Co-developing interventions to address VAWG: Practical insights from 5 projects

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Meet the panel

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(SAMRC)  

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(Institute for Global Health at UCL)
Agenda

• Opening and welcome
• Word Cloud – *In one word or phrase what does co-development mean to you?*
• Practical insights on co-development from 5 projects - presentation
• Panel – presentation & discussion
• Next steps, closing and thanks
Co-developing interventions to address VAWG: practical insights from 5 projects

Andrew Gibbs
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Overview

• Provide a framework for thinking about co-production and co-development in context of VAWG interventions

• Apply this framework to the Siyaphambili Youth
Moving to co-production

Co-production refers to moments when academics, participants, and practitioners come together as equal partners to work on a variety of issues, from knowledge generation through to creation of services.

- Co-development is a sub-set of co-production and refers to the co-development of interventions

Many benefits of co-development:

- Ethical imperative
- Better interventions, which resonate with people’s lives
- Re-orientate towards spaces for agency

Mannell et al (2023) Challenges and Opportunities in Co-Production: Reflections on working with young people to develop an intervention to prevent violence in informal settlements in South Africa – under review
Mannell et al (2019) Why interventions to prevent intimate partner violence and HIV have failed young women in southern Africa. JIAS, 22:e25380
Resonances


• Mannell et al (2023) Challenges and Opportunities in Co-Production: Reflections on working with young people to develop an intervention to prevent violence in informal settlements in South Africa – under review
Overview

Co-development as a process

Focus on 6 critical moments the process of intervention development:
1. Generating intervention priorities
2. Collecting data (task, event)
3. Producing knowledge (analysis)
4. Theories of change
5. Intervention development
6. Piloting
<table>
<thead>
<tr>
<th><strong>Generating project/intervention priorities</strong></th>
<th><strong>Collecting data (task, event)</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Traditional</strong></td>
<td></td>
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<tr>
<td>Academics review the literature, identify gaps, select priorities</td>
<td>Range of techniques: in-depth qualitative interviews, ethnographic, quantitative, literature reviews etc</td>
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<tr>
<td><strong>Participatory</strong></td>
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<tr>
<td>Use a range of activities to generate insights into participants’ intervention priorities and topics etc. but final decision and meaning making lies with researchers</td>
<td>Peer interviews, community mapping, body mapping etc.</td>
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<tr>
<td><strong>Co-development</strong></td>
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<td>Using a range of techniques to identify potential intervention topics/areas, but collectively agree on what needs to be focused on</td>
<td>Working together to create tools and methodologies with equitable discussion between everyone to identify what may work for different areas</td>
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<tr>
<td>Producing knowledge (analysis) making meaning of data collected</td>
<td>Theories of change (ToCs)</td>
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<td>---------------------------------------------------------------</td>
<td>------------------------</td>
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<tr>
<td><strong>Traditional</strong></td>
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<tr>
<td>Academics work individually and together to produce meaning, knowledge, interpretation</td>
<td>Using research/knowledge academics produce a theory of change</td>
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<tr>
<td><strong>Participatory</strong></td>
<td></td>
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<tr>
<td>Data typically analysed and interpreted by academics.</td>
<td>Providing space for input.</td>
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<tr>
<td>Potential for ‘participant validation’ i.e. short feedback workshops, or for some group meaning making, but final power rests in academic hands</td>
<td>One-off workshops, presenting to participants for input on academic created theory of change</td>
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<tr>
<td><strong>Co-development</strong></td>
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<tr>
<td>Includes feedback to participants, but greater support for participants to interpret, contextualise and produce meaning of interpretation and contest meaning;</td>
<td>Requires self-reflection and critical awareness of issues by participants.</td>
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<tr>
<td>May also be about generating self-reflection in participants;</td>
<td>Participants generate ToCs that are actively engaged with, and adapted by researchers and discussed in collaborative ways (and highlight any unintended bias researchers may bring to the process)</td>
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<tr>
<td>Space for new (unforeseen) ideas to emerge</td>
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<tr>
<td>Intervention development</td>
<td>Piloting</td>
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</tr>
<tr>
<td><strong>Traditional</strong></td>
<td>Participants as objects of the intervention, or facilitators of this with short inputs and reflections (e.g. group discussions on what worked, what did not)</td>
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<tr>
<td>Academics, practitioners create curriculum manuals, and do light-touch testing of sessions</td>
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<tr>
<td><strong>Participatory</strong></td>
<td>Expanded methods: mapping intervention impacts, identifying unexpected outcomes etc. through collaborative, interactive activities</td>
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<tr>
<td>Testing of sessions allows space for feedback on activities etc. ‘randomly’ selected people</td>
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<tr>
<td><strong>Co-development</strong></td>
<td>Participants are leading collaborators in the piloting of the intervention they have themselves developed.</td>
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<tr>
<td>Participants need to be conscious/ aware of ideas, built through reflective, and sustained, repeated engagement, so participants have the confidence and ability to give input (voice).</td>
<td>They take an active role in piloting activities, and analysing the potential of the pilot to achieve its objectives.</td>
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<td>Need to have created responsive, listening spaces, where actively engaged (receptive environment).</td>
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<td>Engaging participants in the process of designing manualised activities. This may include an iterative process of trying evidence-based activities from other settings and leading the adaptation for their own context, or co-designing new activities from scratch based on the theory of change.</td>
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Siyaphambili Youth

