Building Equitable Partnerships Case Study: Supporting Survivors of SEAH (S2S)

About the partnership

Introduction

The *Supporting Survivors of Sexual Exploitation, Abuse and Sexual Harassment (SEAH)* programme, also known as "S2S" was implemented in two districts of Malawi from November 2022 to July 2024. The programme delivered community-based, survivor-centred support through Women's Rights Organisations (WROs) with expertise and knowledge of referral pathways and SEAH reporting mechanisms. During its implementation, the programme supported a total of 1,073 survivors of gender-based violence and SEAH. The programme also invested in the organisational development of WROs, sought to reflect on and strengthen equitable relationships between WROs and Social Development Direct (SDDirect), and aimed to contribute towards movement building by fostering relationships and collaboration amongst WROs.[1]

SDDirect led the programme in partnership with three WROs, namely Lilongwe Urban Women's Forum (LUWF), Karonga Women's Forum (KWF) and Human Rights of Women and Girls with Disabilities (WAG Disability Rights), with funding from UK aid. These organisations, as well as SDDirect, were previously involved in delivering the FCDO-funded Violence Against Women and Girls (VAWG) Prevention and Response Programme in Malawi, also known as *Tithetse Nkhanza!*. Due to aid cuts, *Tithetse Nkhanza!* was closed in 2020. However, SDDirect had developed trusted relationships with the WROs, which facilitated the process of strengthening partnerships with community based WROs to deliver the S2S programme. Additionally, because of its promising nature, *Tithetse Nkhanza!* inspired a new programme called *Pamodzi Kuthetsa Nkhanza* (PKN) and funded through the *What Works to Prevent Violence – Impact at Scale* programme. PKN is delivered by a consortium of three national WROs, Women's Legal Resource Centre (WORLEC), the Girls Empowerment Network (GENET) and WAG Disability Rights, with SDDirect providing Originator Technical Advisory support (OTA).

This case study shares insights and learnings from the use of the Partnership Health Check with the S2S programme's principal partners LUWF, KWF and WAG Disability Rights, the Added Value Case for Partnership with LUWF and the Partnership Readiness Assessment with GENET. Different tools were used in collaboration with different partners to reflect various stages of partnerships, resources

---

[1] Supporting Survivors of SEAH (2022) *Theory of Change for the Supporting Survivors of SEAH (S2S) Programme*. Available at: https://sddirect.org.uk/sites/default/files/2024-10/S2S%20Theory%20of%20Change_English.pdf. Social Development Direct (n.d.) Supporting Survivors of SEAH (S2S). Available at: https://www.sddirect.org.uk/project/supporting-survivors-seah-s2s.

associated with translation, and time available to engage in these discussions. As part of some of these conversations, partners also discussed components of the partnership continuum.
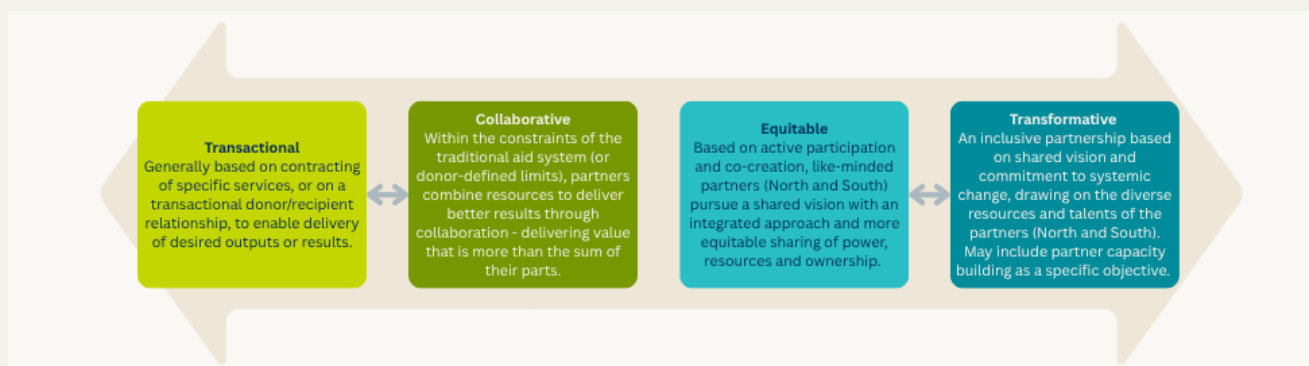
Context and opportunities

The partnership was built on established relationships of trust, and complementary value add. The partnerships benefitted from mutual trust built through the *Tithetse Nkhanza!* programme, which supported the process of agreeing ways of working under S2S. Organisations involved in the partnerships brought different expertise and resources to the delivery of S2S. On the one hand, WROs contributed their strong networks, positive reputation with communities, and understanding of contextual risks. On the other hand, SDDirect complemented this by supporting needs-based technical skills building and organisational development initiatives. Partners also adopted complementary roles in delivering the work. In the S2S model, WROs and SDDirect discussed complex cases and determined appropriate roles to play on a case-by-case basis. Primarily, WROs provided direct support to survivors but at times, if WROs felt it was too high risk for their members to be seen publicly supporting a survivor, SDDirect team members would do so if they did not face the same risks. Likewise, where WROs were able and willing to, they would directly liaise with ODA agencies to negotiate on behalf of survivors of SEAH, and where language, access barriers, or other risks precluded them from playing that role, SDDirect staff would do so.

