiopia involved a comprehensive desk review with a focus on programs with proven efficacy for adaptation.¹⁶ They assessed 25 research studies, 20 programs in Ethiopia and 31 programs from other parts of the world. Program P was identified as a good fit because it had already been adapted for use in 15 countries including in Rwanda as the Bandedereho program. The Bandedereho program had been evaluated using a randomized controlled trial which demonstrated effectiveness in increasing men's involvement in maternal and infant health and in reducing IPV.¹⁷

¹⁴ Kapiga S, Harvey S, Mshana G, Hansen CH, Mtolela GJ, Madaha F, Hashim R, Kapinga I, Moshia N, Abramsky T, Lees S. A social empowerment intervention to prevent intimate partner violence against women in a microfinance scheme in Tanzania: findings from the MAISHA cluster randomised controlled trial. *The Lancet Global Health*. 2019;7(10):e1423-34.

¹⁵ Shai N, Pradhan GD, Shrestha R, Adhikari A, Chirwa E, Kerr-Wilson A, Jewkes R. "I got courage from knowing that even a daughter-in-law can earn her living": Mixed methods evaluation of a family-centred intervention to prevent violence against women and girls in Nepal. *PLoS one*. 2020;15(5):e0232256.

¹⁶ Adapting an evidence-based male engagement intervention to the Ethiopian Context. (Encompass, 2021).

Available at: <https://encompassworld.com/wp-content/uploads/2021/11/EnCompass-Program-Adaptation-Process-Report.pdf>

¹⁷ Doyle K, Levitov RG, Barker G, Bastian GG, Bingenheimer JB, Kazimbaya S, Nzabonimpa A, Pulerwitz J, Sayinzoga F, Sharma V, Shattuck D. Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS one*. 2018;13(4):e0192756.

2 Select an IPV Program to Adapt

Finding a good match involves examining a number of different factors.

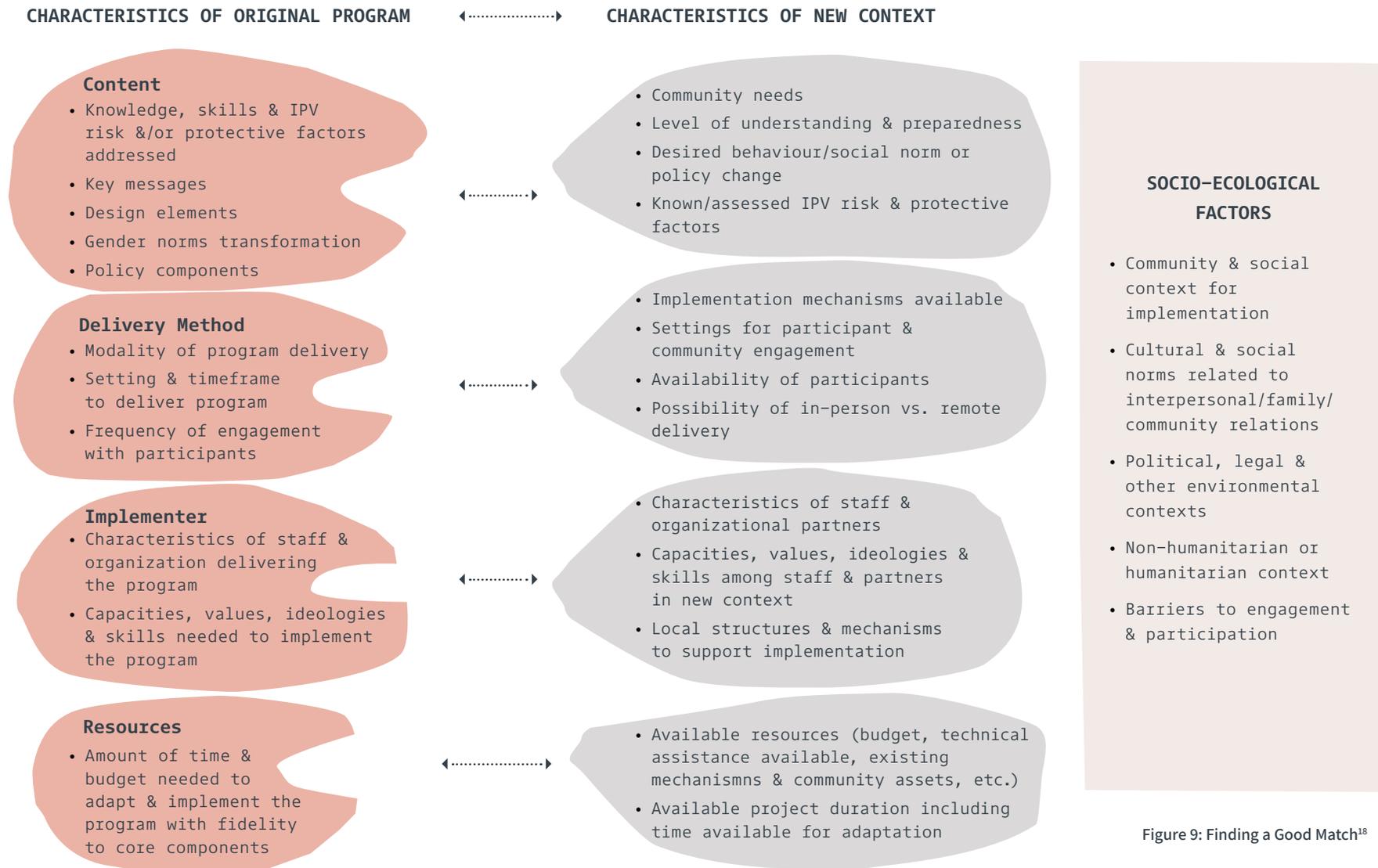


Figure 9: Finding a Good Match¹⁸

¹⁸ Adapted from: Perkinson L, Freire KE, Stocking M. (2017) Using essential elements to select, adapt, and evaluate violence prevention approaches and Solomon J, Card JJ, Malow RM. Adapting efficacious interventions: advancing translational research in HIV prevention. Evaluation & the Health professions. 2006;29(2):162-94.

3 Consult Stakeholders & Establish Partnerships

Ensure collaborations include a diversity of perspectives and foster meaningful participation.

Collaborating with communities in a way that facilitates their meaningful participation throughout the IPV program adaptation process is important for any adaptation. Community representatives are critical to include in consultations and in major decisions related to the adaptation—from the selection of the program to adapt, to the design, implementation and evaluation of the adaptation, to ensuring the approach is ethical, equitable and women-centered. Establishing these links and partnerships early in the adaptation process will ensure appropriate input and feedback at all stages. This can happen in parallel with Steps 1 and 2 as obtaining input into community needs and resources and during the IPV program selection process is also valuable.

Forming a multi-stakeholder adaptation group is a concrete way to meaningfully integrate a community-based participatory approach throughout the adaptation process. Refer to the **Applying the Framework Section** for more information on facilitating participatory approaches. It is advisable to ensure diversity of perspectives in the adaptation group as this will lead to productive dialogue and incorporation of considerations relevant to different subgroups. Including eight to ten members in the adaptation group is usually sufficient to ensure diversity of views but also is a manageable group size.

In some cases, for example in large-scale adaptations, it may be helpful to establish an independent steering group to oversee the entire adaptation process and ensure all the stages and components of the adaptation are implemented. Alternatively, or in addition, a designated team member could serve as an adaptation manager and coordinate

the processes while liaising with the adaptation group to ensure that feedback and inputs are gathered in timely and participatory ways. Regular debriefings and check-ins with these groups are important throughout the rest of the adaptation process.

Who to include:

- **Implementing and partner organizations in the new context** including NGOs, community-based organizations, research partners, women's groups and government partners who will be involved in adapting and implementing the program
- **IPV experts** with IPV prevention, adaptation and behavior change expertise. Consider including original program developers
- **Facilitators** or others who will be involved in supporting implementation
- **Intended participants** or individuals who are similar to future participants
- **Community leaders and other stakeholders** who are decision makers or influential in the communities
- **Researchers** who will be involved in conducting formative research and/or assessing the adapted program
- **Donors** who are involved in supporting the adaptation
- **Other technical experts** when relevant (such as Information Technology specialists for technology-based programs)

D

DESIGN IPV PROGRAM ADAPTATION APPROACH

- 4 Review core components of selected IPV program & materials
- 5 Refine Theory of Change
- 6 Identify adaptations needed & develop approach

STAGE 2

- The second stage in the adaptation process focuses on **designing the adaptation approach** and **determining the needed modifications** to the IPV prevention program.
- This stage often takes place in the **adaptation or pilot stage of a program** usually after some level of funding has been obtained.
- The steps in this stage may be undertaken in a different order or combined.
- Key tools include: Mismatch Identification Table and Modification Matrix.

4 Review Core Components of Selected IPV Program & Materials

The core components are those elements of the program that are responsible for a program's impact and should not be modified.

During this step of the adaptation process, further in-depth review of the selected program is conducted. This involves reviewing or determining the program's core components or those elements which should not be modified during the adaptation, as well as other program materials. In some cases, the core components may already be defined by the original program developers. In other instances, the adaptation group may need to identify the core components, drawing on existing evidence and ideally, input from the original designers of the intervention. See the box for methods to help identify core components of an IPV program.

There are five categories or types of core components that can be helpful to think about (see Figure 10).

Identifying Core Components:

- Identifying the core components of an effective IPV prevention program can be challenging. Often evaluations and studies are not designed to identify which specific parts of the program were effective. Some examples of approaches to analyze or identify core components include:
 - Content analysis – reviewing program materials, the Theory of Change and other materials
 - Interviews with program designers or implementers
 - Evaluation research – conducting secondary analysis of effectiveness data and/or qualitative data collection among participants and implementers to understand what specific elements were effective

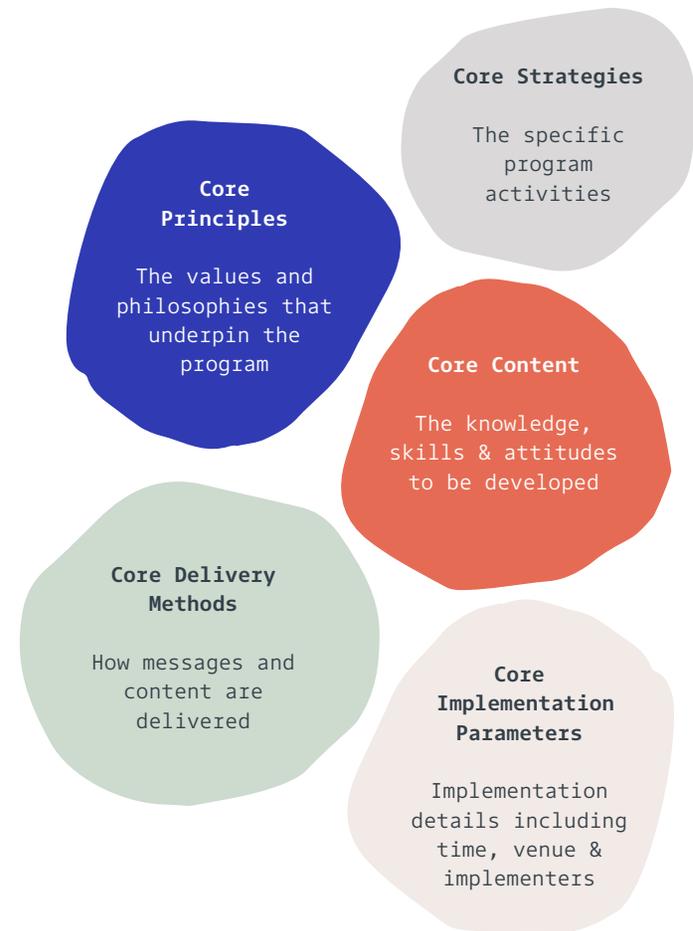


Figure 10: Five Types of Core Components

Common Elements of Effective IPV Prevention Programs

While core components of a particular IPV prevention program may be challenging to identify, the existing literature has reported common elements of effective IPV prevention programs. For example, the Community for Understanding Scale Up (CUSP) has identified core principles for social norms

change interventions¹⁹ and the What Works Program found similar common elements across its effective IPV prevention programs.²⁰ These good practices are presented in the table below and are organized by the five types of core components.