- Co-develop interventions for young (18-25 year old) women and men in urban and rural communities in KwaZulu-Natal, South Africa

Process:
- Hired Youth Peer Research Associates (YPRAs) to work with us as co-developers
- Spent ~24 months in the process of developing an intervention
  - Data collection, analysis to understand lived realities of young people
  - Developed theories of change (x4)
  - Intervention development
  - Intervention ‘pre-testing’
<table>
<thead>
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<th>Producing knowledge (analysis)</th>
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<tbody>
<tr>
<td><strong>Traditional</strong></td>
<td>Funding proposal sets this out entirely…</td>
<td>HIV/GBV prevention</td>
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<tr>
<td><strong>Participatory</strong></td>
<td>Community mapping, artefact data collection, narrative stories</td>
<td>Feedback of SSCF data for them to discuss, thematic analysis</td>
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<tr>
<td><strong>Co-development</strong></td>
<td>Thematic analysis of qualitative data, artefact interviews</td>
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<tr>
<td>Theories of change</td>
<td>Intervention development</td>
<td>Piloting</td>
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<tr>
<td><strong>Traditional</strong></td>
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<tr>
<td><strong>Participatory</strong></td>
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<tr>
<td><strong>Co-development</strong></td>
<td>Sustained, repeated</td>
<td>Worked with the YPRAs who now much more able and willing to voice opinions</td>
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<td></td>
<td>engagement, multiple</td>
<td>YPRAs facilitate the intervention, participate in ongoing review of the implementation.</td>
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<tr>
<td></td>
<td>versions, narrowing and refining</td>
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<td></td>
<td>Academics, practioners spent time listening</td>
<td>YPRAs experience the intervention, link back to the ToC and its aims</td>
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<td>Only possible because spent time on the other tasks</td>
<td>Form part of the formal review and participate in interpretation of the analysis.</td>
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Summary

1. Co-development is about creating voice and receptive listening environments – for meaningful inter-change of ideas

2. Siyaphambili Youth – much of the time spent building ‘voice’ – confidence and self-reflection of YPRAs to make sense of their world and to be able to articulate this

3. The co-development process is varied depending on who is involved and what the aim of the project is

4. There will always be challenges and never perfect

Acknowledgements

Thanks to: the YPRAs who gave their time and information and a willingness to engage in the process; the Project Empower team who worked closely with the YPRAs over many, many months; the research team from UCL, UKZN, SAMRC for insights.
Zethembe
Working with young women to prevent Intimate Partner Violence
Background