The partnership offered the opportunity to build on the results achieved through previous programming and ensure continuity of support services for survivors. The shared vision, respect and access to resources and technical support contributed to WROs' ability to accompany survivors and provide support through survivor-centred approaches to address the financial and social barriers to help-seeking.

Using the building equitable partnerships tools

Partnerships continuum

Partners (LUWF and WAG Disability Rights) **consulted on the continuum considered the partnership to be operating at the collaborative level.** However, conversations with partners as part of Partnership Health Check indicated that several components of the partnership were operating between equitable and transformative levels, especially with respect to shared decision-

making throughout the programme's implementation. The continuum was discussed as part of conversations on the Partnership Health Check conducted between SDDirect, LUWF and WAG Disability Rights. Partners especially appreciated the opportunity to receive needs-based training and organisational development support as part of the partnership. In an effort to move towards more equitable and transformative forms of partnership, SDDirect has worked with the WROs to design and deliver a Technical Curriculum in VAWG Prevention and Influencing. This is a 20-week curriculum that seeks to share technical knowledge and skills with WROs so that all organisations can participate in more equal decision-making moving forward.

To raise the ambition of the partnership, it was emphasised that partners should be involved from the initial design of programmes at the proposal stage. This would also require closer involvement of partners in decision-making around the allocation of resources.

Partnerships Readiness Assessment and Added Value Case for Partnership

The Partnership Readiness Assessment conducted with GENET and the Added Value Case for Partnership, conducted with LUWF, were discussed one year into the implementation of the programme and highlighted the following key points:

- **Culture** – All organisations involved in the discussions identified significant alignment in partners' culture and values. Some gaps were identified in the understanding of the partnership's ambition and direction.
- **Commitment –** These discussions emphasised that autonomy and empowerment principles are present at organisational-levels and highlighted the need to improve on previous programming through more inclusive decision-making processes.
- **Capacity –** Partners consulted agreed that resources were allocated based on realistic cost and time estimates and identified the need to strengthen the partnership through capacity building.

Partnership Health Checks

The Partnership Health Check, conducted one year into the implementation of the programme, emphasised some very positive results, with most indicators receiving a green score. Key themes emerging from this exercise are summarised below.

The partnership promoted inclusive ways of working, co-ownership of programme activities, and shared decision-making. Partners mentioned feeling empowered by the community-led approach adopted by the programme, which was highlighted as being conducive to the increased self-reliance of partner organisations. Positive practices that were highlighted in the health checks included regular check-ins and a collaborative approach to resolving issues. On the other hand, partners identified reporting mechanisms within the partnership, feedback mechanisms to inform communities about programme progress, and decision-making around resource allocations (as mentioned previously) as aspects that could be further improved.

The partnership contributed to needs-based capacity-building targeting a wide range of skills, knowledge areas, and resources. The programme included a specific budget line for the organisational development of partner organisations, which was informed by a needs self-assessment conducted at the beginning of the partnership. Support provided included training on safeguarding, financial monitoring, report writing and case handling, and advice on managing financial risk. Partners also emphasised that the programme improved their relationships with frontline service providers, raised their profile in this area of work, and increased visibility with communities.

Partners appreciated the flexible approach to allocating funding based on need but pointed out some challenges related to available resources. For instance, although partners mentioned that SDDirect remained flexible in reallocating resources to reflect the number of incoming cases, one WRO pointed out that the amount of work remained disproportionate to the available spending, especially when considering that staff working on providing support to survivors needed to remain available to them at most times of the day.

Reflections on the Building Equitable Partnerships guidance and tools

The tools were translated in Chichewa and explored through separate conversations with each of the partners lasting between 30 and 90 minutes.

Partners indicated that it would be helpful for some of the questions in the tools to be clarified further, including through practical examples. The phrasing of some statements of the Added Value Case for Partnership and the Partnership Health Check tools were considered unclear in the context of this partnership and its ways of working. This emphasises that it would be helpful to further contextualise tools to the operating model of partnerships prior to their implementation. This could include, for example, adding context-specific prompts and examples and collaboratively selecting indicators to measure partnership progress that reflect priority areas for the partnership and are well understood by partners.

Partners also indicated that the consultations around the Partnership Health Check were long, with some overlap across indicators. An alternative suggested approach could be to identify a subset of indicators within the menu suggested in the tool, on the basis of time available, resource constraints, and priority areas of concern for the partnership.