**Distribution Agreement** 

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced

degree from Emory University, I hereby grant to Emory University and its agents the non-

exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in

part in all forms of media, now or hereafter known, including display on the world wide web. I

understand that I may select some access restrictions as part of the online submission of this thesis

or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also

retain the right to use in future works (such as articles or books) all or part of this thesis or

dissertation.

Signature:	
	4/18/2023
Anuska Bhandari	Date

An assessment of the monitoring plan of a social and behavior change communication program in Nepal.

By

Anuska Bhandari

Master of Public Health in Global Health

Hubert Department of Global Health

Emory University

Cari Jo Clark, Sc.D.

Thesis Advisor

An assessment of the monitoring plan of a social and behavior change communication program in Nepal.

By

Anuska Bhandari

B.S.

**Drexel University** 

2019

Thesis Advisor: Cari Jo Clark, Sc.D.

An abstract of

A thesis submitted to the Faculty of the

Rollins School of Public Health of Emory University

in partial fulfillment of the requirements for the degree of

Master of Public Health

in Global Health

2023

#### **Abstract**

An assessment of the monitoring plan of a social and behavior change communication program in Nepal.

#### By Anuska Bhandari

**Background:** In Nepal, about one quarter (26%) of ever-married women have ever experienced physical, sexual, or emotional IPV. *Change Starts at Home* is a social and behavioral change communication (SBCC) intervention utilizing intimate partner violence (IPV) prevention strategies aimed at transforming negative gender norms and diffusing new norms and behaviors through movement building across rural communities in Nepal. Using radio edutainment, couple's and family engagement in listening and discussion groups (LDAGs), and community mobilization, the Change project has been designed to decrease women's exposure to IPV.

**Objective:** The goals of this thesis are to quantitatively analyze monitoring data and assess the monitoring strategy utilizing different implementation science frameworks and models to provide recommendations to EAI to enhance best-practice project monitoring.

Methods: Monitoring data is collected primarily by field monitors to capture progression of weekly listening and discussion group sessions. Similarly, the project uses IVR to raise awareness of the radio program but also receive feedback and engage respondents. These are monthly outgoing calls and monthly incoming calls collected by an in-country contractor. The Six Steps for Quality Intervention Development (6SQuID) framework was used to evaluate the formative work; the UN Women Monitoring and Evaluation Framework was used to evaluate the theory of change; and the VAWomen framework was utilized to analyze the logical framework. Descriptive statistics using SAS and Excel software were generated to quantitatively analyze monitoring data.

**Results:** Among the 6567 calls that have been pushed out between March-July 2022, 89.9% of calls were hung up after the welcome message. Similarly, monitoring data analysis showed that only 43 out of 151 monitoring sessions indicated that there were no concerns of personal safety or violence of a group member at home and only 33 out of 151 monitoring sessions indicated that there were no concerns of personal safety or violence.

The Change Starts at Home Project had conducted intensive formative work before the start of the project. However, the Change Starts at Home project lacks a theory of change that is specific to the current phase of the project. Likewise, the current logical framework is missing many critical components. Indicators and frequency for some levels are missing in the established matrix. A monitoring plan has been provided using sample project data to aid in addressing these deficiencies.

**Recommendations:** It is recommended that EAI review and adopt the monitoring plan outlined in this thesis. Monitoring and evaluation will allow EAI to ensure that their programs are working efficiently.

An assessment of the monitoring plan of a social and behavior change communication program

in Nepal

By

Anuska Bhandari

B.S.

**Drexel University** 

2019

Thesis Advisor: Cari Jo Clark, Sc.D.

A thesis submitted to the Faculty of the

Rollins School of Public Health of Emory University

in partial fulfillment of the requirements for the degree of

Master of Public Health

in Global Health

2023

# Acknowledgments

I would like to express my deepest appreciation to my thesis supervisor, Dr. Cari Jo Clark, for her invaluable guidance and support throughout my research journey. Her expertise and insightful feedback have been invaluable in shaping the direction and focus of this thesis. I have greatly benefited from her mentorship, which has helped me grow both professionally and personally. I would also like to express my sincere gratitude to EAI for allowing me to work with them during my research. The support and resources provided by the organization have been invaluable in helping me achieve my research goals. I am especially grateful to Arti Lad for her guidance and mentorship throughout the project. Her expertise and insights have been invaluable in shaping my research and improving my skills as a researcher. I would also like to thank the other members of the EAI team who have provided valuable feedback and support throughout my project. I'd also like to thank my parents and my friends, Samrat Paudel and Asna Piya for their immense support throughout my time at Rollins.

# **Table of Contents**

Chapter	1: Introduction	1
1.1.	Intimate Partner Violence	1
1.2.	Monitoring and Evaluation	1
1.3.	Change Starts at Home Project	2
1.4.	Problem Statement	3
1.5.	Purpose	3
Chapter	2: Literature Review	4
2.1.	Purpose and Benefits of Monitoring and Evaluation	4
2.2.	Challenges of Monitoring and Evaluation	6
2.3.	Monitoring and Evaluation of Intimate Partner Violence Project	7
Chapter	3: Methodology	8
3.1.	Setting	8
3.2.	Data Sources	10
3.2.	.1. Interactive voice response (IVR)	10
3	3.2.1.1. Analysis	11
3.2.	.2. Monitoring Data	11
3	3.2.2.1. Analysis	11
3.3.	Evaluation of Monitoring Plan	11
3.3.	.1. Theory of Change	12
3.3.	.2. Logical Framework	13
Chapter	· 4: Results	13
4.1.	Interactive voice response.	13
4.2.	Field Monitoring Data	16
4.3.	Formative work	18
4.4.	Theory of Change	19
4.5.	Logical Framework	20
Chapter	5: Discussion	21
5.1.	Interactive voice response.	21
5.2.	Monitoring Data	22
5 3	Evaluation of the monitoring plan	22

Chapter	6: Recommendations	23
6.1.	Project Summary	23
6.2.	Theory of Change	24
6.3.	Logical Framework	25
6.4.	Indicators	27
6.5.	Roles and Responsibilities	28
6.6.	Data Flow and Management	29
Chapter	7: Conclusion	31
Chapter	8: References	32
Chapter	9: Appendices	37
Appe	ndix 1: Captured percentage for each group	37
Appe	ndix 2: Incoming calls per week	38
Appe	ndix 3: Change Starts at Home Logical Framework	38

# **List of Figures**

Figure 1. Mind map of the NGO operating environment	5
Figure 2. Political map of Nepal	9
Figure 3. Change Starts at Home Eligibility Criteria	9
Figure 4. Radio Program promotion in December 2021	14
Figure 5. Outgoing call hung up percent between January-July 2022	15
Figure 6. Breakdown of incoming call by purpose	16
Figure 7. Total number of monitoring observations each week.	17
Figure 8. Total Time per session	17
Figure 9. Change Starts at Home Theory of Change	25
Figure 10. Change Starts at Home Data Flow (created on Miro)	30

# **List of Tables**

Table 1. Summary of the evidence supporting formative work	19
Table 2. Indicators Checklist	21
Table 3. Change Starts at Home Program Summary	24
Table 4. Change Starts at Home Logical Framework	26
Table 5. Change Starts at Home Indicator Description	27
Table 6. Change Starts at Home Roles and Responsibilities	
Table 7. Analysis and Reporting Template	30

# **Acronym List**

EAI: Equal Access International

HIV: Human Immunodeficiency Virus

IPV: Intimate Partner Violence

IVR: Interactive Voice Response

LDAG: Listening and Discussion Group

LMIC: Low- and middle-income countries

**RCT:** Randomized Control Trial

SBCC: Social Behavioral Change Communication

UNAIDS: Joint United Nations Programme on HIV/AIDS

VAWG: Violence against women and girls

VDRC: Vijaya Development Resource Centre

# **Chapter 1: Introduction**

#### 1.1. Intimate Partner Violence

Intimate partner violence (IPV), defined as emotional, physical, and sexual violence and controlling behaviors perpetrated by an intimate partner, is a significant public health and human rights issue (WHO, 2021). IPV is the most common form of violence; however, it can be a preventable health issue (Catherine L. Wisner et al., 1996). It is the leading cause of mortality and morbidity of women around the globe. People of all genders, sexual orientation, race, socioeconomic class, cultures can experience IPV (Ellsberg et al., 2015). IPV affects 30% of women at some point of their lives worldwide. In Nepal, about one quarter (26%) of ever-married women have ever experienced physical, sexual, or emotional IPV (Ministry of Health - MOH/Nepal et al., 2017).

