

Malawi Violence Against Women and Girls Prevention and Response Programme

Learning Brief: Adapting Champions of Change to
tackle Violence Against Women and Girls

July 2021

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Acronyms

CoC	Champions of Change
HTP	Harmful Traditional Practice
IP	Implementing Partner
IPV	Intimate Partner Violence
MDHS	Malawi Demographic Health Survey
SRHR	Sexual Reproductive Health and Rights
STTA	Short Term Technical Assistance
TN	Tithetse Nkhanza
VAWG	Violence Against Women and Girls
WGQ	Washington Group Questions

Executive Summary

Violence against women and girls (VAWG) in Malawi has been persistently high. Evidence shows that 34% of Malawian women have experienced physical violence and 20% have experienced sexual violence (Malawi Demographic Health Survey (MDHS) 2015/16). 42.4% of girls and 64.5% of boys experience physical violence before they turn 18 (Malawi Violence Against Children survey, 2014). There are also a range of harmful traditional practices (HTPs) in Malawi, which particularly affect girls. These include early and forced marriages, with 47% of girls married before they turned 18 (MDHS, 2016). It was against this background that the UK Foreign Commonwealth and Development Office (FCDO)-funded Malawi Violence Against Women and Girls Prevention and Response Programme, known as 'Tithetse Nkhanza' (TN) or 'Let's End Violence', was designed, with the overall goal to reduce the prevalence VAWG and improve the justice system for women and girls living with violence in Malawi.

Champions of Change (CoC) was selected as one of TN's three VAWG prevention interventions, implemented in TN's three impact districts of Karonga, Mangochi and Lilongwe. CoC is an established model developed and implemented by Plan International across 43 countries globally, including Malawi. It uses school, family and community-based approaches to engage adolescent girls, boys, and their communities to promote positive changes in gender attitudes and behaviours and promote healthy relationships. Given the specific issues that TN sought to address among adolescent girls and boys, CoC was identified as a relevant and useful approach. Over the course of TN's inception and implementation, CoC underwent several adaptations to make it more relevant to addressing VAWG and TN's implementation context.

Due to significant UKAid budget cuts, TN was sadly brought to unexpected early closure in mid-2021. This learning brief captures learning from CoC interventions during the programme's implementation and documents how CoC was adapted to reflect its focus on violence and HTPs, as well as to improve its relevance to the specific areas in which it was implemented. The adaptations took several forms, including some revisions to the content of the adolescents' modules to increase the focus on VAWG; development of modules for parents/guardians; strengthening integration of social inclusion - particularly disability inclusion; and COVID-19 related adaptations to ensure safe implementation. At the time of the programme's premature close, further adaptations had been identified, largely informed by the recently concluded CoC cohort study. These suggested adaptations are the subject of the "Champions of Change Cohort Study summary" published in March 2021, available [here](#).

Key lessons from the adaptations included:

1. **Learning lessons from earlier implementation:** Lessons from Plan Malawi's experiences of implementing the CoC intervention in its impact areas, coupled with the aims of the VAWG programme, provided insights for adaptations of CoC materials to optimise programme quality.
2. **Building on up-to-date data from implementation locations:** It was evident that contextual analysis of the impact areas was crucial in informing delivery of CoC materials.
3. **Blended support by both international and national technical advisors:** The adaptation process for the CoC intervention was enriched by the technical support that was provided by a combination of international and national short term technical advisors.
4. **Disability inclusion:** Integration of Washington Group Questions on Disability in CoC's implementation was very helpful in facilitating the inclusion of **persons with disabilities** in the CoC interventions.
5. **Conducting a baseline cohort study had the potential to provide insights for further adaptation:** The CoC baseline cohort study provided key insights to guide further adaptations, both for the TN programme generally and CoC specifically.

It is recommended that future adaptations for VAWG prevention and/or community-based interventions should, among others, consider building upon lessons from past implementation of similar interventions, contextual analysis of impact areas, integration of social inclusion and drawing on additional expertise where needed.