- Very high levels of IPV experience
- Limited success in some previous interventions
- Funding from SVRI to co-develop an intervention
- Not much published guidance on “how-to-do” co-development
The process over 24 months

• We recruited and hired four young women as Young Peer Research Associates or YPRAs – earned a basic monthly wage
• Engaged in participatory research activities – analysing experiences
• Other activities included ToC and theatre testing
• Developed and tested a short intervention
• The final intervention aimed at improving communication skills between young couples.
Lived realities
Learning: complex power relations

- Who has the problem?
- How do we see one another
- Employee or partner
- Researchers have to unlearn what they know about research
- Both researchers and YPRAs involved in deepening their analyses: YPRAs do not have all the answers
- Co-development is a messy and human process
Benefits of co-development

- Rich, detailed, nuanced analysis of young women’s lives, revealing risk and agency
- Clearer understandings of why interventions may not work well
- Clearer understanding of what interventions are possible
What we would do differently

• Build relationships - between researchers and YPRAs
  - YPRAs themselves

• Compensate YPRAs for time, but not as employees

• Allow time for deepening analysis of lived realities
Thank you

• To the donors SVRI for their generous support
• To Dr Andy Gibbs and Dr Jenevieve Mannell
• To the Project Empower team: Sivuyile Khaul, Zama Khoza, Mziwethu Gcuma and the YPRA team
E le Sauā le Alofa: A co-development intervention for communities in Sāmoa to prevent VAWG

Dr Jenevieve Mannell
Where on earth is Sāmoa?
Research question

Can co-production reduce violence against women and girls in high-prevalence settings?
Co-production
Rethinking the field of violence against women and girls

Co-production as part of *E Le Sauā Le Alofa*:

**Collecting data**
- Peer-to-peer interviews by village representatives.

**Producing knowledge**
- Community conversations.
- Ethical guidelines.

**Theories of change**
- Meaningful change group discussions.

**Piloting**
- Emotional violence as the primary outcome.
- Visual participatory analysis (VPA).

**Intervention development**
- A co-production intervention (full stop).
Piloting a co-development intervention

Participatory Community-led Intervention Development (PCID)

**Engagement**
- Recruit community-based researchers (CBRs)
- Engage with community stakeholders
- Establish community advisory committees
- Develop ethical guidelines and appropriate safeguards
- Develop a theory of change

**Planning**
- CBRs participate in a menu of activities from evidence-based interventions
- CBRs select 2-3 activities to test
- CBRs identify resources needed to deliver the selected activities

**Acting**
- Trained facilitators implement planned activities in local communities

**Observing**
- CBRs observe activities in their village and record details and observations in PCID workbook
- CBRs elicit informal feedback from community members about the activities
- CBRs seek advice from their community advisory committee

**Reflecting**
- CBRs share their observations and reflections with each other as a group
- CBRs revisit the theory of change to make any changes needed
Formative study
- 3 years of participatory qualitative data collection to understand community-based mechanisms for violence prevention

Pre-pilot testing
- Testing the PCID intervention in real life
- Baseline/ endline surveys of VAWG prevalence

Pilot RCT
- Registered pilot intervention using a participatory RCT design
- Assessing acceptability and feasibility of the PCID intervention
- Assessing potential effect sizes on primary and secondary outcomes

Definitive trial
- Assessing effectiveness of the PCID co-production intervention in reducing VAWG as it has been defined by local communities
Co-development of VAWG interventions with young people online

Jane Ndungu
BACKGROUND

• There is lack of involvement of young people in the design of interventions intended for them.

• Thus, most work focusing on young people’s sexual lives fails to capture the way issues of sex-gender-sexuality pervade their lives.

• Co-development processes provide a unique and important opportunity to ensure the voices of beneficiaries are central to intervention design.
WHAT DID WE DO?