# 1.2. Monitoring and Evaluation

A program or project-level monitoring and evaluation (M&E) is a systematic process that organizes the collection, analysis, dissemination to measure achievements against objectives, and targets as well as assess the impact of the interventions. M&E is "systematic, planned and purposeful" and can vary in scope and uses by project (Neumann et al., 2018). Proper monitoring systems help programs understand what is working and what isn't working and identify areas of improvement. Programs seeking to challenge and change gender and social norms require a flexible and evolving monitoring and evaluation system to account for the nonlinear and complex change of such programming (Haylock & Miller, 2016). However, willingness to engage at various levels, political barriers, fear of negative outcome are some potential challenges to program evaluation (Neumann et al., 2018).

# 1.3. Change Starts at Home Project

Change Starts at Home is a social behavioral change communication (SBCC) intervention utilizing IPV prevention strategies aimed at transforming negative gender norms and diffusing new norms and behaviors through movement building across rural communities in Nepal. The long-term goal of the intervention is for couples, household, communities and government entities in Nepal to uphold and promote positive gender norms rooted in dignity, equality and safety for all women and girls. Emory University is collaborating with Equal Access International (EAI) to evaluate a 40-week curriculum alongside a dramatized radio program for this program (Table 1). The curriculum draws from other existing curriculums, most notable SASA! Approach to Preventing Violence Against Women and HIV (Carlson, 2021) and Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills (Hope, 2023).

There are five main activities in the project:

- 1. Curriculum Digitization: Digitization of 40-week BIG Change Curriculum + 12 session Diffusion booster.
- 2. Trained facilitators conduct weekly facilitated LDAG meetings for 40 groups of 10 couples (4 groups per community site) for 40 weeks (about 9 months). Meetings will follow the digital curriculum, last 2 hours and include listening to pre-produced audio (Change edutainment drama series), critical reflection, group activities and a take home task. Every quarter session includes additional family members.
- 3 Organized Diffusion: Following the 40 weeks of intensive sessions, facilitators will conduct a further 12 monthly sessions of the Diffusion Booster curriculum for their groups. Meetings will

focus on organized diffusion and social movement building, based around the idea of a violencefree community campaign. Interactions will include ward level officials and key influencers.

- 4. Media Mobilization: Supporting the diffusion efforts, weekly radio programs will be broadcast by local FM stations, alongside a social media campaign promoting the movement for violence free communities across Nepal.
- 5. Integration of programming with local government structures through training, sharing or resources and meetings.

#### 1.4. Problem Statement

Data analysis and systematic assessment of the current monitoring and evaluation plan had previously not been conducted. Therefore, to identify gaps, highlight strengths as well as provide recommendations, an evaluation of the current monitoring plan of *Change Starts at Home* project was prompted.

# 1.5. Purpose

The goals of this study are:

- 1. To quantitatively analyze the monitoring and IVR data to inform the evaluation of the monitoring plan of the *Change Starts at Home* project.
- 2. To analyze the monitoring plan of the *Change Starts at Home* project utilizing different implementation science frameworks and models
- 3. To highlight the strengths and identify gaps of the monitoring plan of the *Change Starts at Home* project.

4. To provide recommendations to EAI for the Change Starts at Home project.

# **Chapter 2: Literature Review**

# 2.1. Purpose and Benefits of Monitoring and Evaluation

While public health programs have existed for many years, monitoring and evaluation (M&E) has become a common term only in the past two decades. Herb Turner was the first individual to emphasize the importance of assessing a project's performance throughout its duration rather than just assessing its success or failure (Crawford & Bryce, 2003). Program monitoring and evaluation is a crucial step of a project, as it eliminates uncertainty and provides valuable data and assessment of effectiveness of the program (Robson, 2002; Rossi et al., 2018; Russ-Eft & Preskill, 2009). Crawford & Bryce (2003) identified accountability and performance to be two dimensions that are critical for the success of any non-governmental organization (NGO) success (Fig 1). These dimensions are promoted by transparency, efficiency and effectiveness, that can be enabled by the establishment of a proper monitoring and evaluation information system (Crawford & Bryce, 2003) (Fig 1).

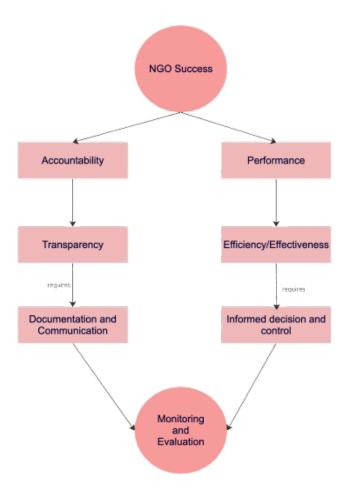


Figure 1. Mind map of the NGO operating environment. Adapted from (<u>Crawford & Bryce</u>, 2003)

Proper program and evaluation can enhance understanding among various stakeholders involved in a project. Evaluation can facilitate "learning [of] what works and what does not work, greater organisational understanding, how to improve actions and activities in the workplace, providing new or alternative insights into change programme implementation" (Neumann et al., 2018). If planned and organized well, M&E systems can inform the shortcomings and the successes of a program. A strong monitoring and evaluation plan should be set during the initial stages of program design.

# 2.2. Challenges of Monitoring and Evaluation

Effective establishment and deployment of monitoring and evaluation (M&E) requires individual and organizational willingness. The complexity of program implementation, placing importance on implementation than evaluation, fear of negative outcomes, lack of standard indicators and lack of experience and skills are some challenges and barriers faced during the setup of a program (Neumann et al., 2018). A study conducted on Mfolozi municipality in South Africa identified that local government had failed to set up a proper M&E system, although much had been achieved (Jili, 2016). The study also highlighted inadequate funding and lack of skilled workforce to be a barrier to M&E. Likewise, during the implementation of a program, willingness to monitor and evaluate and politics and hidden agendas can be barriers during the implementation of a program. Similarly, fear of dealing with negative outcomes, challenging findings and insufficient communication are some challenges after implementation of a program (Neumann et al., 2018).

The absence of a clear purpose and objective can also impact the execution of a proper M&E system. Most importantly, inadequacies in program management can greatly hinder effective change evaluation (Neumann et al., 2018).

Addressing these challenges requires a strong commitment from the implementers and stakeholders, adequate resources and clear program goals and objectives. A study analyzing monitoring and evaluation for development in peace-precarious situations noted four features that should be common in all M&E efforts: "1) flexible approach of the use of both qualitative and quantitative data, 2) dialogue and feedback about generated information 3) integration of M&E perspective 4) frequent data collection" (Elkins, 2006).

# 2.3. Monitoring and Evaluation of Intimate Partner Violence Project

Given the high prevalence and detrimental consequences of IPV prevention programs, it is essential that a strong monitoring and evaluation system is established. Less than a decade ago, a few interventions to prevent violence against women and girls (VAWG) in LMIC were shown to be effective in reducing violence (Ellsberg et al., 2015; Fulu et al., 2014). Over the last few years, funding streams have increased to find ways to prevent violence. Social norms projects are difficult to measure, and such programs are nonlinear, complex and often comprise multiple components interacting together. On top of that, there is very little guidance on how to evaluate such programs (Makleff et al., 2021). The evaluations that do exist use "linear, measurable and causative tools" that might not be the most appropriate (Lacayo et al., 2008).

There is strong evidence that complex interventions such as social norms programs greatly benefit if rooted in theory of change (Bonell et al., 2012; Howarth et al., 2016). Developing culturally and contextually appropriate theories of change is critical in social norms projects, especially gender based and IPV prevention projects. A meta-analysis on five different IPV projects including *Change Starts at Home* highlighted the importance of "deep local knowledge of all relevant aspects of the intervention and underlying assumptions and designed around a well-conceived theory of change" (R. Jewkes, 2020). The study found that the most successful intervention either had 1) pedagogical approach as an important aspect, 2) support for survivors, 3) a greater number of community activists deployed than the population, 4) and, careful selection and training of staff. Additionally, one of the ten elements of the design and implementation of more effective interventions to prevent VAWG. Jewkes et al. (2020) includes a robust theory of change rooted in knowledge of local context Studies have shown that prevention interventions based on gender and

social empowerment theories and focusing on collective change rather than individual change are

greatly successful (Campbell & Jovchelovitch, 2000; Wingood et al., 2000).