1. Background

Violence against women and girls (VAWG) in Malawi has been persistently high. For girls and boys, physical violence is the most common, followed by emotional and sexual violence. 42.4% of girls and 64.5% of boys experience physical violence before they turn 18 (Malawi Violence Against Children survey, 2014). There are also a range of harmful traditional practices (HTPs) in Malawi, which particularly affect girls.¹ These include early and forced marriages, with 47% of girls married before they turned 18 (Malawi Demographic Health Survey (MDHS), 2016). Out of-school girls are considered to be at particular risk of various forms of violence. Although there have been many prevention programmes implemented in Malawi, recent studies highlight entrenched patriarchal attitudes and harmful social norms among both communities and service providers, which underpin VAWG and present challenges to survivors when seeking justice.

In this context, the Tithetse Nkhanza (TN) programme was designed to reduce the prevalence of VAWG and improve the justice system for women and girls living with violence in Malawi. The programme was designed to run for six years; a three-year piloting phase followed by a three-year scale-up phase. However, changes in UK government budget allocations to overseas aid in 2021, led to the premature closure of the programme in July 2021. The programme aimed to achieve the following outcomes:

1. Formal and informal justice services and local institutions are accessible, responsive and accountable to women and children's needs.
2. People in target areas are less tolerant of violence and more supportive of survivors.
3. Individuals use non-violent means to settle disputes, avoid harmful practices, and seek support if they experience violence.

Champions of Change (CoC) was selected as one of TN's three VAWG prevention components, implemented in TN's three impact districts of Karonga, Mangochi and Lilongwe.² CoC is an established model developed and implemented by Plan International across 43 countries globally, including Malawi. Evaluations³ of CoC have demonstrated its success in addressing harmful social norms and supporting youth empowerment through a mixture of school and community-based approaches. Given the specific issues that TN sought to address among adolescent girls and boys, CoC was identified as a relevant and useful approach to achieving these aims. Over the course of TN's inception and implementation, CoC underwent a number of adaptations to make it more relevant to addressing VAWG and TN's implementation context.

This learning brief documents how CoC was adapted to reflect its focus on violence and HTPs,⁴ as well as to improve its relevance to specific areas in which it was implemented.⁵ The brief first provides details on CoC ([section 2](#)), before discussing the adaptation process carried out in TN's Inception Phase as CoC was being refined ([section 3](#)), the specific adaptations required due to COVID-19 ([section 4](#)), and the additional adaptations identified through ongoing research and delivery ([section 5](#)). The brief concludes in [section 6](#) with a reflection on the lessons from this process that may be applicable to others working in the field of VAWG prevention or delivering community-based interventions in Malawi.

¹ These include early and forced marriages, with 47% of girls married before they turned 18 (MDHS, 2016). Other harmful practices include initiation rites, which comprise harmful elements such as forced labial pulling and sexual cleansing practices (Perceptions Study on Social Norms around Violence against Women and Girls, UN Women Malawi, 2018).

² The other components were SASA! Together and a social and economic empowerment intervention called Moyo Olemekhezeka

³ End of Project Evaluation Report for the Yes I do Programme (that used CoC model) implemented in Malawi between 2014 and 2018, Plan International Malawi.

⁴ Malawi's Gender Equality Act of 2013 defines 'harmful practice' as "a social, cultural, or religious practice which, on account of sex, gender or marital status, does or is likely to a) undermine the dignity, health or liberty of any person; or b) result in physical, emotional, or psychological harm to any person". There are multiple harmful practices in Malawi that are carried out as traditional rites and that disproportionately affect women and girls. The harmful traditional practices measured by the baseline and formative research comprised sexual practice as a traditional rite of passage, sexual instruction as a traditional rite, wife inheritance and child marriage.

⁵ Karonga, Lilongwe and Mangochi

2. Champions of Change

CoC is a model originally developed by Plan International that aims to promote gender equality and social norms change through youth engagement and peer to peer mobilisation. It uses school, family and community-based approaches to engage adolescent girls, boys, and their communities to promote positive changes in gender attitudes and behaviours and promote healthy relationships. CoC is delivered through a number of components, including multi-session curriculum for in- and out-of-school youth, which covers self-esteem, how to strengthen girls and young women's agency and how to navigate power within their lives, gender equality, VAWG, sexual and reproductive rights, addressing harmful practices such as child marriages, and topics aimed at promoting positive masculinities for boys and young men. This is complemented by intergenerational dialogues carried out with children, parents and community leaders, such as traditional leaders, with the aim of providing a space for parents, children, and community leaders to develop solutions together.

As a result of these interventions, young people are expected to gain awareness, skills and self-confidence, and be more active in their community in challenging harmful social norms that support VAWG, including advocacy and peer-to-peer mobilisation.

