# COLLABORATIVE EVIDENCE BUILDING FOR IMPACT AT SCALE
# THEORY OF CHANGE

## IMPACT

Couples in Sri Lanka have committed, caring, democratic and respectful relationships free from violence + centre of excellence established to drive and innovate comprehensive, effective IPV prevention across the life course through multiple systems and structures in Sri Lanka (i.e: from premarital and early marital interventions to antenatal classes and interventions to early childhood parenting and then on to adolescent parenting interventions)

**. . .Through continued active investment across streams with continuous partnership and learning. . .**

## OUTCOMES

Systems and structures for sustainable scaling of effective IPV prevention through health system mechanisms

Evidence on effective IPV prevention policy, programming, and resource allocation, and drives continuous active systems strengthening

An integrated, effective IPV prevention intervention package is rigorously tested to inform sustainable, high-quality scaling

## OUTPUTS

Strengthened capacities for evidence-building, using evidence for decision-making, and understanding effective and ethical IPV prevention strategies

Elucidation of the barriers and facilitators for the integration of a feasible IPV prevention intervention through the MOH/ PHM network and PCCP+ programming within the health system

A promising, evidence-informed, contextually grounded intervention and intervention implementation strategy is ready for larger trial

**PARTNERSHIPS** with diverse/multi-disciplinary stakeholders grounded in strong relationships and feminist collaboration

**IMPLEMENTATION SCIENCE** Approach and Ethical Practices

Springboard into the future closing meeting and planning for sustainability and scaling

Develop a group of master trainers

Selection, training, and ongoing supportive supervision of PHMs and other intervention facilitators and supervisors involved in intervention implementation

Bespoke capacity strengthening and exchange activities

Needs assessment with all partners and relevant stakeholders to inform a co-created capacity strengthening plan

Research uptake including dynamic dissemination of learnings

Mixed Method Process and Outcome Evaluation Research to understand the feasibility, acceptability and outcome trends of the intervention

Formative Research to inform intervention adaptations and implementation strategies

Ethics protocol development and approval

Revise intervention materials, manuals, and resources to finalise a comprehensive intervention package with implementation guidance

Pilot intervention in at least 2 sites

Rapid concept testing of all materials

Co-creation workshop to review, revise, adapt, and create intervention materials and implementation strategy

## ASSUMPTIONS

Capacity strengthening through knowledge and skills exchange leads to better research, programmes, and decision-making

Mixed method, ethical research created and carried out with a multi-disciplinary team leads to better evidence

A collaborative intervention design process that combines best available evidence, contextual factors, and designing for feasibility will result in an effective intervention that can be sustainably scaled

**CAPACITY STRENGTHENING**

**RESEARCH AND EVIDENCE BUILDING**

**INTERVENTION CO-CREATION**

## ENABLERS / FACILITATING FACTORS

- Commitment of multiple partners to work and learn together
- Supportive government, project in line with national plans
- PCCP programme and network of providers to deliver it through the state-funded health system
- Stakeholders identify that PCCP can be strengthened and are willing to engage in a process to do this
- Referral linkages facilitated by PHMs
- Funding to support capacity strengthening, learning, adaptation and testing available

## BARRIERS / CHALLENGES

- Lack of data on effects or to guide resource allocation
- Need strengthened capacities to improve IPV prevention programming and research
- Service providers' workload, attitudes and trauma exposure
- Low uptake of PCCP and IPV prevention within PCCP needs to be addressed and prioritised

**PROBLEM:** Intimate partner violence (IPV) is a widescale problem with lasting negative impacts on women, families, and communities. Most efforts to address IPV focus on response services and less on addressing causes and drivers and facilitating social norm transformation to reduce and ultimately prevent and end this violence. Although we know that this violence is preventable, we do not yet know how best to implement effective prevention interventions at scale, such as through integration into existing services, structures, and systems. This project will thus pilot test, in partnership with the Ministry of Health (MoH), the integration of IPV prevention into an existing government programme – the pre-conception care package (PCCP) -expanding to PCCP+ -and currently delivered by public health midwives (PHMs) through medical officer of health (MOH) offices in Sri Lanka.