



Malawi Violence Against Women and Girls Prevention and Response Programme

Adapting a Combined Social and Economic
Empowerment Model for GBV Prevention in Malawi:
Lessons from Tithetse Nkhanza

July 2021

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Summary Overview

Adaptation process

This learning brief shares the adaptation process that the Tithetse Nkhanza (TN) programme undertook to adapt a combined social and economic empowerment model, proven to reduce intimate partner violence in other contexts, to Malawi. The adapted model is called Moyo Olemekezeka (MO), or *Living With Dignity*, and was adapted from the Zindagii Shoista model, which was successfully implemented in Nepal and Tajikistan. MO was one of the three VAWG prevention approaches being piloted in three districts in Malawi as part of the TN programme, and was implemented alongside the *SASA! Together* intervention. The combined implementation of the two interventions allowed the programme to test the effectiveness of layering a community mobilisation approach with a targeted social and economic empowerment intervention to reach at risk couples, in order to achieve a greater reduction in the level of violence at the community level than it would have been possible through one intervention alone. Unfortunately, the initial plans to scale up the approach after the initial 3-year pilot phase did not materialise due to an early programme close-down in August 2021, following budget cuts. This learning brief therefore focuses on the adaptation process over the period 2019-2020, which took place in the context of the global Covid-19 pandemic. The brief aims to identify and draw on lessons learned during the short implementation across a number of areas, including the on-boarding of technical advisors and partners, virtual webinars over a couple of months to develop a theory of change and contextualise the curriculum, whilst also providing general reflections on the approach for future learning.

What we learnt

- **Participatory partner engagement is crucial.** As part of the MO intervention, implementing partners were brought on board from the start and were part of the whole adaptation process. Feedback provided by the partners reveals that early engagement and participation helped them establish a sense ownership of the process and a level of confidence in the implementation, as they were integral to the development of the intervention and its adapted approach.
- **An iterative process is worthwhile.** The adaptation process significantly benefited from a participatory and iterative approach which drew on and was centred around shared experiences and the partners' expertise of working in the Malawi context, and the specific target districts where MO was to be implemented. It enabled the adaptation to be focused on feasibility and practicability of the intervention, whilst also facilitating the development of a Theory of Change (ToC) reflective of the contextual realities of each of the intervention's target areas. This process also allowed to adjust the ToC iteratively, taking into account the reflections and information emerged from the rich discussions between the TN team and the implementing partners, which proved a useful platform to facilitate the adaptation process and, to the extent possible, maximise the outcomes of the intervention.
- **Technical Assistance from the model creators facilitates the adaptation process.** The TN programme received additional technical support from one of the experts who had developed a similar intervention in other countries. This provided a rich foundation for the adaptation process, especially as the TN team had no prior experience with this intervention in the context of Malawi. Regular interactions with the technical advisor on VAWG prevention also significantly benefited the adaptation process by keeping the team focused on the expected outcomes and the objectives of the intervention, and what the adaptation process was supposed to achieve. Additionally, drawing on the support of technical advisors with specific disability and inclusion expertise was central to ensure a robust adaptation process aligned with TN's 'leave no one behind' principle and strategy.
- **The composition and technical experience of the whole adaptation team matters.** MO implementing partners were carefully selected on the basis of their experience in implementing VAWG prevention programmes as well as promoting gender equitable attitudes. This made the process easier as the work involved shared critical reflections on the root causes of violence against women and a continuous process of learning based on the team reassessing and challenging their own personal attitudes and beliefs, considering their potential impact on the implementation of the intervention.

- **Disability inclusion should be intentional.** Working with a partner organisation led by a woman with disabilities and directly working with women and girls with disabilities significantly enriched the adaptation process, which could draw on their lived experiences and those of the women the partner organisation already worked with. These experiences, coupled with inputs from the national and international technical advisors with disability expertise, allowed TN to shape the development and delivery of the intervention's curriculum. Despite the strong level of ambition around disability inclusion, the intervention experienced challenges in implementing a strong disability inclusive approach especially in terms of intentional budgeting to accommodate participants with different disabilities and needs.
- **Buy-in from the leadership team motivates and encourages the adaptation team.** From the start of the adaptation process, the TN senior leadership supported the team to facilitate the beginning of the intervention. For instance, the programme's Technical Director led the team by providing technical guidance whilst also ensuring that sufficient funds and resources were allocated to the intervention; similarly, the Deputy Team Leader provided support to develop a robust monitoring framework for monitoring intervention-level results against, and to feed into, the TN programme's logframe. Buy-in and support from the TN leadership was important to boost the confidence of the team in developing and delivering an intervention that was context specific and with the potential to bring meaningful impact in the lives of women and families.
- **Invest sufficient time for online sessions.** The Covid-19 pandemic meant that in-person meetings were not possible, so activities as part of the MO intervention were delivered fully online using Microsoft Teams. Despite several challenges, including network failure, lack of familiarity with online platforms and reduced engagement over remote interactions, remote delivery also had some benefits in that participants did not have to travel far, and therefore more were able to participate.

Recommendations

Drawing from the lessons above, the following recommendations have been identified that can help successfully develop and deliver similar interventions:

- **Work with the creators of the model which is being adapted:** This ensures that while the model is being adapted, its core elements remain clear and aligned with the original design, which also allows the adaptation to maintain and replicate its strengths.
- **Ensure availability of appropriate resources for disability inclusion:** To ensure disability inclusion is meaningfully embedded into similar interventions, appropriate resources should be allocated to meet the different needs of the women with disabilities taking part in the programme. It is important to recognise that there are diverse disabilities that have different needs which should be accommodated.
- **Early partner engagement through an iterative and participatory process is crucial:** Implementing partners should be engaged from the start of the adaptation process. This not only helps to strengthen the capacity of implementing partners, but also importantly ensures the adaptation fully takes into account the reality on the ground whilst also promoting a sense of ownership and investment into the adaptation process and related delivery.
- **In-person meetings are more effective:** Based on the adaptation process experience, programmes focusing on attitudinal change are better delivered in person rather than remotely. Although the online webinars were successful, the adaptation took a longer time to finalise than if it had been done through in person workshops.
- **Allocate adequate time and resources:** It is important to allocate adequate time and resources for the preparatory stages of similar interventions, including for the adaptation process, training of facilitators, and technical support, among others. Given the uncertainty associated with the global Covid-19 pandemic, it is important to plan accordingly to account for potentially more time and financial resources required to achieve the expected objectives.

1. Introduction

Violence against women and girls (VAWG) is common across the socioeconomic spectrum globally, and a third of women experience violence from a partner in their lifetime. In Malawi, 30% of women report lifetime experience of emotional Intimate Partner Violence (IPV), 20% physical IPV and 19% of women report lifetime experience of sexual IPV (MDHS, 2016). Poverty and VAWG are mutually reinforcing – while poverty increases the risk of experiencing violence, VAWG also increases poverty.¹ There is increasing recognition that interventions aiming to strengthen women’s and households’ livelihoods, particularly through cash and resource transfers, combined with gender transformative social and economic empowerment curricula, can successfully prevent VAWG, improve gender equitable attitudes and increase savings (Gibbs and Bishop, 2019).