TYPE OF CORE COMPONENT	DESCRIPTION OF CORE COMPONENT	EXAMPLES OF COMMON GOOD PRACTICES AND EFFECTIVE STRATEGIES
Core Principles	What general principles or philosophies underpin the design and implementation of the program? (Such as rights-based approach, feminist principles, etc.)	<ul style="list-style-type: none"> • Works across the levels of the social ecological model: individual, relational, community, societal • Uses an intersectional, gender-power analysis and acknowledges gender inequality as a root cause of IPV • Incorporates Do No Harm principles and measures adherence to these principles • Applies relevant social empowerment and social change theories (e.g., stages of change, empowerment theories) • Partners with and supports local feminist movements and organizations that promote gender equality
Core Program Strategies	What specific interventions and actions are core to the program? (Such as combining women’s economic empowerment with gender training, engaging religious leaders, couples-based intervention, edutainment etc.)	<ul style="list-style-type: none"> • Goes beyond awareness raising and mobilizes community members as change agents to prevent IPV • Approaches behavior change as a collective process that aims to transform community or social norms and gender biases • Integrates support for IPV survivors
Core Program Goals & Associated Content	What knowledge, skills and attitudes does the program intend to develop? (Such as gender and power concepts, assertive communication skills, rights-based interpretation of religious text, etc.)	<ul style="list-style-type: none"> • Built on deep understanding of local context and of the risk and protective factors for IPV • Emphasizes strengthening gender equity • Fosters positive, nonviolent interpersonal relations and challenges inequitable gender norms (e.g., acceptability of IPV)
Core Methods to Deliver Key Messages	What methods are used to deliver program content and messages? (Such as group education, community dialogues, how participants are reached and recruited, materials and media or information technology used for delivery, etc.)	<ul style="list-style-type: none"> • Applies participatory methodologies, informed by learning theories relevant to participant age and literacy level • Supported by structured, easy-to-follow manuals or facilitator and session guides • Sessions respond to participants’ needs, customs, their preferred venues and form of engagement or community dialogues/gatherings
Core Implementation Approaches	What are the program implementation considerations and parameters? (Such as type of participants (e.g. couples, adolescents etc.), program duration, number and frequency of training/outreach/edutainment sessions, government or NGO implementation partners, stand-alone or integrated in other programs, etc.)	<ul style="list-style-type: none"> • Purposively selects staff with gender equitable attitudes and behaviors • Provides time and support for personal and collective reflection and for challenging power imbalances and inequitable norms • Intervention duration and frequency is appropriate for reflection and experiential learning • Supports and invests in capacity development and safety of staff • Incorporates ethical principles and risk mitigation strategies at all levels of the program

Table 3: Core Components and Good Practices Common to Effective IPV Prevention Programs

¹⁹ CUSP. (2018). Social Norms Change at Scale: CUSP’s Collective Insights. Available at: <https://raisingvoices.org/resources/social-norms-at-scale/>

²⁰ Jewkes R, Willan S, Heise L, Washington L, Shai N, Kerr-Wilson A, Christofides N. (2020). Effective design and implementation elements in interventions to prevent violence against women and girls. Available at: <https://www.whatworks.co.za/documents/publications/373-intervention-report19-02-20/file>

5 Refine the Theory of Change

The revised Theory of Change should describe the relationships between the adapted program's activities, mediators of change and outcomes.

Reviewing the selected program's Theory of Change can be done as part of the core component and materials review in Step 4 and even during early consultations. The review should give consideration to the new context, including the defined goals for the adapted intervention, the risk factors for IPV in the new setting, as well as characteristics of the future program participants and implementing staff and partners.

The Theory of Change may require refinement to reflect differences in any of the above elements and any additional activities or topics that may be needed for the new setting. In some cases, reduced emphasis on topics that are not as relevant in the new context may also be necessary. For example, a curricular session on alcohol use may not be relevant among populations where alcohol consumption is very low. Other refinements to the Theory of Change may be needed to take into account any new or additional modes of delivery, or synergies with existing IPV programming and actors (e.g., networks, referral mechanisms in place, etc.).

Clarifying and/or refining the Theory of Change will help build understanding of the relationships between the original program components and key outcomes and enable identification of components to evaluate in order to assess whether these relationships are still logical and robust once the model has been adapted for a new

context. Close consultation with the adaptation group, others who have previously adapted the program, IPV prevention experts and/or the original developers of the intervention will facilitate the process.

The Theory of Change refinement process can take various forms. In some adaptations, a designated Theory of Change workshop has been helpful to bring together key team members and achieve consensus on the changes needed (see box below).

Refining Unite for a Better Life's Theory of Change

During the adaptation of Unite for a Better Life (UBL) for use in a humanitarian setting, a three-day workshop was conducted with the original program developers and adaptation team. During the workshop, formative research findings from the new context were reviewed and additional displacement-related risk factors for IPV were identified. The Theory of Change was modified to ensure that these risk factors could be addressed with the modifications to the programmatic content as well as the development of new content.

6 Identify Adaptations Needed & Develop Approach

Use a systematic approach informed by formative data to identify the needed adaptations.

The first part of this step entails determining the main types of adaptations needed (see page 8) and the specific elements of the program that should be modified. Many adaptations for a new population involve modifications to ensure the program is culturally sensitive, implementable in the new context and can be reasonably expected to achieve similar outcomes as in the original setting.

To determine what specifically to change, it is helpful to identify mismatches between aspects of the original and new population across three areas: **group characteristics** such as age, language, education level, **community/social factors** such as IPV risk factors, social norms, community governance structures and **characteristics of the implementing organization** such as type and capacities of the staff and organization type.²¹ See Table 4 for examples of mismatches across these categories presented in a **Mismatch Identification Table**.

Together with members of the adaptation team and stakeholders, a Mismatch Identification Table should be completed with information relevant for the adaptation. The formative research and needs assessment data already collected can be used to help identify and describe key differences between the original and new contexts.

Using the completed table, along with formative research from Step 1, it can be helpful to systematically list what needs to be changed to address each mismatch and the rationale for each change in a **Modification Matrix** (see page 31). Some adaptation teams may also incorporate formative research in Stage 2, especially if more information is needed to inform the adaptation and identify specific mismatches and potential modifications. Fidelity-consistent adaptations should be prioritized.

Once the extent of the adaptation is determined, a detailed implementation plan should be developed which outlines the overall aim and timeline for the adaptation, who will be involved and what resources are needed. It should describe the task schedule, roles and responsibilities and the process for carrying out and documenting the adaptation. Some of this information may have been decided and described in Stage 1 in a project proposal or plan, but this should be further developed with greater detail before proceeding to the next step.

Decisions about Potential Adaptations

Decisions about which adaptations to proceed with can be challenging, as there may be limited or no available evidence on how some changes might impact the program outcomes and/or any potential unintended outcomes. Changing the spacing or frequency of the sessions is one example of a modification for which the effects might be unknown. The original program developers may be able to provide feedback and in some cases it may be helpful to pilot test variations of the modifications during Stage 4.

For example, the **Unite for a Better Life** program was piloted to understand how delivering the program sessions weekly over 14 weeks or twice a week over 7 weeks influenced participation, knowledge retention and other indicators and to inform the final approach (twice weekly sessions).²²

²¹ Castro FG, Barrera M, Martinez CR. The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention science*. 2004;5(1):41-5.

²² UN Women and Social Development Direct. (2020). *Unite for a Better Life, RESPECT Preventing Violence against Women Programme Summary*.

Available at: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Programme-summary-Unite-for-a-better-life-Ethiopia-en.pdf>

6 Identify Adaptations Needed & Develop Approach

A Mismatch Identification Table can help organize formative data and needs assessment information to detect and describe differences in the new and original contexts.

	Factor	Original Context	New Context	Potential Effect if Not Addressed
Group Characteristics	Language	Swahili	French	Language discordance may impact understanding of content and uptake
	Race/Ethnicity/Religion	Christianity predominant religion	Islam predominant religion	Beliefs, values or norms not appropriately considered; content not relevant
	Socio-economic characteristics	Middle income	Low income	Limited social and/or financial resources may influence program participation
	Urban-rural context	Urban	Rural	Logistical/environmental barriers to participate; implementation challenges
	Age	Women 25 years & older	Adolescents	Content may not be relevant; messages may not be age appropriate
	Gender	Women only	Couples	Content not relevant for participants or does not address appropriate risk factors and/or norms
	Education level	Completed Secondary School	No formal schooling	Limited participation in activities requiring literacy
	Exposure and access to information technology	High proportion of mobile phone ownership	Limited access to mobile phones	Different levels of comfort in using tech-based applications/lack of control of own phone may influence ability to use or benefit from a mobile phone-based IPV program
Community/Social Factors Influencing IPV	IPV risk factors	Limited alcohol & substance use	Alcohol & substance use common	Program does not address IPV risk factors in the new population and is not as effective
	Social & family arrangements	Non-polygamous setting	Polygamous setting	Couples-based IPV programs that do not include co-wives may not be effective in reducing IPV in polygamous households
	Humanitarian setting	Non-humanitarian setting	Humanitarian setting	In-person sessions with the same individuals over multiple weeks may not be possible among displaced populations, particularly during an acute emergency
Organizational Factors	Type of program staff	Gender-based violence practitioners	Community Health Workers	Different levels of experience, time availability and resources, trust and proximity to the community will influence delivery of the program and its effectiveness
	Staff capacities/Experience in IPV prevention	Staff experienced in IPV prevention	Limited experience in IPV prevention	Differences in awareness and skills in social norm change may affect program delivery and the resources needed for ongoing mentoring and support
	Type of implementing agency	Community-based organization	International NGO	Varying capacities, resources, staffing and expertise may affect implementation and M&E of the program and potentially affect dosage/exposure to the program

Table 4: Mismatch Identification Table with Examples of Mismatches Between the Original and New Contexts

A

ADAPT IPV PROGRAM

- 7 Modify selected program components &/or develop new materials while considering fidelity & fit
- 8 Obtain feedback on adapted materials & approach from stakeholders & communities
- 9 Document adaptation process & capture learning

STAGE 3

- The third stage in the adaptation process focuses on **carrying out the modifications identified in the previous stage.**
- The steps in this stage may be undertaken in a different order or combined. Some steps can occur simultaneously. For example, documentation (Step 9) can and should be done at the same time as the modification and feedback steps (Steps 7 & 8).
- Key tools include: Modification Matrix and Red Light, Yellow Light and Green Light System.

7

Modify Program Components/Develop New Materials

Modifications should follow the adaptation plan, align with principles of IPV programming and be systematically documented.

In this step, the content is revised and modified in line with the adaptations identified in the previous stage. In some cases, new content or materials may need to be developed. While the adaptation team, community members and key programmatic staff should be involved, it may be necessary to engage with technical or subject matter experts to carry out the changes or create new content. Any modifications should continue to consider the principles of effective IPV programming (see page 24) and relevant theory (such as adult learning principles), while ensuring that women's voices remain at the center.

As modifications are made, they should be documented, along with the rationale for the changes or factors that informed the decisions in a **Modification Matrix** (see page 31). Modifications that are identified as potentially fidelity inconsistent should be revisited to ensure they are necessary and can be done in a way that does not alter the core components of the program.

Examples of Specific Adaptations

Formative research surfaced community priorities that informed an adaptation of **Stepping Stones**. Men's concerns about maintaining fertility were addressed in key messages about condom use, imams were engaged to endorse condom use and a session on sexual and reproductive health was added.²³

In an adaptation of **SASA!** for Dadaab refugee camp, knowledge of the cultural and religious context informed

framing of key messages. For example, a community worker shared that the Prophet Muhammad "...washed the clothes of his wife, fetched water, cooked food for her and even cut the nails of his wife. So why don't you follow that way to help?"²⁴

In adapting the **MyPlan** safety planning mobile application for use in Kenya, qualitative data identified needed content changes (e.g., to address common beliefs and misconceptions, cultural norms and preferences), changes to the app interface (e.g., reorganization and shortening of app components, visuals and animations for users with low literacy) and changes to implementation (e.g., community health workers facilitated app use because of limited familiarity using apps).²⁵

During the adaption of **Unite for a Better Life** in a refugee camp in Ethiopia, additional content was added to address a key driver of IPV that was not as prominent in the original site. An entire session on harm reduction related to consumption of khat – a local plant with stimulant properties – was developed to address this risk factor and the Theory of Change was modified accordingly.

In Lebanon, **Indashyikirwa** was adapted for Syrian refugee and Lebanese host communities and integrated into a Women's Economic Empowerment program. The program, which initially focused on couples, was adapted for use with other male participants. During the COVID-19 pandemic, the program was offered remotely through WhatsApp sessions.²⁶

²³ Bajenja E, Welbourn A. (2018). Social Norms Change at Scale: Insights from Stepping Stones.

