

White Paper

Scoping Exercise on the Prevention of Sexual and Gender-Based Violence in Conflict

November 2019; Written by Francisca Vigaud-Walsh, Consultant

BACKGROUND

Introduction

InterAction is leading an effort to develop a “Results-Based Evaluation Framework for SGBV¹ Prevention in Humanitarian Crises” in order to track SGBV prevention and demonstrate outcomes in the form of measurably reduced risk. It is expected that such a framework will be practical enough for field-level use across crisis contexts where a diversity of SGBV risks are experienced by diverse population groups.

In recognition of humanitarian actors’ increasing interventions in the areas of primary and secondary prevention of SGBV, InterAction commissioned an initial ‘SGBV prevention scoping study’ to understand the current landscape of *effective* prevention strategies that are designed to address a diverse spectrum of SGBV risks in humanitarian settings.

The scoping study consisted of a ‘literature analysis’ and stakeholder consultations with a view to meeting the following key objectives:

- Identify SGBV risk patterns and underlying drivers that give rise to risks;

Highlights: The literature did not allow an assessment of what/how organizations identified risk patterns, and whether/how the risk patterns were used to design a program of interventions informed by a theory of change. However, it was clear that there is a general conflation of all elements of the risk equation – risk, threat, vulnerability and capacities – across most documents (program descriptions and guidance documents). Vulnerabilities were generally not analyzed in relation to threats. Discussion of capacities (and how they were leveraged in programs) were nearly entirely absent.

- Identify the current range of interventions and strategies aimed at preventing each risk pattern, while identifying potential gaps in strategies and interventions;

Highlights: Literature and systematic reviews of interventions could not measure the quality of the interventions and strategies, and overall there is an absence of data on risk patterns to inform design. Gaps in strategies and interventions for the following sub-population groups exist: Men and Boys; Male perpetrators (as men who have been exposed to violent episodes, which researchers are finding positively correlates with exposure to violent episodes); Sexual minorities; the elderly, people living with HIV/AIDS, people living with disabilities; men that do not see themselves as bound by social norms; adolescent girls; children affected by IPV and other forms of violence in the household. Gaps in guidance and interventions per risk pattern include early marriage, transactional sex, FGM/C, slavery and trafficking for sex, labor and other exploitative reasons.

¹ InterAction, in consultation with the Prevention Evaluation Framework Steering Committee, selected the term Sexual and Gender-Based Violence (SGBV) for this body of work. This term was used to ensure that the scoping exercise and the eventual proposed framework encompassed a diverse population of those who experience sexual and gender-based violence. It was used to avoid equating gender-based violence with violence against women.

- Identify any existing theories of change that underpin the current range of prevention interventions and strategies; and

Highlights: It is unclear in the literature to which degree global theories of change inform programming, and to which degree context-specific ones are developed to address risk patterns. According to those interviewed, there is a wide range of development, use and/or reliance on theories of changes to inform programming, depending on the expertise and size of the agency.

- Identify any existing measures used to monitor/determine effective SGBV prevention.²

Highlights: It is unclear if program indicators are fit for purpose and used to measure impact, rather than outputs, and there is a need to explore both qualitative indicators and proxy indicators. There are recent instances where new indicators for innovative interventions have been developed for social norms change programs, as they were previously inexistent (according to researchers).

Methodology

Literature Analysis - The initial scope of work called for a literature review of a list of pre-selected materials that comprise Guidelines, Handbooks and Best Practice Documents; Academic and/or Institutional Research; Program/Project Evaluations (program reviews or assessments rather than formal academic evaluations); and Approaches, Tools, and Methods for GBV Prevention M&E. (See Annex A: SGBV Prevention: A Literature Review – Draft 2 December, 2018 for the original document list) Additions to the list would be made following discussions with key stakeholders and relied, in part, on interviewees sharing their organizations’ tools and program documents. Criteria for literature inclusion such as intervention settings, prevention programming definition and other such parameters were established. (See Annex B: Scoping Planning Document)