The Tithetse Nkhanza (TN) programme’s goal is to reduce the prevalence of violence against women and girls and improve the justice system for women and girls living with violence in Malawi. This learning brief shares the adaptation process TN undertook to adapt a combined social and economic empowerment model, which has proven to reduce intimate partner violence in other contexts, to Malawi. The adapted model is called Moyo Olemekezeka, or *Living With Dignity*, and was adapted from the Zindagii Shoista (ZS) model that was successfully implemented in Nepal and Tajikistan.

Moyo Olemekezeka (MO) was one of the three VAWG prevention approaches piloted in the three districts of Karonga, Lilongwe and Mangochi in Malawi as part of the TN programme, and was implemented alongside TN’s *SASA! Together* intervention. The combined implementation of the two interventions allowed the programme to test the effectiveness of layering a community mobilisation approach with a targeted social and economic empowerment intervention to reach at risk couples, in order to achieve a greater reduction in the level of violence at the community level than it would have been possible through one intervention alone. Unfortunately, the initial plans to scale up the approach after the initial 3-year pilot phase did not materialise due to an early programme close-down in August 2021, following budget cuts. This learning brief therefore focuses on the adaptation process undertaken from 2019 to 2020, which took place in the context of the global Covid-19 pandemic. The brief aims to identify and draw on lessons learned during the short implementation across a number of areas, including the on-boarding of technical advisors and partners, virtual webinars over a couple of months to develop a theory of change and contextualise the curriculum, whilst also providing general reflections on the approach for future learning and to inform future programming.

Plans were in place to scale up the intervention after the initial 3-year pilot phase, but as implementation was not completed, the learning brief focuses on the adaptation process that took place during the global covid-19 pandemic, including the on-boarding of technical advisors and partners, virtual webinars over a couple of months to develop a theory of change and contextualise the curriculum, and reflections on the process for future learning.

1.1. Evidence on Economic Empowerment & VAWG Prevention

The TN programme built on an existing body of evidence from interventions using economic empowerment approaches to address IPV. There has been a focus on three main different types of economic approaches, specifically:

- Conditional and unconditional transfers of cash, food and food vouchers;
- ‘Economic empowerment only’ interventions, which include using microfinance, village savings and loans associations (VSLAs) or other income generating activities, or vocational and job training approaches only;
- Combined economic empowerment and social empowerment interventions, which add on social empowerment components (often with a strong emphasis on gender transformation) to a range of economic empowerment

¹ A Gibbs, N Duvvury and S Scriver, 2017. *What Works Evidence Review: The relationship between poverty and intimate partner violence*. Available at <https://www.whatworks.co.za/documents/publications/115-poverty-ipv-evidence-brief-new-crop/file>

interventions (Kerr-Wilson, Fraser, Gibbs et al, 2019, forthcoming). These interventions usually work not just with women but often also with their partners and families and sometimes broader communities.

The evidence based on robust Randomised Controlled Trials (RCTs) or quasi-experimental studies on these three approaches is outlined in Table 1 below.

Table 1: Overview of existing approaches to tackling IPV²

Intervention Approach	Overall Findings around IPV
Cash Transfers	<ul style="list-style-type: none"> • Effective: Cash transfers, particularly when combined with social components (group discussions or other conditionalities) are effective in reducing women’s experiences of IPV, in short-term evaluations. The impact of long-term cash transfer programmes is promising, particularly when combined with social components. However, there is no consensus around whether the transfer should target women, or the head of the household (often male); there is also no consensus around whether these transfers should be conditional or unconditional, or what their value should be. • Mixed: Large scale cash transfer programmes on their own can be effective but two recent studies from Ghana and Mali have found there may be a difference in terms of reducing IPV with monogamous or polygamous couples³ (Peterman et al, 2018 and Heath et al, 2018). Short-term (e.g., 3 month) cash transfer programmes in conflict settings may actually increase IPV (IRC, 2019) for instance as a result of men wanting to reassert control over women and resources (income and cash) in an environment where they may have diminished power compared to pre-conflict, though equally this may have been due to increased reporting by women.
Economic Only Interventions	<ul style="list-style-type: none"> • No effect: There is good evidence that economic empowerment interventions on their own are not effective to reduce women’s experiences of IPV and are not recommended as standalone interventions as in some cases they can lead to an increase in IPV. However, they have the potential to impact on known risk factors for IPV, namely poverty.
Economic and Social Empowerment Interventions	<ul style="list-style-type: none"> • Effective: Combined economic empowerment and social empowerment interventions are effective in reducing women’s experiences of IPV. Most of the studies are for older (>30) women, in more stable contexts and look at longer-term and multi-layered interventions. One study showed that direct engagement of men and their participation in these interventions (rather than simply as women’s partners) could reduce men’s self-reported perpetration of IPV. However, there is very limited evidence to ascertain the effectiveness of short-term, two-component interventions working with young women and adolescents in complex/ conflict affected contexts.

2. Contextual Analysis

2.1. Social norms and women’s economic empowerment in Malawi

According to the Independent Evaluation Baseline Survey completed in 2019 in TN’s target districts,⁴ economic pressures on families are a key barrier to preventing violence, which therefore demonstrates the importance of promoting women’s economic empowerment (WEE). Women also expressed concern that their efforts to address IPV could exacerbate violence. Over half of women and girls (57% women, 54% in-school girls and 61% out-of-school girls) experienced any

² Kerr-Wilson et al., 2020, A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to prevent violence among women and girls global Programme, Pretoria, South Africa

³ Relevant in one of our impact districts, Mangochi, where 80% of target population are Muslims and polygamous marriages are common.

⁴ Tithetse Nkhanza Independent Evaluation Baseline Survey, 2019

type of intimate partner violence (IPV) in the past 12 months, including sexual, physical, economic and emotional forms of violence.

The baseline survey revealed that men's perpetration of IPV is associated with economic factors, but not always in the expected direction: on average, men who perpetrate IPV have more food security than non-perpetrators and are more likely to have worked in the past three months. The study also found that decision making around the use of income, also had an impact on incidence of IPV, as men's perpetration of IPV is greatest when they make spending decisions in the household without their partners.

Additionally, TN's formative research in the three target districts revealed that in both patrilineal and matrilineal societies men were designated as heads of households and therefore the primary decision makers. In practice, men dominate decision-making and generally control economic decisions in the household, with women left to make decisions related to children's welfare and (sometimes) what crops to grow. Overall, **both men and women expected men to set the rules for their households, and women to obey them.** This was linked to the belief of male authority over women in marriage and was commonly connected to the practice of Lobola (bride price), which was interpreted as bestowing a man with ownership rights over a woman, particularly in patrilineal societies. In other cases, respondents referred to verses in the Bible or Koran or to the men's role as head of the family. Central to these notions of male authority was the widespread belief that men are responsible for meeting the financial and material needs of the household once married.