The use of qualitative longitudinal methods to understand sociocultural context and capture and

contextualize change over time (Makleff et al., 2021). A thematical analysis of four different IPV

programs in Ghana, Rwanda, South Africa and Tajikstan further highlighted three pathways of

change in IPV: "learning and applying relationship skills to support equitable, non-violent

relationships; 2) participatory approaches to challenge harmful gender norms and allow for group

rapport; 3) economic empowerment activities to reduce drivers of IPV and conflict and promote

participants' self-confidence and status" (Stern et al., 2021).

**Chapter 3: Methodology** 

3.1. Setting

The project was set in 13 toles in Hupsekot (N=5 toles) and Binayi Tribeni (N=8 toles) rural

municipalities in Nawalpur District (Fig 2). Study sites were in Gandaki Province in the Terai

region, which is a region with an elevated risk of IPV compared to other regions (Ministry of

Health - MOH/Nepal et al., 2017).

8



Figure 2. Political map of Nepal.

The study district (Nawalpur) is indicated in blue.

Project sites were purposively selected within the Nawalpur District with the help of the local implementing partner, Vijaya Development Resource Center (VDRC). A total of 200 married couples were recruited for the study. Toles that met the following eligibility criteria were selected (Fig 3).

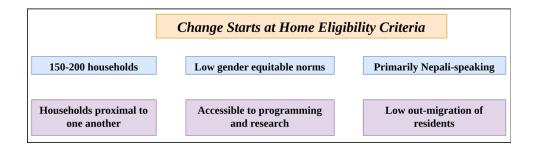


Figure 3. Change Starts at Home Eligibility Criteria

#### 3.2. Data Sources

# 3.2.1. Interactive voice response (IVR)

One of the tools that the project employs to engage listeners is IVR. Using this technology, the project can push out content to raise awareness of the radio program to encourage listenership but also receive feedback and engage respondents. The dataset was available via an excel sheet downloaded from Viamo, the in-country contractor collecting this form of data. The first data set is the promotional calls that were sent out in December 2021 to promote the radio program. These phone numbers were collected during the baseline survey conducted in October 2021 in Nawalpur district. The purpose of these calls was to inform the respondents about the radio program and when and where they could listen to the radio program. After listening through a brief welcome and consent message, they could listen through the promotional message.

The second data set includes responses to monthly promos pushed out to study baseline respondents. These phone calls are sent out to the same respondents listed in dataset 1. These promotional calls are more comprehensive than the ones sent out in December. Overall, calls were sent out 5 times in January and once a month after that. The callers were prompted to choose between providing feedback or listening to the promotional message. If the first option is chosen, respondents can provide feedback on listenership frequency and provide open-ended feedback.

The third data set is weekly incoming calls. These calls are from the radio listeners, including the LDAG members and other listeners of the radio program. These calls started coming in the week of 13th December 2021. Anyone who knows the toll-free number can call in. The toll-free number is advertised through the radio program itself and through social media including Facebook and YouTube.

After listening through the welcome and consent message, callers can choose among five options:

feedback on the radio program, information on the Samajhdari radio program, listen to the week's radio program, information on the Samajhdari radio program and how to take part in it, and providing services for individuals affected by issues raised in the program.

### *3.2.1.1. Analysis*

Descriptive analysis was performed utilizing SAS Studio and Excel. This involved describing, aggregating, and presenting the associations between these constructs.

#### 3.2.2. Monitoring Data

Monitoring of the sessions started week 10. The form collects information on attendance, personal safety concerns among group and community members, group behavior ratings and facilitator ratings. The monitoring sessions are conducted primarily by three field monitors (FM) assigned by Vijaya Development Resource Center (VDRC). EAI hasn't set a definite number of monitoring sessions that need to be captured but expects FM to attend every session. The monitoring checklist is filled in real time but offline using Kobo. A monitoring form capturing facilitator and participant ratings is utilized. Monitoring data was downloaded from Kobo Toolbox for analysis.

#### *3.2.2.1. Analysis*

Descriptive analysis was performed utilizing SAS Studio and Excel. This involved describing, aggregating, and presenting the associations between these constructs.

### 3.3. Evaluation of Monitoring Plan

Formative work conducted prior to the start of the project, the theory of change and the logical framework of the project will be evaluated using the frameworks detailed below.

Formative work

Steps for Quality Intervention Development (6SQuID) framework was used to evaluate the formative work conducted for this project. The six steps included in the framework are:

- 1. Define and understand the problem and its causes.
- Clarify which causal or contextual factors are malleable and have greatest scope for change.
- 3. Identify how to bring about change: the change mechanism.
- 4. Identify how to deliver the change mechanism.
- 5. Test and refine on a small scale.
- 6. Collect sufficient evidence of effectiveness to justify rigorous evaluation/implementation (Wight et al., 2016).

A variety of interventions have been developed using the 6SQuID framework, such as family-based HIV testing intervention and kinship care intervention (Hartley et al., 2019; Van Rooyen et al., 2016). In addition to the six steps mentioned above, the 6SQuID framework also includes three crucial considerations: stakeholder involvement, acknowledgement of the system within which the intervention is developed, and consideration of the evaluation phase from the beginning (Tirman et al., 2021).

### 3.3.1. Theory of Change

Theory of change provides a hypothesis on how change happens over time. Theory of change are based on several models and frameworks such as social cognitive theory, health belief model, diffusion of innovations theory, etc. Theory of Change isn't linear; rather, it is rather a complex system where change can occur through feedback loop and reversals (Ferguson). UN Women Monitoring and Evaluation Framework was used to evaluate the theory of change for *Change Starts at Home* project. According to UN Women Monitoring and Evaluation Framework, theory

of change 1) demonstrates the pathway of how to achieve program goals, 2) requires underlying assumptions to be detailed out in a way that they can be tested and measured and 3) puts the emphasis first on what the organization wants to achieve rather than on what the organization is doing (DeGue et al., 2014).

### 3.3.2. Logical Framework

Logical frame (log frame) is a systematic, visual approach to designing, executing and evaluating a project. To analyze the logical framework, VAWomen framework was utilized. The framework provides guidance on how to integrate gender equality into development programming, including how to ensure that gender analysis is integrated into all aspects of project design and implementation. Likewise, UNAIDS provides detailed information on the characteristics of a good indicator; therefore, it was used to analyze the existing indicators for this project. Although the UNAIDS Indicator checklist is usually utilized to evaluate the effectiveness of indicators in HIV/AIDS programs, it can also be utilized to evaluate indicators used in other projects. The UNAIDS indicator checklist consists of six criteria: relevance, validity, reliability, sensitivity, specificity and feasibility (UNAIDS)

# **Chapter 4: Results**

### 4.1. Interactive voice response

The radio program was promoted 5 times in the month of December 2021. A total of 2867 calls were sent out to baseline study participants, of which, 77.7% listened through the welcome message, 22.3% hung up after the welcome message and 49.5% listened to both welcome and promotion messages. Figure 3 shows detailed information on the number of calls.

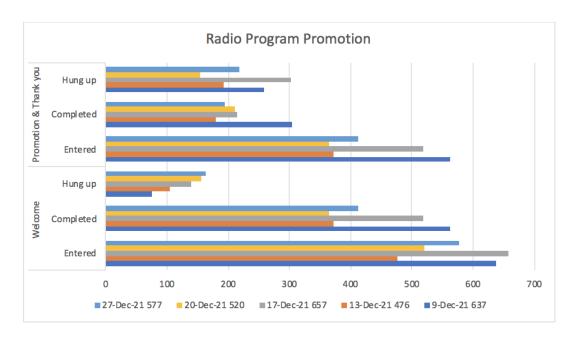


Figure 4. Radio Program promotion in December 2021

Furthermore, on average, 815 promotional calls have been sent each month between March-July 2022. Among the 6567 calls that have been pushed out, 89.9% of calls have been hung up after the welcome message (fig 5). Comparing this number to dataset 1 with only 22.3% overall hung-up percentage, we can assert that people are already aware of the program and are less responsive to it over time. However, these outgoing calls not only promote the radio program but also give respondents the opportunity to provide feedback to the radio program.

