ACTED

أبعاد abaad
مركز الموارد للمساواة بين الجنسين
resource center for gender equality

Ministry of Foreign Affairs
Republic of Korea

In partnership with Canada

ENDING GENDER-BASED VIOLENCE AND ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS

UNDP

Adapting GBV Intervention: Insights from Indashyikirwa in Lebanon

Key Highlights from the Adaptation Process

Ola Ataya – Psychologist – UNDP GBV consultant

Background

- Adaptation of Indashyikirwa model for Syrian refugee and Lebanese host communities; piloted and evaluated in the South Lebanon governorate.

- Implemented within project that integrates GBV prevention into broader Women's Economic Empowerment and Participation Project.

Review & Selection Phase

- Review several evidence-based programmes: ToC, objectives, activities, model of implementation
- Selection of Indashyikirwa as most appropriate to community needs and project's resources & plans.
- Based on programmatic considerations, adaptation focused only on **Couples Curriculum** and the training & engagement of **Opinion Leaders**.
- Instead of Community Activism & Women's Safe Spaces, the project focused on:
  - ✓ Structured activism opportunities through innovative **Gender Equality Cafes**.
  - ✓ Establishing **Referral pathway** to ABAAD safe spaces and services

Validation Phase

- Adaptation process informed by **consultations with women and men** from targeted Syrian refugees & Lebanese host communities in South Lebanon to:

  - ✓ Understand the **needs, social norms and behaviors** that reinforce gender inequalities and the use of violence.
  - ✓ Highlight areas that require **contextualization.**
  - ✓ Ensure **relevance** and **appropriateness** by collecting real-life examples, stories and quotations.

- Set adaptation plan and guidelines based on common agreement about **acceptable or unacceptable changes.**

Adaptation - Round 1
Design & Content

Similarities	Changes
• Content centered around the **Power Framework.** • Addressing **root causes** of violence & inequalities • Focus on **healthy & non-violent relationships.** • Addressing **sexuality** with a focus on sexual coercion & consent. • Address **attitudinal** and **behavioral change** at the **individual, relationship, community** levels. • Maintaining **participatory approach** that capitalize on women& men's reflections and experiences. • **Applying** & **practicing skills** through home exercise. • Focus on activism role as **agents of change.**	• Focus on **GBV** as opposed to IPV. • Components related to **HIV** and **use of alcohol** were removed as may be controversial; however still **addressed as GBV triggers**. • Integrating elements & mechanisms related to **psychosocial support** by focusing on factors of displacement & difficult socio-economic conditions as triggers of GBV • Key information and examples relevant to local realities of target participants were added, especially in terms of social, policy and legal frameworks.

Adaptation - Round 1 Implementation

Similarities	Changes
• WEE activities will be the entry point to engage women and men. • Weekly sessions. • Maintaining session sequence: set the topics' foundation, in-depth discussion, take home exercise to apply learning.	• Instead of focusing on couples, women participating in the livelihoods' activities invited husbands & male relatives to attend the sessions. • Sessions reduced from 21 to **17 sessions**, with a maximum of 3 hours per session. • Mixed groups of male/female with exceptions of some sessions, for example the session on sexuality. • 1 female facilitator as opposed to 2 facilitators.

Facilitators Capacity-Building

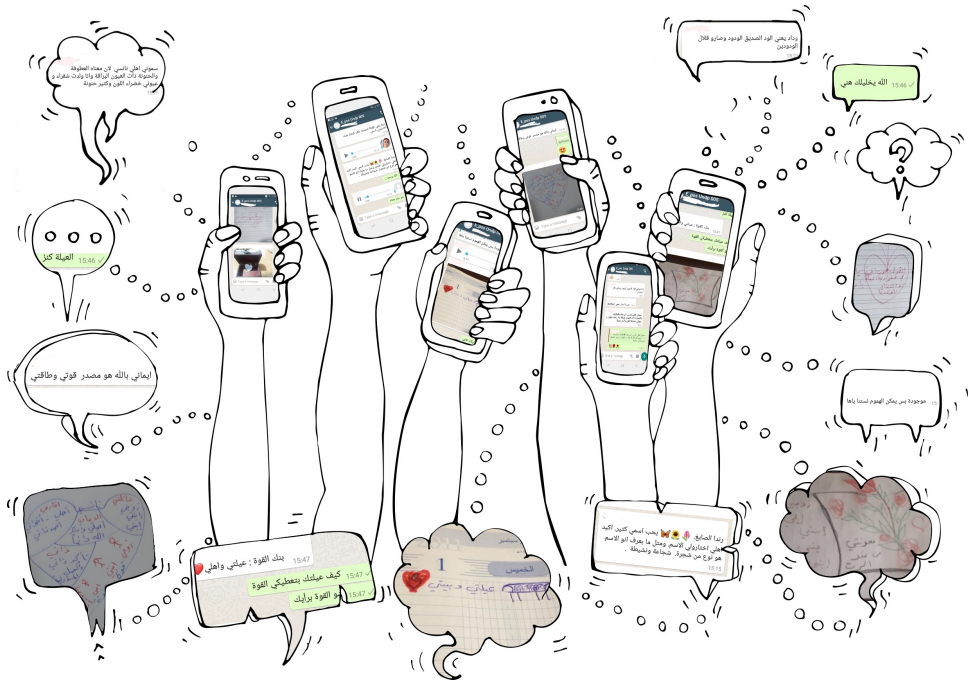
- **Qualified facilitators** with previous expertise facilitating gender-transformative & GBV prevention programs.