However, the findings also showed that many women engage in income generating activities, particularly when men are either unable or unwilling to provide financially. While younger men supported this view, respondents agreed that women should work close to home to ensure their work does not interfere with their domestic duties. Some respondents said that women who worked outside the home may be judged negatively by the community, although responses to the vignette used in the formative research show that this depends on the household circumstances. For instance, women seen to be working to support the household when their husband cannot do so alone may be seen in a positive light. At the same time, men who do not provide enough for their families may be ridiculed or judged negatively.

2.2. Policy Framework and Women's Economic Empowerment in TN Target Areas

2.2.1. Policy Framework

Through the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), the Government of Malawi developed the Second National Gender Policy (2015) which provides for increased meaningful participation of women and other vulnerable groups in economic activities. This is in line with the Malawi Growth and Development Strategy III that recognises gender equality as an anchor to success in the implementation of the strategy's priority areas. In 2013, the Gender, Youth and Sports Sector Working Group launched the Joint Sector Strategic Plan (JSSP) for 2013-2017, which aimed at ensuring effective coordination and implementation of programmes which promote gender equality, youth empowerment and sports development in the country. As one way of ensuring that the JSSP is implemented, the Ministry developed National Plans of Action for thematic areas in the strategic plan, including women's economic empowerment. This Plan of Action outlines steps that stakeholders need to take to effectively implement women's empowerment initiatives.

2.2.2. Women's Economic Empowerment (WEE) initiatives

A number of NGOs-led programmes are implementing or have previously worked on Women's Economic Empowerment (WEE) initiatives, including those run by CARE, Trocaire and Engender Health. A large economic empowerment programme was the Promoting Sustainable Partnerships for Empowered Resilience (PROSPER) programme – an FCDO-funded programme targeting four districts (Balaka, Chikwawa, Phalombe and Mangochi) and focusing on stronger market systems and climate services across additional districts;⁵ it was being implemented by a consortium led by CONCERN.⁶ Across its several components, which included micro-finance and micro-insurance and shock-responsive social

⁵ PROSPER ended in 2021 due to budget cuts in UK aid.

⁶ Other organisations in Consortium included; Food and Agriculture Organization (FAO), GOAL, Kadale, United Nations Resident Coordinator's Office (RCO), UNDP, UNICEF, United Purpose and WFP.

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protection, the programme selected households based on their level of wealth and disbursed unconditional cash transfers while simultaneously implementing other gender transformative approaches including trainings on gender and power.

The main WEE initiatives that exist across the TN programme target districts include village savings and loans (VSLAs); cooperatives; community savings and investment promotion (COMSIP) and technical and vocational trainings. Within the three selected Traditional Authorities (TA) where TN planned to implement the MO intervention, VSLAs and cooperatives are most common. The table below outlines the main types of economic empowerment initiatives and challenges to WEE in the three target TAs: Mwakaboko (Karonga), Chinsapo (Lilongwe) and Makanjira (Mangochi).

Table 2: Types of economic empowerment initiatives and challenges to WEE in the three target TAs

TA	VSLAs	Cooperatives	Other WEE initiatives	Challenges to WEE
Mwakaboko, Karonga	174 VSLAs but some are not active	No Cooperatives	N/A	<ul style="list-style-type: none"> Men's controlling behaviour in terms of money and time restrictions, including: women not allowed to stay out of the house for too long engaging in paid care activities; norms which predicate that men should control household finances and be responsible for decision-making, whilst women are responsible for unpaid care work. Women taking multiple loans from VSLs as a result of the husband's pressure on the wife to take loans in his name, yet with the wife still having to repay the loan. In patrilineal societies,⁷ to a large extent men are in charge of household economics including taking money made by both partners, restricting their economic activities etc. This may happen in matrilineal societies too, but to varying degrees as 'man controlling resources' is a more valued social norm in patrilineal settings. Both men and women migrate to Tanzania for trade. Women trade internationally by getting goods in Tanzania or South Africa, but men migrate for anywhere between 1 year to 5 to staying away permanently.
Chinsapo, Lilongwe	22 VSLAs – 8 run by women's forum ⁸ + 14 by city council	1 cluster coop run by women's forum selling peanut butter	N/A	<ul style="list-style-type: none"> Men's controlling behaviour in terms of controlling profits and time restrictions. Backlash against women in business.
Makanjira, Mangochi	0 VSLAs	5 Coops – 4 active and one not. Selling legumes, soya, producing and marketing	FCDO PROSPER programme plans to work in Makanjira	<ul style="list-style-type: none"> Men's controlling behaviour in terms of controlling profits and time restrictions. It has a large Islamic community – men may have more than one wife, so funds are overstretched. High rates of female illiteracy means that women find it difficult to grasp training manuals.

⁷ Karonga is Patrilineal, Lilongwe is mixed and Mangochi is matrilineal.

⁸ Women's forum is a Women's Rights Organisation, formed years back by ActionAid. Initially formed as support groups for GBV, it has grown organically with structures at district, TA and village level

2.3. Selecting a model for adaptation

Based on the analysis of the district level context along with existing global evidence, the TN programme chose to adapt the Zindagii Shoista (ZS) model as the most appropriate evidence-based intervention to adapt for the Malawi context. The ZS model was implemented in Tajikistan and then adapted for Nepal, this latter as part of the first FCDO-funded What Works programme.⁹ ZS has been shown to reduce IPV and improve both women's and men's gender relations, social wellbeing and economic status, using both a family-based social empowerment and an economic empowerment curriculum along with income generating activities (IGAs).

TN's independent baseline report and formative research found the key challenges to women's economic empowerment include the men/ husband's controlling behaviour leading to restrictions on women's movement and the length of time that women are allowed to spend on economic activities, as well as their husbands' control of income. The adapted ZS model tries to address these norms around male control of the household's financial decision-making and men being responsible for providing economically by focusing on the social empowerment curriculum and taking a whole family approach, rather than targeting women only. Additionally, the economic empowerment curriculum and IGA support are designed to increase women's economic independence to, in turn, strengthen their bargaining and decision-making power, as well as the ability to leave a harmful relationship should they wish to do so. The ZS model was seen as the most appropriate to be adapted to the Malawi context because it specifically addresses gender inequitable attitudes and behaviours in the household, particularly as they relate to the control of financial resources, providing a platform to increase the woman's and household's income.

