The IPV-ADAPT+ Framework

Good Practices for the Adaptation of IPV Prevention Programs

Launch Webinar, Nov 21 2023
9-10 am CET
House Rules

- Webinar: 60 mins
- Session is being recorded
- Webinar participants are muted
- Please introduce yourself in the chat
- Live interpretation is available in Arabic, French and Spanish
Good Practices for the Adaptation of IPV Prevention Programs
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Speakers & Panelists

Dr. Avni Amin
World Health Organization

Dr. Vandana Sharma
Harvard T.H. Chan School of Public Health, Equality Insights Lab

Dr. Anik Gevers
Independent Consultant

Dr. Jennifer Scott
Beth Israel Deaconess Medical Center, Harvard Medical School, Equality Insights Lab

Emmanuel Karamage
Rwanda Men’s Resource Center

Ayesha Mago
SVRI
The IPV-ADAPT+ Framework
Opening Remarks
The IPV-ADAPT+ Framework
Since 2020, Equality Insights Lab & SVRI have been collaborating to develop practical, evidence-based guidance and tools on conducting ethical, effective IPV prevention program adaptations.

The project is documenting learning and best practices from different contexts, and is engaging a diverse group of experts and practitioners to inform the content.

Team: Vandana Sharma, Jennifer Scott, Katherine Belen, Liz Dartnall, Anik Gevers + a 14 member advisory board
Adaptation

- 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 impact.

*core components = features which fundamentally define program and are responsible for desired effects. Should NOT be modified
Fit & 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.

Fit and fidelity are often described on a continuum where increasing one reduces the other, but in reality the relationship is more complex.

The goal during an adaption is to **increase fit** while maintaining **fidelity** - both are essential to successful adaptation. Therefore, it can be helpful to consider the degree to which adaptations to improve fit are fidelity consistent or fidelity inconsistent.
Types of Adaptations

◉ 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
◉ Adaptations to address a new issue
What types of adaptations may be effective?

- **Fidelity Consistent**: Modifications that compromise fidelity may be reduce effectiveness.

- **Systematic**: 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.

- **Proactive**: Proactive (or planned) adaptations are made in response to an anticipated obstacle, change or difference in contexts. Reactive / unplanned modifications are sometimes unavoidable but if done in a systematic way may not threaten fidelity.

- Ineffective modifications often occur in the context of limited available resources and/or time, or when the modifications have been unplanned or unsystematic.

- More research is needed to understand how different types of adaptations influence program outcomes.
The IPV-Adapt+ Framework
5 Stages, 15 Steps
The IPV-ADAPT+ Framework

- **Intentional, Planned & Validated (IPV)**: Outlines a deliberate and planned process to facilitate IPV program adaptation. Seeks to avoid unintentional deviations and ‘on the fly’ adaptations, is systematic, and has validation checkpoints integrated in the process.

- **Plus (+)**: Applies ethical principles, community-based participatory and women-centred approaches and learning-oriented M&E.

- **Components**: 5 stages, 15 steps. Flexible approach recognizing process may not be linear.
The IPV-ADAPT+ Framework

**What:** Evidence-based guidance and tools that support various actors to strengthen the adaptation of IPV prevention programming for diverse settings.

**Who:** Developed by researchers & practitioners at Equality Insights Lab and SVRI with input from a technical advisory group.

**Methods:** Literature review (165+ articles / reports) + 20 key informant interviews (researchers, practitioners, donors) + input from key experts from diverse contexts.
The IPV-ADAPT+ Framework: Core Principles

• **Participatory Community & Women-centered Approach:** Integrated throughout the process to ensure acceptability, sustainability of adapted program, culturally appropriate content, and ensuring women’s voices are at the center. Integrating an equity lens

• **Ethical & Evidence-based Adaptation:** The adaptation process and implementation of the adapted program should not cause harm to women, community members or partners. Safeguarding mechanisms should be in place to monitor & mitigate risks. The Framework emphasizes adapting IPV programs that have demonstrated effectiveness.

• **Learning oriented M&E:** Document adaptation process & monitor & measure effects (both intended and unintended) of the adapted program during piloting and program implementation
IPV-ADAPT+ FRAMEWORK

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

**ACTIVITIES**

+ Participatory community & women-centered approach
  - ASSESS CONTEXT & SELECT IPV PREVENTION PROGRAM

+ Ethical & evidence-based adaptation
  - DESIGN IPV PROGRAM ADAPTATION APPROACH

+ Learning-oriented monitoring & evaluation
  - ADAPT IPV PROGRAM
  - PILOT & REFINE ADAPTED IPV PROGRAM

**TARGETED IMPLEMENTATION & EVALUATION**

**OUTPUTS**

- Refined Theory of Change
- Increased community engagement
- Adapted program with core components maintained
- Strengthened capacity of partners
- Learning to inform implementation & evaluation
- Adapted program refined based on pilot
- Assessment of fit & fidelity
- Documented adaptation process
- Pilot results

**IMMEDIATE OUTCOMES**

**ACTIVITIES**

**OUTPUTS**

**INTERMEDIATE & IMPACT OUTCOMES**

**TARGETED IMPLEMENTATION & EVALUATION**

- Sustained participant engagement in program
- Gender transformative changes in the new context according to program Theory of Change
- Evaluation results
- Evidence & learning on adapted program
- Trained staff

Results of the adaptation: ADAP
Results of the implementation & evaluation: T

Adaptive capacity
Fidelity to original intervention
Fit to new context
+ Participatory community & women-centered approach
+ Ethical & evidence-based adaptation
+ Learning-oriented monitoring & evaluation

**ADAPT**

**ASSESS CONTEXT & SELECT IPV PREVENTION PROGRAM**
**DESIGN IPV PROGRAM ADAPTION APPROACH**
**ADAPT IPV PROGRAM**
**PILOT & REFINE ADAPTED PROGRAM**
**TARGETED IMPLEMENTATION & EVALUATION**

**FUNDING PROCESS**
- Develop proposals, timelines & budgets
- Seek relevant expertise & contributors
- Select relevant funding opportunities
- Establish partnership expectations & needs
The IPV-ADAPT+ Framework
Tools & Case Examples
What to modify

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

- **Use Tool 2: Modification Matrix (p.32)**
Adaptation of **Unite for a Better Life** to a Refugee Context

**Country:** Ethiopia (Bokolmaya 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 refugee community in Ethiopia involved cultural and community-based approaches 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, preseted with 16 couples in the camp and externally reviewed. They were based on the feedback from the testing 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 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 sexual 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.

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Thank You

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https://www.svri.org/documents/ipv-adapt-framework
The IPV-ADAPT+ Framework
Panel Discussion