• Eastern Cape Province, South Africa.
• 4 school-going adolescents (18-19 years).
• 5 sessions online (MS Teams).
### WHAT DID IT LOOK LIKE?

<table>
<thead>
<tr>
<th>Length of session</th>
<th>Nº participants</th>
<th>Content covered</th>
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<tbody>
<tr>
<td>45 minutes</td>
<td>4</td>
<td>- Meet and greet with the group of learners.</td>
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<td></td>
<td>- Introduction to the process.</td>
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<td>- Brief discussions on the expectations of the process.</td>
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<tr>
<td>27 minutes</td>
<td>4</td>
<td>- Definition of the problem.</td>
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<td>- Discussion on why it is a problem.</td>
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<tr>
<td>56 minutes</td>
<td>4</td>
<td>- Developing the problem tree.</td>
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<td>- Discussions on some things that can be done to address the problem.</td>
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<tr>
<td>79 minutes</td>
<td>4</td>
<td>- Developed problem pathways.</td>
</tr>
<tr>
<td>85 minutes</td>
<td>3</td>
<td>- Suggested intervention activities.</td>
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</tbody>
</table>
EXAMPLE

Poverty

Drink a lot

Stress

 Violence

If a man is unable to provide, physically abuses the wife (takes out his stress on her)

If a woman is the provider and doesn't make enough,

Sex work

Men stop respecting women
WHAT DID CO-DEVELOPMENT ACHIEVE?

• Young people found the process very different to what they had expected – to sit and be lectured. They enjoyed the level of autonomy and their depth of involvement in the process.
• They were eager to be involved, and they appreciated being ‘heard’
• They were able to generate many ideas about intervention content and delivery, which they felt would make any intervention more relevant to them.
• Young people also forced us to think differently about certain issues such as what a community means
WHAT WERE THE CHALLENGES?

• Young people’s, and facilitator’s, histories of didactic communication. Young people were ‘afraid’ of giving a wrong response and facilitator struggled not to ‘correct’ young people’s responses.

• Internal conflict - facilitator held ‘expert’ knowledge, the young people’s lack of formal training in violence prevention.
RECOMMENDATIONS

• For effective co-development processes with learners, it is necessary to support young people to shift from didactic to dialogical approaches of engagement

• Build in adequate time to the co-development process to enable people to move from describing the broad reality they lived in, to reflecting on their own experiences.
THANK YOU

• To the young school-going adolescents who worked tirelessly for five sessions during their school holidays to make this study possible.
• To the study supervisors for their critical insights throughout the study.
• To our funders: National Research Foundation, Nelson Mandela University and South African Medical Research Council.
Hurukuro DzemuNhanga: Together for healing and Wellbeing

MARCH-ZIM: Co-producing meaningful Mental Health interventions for communities affected by child marriage

Rochelle A. Burgess PhD, FRSPH, Institute for Global Health, UCL
This project is a 3 year (and counting) collaboration between the following partners:

**Dr. Rochelle Burgess, PhD (PI)**
Farah Sheibani

**Rozaria Memorial Trust**
Dr. Nyaradzayi Gumbonzvanda (Co-I)
Hildah Mugaragumbo
Farirai Gumbonzvanda
Kensington Marufu
Douglas Chirodza
Loveness Mudzuru
Nokutenda Magama
Kuda Kwashe
Michelle
Melissa

**Women's University in Africa**
Dr Solomon Mombeshora (Co-I)
Dr. Jean Mandweo
Ms. Latih Linjesa
Mrs Semukeliso Gono

**Institute of Women Social Workers**
Dr Mildred Mushunje
Ethel Musara
Mariam Ismail
Chiedza Jowa

**MARCH-ZIM:**
Mapping Mental Health Consequences of Child Marriage in Zimbabwe
Share of population with mental health and substance use disorders, 2017
Share of population with any mental health or substance use disorder; this includes depression, anxiety, bipolar, eating disorders, alcohol or drug use disorders, and schizophrenia. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models.