3. Adaptation of the Zindagii Shoista Model to Malawi

3.1. The Moyo Olemekezeka intervention

The full adaptation of the ZS model to MO took about a year cumulatively. In 2019, the TN team conducted several activities to lay the foundation for the intervention, as follows:

- **Rapid assessment:** TN conducted a rapid assessment in its three target districts to ascertain existing women economic empowerment initiatives the programme could complement and work alongside to avoid duplication. Coupling context-specific and global evidence, the assessment fed into the development of a concept note which TN submitted to FCDO, identifying different interventions that could potentially be implemented. As noted above, ZS was selected as the most appropriate evidence-based model to adapt to the context.
- **Intervention budgeting and resourcing:** The programme also had to carefully consider the budget available for the women's economic empowerment component so that to ensure that the model could be implemented within the available budget envelope. The careful planning of resources required was particularly important, since this component was designed to complement the *SASA! Together* intervention, layering the economic component on to community mobilisation, and therefore had a relatively small budget allocation.
- **Intervention piloting:** The MO adaptation was piloted with 20 couples per district, for a total of 60 families/ couples targeted. In parallel, the TN team also spent time developing the Terms of Reference (TORs) for a technical advisor to support the delivery of the adaptation, including the selection of implementing partners in the three target areas.
- **Technical Advisory engagement and onboarding:** Between July and December 2020, the TN programme worked with a technical advisor from the South African Medical Research Council, who had co-developed the ZS intervention

⁹ The Zindagii Shoista project ran for a period of 15 months and was based on adaptations of the South African *Stepping Stones* and *Creating Futures* curricula. Including the inception period, implementation and evaluation, it ran from 2015-2018.

and supported the design, adaptation, implementation and evaluation of the of the South African model (Stepping Stones and Creating Futures) in Tajikistan and in Nepal. In line with best practice in the field of GBV prevention in working with model creators, the technical advisor was brought on board to plan and facilitate the adaptation process through a series of staggered workshops for the TN team and partners and to co-write the adaptation with the TN team. Due to COVID-19, the technical advisor was unable to travel from South Africa to Malawi to conduct a face-to-face adaptation workshop with key TN team members and instead had to conduct the workshop remotely.

- **Building a contextual understanding:** The adaptation process began with a series of virtual workshops to understand the social, cultural and economic context specific to the three districts for which the intervention was intended. Having established the context, another workshop series was conducted to develop the ToC to inform the MO curriculum. Consensus was reached among the TN team and partners on a set of modifiable factors influencing IPV, gender inequity in relationships and families and poor economic conditions of women. Types of intervention and delivery methods for each modifiable factor were identified, mainly drawing from the ZS model, followed by the identification of expected outputs and indicators. The ToC was later translated into a Theory of Action following the COM-B model (capability, opportunity, motivation and behaviour model) in March 2021.

3.2. Disability inclusion

The TN programme applies a human rights-based approach to disability inclusion, viewing disability as a result of environmental, institutional and attitudinal barriers to participation which persons with disabilities face on account of their impairments. Women and girls with disabilities are found to be at least two times more at risk of IPV than women and girls without disabilities. Rather than designing an intervention specific for women and girls with disabilities – and approach which would further isolate rather than promote their integration into communities – TN sought to develop the intervention in a way that was disability inclusive by design. To do so, the approach taken was three-fold:

- Partner with a Women and Girls with Disability (WGD) organisation, as an implementing partner and as part of the adaptation process.
- Engage disability experts in the adaptation review process.
- Consider disability inclusion in TN's own review of the two MO curricula.

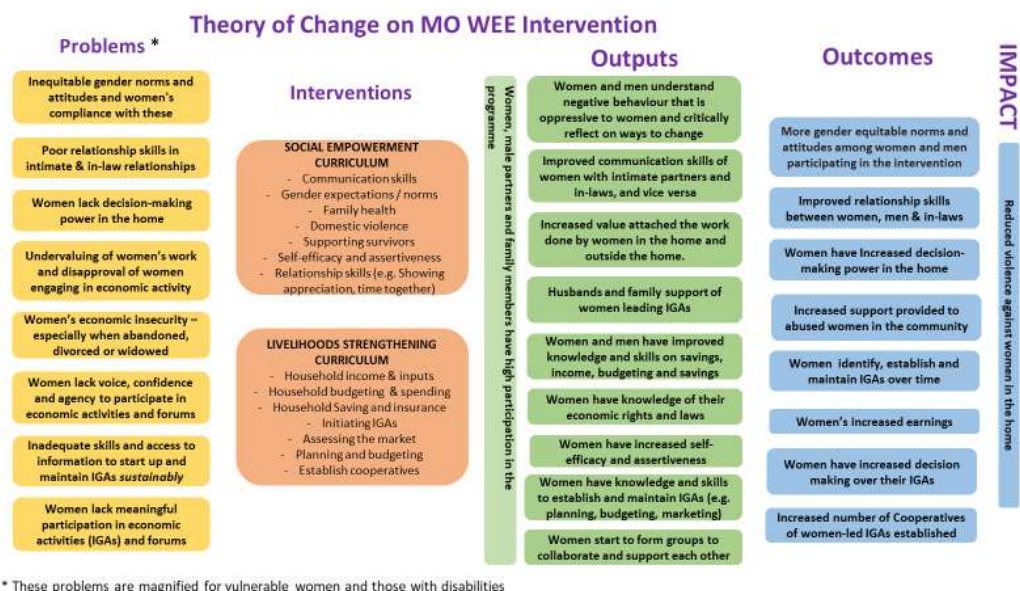
3.3. Online model adaptation

Six members of the TN programme team participated in 12 online sessions of around three hours each. These included the VAWG Lead, three of the District Coordinators, the Learning and Adaptation Officer and the International VAWG Technical Advisor. In addition, two staff members from all three of the selected partner organisations also participated in the sessions, for a total of around 12 participants plus the facilitator attending each session. A planning committee was established for the adaptation, whose main role was to consolidate the different consultative processes and feedback emerging from the webinars including reviewing the ToC and writing the two manuals for the curriculum. The planning committee was important because whilst the adaptation process was participatory, there was the need for a smaller group to hold the primary responsibility for ensuring that the process was documented, and necessary reviews were made based on discussions and emerging issues. The workshop sessions covered the following areas:

- **Initial familiarisation with the Malawian social and economic contexts:** The technical advisor facilitated a process of discussions by the TN team and implementing partners on the social and economic contexts specific to Malawi and the partners' three target areas, compounded with the definition of the problems to be addressed through the adaptation. To ensure as an inclusive process as possible, intentional focus was given to exploring experiences of women with disabilities, which was facilitated by having an organisation with specific experience working with women with. This was also accompanied with specific discussions around the differences between the matrilineal and patrilineal family structures, social practices and expectations, patriarchy and its influence on violence experienced by women in these contexts, child marriage and the nature of women's economic empowerment.