Following the adaptations captured in this document, TN had begun the implementation of CoC in 15 schools across its three impact districts of Karonga, Lilongwe and Mangochi. At the time of programme closure, a total of 160 sessions for adolescents had been delivered, reaching a total of 1,824 beneficiaries of which 1,204 were in-school learners (612 girls) and 620 out-of-school youth (385 girls).

3. Adaptation in Inception & Early Implementation

The TN team drew on several evidence sources when adapting CoC during the programme's Inception (January-April 2019) and early Implementation phase (from May 2019). These included:

- Implementation experience and practice sharing by Plan Malawi and Plan International teams previously involved in CoC programming, including both local and international Short-Term Technical Assistance (STTA) and experts.
- Mapping of existing or recent interventions related to VAWG or gender equality in each location (February-March 2019), carried out by TN in order to avoid duplications and leverage on synergies in impact locations.
- The TN formative research study (July 2019) which was carried out by the TN team in its impact locations. This work qualitatively explored the nature and drivers of VAWG, including Intimate Partner Violence (IPV) and HTPs, along with barriers to justice seeking.
- The TN baseline survey (January-February 2020) carried out by the programme's Independent Evaluation component in its impact locations. This work quantitatively measured the prevalence of VAWG and HTPs, including among adolescents, as well as attitudes and beliefs related to gender inequality and harmful social norms.

These evidence sources brought together practice-based insights along with rigorous data collection activities to shape an understanding of the operational context and how CoC could best contribute to TN's overall objectives. These exercises provided the basis for a number of adaptations, as detailed below.

3.1. Adapting the content and delivery of adolescent modules

Research carried out in Inception confirmed the continued need to engage with adolescents on topics related to violence and gender equality. In addition, these studies highlighted a particular need to focus on HTPs. This was based on the baseline survey finding that 93% of adult women, 81% of out-of-school girls and 67% of in-school girls reported experiencing HTPs, a finding which was also substantiated in the formative research. These insights resulted in the incorporation of material addressing HTPs in the joint modules for girls and boys that focused on intergenerational

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dialogue and advocacy. HTPs had not been covered in previous iterations of CoC and was added as this was one of TN's areas of focus.

Beyond highlighting the importance of addressing HTPs, the formative and baseline research also identified a significant variation in HTPs and other VAWG-related issues across TN's implementation locations, detailed below:

Name of TA/Wards	Key VAWG issues
Karonga (Kilipula)	<ul style="list-style-type: none">• High value of dowry is paid to have a woman in marriage and that perpetuates patriarchal attitudes.• Lack of inheritance rights for women and girls, stemming from and perpetuating gender inequality.• Prevalence of forced marriages.
Lilongwe (Mgona, Chatata and Kauma)	<ul style="list-style-type: none">• Combined setting of peri-urban and urban area with medium density.• Gule wamkulu (traditional Chewa secret societies) practiced in both Mtandire and Mtsiriza but not in Chigoneka ward.• High prevalence of harmful practices such as child marriages.
Mangochi (Chowe)	<ul style="list-style-type: none">• Drop-out rates and repetition rates were high and transition rates and selection rates low for girls in the two education zones of Chimbende and Malombe.• High prevalence of child marriages and harmful practices against girls and boys such as certain elements within initiation rites.

While it was not practical to develop different training materials for each location, new ways of training facilitators were developed to ensure they delivered the modules in a way that was relevant to the primary issues in each area. This included training to deliver the modules in a customised way, ensuring the content and examples were relevant to the specific HTPs prevalent in each area, as well as myths related to sexual reproductive health and rights (SRHR) by using locally relevant examples and scenarios to deliver the material.

A further adaptation included the removal of the economic empowerment for adolescents module previously used in Malawi. This decision stemmed from TN's resource constraints, along with a Theory of Action development process which identified this as a less critical causal pathway to change given the specific goals of the programme.

3.2. Creation of module for parents and caregivers

Plan's previous experience implementing CoC, combined with the findings from the TN formative research highlighted the role of parents and caregivers in supporting adolescents, influencing their behaviour and serving as bridges between youth and others in their communities, such as community leaders. Based on this need to include parents and caregivers more explicitly into the CoC process through the TN programme, teams from Plan Malawi and Plan International collaborated to develop the first curriculum for parents and caregivers to be used in CoC globally.