Available at: https://salamandertrust.net/wp-content/uploads/2018/12/4.Insights_from_Stepping_Stones_interactive.FINAL_.pdf

²⁴ Namy S, Ghebrebrhan N, Lwambi M, Hassan R, Wanjiku S, Wagman J, Michau L. Balancing fidelity, contextualisation, and innovation: learning from an adaption of SASA! to prevent violence against women in the Dadaab refugee camp. *Gender & Development*. 2019;27(2):203-19.

²⁵ Decker MR, Wood SN, Kennedy SR, Hameeduddin Z, Tallam C, Akumu I, Wanjiru I, Asira B, Omondi B, Case J, Clough A. Adapting the myPlan safety app to respond to intimate partner violence for women in low and middle income country settings: app tailoring and randomized controlled trial protocol. *BMC Public Health*. 2020;20(1):1-3.

²⁶ Webinar: Adapting GBV Interventions: Insights from Indashyikirwa in Lebanon. (UNDP, Lebanon, 2021). Available at: <https://www.youtube.com/watch?v=nY9tLJ8iDA0>

7 Modify Program Components/Develop New Materials

Some types of modifications are encouraged while other types should be avoided.

It may be challenging to label modifications as potentially fidelity consistent or inconsistent, especially since many IPV programs do not provide guidance on core components or on maintaining fidelity. It is advisable to engage original developers, to the extent possible, in guiding on what adaptations are consistent with fidelity.

Some general guidance on modifications is provided in the red light, yellow light, green light system in Figure 11. Several examples of red light adaptations that should be avoided, yellow light adaptations that could be made but with caution and green light adaptations that are safe and encouraged are listed. Specific adaptations that fall into each category may vary for different programs so it is important not to use the specific examples provided as hard rules.

For instance, an adaptation of Stepping Stones in The Gambia, removed a session on alcohol use since older women prioritized domestic violence and alcohol use was not a major issue among the Muslim population. In order to address different sexual and reproductive health priorities and factors that influence violence against women, the adaptation added a session addressing domestic violence and removed the session on alcohol.²⁷

The Nitty Gritty of Making Modifications

As numerous potential modifications can be made during an adaptation, it can be difficult to provide step-by-step instructions for each possible change. However, some programs do provide that type of guidance. For example, in **SASA! Together's** Set Up Guide, detailed instructions are provided on how to translate the program materials and make cultural changes to the text and visuals.²⁸

Type of Adaptation

Example

Red Light

Unsafe and should be avoided as they eliminate one or more core components

- Shortening program
- Reducing or eliminating activities that are critical for outcome changes

Yellow Light

These changes should be made with caution and in consultation with experts such as original developers

- Changing session order or sequence of activities
- Adding activities or content to reinforce learning or to address additional risk and protective factors

Green Light

Safe and encouraged changes to ensure fit

- Translating materials
- Changing role plays, images, examples to reflect culture and other population characteristics
- Modifying learning and instructional methods for the population

Figure 11: Red Light, Yellow Light and Green Light Adaptations²⁹

²⁷ Gordon G, Welbourn A, Salamander Trust. (2017). Guidelines for Adapting Stepping Stones.

Available at: steppingstonesfeedback.org/wp-content/uploads/2016/10/SalamanderTrust_Adaptation_Guidelines_Stepping_Stones_-2017FINAL.pdf

²⁸ Raising Voices. (2020). SASA! Together: An activist approach for preventing violence against women.

Available at: <https://raisingvoices.org/resources/the-set-up-guide-is-the-what-why-and-how-to-get-started-with-sasa-together/>

²⁹ Adapted from: Firpo-Triplett R, Fuller TR. (2012). General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula and Rolleri LA, Fuller TR, Firpo-Triplett R, Lesesne CA, Moore C, Leeks KD. Adaptation guidance for evidence-based teen pregnancy and STI/HIV prevention curricula: from development to practice. American journal of sexuality education. 2014;9(2):135-54.

Using a Modification Matrix

It is important to systematically plan what aspects of the program need to be changed as part of the adaptation process and to track the modifications made, including the justifications for the changes or factors that went into the decisions behind the modifications.

A **Modification Matrix** can be a helpful tool to plan for and document the changes made during an adaptation. This helps create a transparent and verifiable adaptation process. The recommended Modification Matrix (see Table 5) builds on Wingood & Diclemente's Adaptation Plan Table³⁰ and Wiltsey Stirman et al's learning from the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME).³¹ The following information should be captured in the Modification Matrix for each modification:

- Type of modification
- Details of the modification
- Goal of the modification (e.g., improve fit, adapt to a different culture, reduce costs, enhance sustainability, etc.)
- Whether the modification is proactive or reactive
- A description of the intended modification
- A description of the actual modification that was made
- Who determined that the modification should be made
- The extent to which the modification maintains fidelity to the original program

- The timing of the modification in relation to the adaptation process
- Any equity considerations related to the modification
- Notes about the decision-making process or justification for the changes (including available evidence supporting the change)

An example of a completed Modification Matrix is available on the next page. It is helpful to link back the suggested or completed modifications to the specific mismatches noted in the Mismatch Identification Table. Formative data should inform completion of both tools.

The Modification Matrix can be used throughout the adaptation process. For example, during Stage 4 piloting of the adapted program, additional modifications may be identified. These should also be documented in the Matrix. The timing column will help delineate when a modification was conducted (e.g., during the initial content adaptation, during piloting or during targeted implementation). Completing a Modification Matrix is an important element of systematic documentation and learning during the adaptation. It should be completed in real-time when possible. Attempting to retroactively fill in the Matrix after an adaptation is finished may result in inaccurate or incomplete information being captured.

³⁰Wingood GM, DiClemente RJ. The ADAPT-ITT model: a novel method of adapting evidence-based HIV Interventions. JAIDS Journal of Acquired Immune Deficiency Syndromes. 2008;47:S40-6.

³¹Wiltsey Stirman S, Baumann AA, Miller CJ. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. Implementation Science. 2019;14(1):1-0.

Modification Type (e.g., Content, Delivery Methods, Organization or Implementation Context, M&E, Safety/ Risk Mitigation)	Modification Details (e.g., Specify the Modification and Mismatch it will Address)	Goal of Modification (e.g., Increase Reach/ Engagement, Retention, Feasibility, Fit, Outcomes, Satisfaction, Reduce Cost)	Proactive or Reactive	Description of Intended Modification	Actual Modification	Who Made Modification	Fidelity Consistent or Inconsistent	Timing of the Modification (e.g., Planning Stage, During Piloting, During Targeted Rollout)	Equity Considerations (e.g., Who was Included/ Excluded, How was Representation Ensured etc.)	Decision Making Notes/ Justification for Changes/ Decision Making (Including Available Evidence Supporting Change)
Content adaptation	Modify references to a specific religion (mismatch between religion in original vs new context)	Make content and materials more relevant to identified Muslim community	Proactive	<ul style="list-style-type: none"> Change words (church to mosque or religious institution) Change images 	<ul style="list-style-type: none"> Changed church to religious institution Changed images Used quotes from Q'uran and some Vedas 	Program staff & women in community	Fidelity consistent	Planning stage	A diverse group of women from the community were consulted to ensure a solid understanding of considerations related to religion	<ul style="list-style-type: none"> Instead of using mosques, community partner noted "religious institutions" would also be relevant for the Hindu minorities
Adaptation to delivery method	Revise frequency and duration of sessions (differences in participation barriers in original vs new context)	Adjust schedule of sessions to accommodate availability	Reactive	<ul style="list-style-type: none"> Have two 1.5-hour sessions instead of three 1-hour sessions 	<ul style="list-style-type: none"> Revised schedule according to plan 	Program staff & program participants	May be fidelity inconsistent	Pilot stage	Program participants provided feedback on how to remove barriers of participation for specific subgroups	<ul style="list-style-type: none"> This change will increase participation Need to consider information retention, attention levels/ fatigue in longer sessions
Adaptation due to change in organizational context	Deliver additional gender sensitivity sessions for facilitators and organizational staff (difference in capacities in original vs new context)	Prepare community facilitators without previous IPV experience to deliver sessions	Proactive	<ul style="list-style-type: none"> Develop, conduct 2 extra sessions to strengthen knowledge and address facilitators' own inequitable attitudes and norms 	<ul style="list-style-type: none"> Revised and implemented as planned 	Program staff & social norms expert	Fidelity consistent	Targeted rollout	Included men's and women's perspectives in designing the training, with considerations for low literacy populations	<ul style="list-style-type: none"> Can reassess needs of the facilitators after the training to ensure skills and capacities are sufficient to deliver the program sessions

Table 5: A Completed Modification Matrix

8 Obtain Feedback

Gathering feedback on adapted materials can inform a preliminary assessment of fit and fidelity.

Obtaining feedback from the adaptation team, partners and community on the adapted materials and delivery approach (i.e. schedule, location, frequency of activities) is an important next step once modifications are complete. This feedback can inform a preliminary assessment of their quality in terms of both fit and fidelity. The assessment should concentrate on clarity, cultural fit and context responsiveness and effectiveness of messaging (see box on checking adapted materials).

Community feedback can be obtained through single-sex small group discussions, individual interviews or other methods. Draft materials can be presented and perceptions of the images, topics, language and other content areas can be discussed. While community inputs are important, not all suggestions may be aligned with the rights-based and women's empowerment principles and paradigm of the IPV prevention program; a critical assessment of the suggestions is necessary.³²

Materials and content should also be checked for fidelity to the original

Assessing Fidelity

Some programs have guidance on assessing fidelity. For example, **SASA's Fidelity Quiz** helps assess the degree of fidelity of an adapted SASA! program³³ and The Prevention Collaborative published a **Fidelity Brief**³⁴ on **Indashyikirwa's Couples' Curriculum**.³⁵

However, many programs may not have tools to assess fidelity. It can be helpful to consult with original program developers. A review of the Modification Matrix can also be helpful. The Matrix can help identify which changes were potentially fidelity inconsistent. These can be examined more closely in relation to the original program.

program (see box on assessing fidelity). Addressing the feedback obtained may require further refinement of the adapted materials prior to moving to the next stage of the adaptation process.

Checking Adapted Materials

Clarity – Are the steps, instructions and exercises easy to follow? Are adapted materials and images easy to understand and do they match language skills and education level of participants?

Accuracy – Do adapted and translated materials accurately convey key messages?

Completeness – Are adapted materials sufficient to fully discuss the topic? What useful information is missing?

Feasibility & Relevance – Are the adapted activities easy to implement locally and relevant for the context?

Effectiveness – Can the adapted content be expected to achieve the learning objectives and contribute to knowledge and behavior change?

Logical & Learner Centered – Is the adapted content/activity organized in a logical flow? Does the content reflect the needs, contexts and capacities of participants?

Dosage/Exposure – Will sessions/activities be delivered with similar dosage as the original intervention (ie. number, duration and frequency of sessions)? If there were changes, will there be sufficient time for participants to reflect on and understand content?

³² Raising Voices. (2018). Adapting SASA!: Tips and Tools Programming for Prevention Series, Brief No. 4. <http://raisingvoices.org/wp-content/uploads/2013/02/SASA-Adaptation-Tips-Round-Two-No.4.pdf>

³³ Raising Voices (2017). Fidelity to the SASA! Activist Kit, Programming for Prevention Series, Brief No.2, Kampala, Uganda
Available at: <https://raisingvoices.org/wp-content/uploads/2022/01/ProgramBrief2.FidelitytoSASA.RaisingVoices.may2017.pdf>

³⁴ The Prevention Collaborative. (2020). Fidelity Brief for Indashyikirwa Couples Curriculum.

Available at: https://prevention-collaborative.org/wp-content/uploads/2021/08/Prevention_Collaborative_2020_Indashyikirwa_Fidelity-Brief_Final-2.pdf

³⁵ CARE Rwanda, RWAMREC and Rwanda Women's Network (2018). Couples Curriculum Training Module. <https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/program-resources/>

9 Document & Capture Learning

Document the nature of and reasons for each modification in real time.

Documentation is essential to the adaptation process in order to understand the nature of and reasons for the modifications made. It should be integrated throughout this stage rather than only after Steps 7 and 8 are completed. In addition, documentation should be incorporated into subsequent stages. As described earlier, documentation of the adaptation process should capture a variety of information about each modification. A Modification Matrix can be used as a documentation tool to track all changes including those related to the content, delivery and implementation approach (see page 31).