- Theory of Change (ToC) process:** The overall goal of the MO intervention was to reduce IPV by husbands or boyfriends of young women (married or currently partnered). In line with the ZS approach in Tajikistan, the ToC asserted that an improved socio-economic environment where women play active roles in IGA, combined with improved communication skills within families leading to improved family relationships, will create an environment where women are respected and can live free from violence.¹⁰ Similarly, MO maintained the two pillars of a behavioural change approach and a livelihood-strengthening approach, which altogether aimed to address similar risk factors and drivers of VAWG, including poverty and household economic stresses, patriarchal norms and practices and VAWG perpetrated by various individuals in the family.

Diagram 1: MO Theory of Change



Further to the ToC, the MO's Theory of Action was adapted to fit the overall programme's Actor Based Change (ABC)¹¹ analytical framework which focuses on behaviours and offers a pragmatic approach to understanding change in complex systems, integrating elements of social science and behavioural change to develop robust change theories to underpin and inform complex interventions. As part of this framework, 'problems' are understood as the results of the multiple relationships and interactions of many agents, or actors, within the system which the programme operates in. This implies that addressing problems from a systems lens requires first identifying the actors in the system and then understanding the nature of relationships between actors and how these relationships affect individual behaviour.¹² Within this framework, behaviours are understood as a combination of capabilities (skills, knowledge), opportunities (practical and social barriers) and motivation (intrinsic or external motivation) – or COM-B. In line with the programme's objectives of promoting sustainable behavioural change, MO also focused on shifting a current behaviour to an ideal future behaviour.

3.4. Curriculum adaptation

3.4.1. Manual development

For the development of the MO manual and overall curriculum development, the ZS Social Empowerment manual, the Economic Empowerment and Income Generating Activities (IGAs) manual were considered; each module and training

¹⁰ UN Women and Social Development Direct (2020) Zindagii Shoista, RESPECT Preventing Violence against Women Programme Summary

¹¹ Koleros, A., Mulkerne, S., Oldenbeuving, M., & Stein, D. (2018). The Actor-Based Change Framework: A Pragmatic Approach to Developing Program Theory for Interventions in Complex Systems. American Journal of Evaluation

¹² See also, Michie, S., M., Stralen, M.v., and West, R. (2011). "The behaviour change wheel: A new method for characterising and designing behaviour change interventions." Implementation Science 6(42): 11

session was then adapted to the Malawi context on the basis of feedback loops between the TN team and implementing partners. Generally, whilst most of the sessions were found to be relevant to the Malawian context, a few exercises were removed as they were not deemed essential to achieve the objectives of the intervention. For instance, sessions 5 and 6 on Family Health were combined into one session addressing fertility and pregnancy care, and an exercise on preparedness for intimate relationships (such as marriage) was adapted by removing aspects only relevant to the Tajik context.

Additionally, content from *SASA! Together* on ‘power’ was integrated into the social empowerment manual, as part of the Changing Behaviours session. This exercise focused on understanding power and taking participants through storytelling and sharing of experiences of powerlessness. This exercise added value to the session as it provided an opportunity for deep personal reflection around power (or lack thereof), whilst also establishing a clear link between the MO and *SASA! Together* interventions, therefore ensuring their complementarity and mutually enforcing foundations for change. Several adaptations were also included to mainstream disability inclusion into the MO curricula, as further elaborated below.

Social empowerment manual

The main adaptations made to the social empowerment manual are summarised in Table 3 below.

Table 3: Key adaptations to the social empowerment manual

Content / Theme	Adaptation
Session 2 (Exercise 3): Reality of Men and Women	This exercise, focusing on the ideal and the reality for men and women, young and old, provided an opportunity to also explore the ideal and the reality for people with disabilities in Malawi. The exercise included additional content specific to setting out some of the perceptions and expectations of men and women with disabilities in Malawi.
Session 3 (Exercise 2): Marriage and Family Relations	As part of this session, TN found an opportunity to highlight and unpack any social beliefs about marriage and disability, and whether these are borne out in practice. Additions included: <ul style="list-style-type: none"> • Reflections on how hopes and expectations differ in relation to women with disabilities, both in terms of women’s own perceptions of themselves, as well as those of other family members. • Existing knowledge around the practice of child marriage amongst children with disabilities in Malawi. This was in consideration of the fact that disability adds an additional layer of vulnerabilities to child marriage. Specifically, in the relevant section in the manual (page 35, age of marriage), the framing was changed to stress that this applies to people regardless of sex, disability, ethnicity, sexual orientation etc. Finally, additional emphasis was placed on understanding how talking about marriage and related social beliefs and disability may be more difficult for women with disabilities compared to women without disabilities.
Session 4: Peer Group Meeting	Greater emphasis was placed on the importance of ensuring that the advice of health experts on sexual and reproductive health (SRH) does not replicate harmful attitudes and misconceptions around sex and sexuality of people with disabilities, particularly adolescent girls with disabilities.
Session 5: Family Health	Several adaptations were made to this session, as follows: <ul style="list-style-type: none"> • Introduction: Additional emphasis on the importance of ensuring that the information provided by health workers around SRH, adolescent development and fertility is appropriate, relevant and inclusive of people with disabilities, particularly adolescent girls with disabilities. • Preparing for intimate relationships (Exercise 2): Further acknowledgement of the different perceptions and expectations of women with disabilities in Malawi in relation to marriage. • Pregnancy care (Exercise 3): In reference to women with disabilities, additional recognition that women with disabilities are likely to experience additional barriers and challenges in relation to pregnancy care. Globally, negative attitudes of healthcare workers towards women with disabilities are a barrier, which may also

	<p>be compounded with lack of emotional support and care compared to those provided to women without disabilities.</p> <ul style="list-style-type: none"> • Fertility (Exercise 4): In reference to including the additional challenges that women with disabilities might face when getting pregnant, emphasis was placed on ensuring that the health worker and facilitator do not perpetuate any misinformation about women with disabilities and pregnancy.
Session 6 (Exercise 3): Abuse in Relationships	Additional considerations were added in relation to women with disabilities potentially experiencing abuse from neighbours and other members of the community, also considering they may find it harder to talk about abuse in relationships compared to women without disabilities.
Session 7 (Exercise 2): Supporting Abused Women	A facilitator’s note included the need to acknowledge that sources of support are likely to be harder to access for women with disabilities, especially since perpetrators of violence are often known to them, and authorities (i.e. police) do not take women with disabilities seriously or listen to them. Additional references to drawing from the participants’ experiences were added.

Economic empowerment manual

A number of adaptations were also included to the economic empowerment manual; these are summarised in Table 4 below.