This curriculum drew heavily from the Girl Shine Curriculum, which was identified as a successful model previously used by IRC and was originally designed to address issues around gender equality, especially in relation to the experience of adolescent girls and boys and the root causes of violence against them.⁶ Specifically the parents' modules were aimed at:

- Promoting parent support for adolescents and young women and men's sexual and reproductive health and rights.
- Addressing power dynamics between female and male caregivers and adolescent girls, acknowledging and giving space to women to share their own experience of the limitations they face within the family structure, while also ensuring that the needs of adolescent girls and boys remain at the centre of the intervention.
- Improving female and male caregivers' understanding of the specific needs of adolescent girls and boys and how to provide a supportive environment for them during this period of transition.
- Addressing harmful attitudes held by women and men about adolescent girls and boys while building upon the positive attitudes that women and men may already hold.

⁶ <https://toolkits.knowledgesuccess.org/toolkits/very-young-adolescent-sexual-and-reproductive-health-clearinghouse/girl-shine-program-model-and-resource-package>

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As the existing modules were highly relevant to the aims of TN, the adaptation process focused on ensuring the content was contextually appropriate and relevant, including use of local names and examples, along with a full translation to Chichewa and Kiyangonde languages.

In addition to the existing Girl Shine modules, three additional modules were also developed to cover 1) HTPs, 2) sexual and reproductive rights and myths and facts around SRHR, 3) intergenerational dialogue, drawing on existing CoC materials. There were three new additional chapters/topics that were developed by TN staff in collaboration with international and national Technical Advisers focusing on tackling harmful practices, and on myths and facts.

Following these adaptations, the final CoC curriculum contained a total of 18 sessions for parents. These have now been adopted by CoC programmes being implemented in Zimbabwe, with additional dissemination underway to share TN's innovations to engage parents with CoC implementers globally.

3.3. Increased focus on disability and inclusion

The Washington Group Questions (WGQs) were introduced into the training modules with the aim of supporting facilitators and mentors to better identify learners with disabilities and design/modify the facilitation strategies to make the sessions more inclusive. This was an adaptation introduced as a result of the overall TN programme's focus on disability inclusion. Facilitators and mentors for parents' sessions also received training on the WGQs during the implementation period. These trainings were facilitated by TN staff and officers from implementing partner organisations who had previously undergone CoC Training of Trainers. Understanding the disability profile (numbers and nature of disability) of each location allowed facilitators to strategize how best to ensure their interventions were inclusive of all needs.

Consistent with TN's commitment to prioritise disability and inclusion, modules were also updated to include more images, and use more inclusive language. Facilitators were also provided with additional guidance for delivering the modules in a more interactive way, using activities and role-play, in a broader effort to make the materials accessible to individuals of differing abilities and literacy levels. Guidelines were also enhanced to support proper identification of venues for safe spaces that would promote accessibility of all participants, and how to prevent and respond to discrimination and stigma in relation to socially excluded groups.

3.4. Increased integration of safeguarding

There was an increased integration of safeguarding in CoC implementation, particularly with respect to the introduction of TN's safeguarding toll-free line. This increased the feedback mechanisms for safeguarding that were to be used if the programme had continued.

The successful integration of safeguarding into the CoC approach ensured a safe and trusted environment for CoC mentors, facilitators and the enrolled boys and girls. The safe and trusted atmosphere created a conducive environment for all the engaged participants, which ensured active participation and commitment to participate (i.e., reduced absenteeism) in all the planned CoC sessions.

3.5. Use of COSMOS Digital Monitoring Platform

The COSMOS digital monitoring platform was introduced to CoC to monitor the sessions that were being delivered. CoC implementing partners (IPs) were trained on data entry using a smartphone provided by the programme. At the time of the programme's closure, the IPs were beginning to get into the habit of entering data regarding CoC session delivery. It was envisaged that the introduction of the new system would improve monitoring of the intervention.

3.6. Practical revisions

A number of more practical revisions to the CoC materials and delivery approach were made in Inception.

Facilitator selection: Facilitators are responsible for delivering CoC and engaging with adolescents throughout the life of the intervention. Previous iterations of CoC did not emphasise a particular age bracket for facilitators, yielding many that were significantly older than the adolescents they aimed to support. Following a multi-stage consultation process, first with

TN and its IPs, then with community leaders and school management committees, criteria were revised to focus on a younger age bracket (between 19-30 years old), with the aim of ensuring facilitators were able to relate to the adolescents in their group. Additional criteria related to commitment to gender equality and a strong track record on the issue were also added to the facilitator selection process, reflecting the enhanced focus of the programme on these issues. Overall, 57 facilitators (28M/29F) were recruited on this basis.