- **8-days training** over 2 phases:
  - ✓ Get hands-on-learning experience.
  - ✓ Test the curriculums to check its relevance and to identify needed modifications.
  - ✓ Practice facilitating a designated session.

- **Continuous support** to facilitators through refresher trainings and reflection sessions.

Adaptation – Round 2
Remote Modality

- Following the outbreak of the COVID-19, intervention was shifted to remote modality.
- Follow the methodology yet developing new ways of delivering the activities through WhatsApp groups.
- Revision process has **maintained fidelity to the core content and exercises**.
- Focus on individual exercises as opposed to group work, with group discussions held each exercise.
- Audio-visual tools have been produced to trigger discussion & reflection.



Key Highlights from the Implementation Process

Lama Jradi, Senior Psychosocial Support Supervisor, ABAAD.

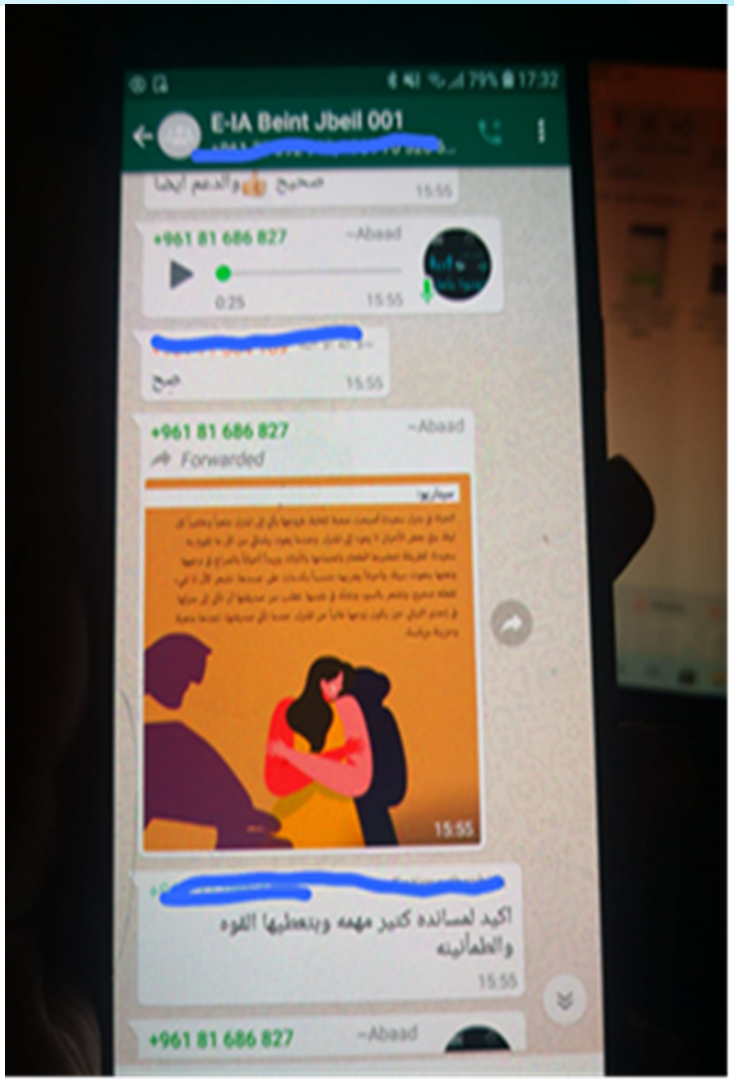
Identification of Beneficiaries

Women's Selection	Outreach & selection for WEE activities.
	Referral to ABAAD.
	Emphasis on Objectives with a focus on benefits-based approach – healthy and non-violent relationships.
	Consent for participation & operational considerations.
Men's Selection	Identified and approached by women first.
	Emphasis on objectives with a focus on benefits-based approach, building healthy relationships.
	Consent for participation & operational considerations.