Documentation should be considered as a regular, ongoing activity that should be conducted soon after actual changes to avoid recall issues. Various methods can be used to capture the information including having programmatic staff directly complete the Matrix, discussing and documenting during regular debrief meetings or during interviews and periodic reflection exercises.³⁶ Observation during implementation of the program can also be used to identify modifications that are made during routine program delivery.

Observation can be particularly useful in situations where program staff may be reluctant to report changes, may not notice or realize when changes are occurring or may have difficulty recalling modifications. However, observation may not be feasible in many contexts and is also labor and cost intensive. Staff self reporting directly in the Matrix may be the most feasible way to document the adaptations but some modifications may be under- or overreported.

Interviews may provide richer, more detailed information on adaptations made and rationale than having staff members fill in the

Modification Matrix. However, interview data face similar biases as the self-reporting approach. Interviews may also be impractical for budgetary or timing reasons.

A combination of different methods may be necessary, when possible, to better understand the nature and reasons for each modification.

Unite for a Better Life: Documenting Adaptation Lessons³⁷

During an adaptation of **Unite for a Better Life**, a workshop was convened bringing together key program and adaptation team members to discuss the adaptation process, reflect on what went well and challenges. They documented learning and developed recommendations for future adaptations from non-humanitarian to humanitarian contexts. Examples of lessons include:

- In humanitarian contexts, there is a need to not only address differences in contextual factors (e.g., literacy level, age, culture, language), but also displacement-related factors that influence relationship dynamics and IPV (e.g., changes in family composition and marital practices, substance use, mental health and trauma, coping behaviors)
- The phase of a humanitarian emergency may affect feasibility of program implementation, participation rates and stakeholder engagement

³⁶ Wiltsey Stirman S, Baumann AA, Miller CJ. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*. 2019;14(1):1-0.

³⁷ Sharma V, Scott J. (2019). *Unite for a Better Life. Lessons on Adaptation for a Humanitarian Context*. Paris, France. Available at: https://www.elrha.org/wp-content/uploads/2020/03/UBL-Adaptation-Lessons_Final_compressed.pdf

P

PILOT & REFINE ADAPTED IPV PROGRAM

- 10 Design & conduct a pilot test of adapted program among population of interest, including key indicators
- 11 Analyze pilot results & refine materials & approach accordingly

STAGE 4

- The fourth stage involves pilot tests to **determine feasibility of the adapted program** and whether it is **likely to achieve the desired impact** before rolling it out more widely during Stage 5.
- The steps in this stage help test the adapted program or components of it over a short period of time to understand how the adaptations work and whether any further modifications are needed.

10 Design & Conduct a Pilot Test

Pilot testing the adapted program can help identify additional changes needed before implementation and evaluation.

Pilot tests (also called pretests) are important to determine feasibility of the adapted intervention and to determine whether it is likely to achieve the desired impact before rolling it out more widely during Stage 5.

Pilot tests are useful to make refinements to the adapted program before larger-scale implementation and evaluation. This can save costs in the end while enhancing the likelihood of the adaptation's success. During the adaptation of Indashyikirwa in Rwanda, a program designed and implemented by CARE Rwanda, RWAMREC and the Rwanda Women's Network, the pilot test informed several critical adaptations (see box on next page). In Ethiopia, pilot testing of the Unite for a Better Life program demonstrated that delivering the sessions twice weekly led to increased participation and knowledge retention than delivering sessions on a weekly basis.³⁸

The pilot should ideally determine that the adapted intervention is acceptable to the new community, has maintained fidelity to the core components of the original program and is able to be implemented to a high degree of quality and effectiveness. The pilot also provides the opportunity to assess and refine all aspects of the implementation, from participant recruitment and retention, to how, when and where the sessions or activities are delivered. Piloting also enables testing of the monitoring and evaluation approaches that will be used in Stage 5 and identification of potential unintended consequences and additional risk mitigation measures.

In some cases, needed enhancements or changes may become apparent as the program is being implemented, particularly if unintended obstacles occur as the pilot is underway. These reactive modifications should also be documented in the Modification Matrix. To increase the potential of success, the changes should still be done systematically (i.e. made using

a formal process that includes consulting data, theory, best practice and/or stakeholders as well as considering the impact on outcomes).

Piloting can include various methodologies including quantitative data collection (such as participant and staff surveys, tracking attendance and dropout rates), qualitative discussions (focus group discussions and/or in-depth interviews), observation (observing activities and engagement, participation and other metrics) and/or participatory methods.

What is a Pilot?

A pilot is a small scale test of the adapted program to assess feasibility and to identify potential refinements to the program or delivery approach. Pilots are also sometimes called pretests.

Stepping Stones' adaptation guide highlights the importance of testing the adapted curriculum and materials either with a community or with a group of staff members and of keeping good documentation of participant and facilitator feedback.³⁹

Piloting can involve testing:

- The entire adapted program on a small scale (e.g., the **Indashyikirwa** curriculum⁴⁰ was piloted with one group of 15 couples)
- Specific components of the program when implementing the entire program is not feasible (e.g., some community mobilization and social norm change interventions would take several years to pilot the whole approach) or when only some components were adapted

³⁸ UN Women and Social Development Direct. (2020). Unite for a Better Life, RESPECT Preventing Violence against Women Programme Summary. Available at:

<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Programme-summary-Unite-for-a-better-life-Ethiopia-en.pdf>

³⁹ Gordon G, Welbourn A, Salamander Trust. (2017). Guidelines for Adapting Stepping Stones.

Available at: http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SalamanderTrust_Adaptation_Guidelines_Stepping_Stones_-2017FINAL.pdf

⁴⁰ CARE Rwanda, RWAMREC and Rwanda Women's Network (2018). Couples Curriculum Training Module. <https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/program-resources/>

11 Analyze Pilot Results & Refine Materials

The analysis should focus on generating insights to help improve the adapted program.

After the completion of the pilot test, the data should be analyzed to generate useful insights that can help improve the adapted program. This process will require interpretation of the findings as well as assessing and making judgment calls on various types of feedback. Some feedback may not be feasible to integrate in the adaptation, especially if suggested changes do not align with the objectives of the intervention. Other feedback may indicate that certain content or topics are not considered acceptable or that they cause discomfort.

However, it should be noted that topics that are considered sensitive or that are not normally discussed within the communities may be essential to catalyze community change. Thus, careful consideration is needed in identifying what types of messaging could cause backlash in the communities versus what could be essential for provoking deeper thinking and ultimately social change.

Once the suggestions and pilot results are reviewed and any additional refinements are decided on and implemented, the refined adaptation should ideally be pilot tested again, though there may be timeline and budget constraints which limit the extent of further piloting.

Documentation of any changes to the program should continue to be incorporated into the Modification Matrix. Sharing of findings with the original program developers can also promote reciprocal learning and exchange.

Piloting Indashyikirwa⁴¹

The **Indashyikirwa** adaptation process in Rwanda included methodical pilot testing of the Couples Curriculum⁴² and Opinion Leader Training⁴³. The 5-month couple's curriculum was tested within a condensed one-month period with couples, opinion leaders and women's safe space facilitators. The evaluation team observed the trainings with observation guides and captured feedback from participants (via focus groups) and facilitators (via interviews) after each session. The discussions were also guided by predesigned tools, documented in daily and weekly field memos and lessons were identified and discussed during a learning workshop with implementing partners to inform decisions on additional modifications to the program materials and approach.

The pilot results informed changes to increase contextual responsiveness, which benefitted the overall adaptation:

"The pre-test critically informed the need to provide more psycho-social support for staff, the importance of having a male and female facilitator for the Couples Curriculum, timing (i.e. for the opinion leaders curriculum to be ten half days instead of originally planned five full days), strengthened contextual content (i.e. more use and examples of Kinyarwanda proverbs) and improved translations."⁴¹

⁴¹ Stern E, Martins S, Stefanik L, Uwimpuhwe S, Yaker R. Lessons learned from implementing Indashyikirwa in Rwanda-an adaptation of the SASA! Approach to prevent and respond to intimate partner violence. Evaluation and program planning. 2018;71:58-67.

⁴² CARE Rwanda, RWAMREC and Rwanda Women's Network (2018). Couples Curriculum Training Module. Available at: <https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/program-resources/>

⁴³ CARE Rwanda, RWAMREC and Rwanda Women's Network (2018). Opinion Leaders Training Module. Available at: <https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/program-resources/>

T

TARGETED IMPLEMENTATION & EVALUATION

- 12 Develop implementation & evaluation plans
- 13 Implement adapted program & collect M&E data
- 14 Analyze data, interpret findings & develop recommendations to inform next steps
- 15 Disseminate findings & scale effective IPV programs

STAGE 5

- The fifth and final stage in the adaptation process focuses on **targeted implementation of the adapted program** beyond the small-scale pilot in the previous stage and **evaluation to inform next steps and to generate evidence and learning.**
- **Additional fundraising may be needed** before this stage can begin.

12 Develop Implementation & Evaluation Plans

These plans should be developed in collaboration with the communities and key stakeholders.

This step focuses on planning a larger, but still targeted, rollout of the intervention and accompanying evaluation. The plan should include details of the implementation, such as:

- The number of communities and participants reached
- The geographic scope
- The timeline
- Staffing needs
- The monitoring approach

The evaluation plan should describe:

- The evaluation design
- Sampling procedures and sample size
- Instruments and outcomes
- Ethical considerations and risk mitigation measures
- Staffing and capacity needs

The adaptation group and other key stakeholders can help inform these decisions.

Decisions about the type and scope of the evaluation can be challenging and will be influenced by the extent of available evidence on the program, the similarity of contexts and the extent of the changes made to the program. Availability of resources will also be an important factor.

If changes to the program were minimal, it may be appropriate to focus on assessing implementation and process indicators. However, in adaptations that involved more substantial program modifications or

when the new context is very different from the original, an outcome or impact evaluation may be justified.

As part of the evaluation, it can be helpful to capture information and data on the success of the adaptation process itself, such as how the changes might have had an impact on the implementation and/or effectiveness outcomes, as well as effects of the adapted program. Implementation outcomes can include acceptability, appropriateness, fidelity, dosage and sustainability while effectiveness or participant-level outcomes could assess changes in norms, attitudes and behaviors.

See Figure 5 which illustrates outcomes of the adaptation process and outcomes related to the adapted program.

What to Assess

An evaluation of an adapted IPV program can potentially assess the following areas:

- Program fidelity and adaptation, usually through use of a specialized fidelity instrument
- The process by which the adapted program is implemented
- Outcomes and impact of the adapted IPV prevention program (including unintended effects) according to the adapted Theory of Change

Modifications can have multiple intended and unintended consequences, so it is important to design the evaluation to capture both types of outcomes.

13 Implement Adapted Program & Collect M&E Data

Best practices for safely and ethically implementing IPV programs and collecting data on IPV should be prioritized.

Once the plans have been developed, the program can be implemented and monitoring and evaluation data can be collected. Best practices for implementing IPV programming safely and ethically should be prioritized and strategies should be in place to mitigate safety risks.

For example, it has been observed in adaptations of SASA! that organizations “that spend considerable time preparing their staff, resource persons, and community activists to understand these issues, analyze their own lives with a gender-power lens, and support them through their own process of change are most effective in facilitating change in others” and in providing technical assistance to the communities.⁴⁴

Stepping Stones developers emphasized how training of implementers and facilitators can make or break an intervention: “If staff are not adequately trained, the programme will fail. Staff training should be viewed as an essential investment. There are no short cuts.”⁴⁵

Developers of IMAGE echo this call to “invest in quality staff capacity-building/training that is based on personal reflection.”⁴⁶

Unite for a Better Life developers described two stages of training for facilitators. Facilitators first complete the program as participants before engaging in specialized training on facilitation. It was noted that “having the facilitators go through the intervention as participants provided an opportunity for the facilitators to look inwards and reflect upon their own attitudes, beliefs and behaviors in relation to gender, relationships and violence. It was noted that prior to the training, many facilitators held inequitable beliefs that would not have allowed them to facilitate the sessions in a gender transformative way.”⁴⁷

Best practices for data collection and monitoring and evaluation of IPV programs should also be followed. The **Resources Section** contains additional information on monitoring, evaluation and research on IPV prevention programs.

⁴⁴ Michau L, Letiyo E, Musuya T, Goldmann L. (2018). Social Norms Change at Scale: Insights from SASA! Available at: <https://raisingvoices.org/wp-content/uploads/2022/01/CUSP-Case-Study-3-SASA.pdf>

⁴⁵ Gordon G, Welbourn A, Salamander Trust. (2017). Guidelines for Adapting Stepping Stones.