Segmenting participant groups: Implementation experience suggested the need to divide boys and girls into two groups by age (10-13 and 14-18). While CoC had previously engaged boys and girls aged 10-18 as two individual groups, this revision was identified as necessary to ensure the materials related to SRHR and the negative cultural social norms that contribute to VAWG in respective communities could be tailored to the specific needs of each age group, and that the content was developmentally appropriate. This adaptation was recommended in previous CoC evaluation reports by Plan Malawi.

Refining translations: Following previous implementation experience, the Chichewa version of the CoC modules was re-translated to ensure that it was written in a vernacular accessible to most participants. The materials were also translated to Kinyangonde for the first time, for use in Karonga. Both translations were carried out through a multi-stage process involving Plan Malawi and local IPs, over the course of multiple rounds of testing, feedback and refinement.

4. Responding to COVID-19 Restrictions

Following the onset of the COVID-19 global pandemic, additional adaptations were required to ensure that CoC could be implemented safely while Malawi was facing rising COVID-19 cases and school closures between April-September 2020. While the main CoC activities were not yet underway at that time, the programme had selected its IPs, facilitators and beneficiaries, and completed the first adaptations to the curriculum. These networks and resources were used to reach participants and communities and support them during a period of heightened risk of violence and risk to women and girls. These adaptations included:

- **Shift to safety circles** – the CoC programme was adapted into safety circles for partners, CoC facilitators and mentors to support girls and women at risk with safety planning. With TN's support, CoC facilitators and mentors established 23 virtual safety circles using WhatsApp and phone trees across the CoC locations. These safety circles provided a source of help and reporting in the event that adolescents felt unsafe. These circles were also used to disseminate information based on emerging needs in each community.
- **Specific support to teens during school closures** to develop and implement safety plans, with a specific focus on preventing pregnancy among adolescents and returning to school once it reopened.
- **Ad hoc discussions with young people** to address challenges facing this group, including the increasing levels of drug and substance abuse, used to cope with the challenges and stress of the pandemic.
- **Awareness raising sessions** related to COVID-19 restrictions, during which messages were also shared related to child marriage, and support services available for VAWG survivors.
- **Positive parenting sessions with parents and guardians**, covering issues of child neglect, including responsibilities of parents to take care of their children, as well as sources of help and support.

Additionally, CoC locations benefitted indirectly from the *SASA! Together* drama scripts, which had been adapted by TN for use on community radio. Following the 30-minute episodes, in each location CoC facilitators would conduct live feedback sessions for the community, during which they highlighted the specific attitudes and norms that CoC aimed to address, along with specific issues of concern in each location.

5. Ongoing Adaptation

As part of CoC implementation, TN planned to carry out a longitudinal cohort study to explore whether and how the lives of individuals participating directly in CoC activities had changed as a result of the CoC interventions. In late 2020 TN implemented the baseline cohort study in conjunction with the Centre for Social Research, Malawi. Additional rounds of this study were planned for CoC midline, end-line and post-intervention.

The baseline study provided additional information useful for both validating and further refining the CoC approach.⁷ While the premature closure of TN meant that these additional adaptations could not be implemented, the programme team identified the following potential further adaptations to CoC:

- **Addressing victim-blaming:** The study identified strong narratives of victim-blaming among both adolescent participants and parents, in which they justified violence based on a woman/girl's behaviour or disposition. This highlighted a need to include messages and activities into the existing modules that specifically aimed to challenge and address these narratives.
- **Improving facilitator understanding of different forms of violence,** including recognition of the challenges facing boys. Additional support may have also been required to help facilitators recognise and engage with violence within families, as well as the forms of violence that boys and men may experience.
- **Engaging with violence perpetrated by teachers.** While safeguarding was embedded in this programme, there was a need to consider how caregivers and school administration could support addressing sexual violence perpetrated by teachers. This may include equipping facilitators and caregivers with an understanding of the issues facing adolescents and how they could support them should such an experience occur. Equally, this may include integrating content into the adolescent modules related to how to seek help safely.
- **Breaking the silence on IPV:** The relative lack of discussions on IPV amongst participants may have indicated the normalisation and tolerance of IPV. It was therefore important for the programme to consider maximising the CoC curriculum's content on healthy relationships to address adolescent attitudes and behaviours before first incidents of violence in intimate partnerships
- **Building on participant interest in learning:** Out-of-school adolescents and caregivers clearly valued the opportunity to learn provided by CoC. Building on this interest, CoC may consider how these individuals could be supported to access broader forms of learning, as well as possibilities to re-join some form of formal or non-formal education.