GBD: 12% of Mental disorders
30% CMD in Primary care settings

Child marriage in Zimbabwe: 1 in 5
Child Marriage in Shamva: 1 in 2
The Plan

Building meaningful responses to Mental health consequences of Child Marriage

March-Zim

Unknown Burden

What is the nature of mental health conditions among women affected by child marriage in Zimbabwe?

Complex problems demand complex interventions

CM and MH are social phenomena that are personal, political, and individual - how many communities can we include in this process?

Lived experience first

Our dialogues with survivors need to allow for a wide range of story-telling opportunities that map the reality of family involvement.

Intervention co-design within co-production processes

The project is a process of co-production which involves NGO partners, survivors, academy & public sector agencies.

The Outcome

Interventions that are rooted within what communities identify as the problem, and path to solution.
of women who completed the survey had severe/extreme scores on the SSQ
THE REALITY: THE (ABSENCE) OF MENTAL HEALTH SERVICE LANDSCAPE

*please note that mental health refers to kusuwa kwakanyanya (sadness of the heart) or kufungisisa (thinking too much)
The *Hurukuro DzemuNhanga* women’s retreat is a supplementary programme that was designed in response to address women’s emotional wellbeing in high CM prevalence settings.

Sessions provide women an opportunity to discuss their emotional distress and develop plans for future self-care, including responding to some of the wider structural contexts that drive their emotional distress.
Team dialogue: pooling best practice knowledge from our approaches working with this/similar populations of young women

Workshopping with wider team around session content and structure

Design period: Three weeks

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<tr>
<td>HUKURO-DZEMU NHANGA</td>
<td>Using a range of techniques to identify potential intervention topics/areas, but collectively agree on what needs to be focused on</td>
<td>Working together to create tools and methodologies with equitable discussion between everyone to identify what may work for different areas</td>
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<td>Driven by priorities based on emerging understandings from our project data collection, and embedded community knowledge – monthly meetings and live feedback identified urgent need in community</td>
<td>Dialogical process to develop a rapid intervention response based on our collective understanding of existing therapeutic, development and community embedded practices</td>
</tr>
</tbody>
</table>
Nhanga Methodology: Shona traditional dialogue intervention, which orients around young women’s identities and autonomy. A site of intergenerational knowledge transfer and healing and cultural validation

Hurukuro Methodology: Local cultural adaptation of problem-solving therapy modalities, to work with individuals and communities. Centres promotion of individual and collective agency

PLUS methodology: Practical social development activities which provide communities and groups with opportunities to plan, identify strategic partnerships for change, and make links between structural challenges and individual needs/outcomes

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THE INTERVENTION: PSYCHOSOCIAL RETREAT

Session 0
Welcome and connecting
Women arrive, are registered, complete a health and safety screening (P4 with counsellor) and Film screening (Neria - film about CM)

Day 1
Check up, wake up
Zumba session and dialogue about connections between physical activity, dance and good mental health

Session 1

Session 2
Mindfulness
Women are introduced to mindfulness activities, and guided through an activity exploring themselves in the past and present - focusing on what holds them back, and what they need to move forward

Session 3
HURUKURO mu Nhanga
Nhanga dialogue session focusing on self care, structured around the pillars of the HURUKURO approach
THE INTERVENTION:
PSYCHOSOCIAL RETREAT
Next steps?

- Coproduction is flexibility: We have developed a mini-intervention deployable within communities – possible because of flexible project plan.

- We will continue with other stages of the original project, and share this intervention as an example of ‘options’ to build on and expand from within our community conversations.

- Team will decide a plan for how we may approach a more formal evaluation of this retreat model.
FINAL THOUGHTS

Without community, there is no liberation

AUDREY LOURDE
Co-development is not a one size fits all process

Creation of voice and receptive listening spaces key

Balancing different forms of knowledge – not privileging any one form

Embrace, and be transparent, about challenges
  • Narratives of success are not useful for learning, nor honest