After discussions with InterAction staff, it was determined that a full literature review was neither possible in the allotted time frame, nor was it necessary given the multiple academic literature reviews that were included in the pre-selected list. The consultant thus did a literature *analysis* of some twenty key documents, focusing on academic and institutional evaluations of SGBV prevention programs, where SGBV prevention and incidence reduction was the stated outcome of the evaluated program (in contrast to risk mitigation through other humanitarian streams of programming, such as shelter, WASH, food security, etc.) The focus on existing literature reviews permitted for a collation and analysis of institutional and academic perspectives of many more programs than what would have been permitted otherwise. In tandem, InterAction staff did a review of the remaining documents from the pre-selected materials, which the consultant studied and incorporated into the overall analysis. All documents were reviewed through a results-based protection lens, specifically keeping with the following considerations in mind:

² This exercise does not include a formal quality control of such monitoring measures.

- Whether the intervention analyzes or provides tools to understand the nuances of risks [Risk = Threat x Vulnerability/Capacity] in each intervention setting;
- Whether existing intervention strategies build from existing analyses of contexts or whether they are based on assumptions;
- How intervention strategies are tailored to each threat; and
- What are the inherent assumptions underlying prevention guidance document/program/study, and how were they arrived at?

Stakeholder Interviews – Semi-structured interviews were held with nearly all the reference and steering group members with a few exceptions, where travel or personnel leave presented scheduling conflicts. Further, interviews were held with some key stakeholders outside of the advisory group. The principal purpose of the interviews was to gather information (including further literature) on how organizational prevention interventions align with theories of change and understand expert views on challenges and opportunities to effective prevention program design, and monitoring an evaluation; these views were meant to further distill the findings from the literature analysis. Further, some interviewees shared their views on the proposed evaluation framework and recommendations for moving forward.

It was initially envisioned that a matrix would be developed to capture the full panoply of existing prevention interventions per risk patterns, as well as measurements for evaluating outcomes, amongst other things. (*See Annex C: Sample Draft Matrix*) This would have both provided the advisory committee a visual representation of the findings, as well as made for an easier and substantiated analysis. However, this exercise was rendered impossible for the following reasons:

- The information required to fill out this matrix was simply unavailable across the documentation studies – systematic reviews, literature reviews, guidelines. No document provided the level of detail required.
- No advisory group members (save one) provided any specific program documents (program proposals or descriptions, log frames, M&E frameworks, etc.) from which this information could be derived.
- Even if such program documents had been provided – and sufficient time allotted to the consultant for such an analysis – the matrix would prove to be misleading; risk pattern analyses (including definitions/understanding of each element of the risk equation) vary significantly per organization/individual, as might other variables (fidelity to intervention design at the time of implementation, quality of programming, etc.) The picture of current programming would be inaccurate.

LITERATURE ANALYSIS

Purposes of the Documents

The final selection of literature for analysis falls within a broad range of categories, from program design guidelines to effectiveness studies. Below is a representative sample of the diversity of selected documents for review. An analysis of these documents, per scoping study objectives, follows. Please note that save one exception, stakeholders did not forward organizational documents for analysis. This limited the analysis to what was publicly available and thus prevented the possibility of analyzing program proposals, monitoring and evaluation plans, etc.

Guidance for Program Design

- Provide recommendations on how to more effectively design GBV programming to encompass household violence/abuse/rape and to address the potential long-term consequences of children witnessing violence in their households.
- Share learning from the piloting of field tools to identify vulnerable adolescent girls, and safe, gender-specific livelihood options; share risk analysis guidance for livelihoods.
- Methods for reducing vulnerability during firewood collection – proposed fuel alternatives and protection strategies.
- Underscore importance of reaching underserved populations, including men and boys, LGBTQTI+.
- Humanitarian’s responsibilities vis-à-vis prevention.

Assessment of Risk Patterns

- Assessment of GBV risks facing urban refugees.
- Study on prevalence, forms, patterns and drivers of violence against women and girls (VAWG) in South Sudan, to inform specific recommendations to prevention and respond to partner and non-partner VAWG.

