

Implementing the co-development of interventions to address violence against women and girls: a short primer

Andrew Gibbs, Jenevieve Mannell, Jane Ndungu, Rochelle Burgess, Laura Washington

# Implementing the co-development of interventions to address violence against women and girls: a short primer

## **Andrew Gibbs**

Department of Psychology, University of Exeter; Gender and Health Research Unit, South African Medical Research Council; Centre for Rural Health, University of KwaZulu-Natal; Institute for Global Health, University College London

# Jenevieve Mannell

Institute for Global Health, University College London

# Jane Ndungu

Gender and Health Research Unit, South African Medical Research Council

# **Rochelle Burgess**

Institute for Global Health, University College London

# **Laura Washington**

Project Empower, South Africa



"Co-producing a research project is an approach in which researchers, practitioners and members of the public work together, sharing power and responsibility from the start to the end of the project, including the generation of knowledge. The assumption is that those affected by research are best placed to design and deliver it and have skills and knowledge of equal importance."

The idea of co-producing research and interventions is now commonplace in most spheres of research, including research and practice focused on addressing violence against women and girls (VAWG). Large funders of research and interventions, including the UK National Institute for Health Research (NIHR – see quote above) and the Wellcome Trust, as well as large institutions such as the World Health Organisation have increasingly required that research projects and interventions are co-produced.

The benefits of co-developing interventions are numerous, as Mannell and colleagues point out:

"[it]...helps produce interventions that are more beneficial to end users,3 have improved impacts on health and wellbeing,4 are more ethical,5,6 and better able to reduce research waste.7 While co-production can take time and substantial investment,8 it is now recognised as essential to the development of effective and sustainable interventions in health research.9"2

Despite the increasing call for interventions to be co-developed there remains very little practical guidance on how to do this in practice. This Knowledge Exchange, provides some initial guidance on the practice of co-developing VAWG prevention interventions, based on our collective experiences of attempting to do this in a range of settings across low- and middle-income countries and settings and an initial attempt to theorise the process of co-development.

### **KEY TERMS**

While co-production can mean many things to many people<sup>3</sup> for us, co-production refers to the process where a group of people, typically academics, practitioners and potential-users<sup>4</sup> come together as equal partners to work together on a range of issues, from knowledge generation to the creation of services.

Co-development refers to a sub-set of co-production activities, focused on the development of interventions. As such, the co-development of VAWG prevention interventions refers to a collaborative process when academics, practitioners and potential-users are working together to co-develop interventions to address VAWG.

 $<sup>1\</sup> https://www.learningforinvolvement.org.uk/content/resource/nihr-guidance-on-co-producing-a-research-project/?\#: ``:text=So%20what%20is%20co%2Dproduction,including%20the%20generation%20of%20knowledge.$ 

<sup>2</sup> Mannell J, Washington L, Khaula S, et al. Challenges and opportunities in coproduction: reflections on working with young people to develop an intervention to prevent violence in informal settlements in South Africa. BMJ Global Health 2023;8:e011463. doi:10.1136/bmjgh-2022-011463 3 https://doi.org/10.1332/174426421X16420955772641

<sup>4</sup> We use the term 'potential-users' to refer to a range of people who interventions are directly 'targeted' at.



### **CO-DEVELOPMENT CONCEPTS**

We have identified several key concepts that shape our understanding of the process of co-development of VAWG interventions should be attempting to achieve. We recognise that these ideas are a work in progress, and are provide a starting point to think this through further. The specific concepts are:

- Recognition of multiple forms of knowledge lived experience (of potential end-users), 'scientific' knowledge (through academic research) and practice-based knowledge (of intervention practitioners) are all important forms of knowledge if we are to solve VAWG. The aim of co-development is not to privilege any one form of knowledge, but recognise that everyone brings important knowledge to the table thus destabilising the authority of academic researchers and scientific knowledge, but similarly not reifying 'lived experience' or practice-based knowledge. The concept of bounded rationality (i.e. the idea that we tend to make decisions that may not be optimal but good enough based on our experiences and surrounding environment) is important here to enable recognition of the importance of all forms of knowledge.
- Power as a central issue there needs to be recognition that power is central to how co-development of VAWG interventions occurs, what is valued and what is not and how processes of co-development are run. Failure to engage with questions of power in the process will lead to an ineffectual process and a weak output.
- Voice and critical analysis there is recognition that for co-development to be successful we need to ensure that potential-users have had time to reflect on, and analyse their own lived realities. Simply having confidence to speak in-front of others is not enough, rather this refers to potential-users: "both to develop critical analyses that link their poverty to wider social inequalities and to articulate forceful demands on the basis of these critical understandings"<sup>5</sup>
- Receptive listening spaces For co-development to be successful 'those with power' need to create receptive listening spaces to meaningfully listen to these 'voices' of those who typically cannot speak in these spaces. This requires not only active listening, but attention to the language and ways of speaking that correspond with different contexts or forms of knowledge. Similarly, those who have been historically excluded from scientific knowledge and spaces also need to be supported to engage with scientific knowledge on their own terms, to facilitate a process of acceptance and mutual understanding which fits with their value positions.