Available at: http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SalamanderTrust_Adaptation_Guidelines_Stepping_Stones_-2017FINAL.pdf

⁴⁶ Muvhango L. (2018). Social Norms Change at Scale: Insights from IMAGE. Available at: <https://raisingvoices.org/wp-content/uploads/2022/01/CUSP-Case-Study-2-Image.pdf>

⁴⁷ UN Women and Social Development Direct. (2020). Unite for a Better Life, RESPECT Preventing Violence against Women Programme Summary. Available at:

<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Programme-summary-Unite-for-a-better-life-Ethiopia-en.pdf>

14

Analyze Data, Interpret Findings & Develop Recommendations

Community stakeholders and program participants should be engaged in this process.

The data analysis and interpretation should be guided by the evaluation design and questions, with a particular focus on informing next steps for the program. Community stakeholders and program participants can be engaged in this process and help to validate findings, interpret results

and develop recommendations. Table 6 provides examples of specific evaluation questions that can be answered using data collected as part of the monitoring and evaluation processes.

Evaluation Area	Key Questions
Fidelity & Fit of the Adapted Program	<ul style="list-style-type: none"> • Did the adapted program adhere to core components of the original methodology/program? • Was the adapted program culturally responsive/appropriate/acceptable? • How well did the adapted program consider/address diversity, inclusion and equity issues?
The Process	<ul style="list-style-type: none"> • What worked well and what could be improved? • What implementation factors contributed to or hindered the effectiveness of the adapted program? • Were there issues in the adaptation process that influenced the measured effectiveness of the adapted program? • Were there evaluation issues that influenced the measured effectiveness of the adapted program?
Outcomes & Impact	<ul style="list-style-type: none"> • Did the adapted program achieve the intended results as described in the Theory of Change? • How does the effectiveness of the adapted program compare to the original program? • What are the key recommendations for next steps based on the results? • What additional learning could inform/strengthen the original or adapted program?

Table 6: Key Evaluation Questions

15

Disseminate Findings & Scale Effective IPV Programs

Share learning on successes and challenges through a variety of outputs and ensure results are shared with program participants and community stakeholders.

The last step involves disseminating learning and findings from the previous step and considering scale up of effective IPV programs. Dissemination is useful regardless of the results as important learning can also be captured from challenging or less successful adaptations.

Depending on the intended audience, various materials can be produced and disseminated including: learning briefs, case studies, working papers, program reports and articles in peer-reviewed journals.

Sharing the evidence and learning on both the adaptation process itself and on the effects of the adapted program can help motivate communities, practitioners, donors and other development partners to implement evidence-based interventions, while contributing to the global knowledge pool on what makes adaptations successful. In alignment with the IPV-ADAPT+ Framework's participatory community and women' centered approach, it is critical to share results with program participants and community stakeholders.

Adapted programs which demonstrate promising results and effectiveness in reducing IPV and changing inequitable norms should be considered for scaling to other communities. It is important to note that scaling an adapted program might require additional adaptations (see

Table 2) and it can therefore be helpful to design the adaptation with scaling in mind from the beginning.⁴⁸

Resources and tools from the WHO and Expandnet are available to support expansions/replications (horizontal scale-up) or institutionalization (vertical scale-ups) of effective programs.⁴⁹ See the **Resources Section** for more information.

Disseminating Learning

A number of IPV programs have shared learning about their adaptation processes through a variety of output types. For example, Raising Voices created a series of case studies that highlight learning from adaptations of **SASA!** in diverse contexts.⁵⁰

Unite for a Better Life produced and disseminated a learning brief describing lessons from adapting the program for a humanitarian context.⁵¹ In addition, learning was also shared in a series of webinars.⁵²

Lessons from the adaptation of **Indashyikirwa** were published in a peer-reviewed journal article.⁵³

⁴⁸ Lundgren R. (2018). Social Norms Change at Scale: Insights from GREAT. Available at: <https://raisingvoices.org/wp-content/uploads/2022/01/CUSP-Case-Study-1-Great.pdf>

⁴⁹ World Health Organization (WHO), ExpandNet. (2009). Practical guidance for scaling up health service innovations. Available at: http://whqlibdoc.who.int/publications/2009/9789241598521_eng.pdf

⁵⁰ Raising Voices. (2018). SASA! Adaptations Series. Available at: https://raisingvoices.org/resources/?_type_of_resource=sasa-adaptations-series

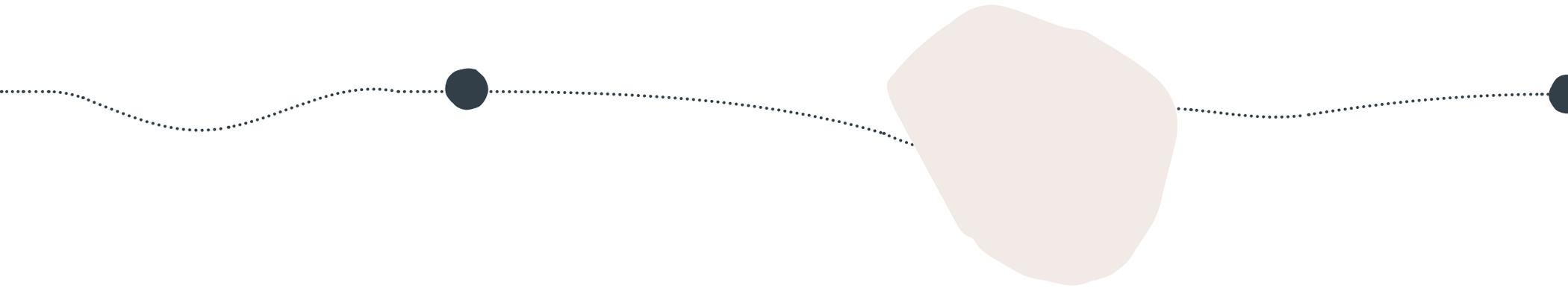
⁵¹ Sharma V, Scott J. (2019). Unite for a Better Life. Lessons on Adaptation for a Humanitarian Context. Paris, France.

Available at: https://www.elrha.org/wp-content/uploads/2020/03/UBL-Adaptation-Lessons_Final_compressed.pdf

⁵² Sharma V, Birungi M. (2021). Unite for a Better Life: Leveraging Podcasts to Prevent Intimate Partner Violence. Prevention Collaborative Webinar series.

Available at: <https://www.youtube.com/watch?v=HiQ GcVkvOdM> and Sharma V, Tewolde S. (2020). Unite for a Better Life: Adapting an IPV Prevention Intervention for a Humanitarian Context. Prevention Collaborative Webinar Series. Available at: <https://www.youtube.com/watch?v=SSb7PZI-kDE&t=935s>

⁵³ Stern E, Martins S, Stefanik L, Uwimpuhwe S, Yaker R. Lessons learned from implementing Indashyikirwa in Rwanda-an adaptation of the SASA! Approach to prevent and respond to intimate partner violence. Evaluation and Program Planning. 2018;71:58-67.



The IPV-ADAPT+ Framework

Applying the Framework

Incorporating the Framework Across Adaptations

How should stakeholders use the IPV-ADAPT+ Framework?

As the evidence base on effective IPV prevention programming continues to grow, there has been an increase in adaptations of these programs to different contexts and populations. The IPV-ADAPT+ Framework was developed to encourage the application of a systematic and principled adaptation process in order to strengthen IPV prevention programs.

It would be ideal for stakeholders to incorporate the IPV-ADAPT+ Framework in all stages of an adaptation, starting with decisions about time and budget allocation within project proposals. The proposal or design phase of a project could also include the first steps in the Framework focused on conducting a context analysis, selecting an appropriate IPV program to adapt and consulting with key stakeholders and forming partnerships.

Organizations and practitioners also have an important role in generating learning on IPV program adaptation. Documenting what and why modifications are made to adapt an evidence-based program should be standard practice. This can help strengthen global knowledge on adapting IPV prevention programs, particularly in decision-making related to enhancing fit and fidelity and how different types of changes might influence implementation and effectiveness outcomes. Strengthening documentation will enable organizations to practice greater transparency related to their adaptation processes. Donors and journals should also encourage documentation and publication of adaptation processes.

Ensuring adoption and uptake of the Framework will help advance the field and strengthen the effectiveness of IPV programming more broadly and ultimately contribute to enhanced wellbeing of women and girls globally.

Donors can support effective and ethical IPV program adaptations by recognizing and supporting appropriate timelines and budgets. Investing resources in a more systematic adaptation process that may appear to be more costly upfront and/or require a longer timeframe may actually be cost effective in the long run.

What capacities are need to conduct effective adaptations?

Strengthening organizational capacities and community readiness can help support a successful adaptation. For example, activities to deepen skills in IPV prevention, social norm change, community mobilization, participatory training approaches and operationalizing community and women-centered approaches, along with monitoring and evaluation can be helpful. At the community level, communities can be engaged in discussions on power and gender inequalities. Mechanisms to strengthen meaningful participation of community partners, especially grassroots women's rights organizations should be put in place. Adaptive capacity of both individuals and organizations is also particularly important for the adaptation process, as it fosters critical thinking skills, decision making and effective responses to new and changing information and contexts while maintaining fidelity to the intervention's core components (see page 46).

Budgeting Time & Resources

How much time and budget will it take?

Conducting an effective IPV program adaptation requires sufficient time and budget. The duration of time needed to adapt a program will depend on aspects of the original program (such as complexity, amount of content, etc.), characteristics of the new setting (such as political and other factors, time of year when the adaptation will occur etc.) as well as the extent of the adaptations required. Most practitioners and researchers report an adaptation timeline ranging from six months to two years to finalize and pilot test the adapted program (Stages 2-4) prior to conducting larger implementation and evaluation (Stage 5). However, they also highlight that adaptations are often underfunded and frequently do not include realistic timelines that allow for a systematic process. Realistic budgets and timeframes may not correspond with donor funding and program cycles, particularly in humanitarian contexts. Awareness raising on needed resources may help shift perspectives and create a more supportive environment to carry out effective and systematic adaptations.

What should be included in the budget?

Ideally, a budget and proposal should include all of the stages and steps in the IPV-ADAPT+ Framework. However, sometimes funding may only be sought for specific stages. For example, seed grants could potentially cover costs associated with proposal development and Stage 1 activities. Higher funding amounts may only be sufficient for the adaptation and piloting stages (Stages 1-4), but not the targeted implementation and evaluation (Stage 5). In addition, several key decisions may be made during the proposal development stage that will influence time and resource needs. For example, the program type and components, modality of delivery and approaches to piloting and evaluating the adapted program will affect costs. While the costs can vary widely, there are some common elements that should be included

in budgeting for an adaptation process. These include:

- Context analysis (formative research)
- Adaptation workshops
- Meetings/workshops/community consultations/stakeholder engagement
- Training of trainers and/or facilitators (for curriculum-based or other group-based education interventions)
- Organizational capacity strengthening
- Technical experts (including engaging original developers)
- Printing of original program materials/manuals
- Developing, translating and printing adapted materials/training manuals/facilitator guides
- Gathering community feedback
- Support visits/learning sessions/refreshers trainings for facilitators
- Pilot testing including costs for small-scale implementation
- Implementation, evaluation and dissemination costs for Stage 5
- Setting up sustainability mechanisms

It is important to include compensation for the time and contributions of adaptation team members and other experts involved in the adaptation process. Ensuring that contributors are supported to participate will help operationalize a community-based participatory approach and amplify the voices of those closest to the community.

Building Adaptive Capacity

Adaptive Capacity is the knowledge, skills and perspectives or attitudes needed for the planned use of emerging knowledge and learning throughout program implementation.⁵⁴

How can adaptive capacity be strengthened?

The IPV-ADAPT+ Framework acknowledges the importance of building **individual and organizational adaptive capacity**. Strengthening adaptive capacity will foster the use of critical thinking to make decisions and modifications during the adaptation process in response to new information and changes in the implementation context. Often changes in the implementation context are unanticipated, such as those due to conflict or public health crises like the COVID-19 pandemic, resulting in reactive adaptations. In other instances, it is possible to anticipate contextual changes. Adaptive capacity includes the skill of balancing the proactive or reactive adaptations needed for the local context with retaining fidelity to the core program principles (see Figure 12). Examples of specific adaptive capacities are included in Table 7.

