



Harnessing the power of South-South partnerships to build capacity for the prevention of sexual and intimate partner violence

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ABSTRACT

Research on primary prevention of violence against women (VAW) and children (VAC) is a rapidly growing priority. The burgeoning evidence base remains small, and is particularly limited in low and middle income settings. More research from low and middle income countries on effectiveness and reliability of prevention efforts and how to sustain them at scale is needed. Limited capacity in the global South for research on VAW and VAC prevention and intervention development and opportunities for South-South partnerships and learning is a potential barrier to the further development of the field. This paper describes a transnational South-South partnership capacity building project in East Africa for primary prevention research and intervention development. It provides important insights and lessons learned for others considering undertaking similar types of projects.

Keywords: Violence against women; violence against children; violence prevention; capacity building; transnational.

INTRODUCTION

Evidence on what works to prevent violence against women (VAW) and children (VAC) is increasing (Ellsberg et al., 2015; Fulu & Heise, 2015; Jama Shai & Sikweyiya, 2015). However, the evidence base remains especially limited in low and middle income countries (LMICs) where the burden is the highest and skewed towards response rather than prevention efforts (Ellsberg et al., 2015; Mikton, 2010). The launch of the Sustainable Development Goals with Goals 5.2 and 16.2 focusing on eliminating all forms of violence against women and girls and ending abuse against children provides a political imperative for this work (UN, 2015).

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Some of the most innovative research and intervention trials on the prevention of VAC and VAW has emerged from the global South (Ellsberg et al., 2015). Ground breaking interventions developed and tested in East and Southern Africa include microfinance and gender (Kim et al., 2007); mother-child / parenting (Cooper et al., 2009); community-based (Abramsky et al., 2014; Jewkes et al., 2008; Wagman et al., 2015); multi-component (Jewkes et al., 2014) and school based (Devries et al., 2015; Mathews C. et al., 2015) programmes.

Despite such innovative research being undertaken in the global South, limited capacity for evaluation research, intervention development, and implementation science on VAW and VAC prevention in LMICs is a barrier to effectively and sustainably preventing this violence (Catalano et al., 2012; Dartnall & Gevers, 2015; Jama Shai & Sikweyiya, 2015; Lansang & Dennis, 2004; Whitworth et al., 2008). Transnational capacity building and dialogue programmes on IPV prevention and transforming men and masculinities show promise in building capacity and sharing expertise through North-South initiatives (Airhihenbuwa et al., 2011; Shefer, Hearn, & Ratele, 2015), but can be fraught with inequities, power imbalances and driven by international rather than local research priorities (Campbell & Mannell, 2016; Chu, Jayaraman, Kyamanywa, & Ntakiyiruta, 2014).

Harnessing the growing research expertise and skills from the global South and the power of partnerships through South-South transnational capacity building programmes for violence prevention aids researchers from LMICs to lead, fund, develop, test and publish locally relevant VAW and VAC prevention programmes. These partnerships are important and valuable because they promote ownership of the process, findings, and solutions; as well as strengthening and retaining expertise and passion for this work in the region. In this way, the work can truly take root and becomes part of a locally driven and sustained movement.

This paper describes the experiences of a South-South collaboration for building capacity in East Africa on VAW and VAC prevention research and intervention adaptation, development and testing. The overall aim of this collaboration was to build evidence for VAW primary prevention in LMICs, with a particular focus on parenting or school strengthening programmes, through South-South funding and technical assistance.

SVRI PRIMARY PREVENTION PROJECT

From 2013 to 2015, the SVRI provided intensive mentoring and technical advice to four multi-sectoral teams based in Kenya, Uganda and Tanzania to develop or adapt and undertake preliminary proof of concept testing of VAW and VAC primary prevention interventions.

Capacity building activities and technical assistance were integrated throughout the three key phases of the project.

- **Phase 1: Team selection and proposal development:** Teams were identified through a competitive open call for partners in East African countries and evaluation according to clear selection criteria (Box 1). All four teams were brought together with technical experts for a week-long workshop on primary prevention concepts, what works to prevent VAC and VAW, and to work with mentors to develop research proposals.
- **Phase 2: Formative Research and Intervention Development:** During this phase the SVRI team provided extensive support and guidance to each of the teams to undertake formative research to identify key risk and protective factors for VAW and VAC in their communities. Teams, with support from SVRI, identified and adapted existing tested or promising interventions to their own settings. Towards the end of this phase, teams developed plans for pilot testing their interventions.
- **Phase 3: Testing for feasibility, acceptability and proof of concept:** The final phase of the project was pilot testing the intervention with a few groups to see whether it is feasible, acceptable, and shows promise of being effective based on objective qualitative or quantitative data collected before and after the intervention.

Sixteen people consistently participated in the programme over the 3 year period: 4 from Tanzania; 7 from Kenya; 3 from Uganda and two technical advisors from South Africa. The lessons learned outlined below were drawn from project and workshop evaluations, feedback received from participants through one on one meetings, and reflections on lessons learned from the technical advisors.

Box 1.

Selection Criteria

Teams must be:

- Multidisciplinary
- Led by a locally based institution;
- A partnership between researchers and practitioners with expertise in: research, intervention development, practice and advocacy;
- Institutionally able to manage complex projects;
- Technically able and professionally empowered to adapt and promote the prevention interventions at country level.

LESSONS LEARNED

This project provides a number of core lessons for building capacity for primary prevention of VAC and VAW intervention development and evaluation from a technical assistance perspective.