6. Lessons from the Adaptation Process

Learning lessons from earlier implementation: Lessons from Plan Malawi's experiences of implementing the CoC intervention in its impact areas in previous years, coupled with the aims of the TN programme, provided insights for the adaptations of CoC materials to optimize programme quality. For instance, in line with the expected outcomes of the VAWG programme highlighted above, it was recommended that there was a need to deliberately have modules developed for parents/caregivers that would complement the modules that were designed for adolescents.

Building on up-to-date data from implementation locations: It was evident that contextual analysis of the impact areas was crucial in informing material adaptations. This was evidenced by the findings of the pre-baseline surveys that, among others, highlighted the prevalence of different harmful practices that perpetuated VAWG in the selected communities, hence informing the development of specific modules on tackling harmful practices and myths that were

⁷ An overview of these baseline findings can be found [here](#)

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developed for parents/caregivers and adolescents. This demonstrates that contextualisation is needed at a sub-national level.

Blended support by international and national Technical Advisers: The adaptation process for the CoC intervention was enriched by the technical support that was provided by the combination of international and local STTA. This ensured that the adaptation process drew on global best practice as well as context-specific insights. Both were involved in the co-drafting of the parents' modules for the programme. Additionally, the adaptations were enriched with the inputs that were provided by TN's Technical Director who reviewed the CoC parents' modules, among other inputs.

Participatory process: CoC partners were engaged in providing feedback on the draft modules for both adolescents and parents and were also involved in reviewing translations of the documents and organising training workshops where the translated materials were pre-tested. Significant inputs were provided by the CoC partners for the CoC Kiyangonde version of the adolescents' modules. For instance, reviewing the translated Kiyangonde in the specific context of the target area. Such engagement helped to enhance the partners' capacities and, in the process, develop a sense of ownership for programme implementation.

"My team and myself have learnt a lot from the CoC design, adaptation and implementation and feel confident to carry on with the work in one way or the other irrespective of TN's exit following the programme's early curtailment." - Executive Director of a TN IP

Disability inclusion: Integration of WGQs on disability in the CoC implementation was very helpful in facilitating the inclusion of persons with disabilities in the CoC interventions. It became much easier to know which participants had certain impairments after administering the WGQs. Such information helped the facilitators to begin to consider how best to include respective persons with disabilities during CoC sessions, with a view to increasing their participation. This allowed for adaptation within implementation to improve the accessibility of the sessions. For instance, the facilitators began to improve the seating plan of the classes, taking accessibility requirements into account. This helped to ensure, among others, that those with hearing and sight impairments could participate. The venues chosen for safe spaces were also accessible and disability friendly.

Building in additional refinement based on baseline data collection: The CoC baseline cohort study provided key insights to guide further adaptations of the TN programme generally and the CoC intervention specifically. One key example was the need to develop additional key messages to address victim-blaming tendencies by youth and community members, as captured by the cohort study findings. It is therefore important to reflect carefully on any implications that cohort studies or similar formative or baseline research may provide in order to improve programming, and to remain flexible to adaptive programming approaches.

"I found this (CoC Cohort Study Findings Brief) a really useful document and it's interesting to see the different views amongst adolescents and caregivers about violence and about the potential of CoC ... I think the fact that most of the adolescents were reluctant to admit that violence had happened to them, but they knew of it happening to others, could indicate that they didn't feel comfortable discussing issues relating to themselves. I think this highlights the importance of the facilitators' ability to create a safe space for discussion with the CoC sessions and to reduce feelings of shame around experiencing violence." – SRHR Specialist, Plan International UK

It is therefore recommended that future adaptations for VAWG prevention and/or community-based interventions should, among others, consider building upon lessons from past implementation of similar interventions, contextual analysis of impact areas, integration of social inclusion and drawing on additional expertise where needed.