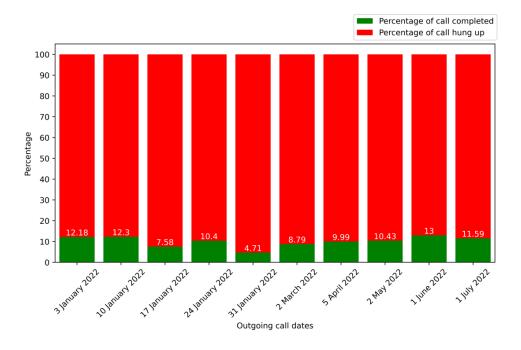


Figure 5. Outgoing call hung up percent between January-July 2022

On average, 115 calls come in each week with a range of 59 to 290 overall. A total of 3208 incoming calls were received until July 9<sup>th</sup>, 2022. Among these, 10.3% of callers have called for promotional information, 12.7% for listenership assessment, 60.5% to listen to the weekly radio program, 11.4% to provide input on what "Samajhdari Jodi" means, and 4.8% to get information on services. There seems to be high interest in the radio program as most of the callers choose to listen to the radio program through IVR (Fig 6). Among respondents who stated that they had not listened to an episode of the radio program, 102 were provided with information on when and how to listen to the Samajhdari radio. Likewise, there seems to be a higher number of calls from males than females. 634 respondents entered and 504 completed the question on gender. Among the callers, 58.5% callers were male, 37.1% female, 2.7% non-binary and 6.3% chose not to disclose (Appendix 2).

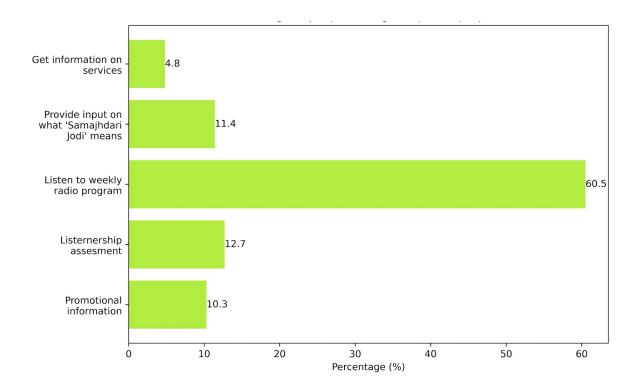


Figure 6. Breakdown of incoming call by purpose

# 4.2. Field Monitoring Data

Overall, 151 monitoring sessions had been completed by the three field monitors by July 25, 2022 (Fig 7). Among those monitoring sessions, 52 have been completed by FM 2, 62 sessions by FM 1 and 50 by FM 3. There is a huge difference between captured sessions among the groups (Appendix 1).

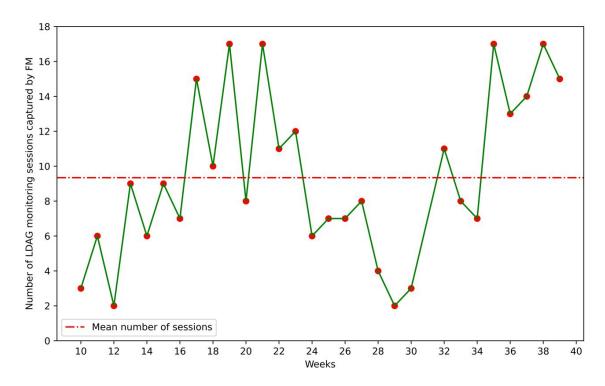


Figure 7. Total number of monitoring observations each week.

The average time of sessions among groups is 1.86 hours (Fig 8). There has been some error in reporting time which has led to 4 outliers. Likewise, on average, 9 individuals attend the male/female sessions, and 17 individuals attend couple/family sessions.

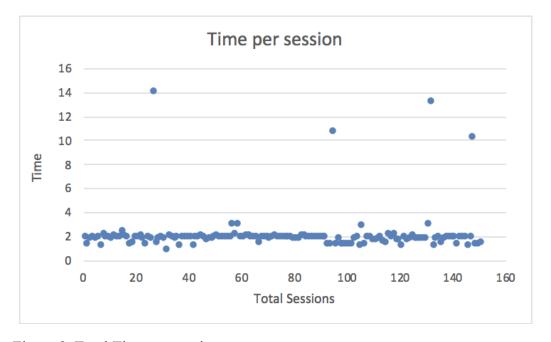


Figure 8. Total Time per session

The most concerning variable dealt with personal and safety concern of an LDAG member or a community member. 43 out of 151 monitoring sessions indicated that there were no concerns of personal safety or violence of a group member at home. All of these reports were filled by FM 2. The rest of the 108 monitoring sessions indicated concerns of person safety or violence of a group member. Similarly, 33 out of 151 monitoring sessions indicated that there were no concerns of personal safety or violence. All of these reports were filled by FM 2. The rest of the monitoring sessions indicated concerns of person safety or violence at home of a community member.

#### 4.3. Formative work

Utilizing the six essential Steps for Quality Intervention Development framework, it can be confirmed that an in-depth analysis was performed before the start of the project. Table 1 summarizes the extensive research and scientific papers that were published by the research team before the start of the project.

Findings from the Change trial highlight positive shifts among couples involved in the intervention, an overall growing acceptability and practice of more gender equitable relationships in their marriages, and a reduced acceptability and perpetration of IPV as a result of their involvement in the groups. (Cardoso et al., 2019; Clark, Cheong, et al., 2019; Clark, Ferguson, et al., 2019; Clark et al., 2018) indicates that the research team had a comprehensive understanding of the issue of IPV in Nepal. Paper by (Kalk et al., 2021) examined and identified factors that could be changed to have the most potential for addressing IPV in Nepal. The third step is to identify how to bring about change through the project. (Cislaghi et al., 2019) discusses the importance of organized diffusion for scaling for community health promotion interventions, a new adaptation to Change Starts at Home project. After seven years of implementation, the research team gathered

enough evidence of the effectiveness of the intervention. (<u>Clark et al., 2020</u>; <u>Kalk et al., 2021</u>; <u>McGhee et al., 2019</u>) provide robust evidence of the effectiveness and impact of this intervention.

Table 1. Summary of the evidence supporting formative work

	Status of completion	Evidence
1. Define and understand the problem and its causes.	Yes	(Cardoso et al., 2019; Clark, Cheong, et al., 2019; Clark, Ferguson, et al., 2019; Clark et al., 2018)
2. Clarify which causal or contextual factors are malleable and have the greatest scope for change.		(Kalk et al., 2021)
3. Identify how to bring about change: the change mechanism.	Yes	(Cislaghi et al., 2019; Clark et al., 2021; Francis et al.)
4. Identify how to deliver the change mechanism.	Yes	(Cislaghi et al., 2019) (Clark et al., 2021)
5. Test and refine on a small scale.	Yes	(Clark et al., 2021) (Clark, McGhee, et al., 2019)
6. Collect sufficient evidence of effectiveness to justify rigorous evaluation/implementation.	Yes	(Kalk et al., 2021; McGhee et al., 2019) (Clark, McGhee, et al., 2019; Clark et al., 2020)

# 4.4. Theory of Change

The original *Change* communication and mobilization intervention relies on several theoretical models including: the Socio-Ecological Model to conceptualize the multiple contexts and factors that influence behavior change, the Steps to Behavior Change Framework, and the Integrative Model of Behavior Prediction to anchor project activities and curriculum to particular stages and entry points toward behavior change. Collectively, the theoretical underpinning of the project

recognizes that change is a process, although not necessarily linear, that occurs within embedded contexts of interpersonal, social and political context.

However, a theory of change specifically designed for the *Change Starts at Home* project isn't present (Fig 9). Even though this project has been running for about seven years now, with new adaptations, it is essential that a new theory of change is established. This will help EAI, and the research team understand why and how change is expected to happen through this specific project. Figure 9 is the current theory of change being used for the project. While it contains some critical components of the theory of change, it lacks clear and defined pathways of change specific to the project as well as underlying assumptions.

### 4.5. Logical Framework

Change Starts at Home has established a matrix (Appendix 3). However, it is lacking some critical components:

- 1. Indicator, frequency and responsible party is missing for all outcomes.
- 2. The listed frequency is vague. For example: an indicator may be listed as 'quarterly'. Does this mean it will be collected every quarter or every quarter after the first year?
- 3. Some of the parties listed for data collection are not relevant.
- 4. Indicator for the goal level is missing.
- 5. Frequency for many indicators is missing.