ONGOING ASSESSMENTS ARE ESSENTIAL

A comprehensive capacity assessment at the beginning of the project to inform support plans for each team is essential. Capacity assessments with teams identified a number of areas where support was needed, including: how to review and build on existing literature and why it is important; how to develop a clear, evidence informed theoretical framework to guide formative research and intervention development; rigorous methods and tools for formative research; and ethics of doing research on sensitive issues including seeking local IRB approval.

A highly structured approach to delivering training and building capacity is most effective, which includes consistent and on-going, intensive mentoring; revisiting and revising core concepts and skills multiple times and from different angles or perspectives; using templates for reports, proposals, intervention adaptation, monitoring and evaluation strategy, etc. This approach provides space for personal and professional transformation to take place. Such transformation takes time and many team members were in need of development and growth in terms of the principles and values of primary prevention including skills and attitudes consistent with a primary prevention approach, how to adapt and implement a primary prevention programme, and how to rigorously evaluate it.

SELF-TRANSFORMATION IS IMPERATIVE

It is essential that the project teams embrace the skills and attitudes that are promoted in the intervention; therefore, it is strongly recommended that teams go through an intervention as participants first in order to understand and integrate these skills, values, and attitudes.

MENTORSHIP THROUGH PARTNERSHIP

From the outset, a partnership should be set up between technical advisors and project teams that positions these two groups as co-PIs within a grant mechanism with a strong capacity development focus. Such a model is more about partnership and collaboration, and is supportive of more long-term, intensive involvement through mentorship.

FACE-TO-FACE MEETINGS ARE INVALUABLE FOR LEARNING AND INSPIRATION

Face-to-face meetings are incredibly valuable and must form an essential part of the project plan in order to facilitate learning, pool resources where possible, and make significantly faster and deeper progress on capacity strengthening and project advancement. Further, having regular meetings with all project teams and technical advisors promotes a community of practice and builds links between teams who then begin to support one another and collaborate on primary prevention work. On-going, team-specific meetings through virtual technologies is important to build on and maintain learnings and resolutions formed during the in-person meetings.

Working with multiple teams in similar settings was helpful to build motivation to continue with this work that is very demanding and often meets with obstacles. Project teams were inspired by one another and learnt a great deal from one another. Further, they were motivated knowing that their individual projects were part of a larger movement of violence prevention. The multi-sectoral project teams promoted partnerships between researchers and practitioners that offered both partners opportunities for capacity development and innovation; however, such partnerships are not without challenges (Gevers & Namy, 2016).

A SYSTEMATIC APPROACH FOR LONG-TERM INVESTMENT

Teams should be encouraged to adapt existing, evidence-based interventions through formative research rather than developing entirely new primary prevention interventions. This formative research should assess acceptability, feasibility, and promise to understand how an existing intervention does or does not work in local settings and how to change the intervention to be more effective. Only after successful piloting should teams consider conducting a full trial that will inform scale up and policy advocacy.

Issues of sustainability and scale up should be addressed throughout all phases of the project. This may be done through engaging with community and policy maker stakeholders throughout the project. The project teams should ensure that intervention implementation strategies are feasible within their settings and the human resource capacity available. Similarly, as a field, we need to insist researchers publish programme learnings such as the skills and characteristics of good facilitators; how to train and support facilitators; core aspects of the intervention in terms of the content, skills, and concepts, the recommended timing and overall length, and the delivery approach or style; and, potential mechanisms to deliver interventions at scale. Offering teams opportunities to share their work at international conferences is also important to showcase successes and link work across the diverse Global South as well as throughout the global field. Through this project, partners shared lessons and experiences at SVRI Forum 2015.

DEVELOPING SHARED MEASURES AND TOOLS

There are significant challenges in process and outcomes measurement. Understanding how to get good quality data in order to measure intervention process and outcomes including those factors that may influence the scalability of an intervention are a key capacity development area. It is beneficial for the different teams to use some common measures of core concepts and issues to contribute to a larger evidence base.

VALUE OF SOUTH-SOUTH COLLABORATIONS

When asked what they valued most about this project, project partners spoke about the networks they built and working with other colleagues across East Africa and in a South-South partnership; building research capacity within organizations and within the region; improved confidence for conducting a research project including being able to conceptualise research from scratch and doing relevant research with direct programmatic impact.

Partners particularly valued the annual regional meetings where they could learn from and share with each other to continue to push their own projects forward; learning about the availability of and how to access funding opportunities; the opportunities to participate in international forums and online courses; regional and global exposure of the work through wider networks; the fostering of an East African primary prevention collaboration and the creation of a research family all through a South-South partnership.

CONCLUSION

This initiative is unique. It was Southern driven and Southern owned with a focus on supporting local organisations to develop interventions informed by local contexts for the primary prevention of VAW and VAC by building on the existing evidence base. It provided partners with skills and confidence to advocate for the inclusion of primary prevention interventions for VAW and VAC in national violence prevention policies and ongoing programming plans. In this way, leadership, expertise and commitment to VAW prevention is developed within regions which can drive the work forward through continued innovation in research, policy advocacy, and scale up.

Building capacity for research, intervention development, and implementation science on VAW and VAC prevention is a long term commitment and an important one for the ultimate realisation of no more violence against women or children. South – south partnership approaches are a feasible model for producing sustainable prevention efforts in LMICs.

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