Table 4: Key adaptations to the economic empowerment manual

Content / Item	Adaptation
Disability mainstreaming	Emphasis was placed on the importance of training facilitators and the business assistant so that to increase their knowledge of disability mainstreaming and therefore foster and strengthen their disability inclusive attitude and practices. A similar session was included in the facilitator’s training module for the social empowerment manual too. Further, the adaptation focused on building inclusive facilitation skills, to ensure facilitators and the business assistant were equipped to deliver disability inclusive sessions considering various types of disability.
Participants	The family selection criteria were adjusted to ensure the selection of participants with disabilities, taking into account: <ul style="list-style-type: none"> • Severity of the impairments, • Types of disabilities, • Suitability and risks, especially around identifying specific needs for each IGA, including: the roles of people with disability and/or personal assistant to run the IGA, the level of skills, time, movement, and labour needed for a particular IGA.
Disability-friendly training tools	The manual included guidance on providing accommodations to participants with disabilities in structure and time (Positive Discrimination), especially considering adjustments required to successfully implement the IGA of choice (disability friendly IGA). Important considerations which were included in the manual are as follows: <ul style="list-style-type: none"> • Ensure the facilitators have the appropriate skills and knowledge of the types of disability among the participants. • Provision of accessible materials by facilitators, such as flip chart, flip chart paper, pen or marker, and including additional assistive devices, such as wheelchair, glasses, hearing aids, sunscreen, white cane, additional time, large prints, braille, availability of sign language interpreters. • Considerations related to the skills and roles of the personal assistant as well as any additional training needs. • Disability civic education to deal with attitudes of buyers in terms of market access and accessibility to customers. • Ensuring that all group sessions can accommodate the diverse needs of a person with disability, considering that inclusive approaches must consider and depend on the type of disability.

IGA Selection	<p>A series of further steps were included in the manual to help facilitate the identification of suitable IGAs for women and girls with disabilities, as follows:</p> <ul style="list-style-type: none"> • Identification of the capabilities and interests of the women with disabilities. • Emphasis on women with disabilities’ agency, by insuring their active participation and their own decision-making around the type of IGA. • Identification of the kind of support needed and what is available in the household or at individual level. • Consultation with family members in the selection process, if needed, based on the choice of the persons with disability (i.e. persons with disability giving their consent on the family members to be consulted and whom they trust). • Guidance and recommendations around the selection of IGAs bringing a steady income.
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The final adapted Moyo Olemekezeka model consists of a total of 22 sessions, with each session taking about three hours to deliver with each group of participants. The full list of sessions grouped by themes and modules is presented in Table 5 below.

Table 5: MO final adapted model

Manual	Theme	Modules
Manual 1	Social Empowerment (10 sessions)	<ul style="list-style-type: none"> • Let's communicate • Men and women: social expectations versus reality • Relationships • Peer group meeting (1) • Family health focused on healthy pregnancy, infertility • Violence in relationships • Supporting women experiencing violence in relationships • Changing behaviours • Being assertive and showing appreciation • Peer group meeting (2)
Manual 2	Economic Empowerment (4 sessions)	<p>Module 1: Household focus</p> <ul style="list-style-type: none"> • Understanding our household inputs and income • Our household budget and how we spend money • How we can save money and ensure our future • Peer group meeting
	Income Generating Activities (IGAs) (8 sessions)	<p>Module 2: IGA focus</p> <ul style="list-style-type: none"> • Opportunities for IGAs • How to initiate IGAs • Assessing the markets for IGAs • Planning and budgeting IGAs • Costing and pricing • Planning and budgeting IGAs game • Finalising IGA plans • Bookkeeping and marketing

3.4.2. Selection of families

In Tajikistan, the ZS programme worked with a total of 270 people, including 80 families, 60% women and 40% men, over an 18-month intervention period.¹³ MO was adapted to work with 60 families in three districts (one traditional area in each) to achieve the most impact within the available budget. This explains differences in the funding available for IGA support between the ZS and MO interventions (\$500/family in Tajikistan and \$200/family in Malawi).

¹³ UN Women and Social Development Direct (2020) Zindagii Shoista, RESPECT Preventing Violence against Women Programme Summary.

For the MO adaptation, the TN team decided to target heterosexual monogamous families only, rather than also including polygamous families, despite a significant proportion of polygamous families in the selected TA in Mangochi. This decision was reached after ethical reflections among some key team members about the exclusion of certain families vis-à-vis TN not having done enough research to understand the power dynamics between husband and wives and co-wives in polygamous households in the TAs, and the risk of doing more harm than good. Additionally, TN did not have enough information to effectively support facilitators to get a critical understanding of how economic decisions are made in the polygamous households which would be part of the intervention.

Additionally, the MO adaptation implemented a series of disability inclusive criteria for the selection of participant families, which included the recruitment, in each target area, of a minimum of four families where the woman or child had a disability. Lastly, budgetary implications also informed the decision to only allow for one IGA per family.

3.5. Facilitator selection and training

TN team worked collaboratively with implementing partners to develop a set of selection criteria for the facilitators. In total, 12 facilitators were selected, four for each district (6 women, 6 men). The implementing partners introduced the programme to relevant government stakeholders and included a discussion on the agreed criteria as well. Facilitators were selected on the basis of the following criteria:

- Experience in promoting gender equitable attitudes and behaviour,
- Previous involvement in community development or participatory programmes,
- Proven understanding of VAWG and/or women economic empowerment,
- Ability to read in the local language (and official language),
- Secondary school qualification and above,
- Familiarity with the community setting they were to operate in,
- Having no background of violence/ safeguarding issues.

The TN programme conducted a training for partners and their facilitators on the Social Empowerment manual which was planned to be implemented for the first two months of the MO intervention after which another training would be organised on the Economic Empowerment and IGA support manual. Unlike ZS in Tajikistan, which had a 10-day training allocation for facilitators, the training of facilitators under the MO adaptation took place over seven days, both as a result of limited budget and time available and constraints related to the Covid-19 pandemic.

In addition to the 12 selected facilitators, the training was also delivered to the partner organisations (two programme officers and one M&E officer from each partner organisation), in light of their important contribution to the development of the adaptation, as well as their oversight and quality assurance role. Key features of the training included:

- Induction on foundational concepts, such as VAWG and disability inclusion, at the beginning of the training.
- Introduction to and strengthening of facilitation skills, through a session giving facilitators an opportunity to facilitate the training materials for their fellow participants. A facilitation assessment form was then developed for facilitators to receive feedback on their facilitation skills across five areas, including: questioning, showing empathy, active listening, challenging negative opinions and resistance, and giving feedback.

3.6. Evaluation

The original plan for the evaluation was to conduct a cohort study of the families engaged in the MO intervention, with baseline data collected immediately following the selection of the families to be included in delivery. The study would adopt a longitudinal cohort qualitative approach with repeated interviews with men and women partners in the 60 families

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targeted by the MO economic empowerment programme across the three target TAs. Data would be collected at three points in time: **(i)** at baseline (before the beginning of the MO economic empowerment curriculum); **(ii)** after the completion of the curriculum; **(iii)** 12 months follow-up.

Both members of each couple would be interviewed separately at each interval using a common set of questions. In addition, regular interviews would be undertaken with MO trainers and field staff, along with *SASA! Together* community activists and field staff. This would allow TN to gain their perspectives on how the interventions were working individually and in combination, whilst also providing additional insights into implementation experiences that would provide further valuable information on the dynamics of change processes.