Table 2 summarizes the status of all indicators used in the project. All of the indicators listed in the matrix lack clarity and specificity in various areas. The title, purpose, method of measurement aren't clearly defined. Similarly, there is no information on the strengths and weaknesses of indicators and the challenges associated with them. In summary, besides listing the indicators in

the matrix, there is no additional information on the indicators. There is some information regarding the frequency of data collection; however, it isn't clearly stated throughout the matrix (Appendix 3).

Table 2. Indicators Checklist

	Status of
	completion
Does the indicator have a clearly stated title and definition?	No
Does the indicator have a clearly stated purpose and rationale?	No
Is the method of measurement for the indicator clearly defined,	No
including the description of the numerator, denominator and	
calculation, where applicable?	
Are the data collection methodology and data collection tools for the	Partial
indicator data clearly stated?	
Is the data collection frequency clearly defined?	Partial
Is any relevant data disaggregation clearly defined?	No
Are there guidelines to interpret and use data from this indicator?	No
What are the strengths and weaknesses of the indicator and the	No
challenges in its use?	
Are relevant sources of additional information on the indicator cited?	n/a

# **Chapter 5: Discussion**

### **5.1.** Interactive voice response

IVR seems to be an effective method to collect feedback on the radio program. However, outgoing monthly promotional calls seem to be ineffective as most of the calls are hung up soon after the welcome message. EAI team must re-focus and reconsider their investment on this type of IVR. Similarly, the hung-up percentage for the radio program option is high. This could be because

callers are hanging up the call between or around the end of the radio program. There seems to be a low number of incoming calls from individuals 50 and above. This could be because they do not have access to a mobile phone or have difficulty interacting with IVR.

### **5.2.** Monitoring Data

EAI should set a definite number/percent of sessions that need to be captured for each group, if possible. Likewise, underreporting is a huge limitation as not all the monitoring that is being done is being captured. A clear expectation of the percent of LDAG groups should be set which could be monitored to establish if that minimum expectation was achieved. Also, expectations about more frequent visits to poorly performing groups should be discussed. Data has shown that some groups have been heavily monitored while some have only been monitored once or twice. Poor performing groups would be expected to be monitored more heavily to reinforce corrective measures and ensure quality standards are being met. An important adjustment that needs to be made in the monitoring tool is a clear definition of what 1-5 represent. These values are being interpreted differently, making them less informative. Anchors for what each of the ratings means might be added or the items changed to be very specific behaviors that are either observed or not observed.

Also, it is not clear that the safety flags are being interpreted the same. It will be important to clarify how the safety items are being interpreted and make sure that safety flags are meaningful. It will also be important to document what has been done about the safety flag in addition to the flag itself.

#### 5.3. Evaluation of the monitoring plan

The research team has utilized different implementation science frameworks such as CFIR for the Change Starts at Home Project. Using such models and frameworks has strengthened the project and increased the likelihood of successful implementation. Additionally, previous adaptations of the project ensured that the program was designed with much evidence and research. However, this evaluation shows that EAI needs to revise and establish a proper monitoring plan. Currently, it lacks an updated theory of change, a logic model and a log frame. Even though components of theory of change and log frame are present, it isn't complete. As an M&E officer was present at the beginning of the project, these components should have been reviewed properly.

The theory of change requires a detailed pathway that is needed to achieve the goal of the project. One suggestion is to clearly define what positive outcomes for couples and community are. Additionally, assumptions and risks must be included. These components are critical to building a strong foundation. Likewise, the *Change Starts at Home* project currently lacks a logic model. While it is not necessary, having a logical model will ensure all stakeholders (funders, researchers, implementers) have a clear understanding of the project. Additionally, the log frame of the project is very weak and has many missing components. Revision of the log frame is necessary.

# **Chapter 6: Recommendations**

Based on the analysis of this paper, it is recommended that EAI follow the process listed below to generate a monitoring plan that is aligned with best practices.

# 6.1. Project Summary

Project summary provides a brief overview of the project and ensures that everyone involved in the project is aware of the entirety of the project. Table 3 includes the title of the project, starting date, partners, duration, goal, etc. Overall, a project summary provides clarity and provides a roadmap of the project. Looking at Table 3, we can quickly tell when the project started, when it will end, who the stakeholders are, what the goal of the project is, and how much funding went into the project.

Table 3. Change Starts at Home Program Summary

Title	Change Starts at Home - Organized Diffusion for Intimate Partner
	Violence Prevention
Starting Date	January 2020
Duration	2.5 years
Partners	EAI: Equal Access International
	VDRC: Vijaya Development Resource Center
Target Area	10 communities in Nawalpur, a district in the Terai region of Nepal
Beneficiaries	400 Listening and Discussion Group (LDAG)
Cost	750K USD
Funding Source	Anonymous Donor
Goal	The long-term goal of the intervention is for couples, household,
	communities and government entities in Nepal to uphold and promote
	positive gender norms rooted in dignity, equality and safety for all women
	and girls.

# 6.2. Theory of Change

Theory of Change helps to ensure that public health programs are evidence-based, culturally appropriate and aligned with the overall goal of the project. The theory of change currently being used could be adapted to the project by adding assumptions and risks and addition of Phase 3: diffusion activities.

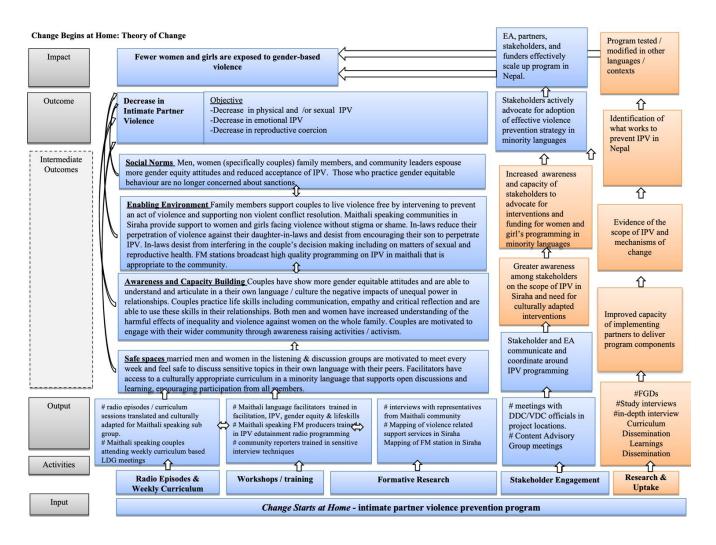


Figure 9. Change Starts at Home Theory of Change

#### 6.3. Logical Framework

Logical framework is a systematic way to identify and define project goals, outcomes, outputs, and activities. It is a structured approach to project design, communication and M&E. It ensures that all aspects of a project are considered during project design. During project implementation, it helps keep track of project activities and measure outcomes and outputs.

Table 4 is a brief example of how a logical framework (log frame) for this project can look like. Please note that this isn't a complete logic model for this project. In this log frame, we see four columns. The first column labelled as 'narrative summary' provides a space to list our intended goals, outcomes, outputs, activities for the project. The second column allows us to include the indicators we will be using to collect data at each level. The third column lists the means of verification needed to collect data for those indicators. This column should also include the frequency of data collection. Lastly, the fourth column is used to list the assumptions and risks associated with each level.

Table 4. Change Starts at Home Logical Framework

Narrative Summary	Indicators	Means of Verification	Assumptions/Risks
Goal		Evaluation findings	Assumptions:
Couples, households,		(Baseline, Midline,	Positive gender norms
communities and		Endline)	changes achieved by the
government entities in			end of the program will
Nepal uphold and			be maintained over time
promote positive gender			
norms rooted in dignity,			
equality and safety for	(Identified by	(Performed by	
all women and girls.	evaluation team)	evaluation team)	
Outcome	1a. No. of diffusion	1a. Diffusion phase	Assumptions:
1. Diffusion of	activities held within	monitoring report	Ward Chairs will
intervention uptake and	core communities and		support the program
impact (on attitudes,	neighboring		diffusion activities in
norms and IPV	communities.		their ward.
prevalence) within the			
core communities and			
neighboring			Risks:
communities			LDAG
			members/facilitators
			have violent
			households.
Outputs	1.1a. No. of group	1.1a. IVR with	Assumptions:
1.1 Facilitators and	members following	community members,	LDAG members are
LDAG members	positive gender norms	case stories	able to retain the
promote positive gender	and attitudes		information discussed
norms and the need for a			during LDAG sessions.

violence free home/community			Risks: LDAG members have violent households themselves.
Activities	1.1.1 a. No. of	1.1.1 a. Training	Assumptions:
1.1.1 Facilitators trained	facilitators trained on	attendance records	Facilitators are able to
on the subject matter	the subject matter		retain the information
1.1.2 Weekly LDAG			provided in the training
sessions conducted		1.1.1 b. Pre and posttest	
	1.1.2 a No. of weekly	after training	
	LDAG sessions conducted		Facilitators are committed and
		1.1.2 a. Big Change app	motivated to volunteer
			and carry the LDAG
			sessions.
			Risks:
			Facilitators have to
			move or leave the
			program.