<sup>5</sup> Campbell et al (2010) Heeding the Push from Below: How do social movements persuade the rich to listen to the poor? Journal of Health Psychology. Vol 15(7) 962–971 DOI: 10.1177/1359105310372815

<sup>6</sup> Campbell et al (2010) Heeding the Push from Below: How do social movements persuade the rich to listen to the poor? Journal of Health Psychology. Vol 15(7) 962–971 DOI: 10.1177/1359105310372815



- Dialogue When 'voice and critical analysis and 'receptive listening spaces' come together dialogue between groups can occur. Dialogue needs to ensure that those with power are willing to listen and not simply interpret other people's ideas and knowledge through their own lens but are willing to sit with uncomfortable ideas or ideas that create complexity, rather than simply dismissing them.
- **Co-development as a process** Co-development cannot be an 'one size fits all' process. The process is shaped by those involved, their starting points, and the specific focus of any project. As such we should expect these processes to vary in how they are implemented.
- Failure and challenges are important Self-reflection on our own processes and recognition of the inherent limitations and failures of our work is critical. Only through open and honest reflection on successes and challenges can we lead to future strengthened work.

Our approach to co-development therefore resonates with many other important shifts, including the call to decolonise global health research. The decolonial critique has rightly identified how 'global health' has ignored local communities' knowledge systems and imposed western knowledge systems and solutions on communities, replicating and building on the colonial project. And co-development of VAWG interventions is attempt to start to address this.

# **EFFECTIVE VAWG PREVENTION INTERVENTIONS**

There has also been much excellent scientific work on what makes effective VAWG prevention interventions. A co-development approach does not disregard this previous work, rather it actively embraces it and integrates this into the process of co-developing interventions. Key documents around effective VAWG prevention interventions and methodologies include:

- Raising Voices and the Sexual Violence Research Initiative (2020). Learning Together: A Guide for Feminist Practice in Violence Against Women and Girls Research Collaborations. Kampala, Uganda and Pretoria, South Africa in English and Spanish
- Jewkes et al (2021) Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme. IJERP 2021 Nov 19;18(22):12129. doi: 10.3390/ijerph182212129.
- Stern, Heise, Levtov (2022) Introducing the Prevention Triad a Tool for Understanding What Works to Prevent Violence Against Women and Girls. Prevention Collaborative.





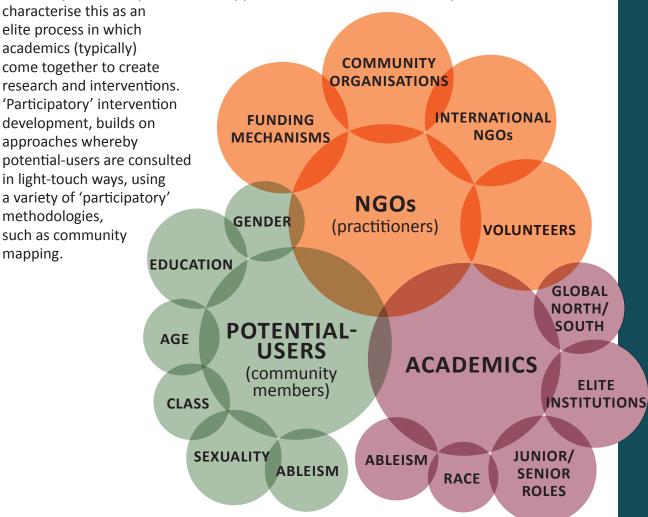
Our ideals are lofty, and so we have sought to translate these into practical guidance that support people to think through how co-development of VAWG interventions can be done.

# Who is involved in co-development?

In any co-development process, there are multiple actors involved. This variety of actors shapes how the co-development process can unfold. In addition, as many before us have noted, no group of people (e.g. academics) are homogenous, but are also riddled with differences in power and authority. Highlighting this and thinking about who is involved in any process is critical for understanding how a co-development process can unfold and how this may vary by process.