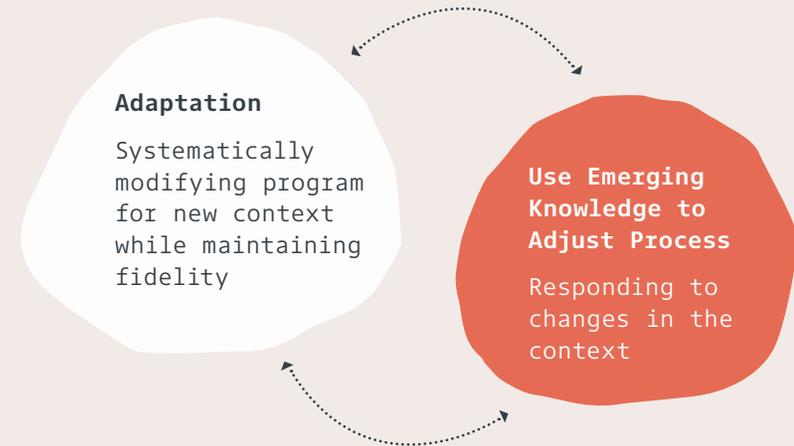


Figure 12: Using Emerging Knowledge During an Adaptation

ADAPTIVE CAPACITY	EXAMPLES
Knowledge	<ul style="list-style-type: none"> • Basic concepts and key steps relevant to designing, implementing and evaluating an IPV program adaptation • Available resources and tools to support an adaptation process
Skills	<ul style="list-style-type: none"> • Ability to gather and use information and research to inform adaptation design and implementation • Ability to operationalize community and women-centered approaches • Critical thinking, analytical and decision-making skills • Ability to respond to contextual changes by adjusting the design and implementation of the adaptation
Perspectives / Attitudes	<ul style="list-style-type: none"> • Adhering to ethical principles and aligning processes with community and women-centered approaches • Recognition of the importance of maintaining fidelity to original program • Valuing accountability to communities by ensuring the adaptation applies Do No Harm principles and is culturally sensitive and responsive
Organizational Factors	<ul style="list-style-type: none"> • Organizational openness to adaptive programming • Resilience of organization to pivot programming in response to changing contexts • Flexible funding • Risk mitigation strategies integrated across organizational processes and programming

Table 7: Adaptive Capacities

⁵⁴ Adapted from: Syntegral. What Is Adaptive Capacity? Available at: <https://www.syntegral.org/what-is-adaptive-capacity> and Lundgren R. (2018). Social Norms Change at Scale: Insights from GREAT. Available at: <https://raisingvoices.org/wp-content/uploads/2022/01/CUSP-Case-Study-1-Great.pdf>

Facilitating Participatory Processes

The IPV-ADAPT+ Framework emphasizes integrating participatory approaches at all stages of the adaptation process as this is important for effective IPV programming. Genuinely engaging community members and partners increases acceptability and sustainability of the adapted IPV prevention program in the new context, ensures locally appropriate adaptations and solutions and fosters ownership. A first step is identifying and meaningfully including those who are

most affected by, and/or invested in, the issue of IPV prevention in the communities. Change is more likely when those most affected are involved. Using participatory approaches helps to incorporate the knowledge of the communities the program is designed to support and mobilize the community for social change. Table 8 below provides examples of participatory approaches in different phases of the adaptation process.

Adaptation Phase	Examples of Participatory Approaches
Design	<ul style="list-style-type: none"> • Ensure that any intervention developed/adapted meets the communities' needs and priorities • Develop the project in authentic partnership with community members • Involve those closest to and most affected by IPV • Consider the experiences of community women and men, with behavioral theory and formative research to inform the adaptation
Implementation	<ul style="list-style-type: none"> • Communicate from the start about expectations, agreed meeting schedule/frequency and discuss why each member is involved • Ensure that in each stage and step, the capacities of each partner and stakeholder are recognized and valued • Ensure that the tasks assigned to each partner and stakeholder match their skills and capabilities and establish co-leadership roles • Develop "safe" and comfortable spaces for discussion, have clear ground rules, respect diverse opinions • Implement concrete mechanisms to gather feedback from community partners (e.g., feedback loops, touch points, communication mechanisms and schedule) • Enable meaningful participation through targeted capacity development for community partners (e.g., on IPV prevention, social norm change, participatory approaches, adult education and training principles, etc.)
Testing & Evaluation	<ul style="list-style-type: none"> • Involve community stakeholders in the design and conduct of assessment and evaluation activities (e.g., assessment of adapted materials, piloting of the adapted program) • Disseminate information to all involved in the adaptation, inform and communicate what is learned throughout the process • Provide access to findings in clear language • Facilitate dialogue on ownership and use of data and materials

Table 8: Integrating Participatory Approaches During the Adaptation⁵⁵

⁵⁵ Adapted from: Chen EK, Reid MC, Parker SJ, Pillemer K. Tailoring evidence-based interventions for new populations: a method for program adaptation through community engagement. *Evaluation & the health professions*. 2013;36(1):73-92. Rhodes SD, Kelley C, Simán F, Cashman R, Alonzo J, McGuire J, Wellendorf T, Hinshaw K, Allen AB, Downs M, Brown M. Using community-based participatory research (CBPR) to develop a community-level HIV prevention intervention for Latinas: a local response to a global challenge. *Women's Health Issues*. 2012;22(3):e293-301. Burke JG, Hess S, Hoffmann K, Guizzetti L, Loy E, Gielen A, Bailey M, Walnoha A, Barbee G, Yonas M. Translating community-based participatory research (CBPR) principles into practice: Building a research agenda to reduce intimate partner violence. *Progress in community health partnerships: research, education, and action*. 2013;7(2):115.

Safety & Ethics

While the goal of IPV prevention programs is to reduce risk of violence, it is possible that programs could also potentially increase some safety risks for women and girls or introduce new risks. For example, women who disclose experiences of violence may face retaliation or backlash from their families and from their communities if confidentiality is not maintained. Collecting monitoring and evaluation data could lead to distress or retraumatization among women who have experienced violence. The programming could have other unintended consequences which could negatively affect women's relationships and exacerbate risks of violence.

In addition, programmatic staff could also face risks due to their involvement in the program. Furthermore, because IPV is so prevalent globally, many staff members themselves may have experienced violence. Ensuring the safety of women and all staff and stakeholders is paramount in delivering any IPV prevention program and should be prioritized in decision making throughout the adaptation process. IPV programs have an ethical duty to "Do No Harm" and promote the wellbeing of community members and staff.

During the adaptation process, safety risks can be mitigated by:

- Ensuring all staff members are trained on risks of gender-based violence and in providing referrals for women experiencing violence
- Ensuring programmatic staff and data collectors are able to recognize and respond to distress
- Monitoring safety risks and unintended consequences of the adaptation process and the adapted program and addressing them
- Holding regular debriefs with staff members to discuss safety issues that may arise over the course of the adaptation
- Engaging with women to ensure their needs and priorities are addressed across all stages of the adaptation

Additional guidance is available in the **Resources Section** of this manual.

Adapting IPV Programming during COVID-19

During the COVID-19 pandemic, efforts to reduce the spread of the virus may also have contributed to increased IPV risk.⁵⁶ Access to and availability of GBV, health and psychosocial support services for survivors of violence was also reduced. Because of restrictions on movement and in-person gatherings, many IPV programs adapted their activities. These adaptations were often reactive and made quickly to meet the rapidly changing context.

Many IPV programs shifted to remote delivery. For example, ABAAD in Lebanon began implementing "e-awareness raising sessions" to share information on gender-based violence and COVID-19 via WhatsApp groups.⁵⁷ **Indashyikirwa** in Lebanon also began offering their program remotely including via WhatsApp.⁵⁸ This shift to remote programming could potentially introduce new safety risks. For example, maintaining privacy during the e-sessions may be challenging and phone use could contribute to conflict in the household. These adaptations, therefore, also required reevaluating safety risks and adapting risk mitigation strategies.

⁵⁶ UN Women. (2020). Violence against women and girls: the shadow pandemic. Available: <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

⁵⁷ Voices on the Ground Series: Responses to Gender-Based Violence During the COVID-19 Pandemic, 2020.

Available: <https://www.igwg.org/2020/12/a-conversation-with-gary-zeitounian-abaad-resource-center-for-gender-equity/>

⁵⁸ Webinar: Adapting GBV Interventions: Insights from Indashyikirwa in Lebanon. (UNDP, Lebanon, 2021). Available at: <https://www.youtube.com/watch?v=nY9tLJ8iDA0>

A Note on Methodology

The IPV-ADAPT+ Framework was developed using an interdisciplinary approach, considering diverse perspectives involved in IPV prevention and in other fields. The Framework synthesizes a variety of different data and evidence sources including in-depth interviews, published and grey literature and input from key experts.

There are some limitations of the IPV-ADAPT+ Framework. It was developed to be a process-based framework and therefore is not able to delve deeper into the intricacies and granular aspects of some of the steps in the process. Where possible, additional resources are provided.

There were fewer documented adaptations of IPV prevention programs from which to draw learning compared to other fields. Interviews were conducted with diverse stakeholders to capture insights that may not be publicly available or in published literature and learning from other fields was also incorporated. Finally, while this framework has not been directly empirically tested, it was developed using field insights and a variety of evidence sources.

While this Framework was developed with a focus on IPV prevention programs, the overall process and approach could be applied and adapted for use with other types of gender-based violence programming.

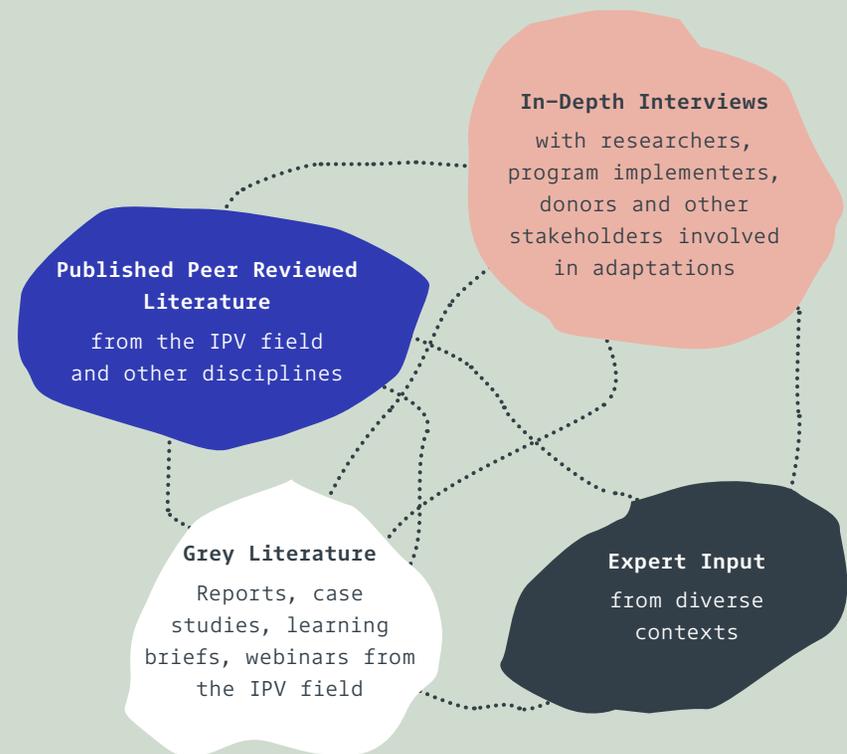
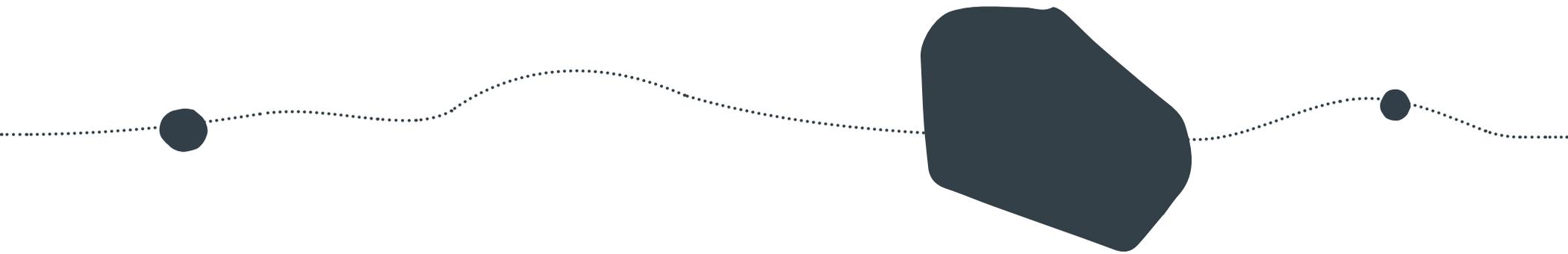


Figure 13: Data and Evidence Sources



The IPV-ADAPT+ Framework

Additional Resources

Additional Resources

Stage 1: Context and Organizational Assessments

1. [Learning Together: A Guide for Feminist Practice in Violence Against Women and Girls Research Collaborations](#) (Raising Voices and SVRI, 2020). This guidance note builds meaningful and equitable collaborations between activist, feminist organizations and researchers in research on violence against women and girls.
2. [Formative Research Manual](#) (CDC, 2013). This manual outlines sources of data, methods and roles of project staff in formative research.
3. [Participatory Rural Appraisal Manual](#) (FAO, 2006). This manual includes a collection of tools for conducting participatory consultations with community members in rural and/or low-resource communities.
4. [Participatory Asset Mapping](#) (Community Research Lab, 2012). This document includes best practices and methods for Community-Based Organizations (CBOs) interested in supporting their strategies with research through topical guides and toolkits such as Community Research, Participatory Asset Mapping and a short guide to Community Based Participatory Action Research (CBPAR).
5. [A Guide to Organizational Capacity Assessment Tools](#) (William and Flora Hewlett Foundation, 2017). This guide includes steps and tools available for organizational capacity assessment of NGOs.
6. [The Socio-economic Model: A Framework for Violence Prevention](#) (CDC, 2002). This model is helpful to identify multiple and intersecting factors at the individual, relational/family, community/institutions and societal/structural levels.