#### 6.4. Indicators

It is critical to have clearly defined indicators. It ensures that a project's performance is properly tracked and evaluated i.e, it provides a clear understanding of what is being measured and how progress will be evaluated. Additionally, it allows transparency on key indicators to all stakeholders. To properly capture the impact of a project, progress against key indicators can be evaluated. For each indicator listed in the logical framework, a detailed description of the indicator must follow. An example is provided in Table 5.

Table 5. Change Starts at Home Indicator Description

Indicator	LDAG session attendance

Definition	Number of LDAG sessions conducted per week for 40-weeks.
Purpose	Attendance can help us gauge the level of engagement and help us add
	contextual information to other data collected.
Baseline	n/a
Target	>=80%
Data Collection	Data will be collected at the beginning of each LDAG session
Tool	Big Change App
Frequency	Weekly
Responsible	Field facilitators
Reporting	The data will be reported to EAI and Emory via the Big Change app.
Quality Control	The M&E Officer will analyze the attendance data as they come in. If any
	case is flagged/highlighted, the M&E manager will follow up.

## 6.5. Roles and Responsibilities

To maintain accountability and to ensure efficiency, a section detailing roles and responsibilities is critical. Table 6 is an example that can be utilized. The table defines tasks and duties for each stakeholder, improving communication among all stakeholders. With clearly defined tasks and responsibilities, all stakeholders can work together to ensure that the project is completed successfully.

Table 6. Change Starts at Home Roles and Responsibilities

Role	Responsibility	Frequency
Monitoring Data Supervision	VDRC Program manager/EAI	Weekly
	M&E manager	
<b>Monitoring Data Collection by Type</b>		
Field Monitoring Data	EAI M&E Manager	Weekly
IVR Data	EAI M&E Manager	Weekly
Diffusion Phase Monitoring Data	EAI M&E Manager	Weekly (Diffusion
		phase)
Decisions made on data and	EAI M&E manager and Project	Ad Hoc
adaptations	Manager	
Data Management	EAI M&E Manager	Monthly
Data Analysis	M&E Manager	Bi-Monthly
Quarterly Monitoring Reports	M&E Manager	Quarterly

#### 6.6. Data Flow and Management

Data Flow is a critical component of any project. It holds parties responsible and ensures that necessary information is shared among all stakeholders. Critical information might not be passed on to relevant stakeholders if a proper data flow isn't set up. On the long run, with proper access of timely information, informed decisions can be made.

Figure 2 is an example of how the data flow can be set up for the project. Here, we can see that the data collected from facilitators and field monitoring through VDRC go to the EAI Nepal Team. Any information or concerns flagged by VDRC will be forwarded to EAI. Information will also regularly flow back to the field (VDRC/field facilitators and field monitors) through the EAI M&E Manager. A formal structure for both information dissemination and quality control should be set up. This feedback and frequent communication will allow necessary improvements and adjustments to improve program implementation. Additionally, feedback on program performance can also enhance collaboration and communication among several stakeholders.

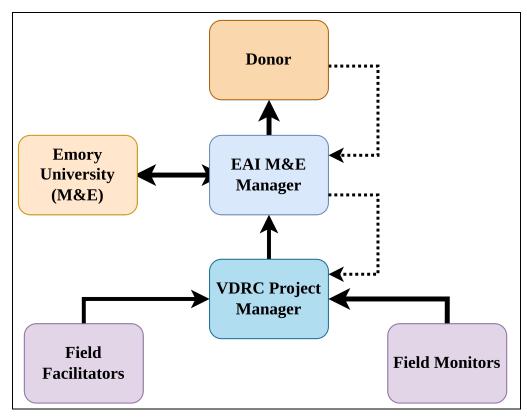


Figure 10. Change Starts at Home Data Flow

A system to assess progress toward project objectives should be developed before the start of the project. This plan would identify the format that the analysis will take by indicator and could include a reporting template. This level of preparation will allow the team to identify potential challenges in indicator definition and data collection processes. Adjusting the analysis plan over time to incorporate learnings will be useful to ensure that best practices are being followed and that the project has a well-tuned data analysis strategy and reporting format for future project deployment. The template below can be used to organize and present data in a structured and clear way.

Table 7. Analysis and Reporting Template

Objectives	Indicators	Data Sources	Analysis Strategy	Reporting Format	Dissemination Frequency

Data Management allows proper collection, storage and analysis of information. Proper data management allows organizations to monitor progress and make informed decisions; increases operational efficiency; and properly translate research findings. A section informing storage, analysis and privacy is critical to strong and ethical data management.

# **Chapter 7: Conclusion**

Change Starts at Home is an evidence-based intervention that has been positively impacting different communities in Nepal. However, the lack of standardized and strong monitoring and evaluation system can impact the proper assessment of this impact. Even though monitoring and evaluation can be challenging for a complex social change project, it is important for EAI to set up a flexible and evolving M&E plan to capture the complex and non-linear form of social change. This monitoring plan will allow EAI to monitor the impact of their activities, appeal to funders and ensure best practices are being followed. With a proper M&E system, EAI will be able to achieve their long-term goal of couples, households and communities upholding and promoting positive gender norms rooted in dignity, equality and safety for all women and girls. It should be noted that the evaluation portion of the M&E wasn't included here.

### **Chapter 8: References**

- Bonell, C., Fletcher, A., Morton, M., Lorenc, T., & Moore, L. (2012, Dec). Realist randomised controlled trials: a new approach to evaluating complex public health interventions. *Soc Sci Med*, 75(12), 2299-2306. https://doi.org/10.1016/j.socscimed.2012.08.032
- Campbell, C., & Jovchelovitch, S. (2000, 2000/07/01). Health, community and development: towards a social psychology of participation [https://doi.org/10.1002/1099-1298(200007/08)10:4<255::AID-CASP582>3.0.CO;2-M]. *Journal of Community & Applied Social Psychology, 10*(4), 255-270. https://doi.org/https://doi.org/10.1002/1099-1298(200007/08)10:4<255::AID-CASP582>3.0.CO;2-M
- Cardoso, L. F., Clark, C. J., Rivers, K., Ferguson, G., Shrestha, B., & Gupta, J. (2019). Menstrual restriction prevalence and association with intimate partner violence among Nepali women.
- Carlson, C. (2021). SASA! Mobilizing Communities to Inspire Social Change. https://raisingvoices.org/wp-content/uploads/2021/12/SASA Overview.pdf
- Catherine L. Wisner, T. P. G., Linda E. Saltzman, & Zink, T. M. (1996). Intimate Partner Violence Against Women: Do Victims Cost Health Plans More? *The Journal of Family Practice*, 48(6), 439-449.
- Cislaghi, B., Denny, E. K., Cissé, M., Gueye, P., Shrestha, B., Shrestha, P. N., Ferguson, G., Hughes, C., & Clark, C. J. (2019, 2019/08//). Changing Social Norms: the Importance of "Organized Diffusion" for Scaling Up Community Health Promotion and Women Empowerment Interventions. *Prevention science: the official journal of the Society for Prevention Research*, 20(6), 936-946. https://doi.org/10.1007/s11121-019-00998-3
- Clark, C. J., Batayeh, B., Shrestha, P. N., Morrow, G., Shrestha, B., & Ferguson, G. (2021, Oct). Diffusion in social norms change about violence against women: A longitudinal analysis of intervention data from a cluster randomised trial. *Glob Public Health*, *16*(10), 1618-1630. <a href="https://doi.org/10.1080/17441692.2020.1828984">https://doi.org/10.1080/17441692.2020.1828984</a>
- Clark, C. J., Cheong, Y. F., Gupta, J., Ferguson, G., Shrestha, B., Shrestha, P. N., & Yount, K. M. (2019). Intimate partner violence in Nepal: Latent patterns and association with depressive symptoms. *SSM Population Health*, *9*(100481). <a href="https://doi.org/10.1016/j.ssmph.2019.100481">https://doi.org/10.1016/j.ssmph.2019.100481</a>