3.6.1. Cohort study

Following the initial training and entry level meetings¹⁴ in some communities, the implementing partners led the family selection process in their respective districts, using a selection questionnaire tool that was developed collaboratively between partners and the TN Monitoring, Evaluation, Research and Learning (MERL) team. The tool focused on the following family characteristics:

- Young women or girls with disabilities.
- Households with food sufficiency of less than three months (in consultation with local government stakeholders).
- Young women with no access and participation to any livelihood interventions.
- Young women having no or reduced/ limited decision-making role and power in household activities.
- Family willing to bring change in the family and society and commitment to attend all MO sessions.
- A minimum of four out of the 20 selected families including a person living with a disability.
- Family with husband, wife, partners (cohabiting, young married women), mother in-laws, father in-law.

Once the families had been selected, TN's Monitoring, Learning and Adaptation (MLA) team carried out research for the [Moyo Olemekezeka Cohort Study Baseline](#). This study aimed at assessing whether and how the lives of the beneficiaries changed as a result of the MO intervention. Following the development of the study design and associated research tools, the research was submitted for ethical approval to the University of Malawi Research Council (UNIMAREC), with the support of the Centre for Social Research. The MLA unit recruited six skilled qualitative researchers to implement this study and who underwent a three-day intensive researcher training led by the Research and Learning Officer and the MERL Adviser. Due to the complexity of the study, this training was facilitated in-person, following strict Covid-19 hygiene and social distancing measures. Baseline data collection was carried out in March 2021, covering all couples/families participating in the MO intervention across Lilongwe, Karonga and Mangochi (60 total), plus two programme staff and four facilitators per district (18 total).

3.6.2. Expected results

In Tajikistan, 15 months after the end of the project and 30 months after its commencement, VAWG levels within the families included in the intervention had dropped by 50%, and relationship and gender equality indicators had improved. Significant positive changes were seen for all socioeconomic status indicators as well as significant positive changes for all health measures, including depression scale and suicidality (Mastonshoeva, S et al, 2020).¹⁵

¹⁴ Meetings with local leaders and area development committees.

¹⁵ Mastonshoeva, S et al, 2020, *Evaluation of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months* International Alert

TN had hoped to see similar changes in Malawi after the end of this intervention; unfortunately, the early closedown of the TN programme as a result of budget cuts within the Foreign, Commonwealth and Development Office (FCDO) means that this will not be possible. However, the adapted MO tools remain available as a resource for others in Malawi to use.

4. Lessons Learned

The following key lessons can be drawn from the development and implementation of the MO intervention:

Adaptation must be informed by foundational work

TN undertook a robust adaptation process in the development of the MO intervention. This significantly benefited from prior foundational work including formative research, the Independent Baseline Survey, district-level mapping and assessments, which fed into the adaptation process to ensure this is research- and evidence-based and relies on existing knowledge and practice. Findings from previous work allowed the TN programme to identify existing gaps that the intervention would aim to address, whilst also ensuring a careful consideration of the intervention's target beneficiaries.

Participatory partner engagement

As part of the MO intervention, implementing partners were brought on board from the start and were part of the whole adaptation process. Feedback provided by the partners reveals that early engagement and participation helped them establish a sense ownership of the process and a level of confidence in the implementation, as they were integral to the development of the intervention and its adapted approach. As a representative of one of the partner organisations reports,

'I liked the involvement and participation of partners in the adaptation as we were able to capture district-specific contexts. For instance, in Mangochi, we captured the types of marriages that are celebrated in the matrilineal setting. This was important because the manual reflected the culture of the target areas.' (RAC Manager, Mangochi)

Iterative process

The Technical Advisor designed the series of virtual webinars in an iterative way. The conversations were informal, organic and centred around shared experiences and the partners' expertise of working in the Malawi context, and the specific target districts where MO was to be implemented. It enabled the adaptation to be focused on feasibility and practicability of the intervention, whilst also facilitating the development of a ToC reflective of the contextual realities of each of the interventions' target areas. This process also allowed to adjust the ToC iteratively and taking into account the reflections and information emerged from the rich discussions between the TN team and the implementing partners. These discussions provided a useful platform to facilitate the adaptation process and maximise the outcomes of the intervention to the extent possible, especially as

'All views were accommodated and there was no monopoly of knowledge by one single person. There was active participation from the whole team including the consultant, TN team and partners. Sometimes partners are just on the receiving end of projects, but it was not the case with this one.' (FOCUS Programme Coordinator, Karonga)

Technical Assistance

The TN programme received additional technical support from one of the experts who had developed a similar intervention in other countries, and this provided a rich foundation for the adaptation process, especially as the TN team had no prior experience with this intervention in the context of Malawi. Regular interactions with the technical advisor on VAWG prevention also significantly benefited the adaptation process by keeping the team focused on the expected outcomes and the objectives of the intervention – i.e. what the adaptation process was supposed to achieve. Additionally, drawing on the support of technical advisors with specific disability and inclusion expertise was central to ensure a robust adaptation process aligned with TN's 'leave no one behind' principle and strategy.

Composition, calibre and experience of the TN team, implementing partners and facilitators

There was a recognition that the team involved in the adaptation process was well versed in the issues of VAWG and had significant programming experience in this area, which made the process easier. Although some personal beliefs that came out were patriarchal, the TN team made sure to include space for personal critical reflections on beliefs and behaviours and how this would impact on the implementation of the intervention.

'Developing the WEE Theory of Change together with the partners was the best approach as it helped us have a deep understanding of what the intervention seeks to achieve and also better contextualise the intervention to Malawi.' (TN Learning and Adaptation Officer, Lilongwe)

Disability inclusion

Working with a partner organisation led by a woman with disabilities and directly working with women and girls with disabilities significantly enriched the adaptation process. Whilst it was important to avoid making assumptions about the technical expertise for this specialised adaptation exercise and minimise the risk of over-burdening smaller organisations during the process, partnering with such an organisation ensured the adaptation process could draw on the lived experiences of women with disabilities – within the organisation as well as those of women the organisation already worked with. These experiences, coupled with inputs from the national and international technical advisors with expertise on disability, allowed TN to successfully develop and deliver the intervention's curriculum.

'It was a very consultative process, and the views of partners were included. We were also able to make reasonable accommodations for cross disabilities in the manuals and this was good. For my organisation, we were able to have sign interpreters.' (HROWGD National Coordinator, Lilongwe – urban partner)

However, as the feedback below outlines, despite the strong level of ambition around disability inclusion, there were challenges to implementing a strong disability inclusive approach. Key challenges were identified around intentional budgeting, in that:

- Only a limited budget was available to accommodate participants with different disabilities and needs,
- Lessons and experience required to account for adequate resources, funding and expertise to implement a truly disability inclusive process from the outset were also limited.