Stage 1: Identifying Effective IPV Prevention Programs

1. [What works to prevent violence against women and girls: A rigorous global evidence review](#) (What Works, 2020). This document summarizes evidence from the UKAID-funded, What Works to Prevent Violence Against Women and Girls (What Works) programme.

2. [UN WOMEN RESPECT Framework](#) (UN WOMEN, 2021). This collection of documents includes a summary of evidence on IPV prevention programs and summaries of individual evidence-based programs.
3. [Sexual Violence Research Initiative and World Bank Innovations to Prevent GBV: Building Evidence for Effective Solutions](#). This database contains information on GBV projects and research funded by the SVRI and World Bank.
4. Jewkes R, Willan S, Heise L, Washington L, Shai N, Kerr-Wilson, A, Christofides N. (2020). [Effective design and implementation elements in interventions to prevent violence against women and girls](#). This paper highlights common elements of effective violence prevention programs.
5. [Preventing Violence against Women: A Primer for African Women's Organisations](#) (Raising Voices and the African Women's Development Fund, 2019). This report explores a feminist approach to preventing violence against women in Africa, outlines current evidence and unpacks key controversies in violence prevention programming.
6. Puddy RW, Wilkins N. (2011). [Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness](#). Atlanta, GA: Centers for Disease Control and Prevention. This document includes guidance for understanding evidence on effectiveness.

Stage 2-4: Documentation of Adaptations & Generating Learning

1. ExpandNet's [Implementation Mapping Tool](#) (ExpandNet, 2020). This guidance supports projects to use a participatory process to capture and document learning and to engage in adaptive management of the scale-up process.
2. [Webinar on documenting adaptations before, during, and after the implementation of evidence-based programs](#) (UCLA Rapid, Rigorous, Relevant (3R) Implementation Science Hub, 2022). This webinar discusses methods for documenting adaptations and analyzing and interpreting their impacts.

3. Kirk MA, Moore JE, Wiltsey Stirman S, Birken SA. [Towards a comprehensive model for understanding adaptations' impact: the model for adaptation design and impact \(MADI\)](#). Implementation Science. 2020;15(1):1-5. This paper helps researchers and practitioners answer questions around adaptation design (Should I do it? What outcomes might it impact, intended or unintended? How can I mitigate potential negative impacts?) and measurement (Which outcomes are likely to be impacted? What might causal pathways look like?).
4. [Learning from Practice: Approaches to Capture and Apply Practice-Based Knowledge](#) (The Prevention Collaborative, 2019). This document provides reflections and practical tips on how to collect, document, analyze, share, and apply practice-based knowledge in violence against women/violence against children prevention programming.
4. Several resources on identifying core components of an effective program to consult include: Blase K, Fixsen D. [Core Intervention Components: Identifying and Operationalizing What Makes Programs Work](#). ASPE Research Brief. US Department of Health and Human Services. 2013 Feb, Backer TE, Center for Substance Abuse Prevention. (2002). [Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention A State-of-the-Art Review](#) and Perkinson L, Freire KE, Stocking M. (2017). [Using Essential Elements to Select, Adapt, and Evaluate Violence Prevention Approaches](#). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
5. Several resources on pilot testing during an adaption include: [The Stepping Stones Adaptation Guidance](#) which includes qualitative and quantitative methods, AIDSCAP's Handbook on [How to Conduct Effective Pretests](#), COMPASS' How-to-Guide on [How to Conduct a Pretest](#).

Stages 2&3: Adapting IPV Prevention Programs

1. Several evidence-based IPV prevention programs have existing guidance on how to adapt their programs: Raising Voices' [SASA!](#), Institute for Reproductive Health at Georgetown University's [GREAT](#) and [REAL Fathers Initiative](#), Salamander Trust's [Stepping Stones](#) and TearFund's [Transforming Masculinities](#). Indashyikirwa published a [fidelity brief](#) for their couples' curriculum. SASA! also produced [guidance](#) on adapting programming for use during the COVID-19 pandemic. Many of these organizations are also members of the Community for Understanding Scale Up (CUSP), which is a working group of nine organizations that developed rigorously tested social norms change and violence prevention interventions being scaled up adapted in many regions and contexts.
2. There is some available learning on adapting IPV prevention programs for humanitarian contexts including: Sharma V, Scott J. (2019). [Unite for a Better Life. Lessons on Adaptation for a Humanitarian Context](#) and [Raising Voices \(2018\) Dadaab Case Study: Learning from SASA! Adaptations in a Humanitarian Context](#).
3. CUSP has several resources on adapting interventions including: [On the cusp of change: Effective scaling of social norms programming for gender equality](#), Community for Understanding Scale Up (CUSP, 2017) and [Social Norms Change at Scale: CUSP's Collective Insights \(CUSP, 2018\)](#).

Stage 4&5: Implementing IPV Programs

1. [Training and Mentoring Community Facilitators to Lead Critical Reflection Groups for Preventing Violence Against Women](#) (The Prevention Collaborative, 2018). This practice brief focuses on the practicalities of recruiting, training and supporting community members to lead and facilitate critical reflection groups on gender.
2. [SASA! Together Implementation Guide](#) (Raising Voices, 2020). This document provides guidance on budgeting, hiring, and training that is specific to SASA! Together but applicable more broadly as well.
3. [How Can We Amplify Self and Collective Care](#) (Raising Voices, 2020). This guidance note focuses on how organizations can prepare to best support staff, communities and women at increased risk of violence during the COVID-19 pandemic.
4. [Backlash: What is it and how do we address it safely?](#) (COFEM, 2018). This document provides guidance for understanding and addressing backlash and resistance to work on gender equality and the response to, and prevention of, gender-based violence.

Stage 1-5: Adaptive Capacity

1. [What Is Adaptive Capacity?](#) Syntegral. This page describes adaptive capacity and how to strengthen it.
2. Lundgren R. (2018). [Social Norms Change at Scale: Insights from GREAT](#). This case study highlights how adaptive capacity facilitated adaptation during scaling of GREAT.

Stage 5: Evaluating Adapted IPV Programs

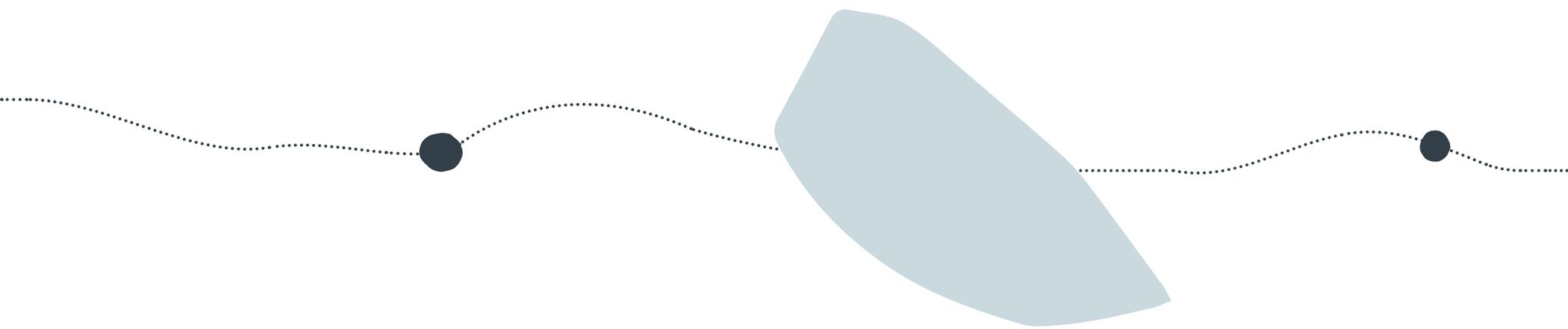
1. [Generating Knowledge and Evidence on the Prevention of Violence Against Women](#) (African Women's Development Fund, 2021). This guide provides methods, tools and approaches for evidence generation and knowledge production.
2. [Guidance on Monitoring and Evaluation for Programming on VAWG](#) (DFID, 2012). This brief provides an overview of different M&E methods relevant for programming on violence against women and girls.
3. [Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations](#) (The Global Women's Institute, 2021). This manual supports research and M&E in refugee and conflict affected populations.
4. We All Count's [Data Equity Framework](#) and tools such as the [Methodology Matrix](#) are helpful resources.
5. [Evaluation Brief - Measuring Implementation Fidelity](#) (James Bell Associates, 2009). This brief discusses approaches and tools to measure fidelity to a program.
6. There are several resources to assist with selecting appropriate evaluation methods including: [Types of Evaluations](#) (Intrac, 2017) and [Choosing Appropriate Evaluation Methods Tool](#) (Bond, 2016).
7. There are several resources providing guidance on key indicators and measures such as: [UN Women's RESPECT Framework Monitoring and Evaluation Guidance](#) and MEASURE Evaluation's [VAWG: A Compendium of Monitoring and Evaluation Indicators](#).

Stage 5: Scaling up

1. [Beginning with the End in Mind: Planning Pilot Projects and Other Programmatic Research for Successful Scaling Up](#) (WHO and ExpandNet, 2011). This guide contains recommendations on how to design pilot projects with scaling up in mind, as well as a checklist that provides a quick overview of the scalability of a project that is being planned, proposed, or in the process of implementation.
2. CUSP resources include learning and guidance on scaling up programs including: [Social Norms Change at Scale: CUSP's Collective Insights](#) (CUSP, 2018) and Goldmann L, Lundgren R, Welbourn A, Gillespie D, Bajenja E, Muvhango L, Michau L. [On the CUSP: the politics and prospects of scaling social norms change programming](#). Sexual and Reproductive Health Matters. 2019;27(2):51-63.

Stage 1-5: Safety and Ethics

1. [Ethical and Safety Recommendations for Intervention Research on Violence Against Women](#) (WHO, 2016). This document presents recommendations related to programmatic research on violence against women.
2. [Ethical Considerations for Research and Evaluation on Ending Violence Against Women and Girls](#) (Global Women's Institute, 2018). This paper summarizes international best practice on research and evaluation related to violence against women and girls.
3. [Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women](#) (WHO, 2001). This document provides recommendations regarding the ethical and safe conduct of domestic violence research.
4. [Guidelines for Safe and Ethical Community Engagement](#) (Raising Voices, 2012). These guidelines are designed to help ensure safe, ethical and respectful engagement with community members.



The IPV-ADAPT+ Framework

Case Examples

Piloting Indashyikirwa in Rwanda⁵⁹

Country: Rwanda

Original Program: SASA!

Duration of Adaptation: 1 year to finalize the Theory of Change, design and pilot the curricula and trainings

The Indashyikirwa program adapted elements of SASA!’s community-based activism approach for use in Rwanda with a particular focus on couples. It also included several unique components including safe spaces for women and a couples’ curriculum that were not part of the original SASA! program. The adaptation of the community-based activism component followed a systematic approach which included formative research on social norms in the selected Rwandan communities, adaptation of content and materials based on this research as well as pretesting of the adapted materials to inform further refinement prior to rollout of the program.

Community activism was described as “an unfamiliar approach” in Rwanda and “this area of programming was the most challenging. SASA! activism materials had to be adapted according to the rural context, Rwandan culture, and for use in more formalized, regular venues, with buy in from local leaders.”