- Clark, C. J., Ferguson, G., Shrestha, B., Shrestha, P. N., Batayeh, B., Bergenfeld, I., Chang, S., & McGhee, S. (2019). Mixed methods assessment of women's risk of intimate partner violence in Nepal. *BMC Women's Health 19*. https://doi.org/10.1186/s12905-019-0715-4
- Clark, C. J., Ferguson, G., Shrestha, B., Shrestha, P. N., Oakes, J. M., Gupta, J., McGhee, S., Cheong, Y. F., & Yount, K. M. (2018). Social norms and women's risk of intimate partner violence in Nepal. *Social science & medicine (1982)*. <a href="https://doi.org/10.1016/j.socscimed.2018.02.017">https://doi.org/10.1016/j.socscimed.2018.02.017</a>
- Clark, C. J., McGhee, S., Ferguson, G., Shrestha, B., Shrestha, P., Oakes, J. M., & Gupta, J. (2019). Change Starts at Home: Baseline report of a trial to prevent intimate partner violence among married couples in Nepal.
- Clark, C. J., Shrestha, B., Ferguson, G., Shrestha, P. N., Calvert, C., Gupta, J., Batayeh, B., Bergenfeld, I., & Oakes, J. M. (2020, 2020/04/01/). Impact of the Change Starts at Home Trial on Women's experience of intimate partner violence in Nepal. *SSM Population Health*, 10, 100530. <a href="https://doi.org/10.1016/j.ssmph.2019.100530">https://doi.org/10.1016/j.ssmph.2019.100530</a>
- Crawford, P., & Bryce, P. (2003, 2003/07/01/). Project monitoring and evaluation: a method for enhancing the efficiency and effectiveness of aid project implementation. *International Journal of Project Management*, 21(5), 363-373. <a href="https://doi.org/10.1016/S0263-7863(02)00060-1">https://doi.org/10.1016/S0263-7863(02)00060-1</a>
- DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014, Jul-Aug). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggress Violent Behav*, 19(4), 346-362. <a href="https://doi.org/10.1016/j.avb.2014.05.004">https://doi.org/10.1016/j.avb.2014.05.004</a>
- Elkins, C. (2006). *Monitoring and Evaluation (M&E) for Development in Peace-Precarious Situations* International Studies Association, Town & Country Resort and Convention Center, San Diego.
- Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015, Apr 18). Prevention of violence against women and girls: what does the evidence say? *Lancet*, 385(9977), 1555-1566. <a href="https://doi.org/10.1016/s0140-6736(14)61703-7">https://doi.org/10.1016/s0140-6736(14)61703-7</a>
- Ferguson, L. Working paper series: A theory of change for training for gender equality.

  <a href="https://trainingcentre.unwomen.org/RESOURCES\_LIBRARY/Resources\_Centre/01%20">https://trainingcentre.unwomen.org/RESOURCES\_LIBRARY/Resources\_Centre/01%20</a>

  Theory%20of%20Change.pdf

- Francis, S., Shrestha, P. N., Shrestha, B., Ferguson, G., Batayeh, B., Hennink, M., & Clark, C. J. (2020). The Influence of Organised Diffusion on Social Norms Change: Addressing Intimate Partner Violence in Nepal. *Europe PMC*.
- Fulu, E., Kerr-Wilson, A., Lang, J., Gibbs, A., Jacobson, J., & Jewkes, R. (2014). What works to prevent violence against women and girls. *Evidence Review of interventions to prevent violence against women and girls Pretoria: Medical Research Council*, 1580-1589.
- Hartley, J. E., McAteer, J., Doi, L., & Jepson, R. (2019). CARE: The development of an intervention for kinship carers with teenage children. *Qualitative Social Work, 18*(6), 926-943. https://doi.org/10.1177/1473325018783823
- Haylock, L., & Miller, C. (2016). Merging Developmental and Feminist Evaluation to Monitor and Evaluate Transformative Social Change. *American Journal of Evaluation*, *37*(1), 63-79. <a href="https://doi.org/10.1177/1098214015578731">https://doi.org/10.1177/1098214015578731</a>
- Hope, S. f. (2023). *Resources for community-based HIV prevention, care and support*. Retrieved April 18 from <a href="http://www.stratshope.org/resources/stepping">http://www.stratshope.org/resources/stepping</a> stones
- Howarth, E., Devers, K., Moore, G., O'Cathain, A., & Dixon-Woods, M. (2016). Contextual issues and qualitative research. In *Challenges, solutions and future directions in the evaluation of service innovations in health care and public health*. NIHR Journals Library.
- Jili, N. (2016). Challenges in implementing monitoring and evaluation (M&E): the case of the Mfolozi Municipality.
- Kalk, T., Shrestha, B., Shrestha, P. N., Ferguson, G., Bergenfeld, I., Robbin, Z., & Clark, C. J. (2021, 2021/04/03). A qualitative examination of alcohol use and IPV among Nepali couples in a violence prevention intervention. *Global Public Health*, *16*(4), 597-609. <a href="https://doi.org/10.1080/17441692.2020.1833959">https://doi.org/10.1080/17441692.2020.1833959</a>
- Lacayo, V., Obregón, R., & Singhal, A. (2008). Approaching social change as a complex problem in a world that treats it as a complicated one: The case of Puntos de Encuentro, Nicaragua. *Investigación y Desarrollo, 16*(2), 126-159.
- Makleff, S., Garduño, J., Zavala, R. I., Valades, J., Barindelli, F., Cruz, M., & Marston, C. (2021). Evaluating Complex Interventions Using Qualitative Longitudinal Research: A Case Study of Understanding Pathways to Violence Prevention. *Qualitative Health Research*, 31(9), 1724-1737. <a href="https://doi.org/10.1177/10497323211002146">https://doi.org/10.1177/10497323211002146</a>

- McGhee, S., Shrestha, B., Ferguson, G., Shrestha, P. N., Bergenfeld, I., & Clark, C. J. (2019). "Change Really Does Need to Start From Home": Impact of an Intimate Partner Violence Prevention Strategy Among Married Couples in Nepal. *Journal of Interpersonal Violence*, *36*, NP7840 NP7867.
- Ministry of Health MOH/Nepal, New ERA/Nepal, & ICF. (2017). *Nepal Demographic and Health Survey 2016*. http://dhsprogram.com/pubs/pdf/FR336/FR336.pdf
- Neumann, J., Robson, A., & Sloan, D. (2018, 2018/02/01/). Monitoring and evaluation of strategic change programme implementation—Lessons from a case analysis. *Evaluation and Program Planning*, 66, 120-132. <a href="https://doi.org/https://doi.org/10.1016/j.evalprogplan.2017.09.012">https://doi.org/https://doi.org/10.1016/j.evalprogplan.2017.09.012</a>
- R Jewkes, S. W., L Heise, L Washington, N Shai, A Kerr-Wilson, N Christofides. (2020). Effective design and implementation elements in interventions to prevent violence against women and girls.
- Robson, C. (2002). Real world research: A resource for social scientists and practitioner-researchers. Wiley-Blackwell.
- Rossi, P. H., Lipsey, M. W., & Henry, G. T. (2018). *Evaluation: A systematic approach*. Sage publications.
- Russ-Eft, D., & Preskill, H. (2009). Evaluation in organizations: A systematic approach to enhancing learning, performance, and change. Basic Books.
- Stern, E., Willan, S., Gibbs, A., Myrttinen, H., Washington, L., Sikweyiya, Y., Addo-Lartey, A., Mastonshoeva, S., & Jewkes, R. (2021, Dec). Pathways of change: qualitative evaluations of intimate partner violence prevention programmes in Ghana, Rwanda, South Africa and Tajikistan. *Cult Health Sex*, 23(12), 1700-1716. https://doi.org/10.1080/13691058.2020.1801843
- Tirman, L., Biggs, H., Morrison, K., Manner, J., Sivaramakrishnan, D., Baker, G., & Jepson, R. (2021, 2021/12/01/). Stand Up for Health: Programme theory for an intervention to reduce sedentary behaviour in contact centres. *Evaluation and Program Planning, 89*, 102002. <a href="https://doi.org/https://doi.org/10.1016/j.evalprogplan.2021.102002">https://doi.org/https://doi.org/10.1016/j.evalprogplan.2021.102002</a>
- Van Rooyen, H., Essack, Z., Rochat, T., Wight, D., Knight, L., Bland, R., & Celum, C. (2016). Taking HIV testing to families: designing a family-based intervention to facilitate HIV testing, disclosure, and intergenerational communication. *Frontiers in public health*, 4, 154.