# 6 critical moments in co-development

We have identified six critical moments in the process of co-development – to consider how co-development may happen and how this may differ from 'traditional' and 'participatory' intervention development processes – through caricaturing these different positions. By 'traditional' approaches to intervention development we





• Generating intervention priorities – by this we refer to the initial decision to apply for funding, start a process to develop an intervention or otherwise begin conceptualising a 'problem' that needs addressing.

Traditional: academics review the literature, identify gaps and select priorities and write a proposal.

Participatory: using a range of activities to generate insights into potential-users' intervention priorities and topics etc. but the final decision and meaning making lies with academics and/or practitioners, as well as often donors.

Co-development: using a range of techniques to enable potential-users, practitioners and academics to come together to collectively identify key areas for priority and agree what the focus of interventions should be.

• Collecting data (task, event) – this refers to the generation of data, be that qualitative or quantitative and the processes behind it.

Traditional: a range of techniques, such as in-depth qualitative interviews, ethnographic research, quantitative data collection, literature reviews etc. are conducted with the focus and approach identified by academics and practitioners.

Participatory – peer interviews, community mapping, body mapping – engage potentialusers in more creative ways, often including in data collection and giving more space for unexpected concepts and ideas to emerge, but the decision to focus on specific topics and data collection methodologies are identified by academics and practitioners.

Co-production – a range of tools to generate data can be used, but the decision on the approach and focus is developed collaboratively through equitable discussion between all involved.

Producing knowledge (analysis) – this refers to making meaning of the data collected.

Traditional: academics work individually and together to produce meaning, knowledge, interpretation of data.

Participatory: data is typically analysed and interpreted by academics, there is potential for 'participant validation' i.e. short feedback workshops to allow some group meaning making, but final power rests in academic hands in interpretation.

Co-production: depending on who is involved, it may include joint interpretative workshops to jointly analyse and make sense of the data, or it can include longer feedback processes to potential-users. Central to this is the idea of support for potential-users to interpret the data (through having time and space to engage with it) as well as being able to produce new or different interpretive meanings and contest the meaning given by academics. Space is enabled for new (unforeseen) ideas to emerge and for ideas that create complex understandings of concepts to be enabled.

• Theories of change – a central step on intervention development is often a theory of change, which describes the causes of an issue and how an intervention will work to address this.<sup>8</sup>

Traditional: using research/knowledge academics produce a theory of change. Participatory: academics create a theory of change and provide space for input, such as one-off workshops, presenting to potential-users for input.

Co-production: Theories of change are created in different ways and actively engaged with. This may include potential-users generating their own theories of change, which requires a level of critical awareness (voice and critical-analysis) and academics and practitioners being able and willing to engage and recognise and unintended bias in their own assumptions and new pathways to emerge.

• Intervention Development: From theories of change, these need to be translated into intervention curriculum, often through the creation of manuals. This may involve some 'pre-testing' of the manual.

Traditional: academics and practitioners create curriculum manuals, and do light-touch testing of sessions with potential-users.

Participatory: academics and practitioners create curriculum manuals. During testing of sessions, there is greater space for feedback on activities etc. done with 'randomly' selected potential-users.

Co-production: Engaging potential-users in the process of designing manualised activities. This may include an iterative process of trying evidence-based activities from other settings and leading the adaptation for their own context, or co-designing new activities from scratch based on the theory of change. Or it could mean creating sessions and testing them with potential-users, but potential-users have the voice and confidence to engage and reflect on how sessions address theories of change, and academics and practitioners are able to listen to this feedback and make meaningful change.

• Piloting intervention – typically interventions are tested in a limited way, prior to a more formal or 'definitive' evaluation.

Traditional: Potential-users are treated as objects of the intervention, or facilitators of the intervention, with space for short inputs and reflections (e.g. group discussions on what worked, what did not), but the final understanding rests in the hands of academics and practitioners.

Participatory: Potential-users are treated as objects of the intervention, or facilitators of the intervention, but there are expanded methods for feedback from potential-users, maybe mapping intervention impacts, identifying unexpected outcomes etc.

Co-production: Potential-users are leading collaborators in the piloting of the intervention they have themselves developed. This includes facilitating the intervention. More importantly they play an active role in helping interpret the intervention findings and how this could/should be taken forwards.

By identifying six critical moments in intervention development, we have started to provide guidance on what a co-developed VAWG prevention intervention project could look like. Central to each of these moments, and the whole co-development process, is an explicit recognition of the importance of building confidence and critical analysis, receptive listening spaces and the importance of multiple forms of knowledge and the need for powerful actors in this process to challenge their own assumptions in listening to alternative views. Co-development is not a linear or simple process, but provides opportunities for a more authentic process to occur. The process of thinking through how co-development of VAWG prevention interventions can occur in practice is at the start and we look forward to engaging further in these discussions.





