Examples of changes to the materials include:

- Describing relevant rights and laws in Rwanda
- Incorporating Kinyarwanda proverbs
- Adapting images to show couples acting together instead of individuals to align with Indashyikirwa’s focus on couples

- Engaging religious leaders to include religious messages and scriptures that promote gender equality
- Removal of images on HIV prevention as this was not a focus of Indashyikirwa

These adapted materials were tested among 70 female and male community members to gather feedback on appropriateness and relevance. The specific questions asked included:

- Do the scenarios depict what is common in your community?
- Can anything be improved or revised to more clearly communicate the images?

The feedback was then used to further refine the materials.

The involvement of Rwandan program partners as co-designers and facilitators was noted to be essential for the adaptation process, as it ensured the adapted materials were culturally appropriate and sustainable. “Rwandan partners were actively involved in adapting the SASA! activism materials for the context, including dress, style of housing, and common activities.”

The adaptation process took one year to complete, which was longer than anticipated, but this was described as being essential to design a strong program.

KEY LEARNING

- Formative research can be very valuable in informing the initial adaptation of content and materials. Piloting of the adapted program materials and approaches is a critical step in implementing an ethical and effective adaptation.
- The inclusion of community partners as co-creators was important in informing the adaptation process and contextualizing the program materials.
- Effective adaptations take time. Allocate a sufficient and realistic amount of time for the adaptation process in funding proposals and adaptation plans.

⁵⁹ Stern E, Martins S, Stefanik L, Uwimpuhwe S, Yaker R. Lessons learned from implementing Indashyikirwa in Rwanda—an adaptation of the SASA! Approach to prevent and respond to intimate partner violence. *Evaluation and Program Planning*. 2018;71:58-67.

Adaptation of **Unite for a Better Life** to a Refugee Context⁶⁰

Country: Ethiopia (Bokolmayo refugee camp)

Original Program: Unite for a Better Life

Duration of Adaptation: 3 years to conduct formative research, adapt the curricula and pilot test it

Unite for a Better Life is an IPV prevention program that was originally designed for rural Ethiopian communities, where the sessions are delivered by trained facilitators within the context of the traditional Ethiopian Coffee Ceremony. The adaptation of Unite for a Better Life for a Somali refugees community in Ethiopia involved cultural. A community advisory board was set up with members of the community including religious and clan leaders and women's group and community-based organization staff to ensure continuous input and community engagement. Formative research was first conducted to inform the adaptation. Research findings indicated that displacement-related changes to social and cultural norms, poverty, access to resources, physical spaces and persistent gender inequalities exacerbate the risks of violence against women and girls in this setting. Use of khat, a plant with stimulant properties, among men was found to have increased with displacement and was associated with perpetration of IPV. While there was some regular influx of new refugees arriving in the camp, the majority of camp residents had been living in the camp for multiple years.

The formative data were used to inform the adaptation, a process which involved several steps. First, a workshop with partners was conducted to adapt the program's Theory of Change. Modifications were discussed

and existing content was adapted for the Somali culture and the refugee context. This involved ensuring that the role plays, stories and activities are culturally appropriate and relevant. Somali tea talks were chosen as the platform for the sessions given that this is a popular way that people gather and discuss in this context. No changes were made to the twice weekly in-person delivery of the sessions by trained facilitators. Additional content was developed to address displacement-related factors contributing to IPV risk. This included creation of two new sessions - harm reduction related to khat use and sexual harassment. Finally, sessions were translated to the local language, pretested with 10 couples in the camp and externally reviewed. Then, based on the feedback from the pretesting and the external review, sessions were further refined and finalized.

One of the key challenges in this process was balancing the adaptation with fidelity - the degree to which the adapted program maintains the essential 'ingredients' of the original intervention. Fidelity was prioritized in the following areas: the facilitation model and training approach, the core curricular content, skills and activities, the emphasis on and approach to community engagement at all levels of the program and the delivery of the sessions via a community or cultural practice.

KEY LEARNING

- Displaced populations are often living in insecure and challenging situations. Additional content may need to address displacement-related factors that influence relationship dynamics and IPV - such as changes in family composition and marital practices, trauma and mental health, substance use and coping behaviors.
- Formative research and ongoing community engagement and feedback were key elements that facilitated success of this adaptation.
- The type and phase of the humanitarian emergency is an important consideration when adapting an IPV prevention program for use in humanitarian settings. This may affect feasibility of implementation, participation rates and stakeholder engagement, particularly in more acute emergencies.

⁶⁰ Sharma V, Scott J. (2019). Unite for a Better Life. Lessons on Adaptation for a Humanitarian Context. Paris, France. Available at: https://www.elrha.org/wp-content/uploads/2020/03/UBL-Adaptation-Lessons_Final_compressed.pdf

Language and Cultural Considerations during Adaptations of **SASA!**^{61,62}

Country: Multiple Countries

Original Program: SASA!

The SASA! adaptation for Haiti was the first adaptation of this evidence-based program outside of Africa. The adaptation team faced a challenge in translating some of the core concepts and key messages of the program.

“Power” is a central concept to SASA!. The program focuses on harnessing positive types of power (power from within, power with and power to) and transforming the negative type of power (power over). These concepts are critical to transforming unequal dynamics and power imbalances between women and men and ultimately to prevent IPV. When the word power was translated, however, the term used referred to authoritative power.

The negative connotation of this term within the communities made it difficult for participants to understand the concept of positive power.

The adaptation team remedied the disconnect between the intended and actual meaning by engaging key stakeholders from the community in developing a translation dictionary that clearly presents SASA!’s main concepts. They developed uniform translations that can be used by all

facilitators and which were validated to have conceptual and cultural equivalence with the intended meanings and messages of the original intervention.

In different adaptations of SASA! in several African countries, feedback on program and communication materials noted concerns about the selected color schemes. Based on this feedback, the materials were modified to avoid using colors that were associated with any political parties.

While this may seem like a minor issue, perceived affiliation with a particular political party could have negative effects on the program and its implementation. For example, community members supporting other political parties may not wish to participate or there may be challenges in obtaining support and buy in from local leaders which may hinder community rollout. In a worst case scenario, it may cause safety threats and backlash against the community facilitators implementing the initiatives.

KEY LEARNING

- It is useful to develop a translation guidance document (e.g., in the form of a translation dictionary) that explains the key concepts of the program clearly and early on in the adaptation process.
- Implementers should engage stakeholders and experts that have knowledge of the original program’s key concepts and those very knowledgeable of the local culture and language throughout the adaptation process.

⁶¹ Raising Voices. (2018). Adapting SASA!: Tips and Tools Programming for Prevention Series, Brief No. 4.

Available at: <http://raisingvoices.org/wp-content/uploads/2013/02/SASA-Adaptation-Tips-Round-Two-No.4..pdf>

⁶² Raising Voices (2021). Learning from SASA! Adaptations In Diverse Contexts: A Summary Brief. A Summary Brief.

Available at: https://raisingvoices.org/wp-content/uploads/2021/12/AdaptationsSASA_AllContextsSum.pdf

Podcast-based Adaptation of **Unite for a Better Life**⁶³

Country: Ethiopia (Bokolmayo refugee camp)

Original Program: Unite for a Better Life (UBL)

Duration of Adaptation: 2 years to conduct formative research, adapt and pilot the program

Humanitarian contexts can present challenges for in-person programming, particularly those that require multiple sessions over weeks. Unite for a Better Life was adapted to include podcast episodes for harder-to-reach populations during emergencies. The use of podcasts was considered an acceptable modification in the “venue” of the sessions, with a shift to a hybrid venue of a digital space and physical Listening Centers in the camp where people could access the episodes. Fidelity was considered as maintained as long as the core principles of participatory skills-building, inclusion of a cultural ceremony, community engagement and the core learning objective were kept.

Key questions that were considered during the adaptation process included:

- How to maintain program fidelity when content will be delivered passively compared to active engagement during the original in-person activities?
- How to change attitudes and promote behavior change through audio?
- How to adapt UBL’s model of delivery within a cultural ceremony to the podcast format?

The podcast episodes were co-created by refugees in the camp. In total, eight women and men were trained in digital storytelling, interviewing, audio editing and podcast production as well as IPV prevention. They co-created the podcast content, conducted and recorded community member interviews, refined drama scripts to ensure they would resonate with

community members and acted out the dramas themselves. They edited the episodes together and engaged women from the refugee community to create an opening and closing UBL jingle.

Strategies used during the adaptation included:

- The overall structure of the original program and learning objectives were maintained.
- Each activity within a session was converted to dramas, key expert interviews, debates or person-on-the street viewpoints depending on what the team felt would be most impactful. Each episode included a mix of these components.
- A fictional couple, Abdi and Fawzia, was created to “go through” the program together and in each episode report challenges and how their relationship has improved.
- The original key takeaway messages are included at the end of each episode.
- The original try-at-home exercises are shared during episodes and Abdi and Fawzia conduct the exercises at home and report back.
- Each episode includes a tea break for reflection (in line with UBL’s delivery during coffee ceremony/tea talks). Tea was also provided at Listening Centers as listeners engage with the content.
- Community feedback was obtained during development of content.

KEY LEARNING

- A co-creation approach ensured appropriate, relevant and engaging content and framing of key messages and ensured all aspects of the program including the Listening Center approach were appropriate. Community members gained new skills in digital storytelling and podcasting.
- The podcast-based adaptation was a creative way to reach harder-to-reach populations and later was also well suited for use during the COVID-19 pandemic when in-person programming was not possible. Innovative approaches to solve specific implementation challenges while maintaining core components of the original program should continue to be explored.

⁶³ Sharma V, Birungi M. (2021). Unite for a Better Life: Leveraging Podcasts to Prevent Intimate Partner Violence. Prevention Collaborative Webinar series. Available at: <https://www.youtube.com/watch?v=HiQGcVkvODM>

Adapting GREAT for Scale Up⁶⁴

Country: Uganda

Original Program: Gender Roles, Equality, and Transformation (GREAT)

Duration of Adaptation: Program was scaled over 2 years, adaptation occurred during scale up

The GREAT program aims to reduce gender-based violence and promote equitable attitudes and behaviors among adolescents aged 10 to 19 years. The program was piloted in 2 districts in Northern Uganda and was then scaled up to additional districts in the country. As part of the scale up, various community-based organizations adapted the program to integrate it into their existing programming.

The adaptation process was informed by the initial pilot results to increase reach and potential effectiveness. Examples of specific modifications made include:

- Streamlining trainings
- Providing scripts to community drama groups
- Incorporating gender and adolescent sexual and reproductive health information into Ministry of Health village health team materials
- Reducing toolkit production costs and including more facilitation advice in the toolkit
- For scaling to districts outside of northern Uganda, the adaptation also included the translation and redesign of visual and written materials. This was informed by formative research, community and stakeholder workshops and youth review.

To ensure high quality implementation of GREAT, the approach and

materials were designed from the outset to be easy-to-use without intensive orientation and coaching during scale up. The materials included a “how-to” guide to systematize staff orientation on core concepts, provide step-by-step implementation guidance and explain how to adapt the program for new contexts (including on approaches to monitor fidelity, quality and adherence to values). While the GREAT Toolkit and guides were already designed to be affordable to produce, they were further simplified after the pilot to reduce production costs and facilitate expansion.

GREAT had a strong consortium of implementers and partners, including local government, which coordinated and advised scale up efforts. Ministries were also engaged in the technical advisory group. Obtaining government endorsement of intervention materials and including government officials in the review and vetting of pilot results, as well as in the adaptation process, were key in obtaining the needed buy-in for the scale up.

In addition, new organizations that would be implementing the GREAT program during scale up were selected carefully, ensuring they had the technical capacity and resources to implement the program. Adaptive capacity of the resource team was strengthened through regular staff check-ins and reflections on the package, while capacity of the new implementing organizations was strengthened through trainings and support.

KEY LEARNING

- Adaptations may be needed during scale up of a program, even when expansion occurs in the original country.
- In addition to cultural adaptations for different populations in the scale up locations, modifications to the program’s delivery may also be needed to facilitate implementation at a larger scale. Considering future adaptations and scaling from the outset by creating tools and resources for this purpose can improve likelihood of success.
- Strengthening capacities, including adaptive capacity, of individuals and organizations that will be adapting and implementing the program is key in fostering effective adaptation and scaling processes.

⁶⁴ Lundgren R. (2018). Social Norms Change at Scale: Insights from GREAT. Available at: <https://raisingvoices.org/wp-content/uploads/2022/01/CUSP-Case-Study-1-Great.pdf>