'The adaptation process underestimated disability inclusion. We later realised that disability inclusion would require much more funds to effectively implement given the various disabilities in a number of the beneficiaries. For instance, the adaptation did not consider availability of disability practitioners who would render support to trained WEE facilitators in the delivery of the sessions especially in rural areas.' (Learning and Adaptation Officer, Lilongwe)

Buy-in from leadership

From the start of the adaptation process, the TN senior leadership supported the team to facilitate the beginning of the intervention. For instance, the programme's Technical Director led the team by providing technical guidance whilst also ensuring that sufficient funds and resources were allocated to the intervention; similarly, the Deputy Team Leader provided support to develop a robust monitoring framework for monitoring intervention-level results against, and to feed into, the programme's logframe. Buy-in and support from the TN leadership was important to boost the confidence of the team in developing and delivering an intervention that was context specific and with the potential to bring meaningful impact in the lives of women and families.

Online sessions

The Covid-19 pandemic meant that in-person meetings were not possible, so activities as part of the MO intervention were delivered fully online using Microsoft Teams. Despite several challenges, including network failure, lack of familiarity with online platforms and reduced engagement due to other distractions, remote delivery also had some benefits in that participants did not have to travel far, and therefore more were able to participate.

5. Recommendations

To ensure the success of the adaptation process as well as of the design and implementation of the adapted model, the following factors should be considered:

- **Work with the model creators to facilitate the adaptation process:** Working with the creators of the original model ensures clarity of and fidelity to the main elements of the model. The Malawi adaptation process was led by a technical advisor who had previously supported the design, adaptation and implementation of the South African Stepping Stones and Creating Futures model for Tajikistan, and co-produced the ZS intervention, as well as supported its adaptation and evaluation in Nepal.
- **Ensure availability of disability inclusion resources:** To ensure that there is meaningful disability inclusion, adequate resources should be allocated to meet the different needs of the women with disabilities participating in the programme. It is important to recognise that there are diverse disabilities that have different needs, and that these should all be accommodated. For the Malawi programme, the budget fell short on some of the resources that were needed to ensure full participation of women with disabilities, which therefore required later corrections through budget reviews. On the other hand, TN was able to secure the expertise of two disability inclusion advisors who promoted disability inclusion as an intentional commitment, embedded throughout the intervention adaptation.
- **Allow sufficient time to ensure early partner engagement using an iterative process:** Implementing partners should be engaged from the start when adapting an intervention. This is crucial to help strengthen the capacity of implementing partners, build an understanding of the reality on the ground and ensure ownership of the intervention. To the extent possible, such participatory approach should involve both the implementing partners' leadership and the officers responsible for the implementation. As part of the MO intervention, implementing partners were brought on board from the start and were part of the whole adaptation process; early engagement and participation helped them establish a sense ownership of the process and a level of confidence in the implementation, as they were integral the development of the intervention and its adapted approach.
- **Promote in-person engagement where possible:** Experience from the MO adaptation process reveals that programmes which aim to promote attitudinal and behavioural change are better delivered in person rather than remotely. In the Malawi context, the global Covid-19 global pandemic affected the adaptation process due to restrictions of movement; therefore, the adaptation process was for the most part done virtually, since the technical advisor was unable to travel to Malawi due to safety and travel restrictions. Whilst the series of webinars were successful, the adaptation took a longer time to finalise than if it had been done through in person workshops. As one of the partners reports,

'Physical meetings are always better. The reality on the ground is captured better when you are there in person. Covid-19 really affected the process of being together. Some things are easier to understand when you experience them on the ground and our consultant was not able to do that.' (HRWGD National Coordinator, Lilongwe partner)

- **Allocate adequate time and resources:** It is important to allocate adequate time and resources for the preparatory stages of similar interventions, including for the adaptation process, the training of facilitators, technical support etc. With the uncertainty of the Covid-19 pandemic, it is important to have alternative plans which may require more time and more financial resources to achieve expected outcomes. Similarly, it is important to allocate enough time to pilot the intervention, which was not possible in the context of Malawi as the TN programme was closed down before the MO pilot was concluded. This would have strengthened the intervention by ensuring its relevance and acceptability in the contextual realities of Malawi. Overall, between six months to a year should be allocated to adapting such an intervention, and this should be clearly agreed and communicated between all stakeholders involved, including donors.

6. Conclusion

This learning brief outlined the adaptation process that the TN programme undertook to adapt a combined social and economic empowerment model to the context of Malawi, capitalising on the model's proven ability to reduce IPV in other contexts. The main WEE initiatives that were identified across TN target areas included village savings and loans (VSLAs); cooperatives; community savings and investment promotion (COMSIP) and technical and vocational trainings. Within the three selected Traditional Authorities (TA) where TN planned to implement the MO intervention, VSLAs and cooperatives are most common.

The full adaptation of the ZS model to MO took about a year cumulatively. In 2019, TN team conducted several activities to lay the foundation for the WEE component. In addition to the foundational work which informed the adaptation process, this began with a series of virtual workshops to understand the social, cultural and economic context specific to the three districts for which the intervention was intended. Having established the context, another workshop series was conducted to develop the Theory of Change to inform the MO curriculum. Consensus was reached among the TN team and district partners on a set of modifiable factors influencing IPV, gender inequity in relationships and families and poor economic conditions of women. The type of intervention and delivery methods for each modifiable factor were identified, mainly drawing from the ZS model, followed by the expected outputs and indicators. The ToC was later translated into a Theory of Action following the COM-B model in March 2021.

Intentional focus was given to exploring experiences of women with disabilities. Partnering with an organisation with specific experience working with women with disabilities helped to strengthen the framing of the context, therefore promoting diversity inclusion. In addition to specific discussions around social and normative factors and key contextual dynamics influencing incidence of VAWG and IPV, as well as constraints to women's economic empowerment in the target districts, the adaptation process also entailed a careful review of the model's manuals (social and economic empowerment, and IGAs) and their subsequent adaptation, drawing on a consultative and participatory process. This also included adaptations specifically aimed at strengthening the manuals' approach to disability inclusion.

Several reflections on the adaptation process were collected based on the experiences of the adaptation team which included TN staff, implementing partners and technical advisors. Some key lessons were drawn from the adaptation process to also help inform future programming and similar interventions, around the following aspects:

- Capitalise on existing foundational work (i.e., formative research) to inform the adaptation process,
- Promote early partner engagement to build a sense of ownership and accountability,
- Carefully select the adaptation team to comprise individuals with experience in promoting gender equitable attitudes and delivering VAWG prevention activities, also in line with a 'do no harm' approach,
- Maintain the core elements and quality of the original intervention, by working closely with its creators,
- Promote an intentional approach to disability inclusion, encompassing a variety of considerations, including different types of disability, adequate availability of resources and budgetary allocations to successfully deliver a truly disability inclusive intervention,
- Allocate enough time and resources to the adaptation process, which may also entail carefully planning and/ or operational adaptations vis-à-vis changes in the context (i.e. Covid-19 pandemic).