Switching from in-person to Remote modality allowed to reach the beneficiaries and continue providing support needed…

Remote activity requires the following:

- Choose a reliable and accessible platform (WhatsApp).
- Establish a Data Security Guidelines.
- Piloting first 6 sessions.
- Flexibility and adaptability of session schedule.
- Sustaining Participants' engagement.
- Providing sufficient Data bundles



Reduce the possibility of drop out:

- Adopting **participatory approach** between the facilitators the participants.
- Close **follow-up** on the individual level.
- Adopting **participants-led** and **people-centered** approach.
- Internal discussion between the facilitators to share lessons learnt and feedback.
- Providing **cash incentives** instead of transportation

Challenges & Mitigation Measures

Remote modality

- Internet and electricity limitation
- Unavailable or limited electronic devices
- Priority for online schooling

In-person modality

- Fuel shortage
- Transportation cost
- Finding suitable and appropriate location
- Security situation

Main Success Factor

- Integration Model – Sessions were not implemented in silos!

- ABAAD's comprehensive GBV prevention and response activities including PSS; GBV case management; & WEP income-generating activities.

Benefits Reported by Beneficiaries
Midterm Review Findings

- Creating safe spaces for sharing personal experiences.
- Improved psycho-social well being.
- Identifying and managing GBV triggers.
- Attitudinal changes in the perceptions regarding gender equality and use of violence.
- Increased knowledge on the rights of women.

Emerging Promising Practices from the Adaptation Process

Sawsan Nourallah, National Gender Analyst – UNDP

Sawsan.nourallah@undp.org

Promising Practices: Pre- adaptation phase

- Select evidence-based programming that fits **community needs & organizational capacity.**
- Identify the **fundamental elements** that made the EBP effective (i.e., unpacking power dimension; activism).
- Conduct c**onsultations** with experts (including original program developers), project team and stakeholders.
- Identify and agree on what is **acceptable or unacceptable variations** – Produce adaptation guidelines.
- Determine the **needs** for adaptation.

ENABLING FACTORS

- Leadership **buy-in** at UNDP & ABAAD levels.
- Establishing a **core team** for adaptation.
- Allocate **time & resources** for adaptation.

REMEMBER

The objective is to **create a balance** between programme fidelity and adaptation!

Promising Practices
Adaptation Phase - 1

- Structure and systematize the adaptation process:
  1) **What** are you adapting?
  2) **Why** are you adapting it?
  3) **How** are you adapting and what changes will you make?

- Focus on adaptation model that goes beyond translation to ensure programme's **relevance** & **appropriateness** to the local context.

- Decide if there are topics that are **more sensitive** or **less relevant** to targeted communities and create alternative strategies.

- Maintaining **core content components of EBP** *(power concepts, addressing root causes, phased approach, activism).*

Promising Practices Adaptation Phase - 2

- **Adopt a cultural adaptation model** focusing on:
  - ✓ Replacing cultural references / customizing information / statistics.
  - ✓ Adding relevant, evidence-based content to make the program more appealing to participants.
  - ✓ Customizing role play scenarios & case studies – *Same skills are still practiced.*
  - ✓ Revising illustrations to better reflect local communities, ensure inclusivity & avoid cultural sensitivities.

- **Maintain the participatory approach:**
  - ✓ Engage implementing partner & facilitators in the adaptation phase.
  - ✓ Encourage and integrate participants' feedback in the adaptation.

RISKY ADAPTATIONS

- Changing theoretical foundation.
- Reducing participants engagement.
- Eliminating key messages or skills learned.
- Insufficient training or support to facilitators.

Promising Practices
Adaptation Phase - 3

- Provide adequate time and resources for pre-testing the adapted programme / activities.

- Provide tailored support for facilitators.

Promising Practices
Implementation Adaptation

- Develop **contingency plans** for possible programme delays due to increased crisis (restrictions to mobility, COVID-19, electricity cuts etc.).
- Consider **incentives** if needed to facilitate participants' engagement & respond to emerging **economic needs.**
- Include **regular training** and **ongoing support** to facilitators.
- Create and regularly **update a referral list** that includes formal and informal people and services for women experiencing GBV.

Promising Practices
Monitoring, Evaluation & Learning

- Invest in MEAL systems.
- Develop an adaptation fidelity instrument to document and track changes from original program design including any **unintentional deviations** at the design and implementation phases.
- Monitor **participants engagement** and **quality of facilitation**.
- Conduct a rigorous evaluation to assess **project's impact & effectiveness**.
- Conduct **costing evaluation** to identify the cost of Indashyikirwa adaptation & GBV prevention integration within WEE. .