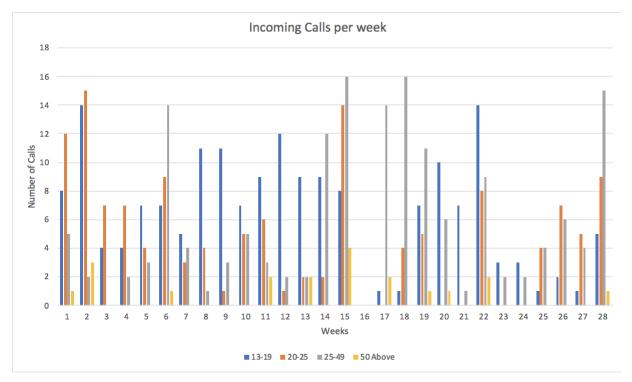
- WHO. (2021). *Violence against women*. <a href="https://www.who.int/news-room/fact-sheets/detail/violence-against-women">https://www.who.int/news-room/fact-sheets/detail/violence-against-women</a>
- Wight, D., Wimbush, E., Jepson, R., & Doi, L. (2016, May). Six steps in quality intervention development (6SQuID). *J Epidemiol Community Health*, 70(5), 520-525. https://doi.org/10.1136/jech-2015-205952
- Wingood, G. M., Scd, & DiClemente, R. J. (2000, Oct). Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Educ Behav*, 27(5), 539-565. <a href="https://doi.org/10.1177/109019810002700502">https://doi.org/10.1177/109019810002700502</a>

# **Chapter 9: Appendices**

**Appendix 1: Captured percentage for each group** 

Group	Field Monit or	Captured Percenta ge	Field Monit or	Captured Percentage
A	1	3.3%	1	2.6%
G	1	.6%	1	1.9%
G/S	1	1.9%	1	1.3%
JB	1	1.9%	1	1.3%
JB/M	1	1.3%	1	.6%
PB	1	2.6%	1	1.3%
S	1	3.3%	1	1.3%
SG	1	1.9%	1	1.9%
С	2	1.3%	2	1.9%
H/C	2	.6%	2	1.3%
CD	2	1.9%	2	.6%
P/CD	2	1.9%	2	3.3%
P	2	2.6%	2	1.9%
MS	2	1.9%	2	1.9%
SL	2	3.3%	2	3.9%
K	2	.6%	2	1.3%
PN	2	1.9%	2	.6%
SF	2	.6%		
AN	3	1.9%	3	1.9%
Е	3	4.6%	3	1.9%
SH	3		3	.6%
DD	3	1.9%	3	1.9%
MK	3	.6%	3	.6%
LG	3	3.9%	3	.6%
MB	3	3.3%	3	2.6%
SV	3	3.3%	3	1.3%
SR	3	1.3%	3	.6%

Appendix 2: Incoming calls per week



Appendix 3: Change Starts at Home Logical Framework

	Statement	Indicators	Means of verification	Frequency	Responsible
	Couples, households, communities and government entities in Nepal uphold and promote positive gender norms rooted in dignity, equality and		Evaluation findings		
	safety for all women and		(Baseline, Midline,	Baseline, Midline,	External Research
Goal	girls.		Endline)	Endline	Partner

	Implementatio n of the complete Change + Diffusion program, including a couple's intervention and a community level diffusion strategy, supports movement building against IPV in communities				
Outcome 1	in Nepal.				
Intervention	1.1. Curriculum Digitization				
	1.2. Trained facilitators facilitate weekly LDAG meetings 1.3. Organized Diffusion:	No. of weekly meetings carried out by the group facilitators	Quarterly report; Bigchange application	Quarterly; Real time	Data entry: Group facilitator; Data review: MEL Manager
	1.4. Media Mobilization  1.5. Integration of programming with local government structures	No. of audiences reached through social media  No. of activities carried out in coordination with local authorities	Social media analytics  Quarterly report	Monthly basis  Quarterly	ICT4D Officer; MEL Manager- EAI  Program Manager- VDRC
Outcome 2	Study generates novel evidence and insights to inform and refine implementatio				

	n strategies, intervention design and research tools for more scalable and sustainable social norms programming				
Intervention	2.1. Obtain the necessary Government and ethical approvals to conduct the study and ensure a robust safety plan is in place.				
	2.2. In partnership with our research team hire and train the enumerators sourced from data collection teams identified through previous iterations of the Change and Diffusion studies.	No. of enumerators trained on the research tools	Event report	Monthly	EAI- MEL Manager
	2.3. Mobilize teams to conduct the qualitative and quantitative formative and baseline assessment in 3 of the 10 intervention communities and 3				

	neighboring			
	communities.			
	2.4			
	2.4. The			
	research team will analyze			
	will analyze the data to			
	examine data to			
	individual and			
	community			
	associations of			
	attitudes,			
	norms and IPV			
	exposure. EAI			
	will use the			
	formative			
	findings to			
	inform the			
	intervention			
	roll out and			
	implementatio			
	n plan.			
	2.5. The			
	research team	,		
	and EAI will			
	jointly publish			
	findings from			
	the data in peer			
	reviewed	reviewed	D (1.1	EAI-Gender and
	articles.	articles	Peer articles	SBCC Director
	Couples in			
	core			
	communities			
	exposed to the			
	Change intervention			
	(40 groups			
	across 10			
	communities)			
	form "mini			
	norms			
	incubators",			
	adopting			
	positive			
	changes in			
	gender norms			
	and behaviors			
	and report a			
Outcome 3	reduction in			

Intervention	3.1. Roll out intervention with 200 couples across 10 sites.  3.2. Measure and assess changes in couples	% of women and men reporting positive changes in gender norms and behavior after their association in Change intervention (disaggregated by sex; disaggregated by change-change in themselves,	Couple feedback form, IVR with LDAG after end of each phase of	Feedback form: afrer each couple session: IVR survey: after end of each phase; case	
Outcome 4	Diffusion of intervention uptake and impact (on attitudes, norms and IPV prevalence) within the core communities and neighboring communities  4.1. Facilitators trained by EAI	relationship, their children)  No. of facilitators	curriculum; Case stories  Quarterly	stories: quarterly	Program Manager

booster (12 monthly sessions), which they roll out with their groups 4.2. Local partner (VDRC), facilitators and group	No. of sessions facilitated by VDRC, facilitators and group			
members facilitate sessions with community members	members with community members (disaggregated by sex)	Quarterly Report	Quarterly	Program Manager- VDRC
4.3. Facilitators and group members promote positive gender norms and the need for a violence free home / community	No. of group members following positive gender norms and attitudes  No. of faciliattors following positive gender norms and attitudes	IVR with community members, case stories  Internal assessment with staffs	IVR survey- after end of each phase; case stories- quarterly  Baseline, Midline, Endline	IVR- MEL Manager; Case stories: Senior Program Officer, M&E officer
4.4. Facilitators and group members hold regular appreciation meetings for households deciding to publicly pledge to live violence free, hoist a flag and follow the new positive gender norms.	No. of participants in the appreciation meetings held by facilitators and group meetings	Quarterly Report	Quarterly	Program Manager- VDRC

	No. of community people hoisting a flag reflecting a violence free enviroment at home.  No. of community people following positive gender norms and attitudes	Quarterly Report	Quarterly	Program Manager- VDRC  Case stories: Senior Program Officer, M&E officer
4.5. Government officials, GBV watch group members and other key influential leaders / bridges hold exposure visits, meetings and interactions with their peers, colleagues, and networks in the neighboring communities.	No. of actors and infleuntiars participating in the exposure visits and meetings in the neighbouring communities (disagggregate d by government official, GBV watch groups, key influential leaders)	Quarterly Report		VDRC
4.6. Social media campaign launched and managed to ensure broad public awareness on the issue, provide online access to the intervention tools and impacts and amplify the call for violence free		•		

households communiti		