Studies to delineate effectiveness of program interventions

- To examine relationship between livelihood strategies and vulnerability to violence; identify promising examples of economic empowerment programs to reduce vulnerability to violence; provide guidance and tools to involve women to address risks of harm when earning income.
- To understand interventions that are effective in preventing GBV in refugee populations.
- Examination of prevention/support of women and girls in early phase of Haiyan response.
- Analysis of good practice in preventing and responding to GBV in humanitarian contexts.
- A ‘realist-informed’ systematic review of underlying mechanisms by which interventions appeared to reduce risk/incidence of sexual violence.
- Recent evidence on VAWG prevention, and what this tells us about effectiveness of interventions.

- Canvassing extent and impact of initiatives to reduce incidence, risk and harm of sexual violence, and contribute to a conceptual framework for understanding sexual violence forms, setting and interventions.
- Determine impact of a social norms intervention on changing harmful social norms associated with GBV.
- Examination of landscape of interventions in humanitarian contexts that may have applicability to primary prevention.

Elements of Methodology for Monitoring and Evaluation

- Pointers on monitoring and evaluating programs and projects that set out to change gender norms.
- UN statistical indicators on VAW.

Which GBV risks are documented and how are these risks measured

Risks patterns as set forth in the literature

Some guidance and program documents identified generic risk patterns, including the following:

- Even in conflict settings, women are more likely to experience rape or other forms of SGBV by someone they know rather than a stranger. Perpetrators are commonly husbands, boyfriends, neighbors and family members.
- The risks of SGBV increase with limited economic opportunities, as women resort to dangerous and/or desperate measures, such as transactional sex, or firewood collections for fuel and to sell, even in settings where sexual and other types of assault by armed actors and others during such collections is known to occur.
- Communities are disrupted, populations are moving and systems for protection are not fully in place. Acts of sexual violence can either be random or systematically used as a weapon of war. The experience of conflict and displacement, with their resultant socioeconomic impacts, such as loss of work and income, as well as changes in social roles and status, can destabilize communities and societies, creating divisions and potentially establishing violence [including SGBV] as a societal norm.
- Shifts in household power dynamics with men/partners suffering loss of status in conflict/displacement may result in an increase in intimate partner violence (IPV) (NB – one study looked at violence perpetrated by women in the household, presumably driven by conflict and displacement-related stressors.)
- Conflict-related sexual violence (CSRV) perpetrated against men and boys intersects with VAWG, presenting increased risks of SGBV for women and girls (although researchers note that further study is needed to understand the links.)

All program documents certainly make mention of and list out multiple components of the risk equation – threats, vulnerabilities and capacities (very infrequently!) as well as drivers, or

‘conditions’, or ‘risk factors.’ **Risks** cited or identified in the totality of documents covered the entire gamut of possibilities within sexual, physical, emotional/psychological, and socioeconomic forms of violence, as well as harmful traditional practices. These included, but were not limited to, CSRV, early child marriage, IPV, and forced recruitment. Some program documents included additional nuance and unpacking of risk types to include, for example, theft of assets related to gender dynamics, backlash related to female empowerment activities, and gender violence occurring in demobilization, disarmament, and reintegration programs, to name a few. These examples indicated more rigorous risk pattern assessments in the program documents and were cited in specific intervention studies.

As for **threats**, the perpetrator typically discussed were armed actors, intimate partners, host communities and humanitarian workers. In general, however, there was a limited dive into threats in the program documents. Some of the **vulnerabilities** identified in general terms included displacement status, disruption of the family unit, lack of legal status, no right to work, lack of basic survival needs and dependence on humanitarian aid, disabilities, inadequate legal/policy framework, restricted mobility, and being a beneficiary of economic empowerment activities. However, the vulnerabilities were generally not described in relation to specific threats. Some program documents included additional nuance and unpacking of vulnerabilities to include, for example, exposure to violence as a child or education level. These examples indicated more rigorous risk pattern assessments in the program documents. **Capacities** were largely ignored in all of the documentation reviewed, although some documents identified individual and community-based protection strategies such as resistance (formation of self-defense groups), self-containment or avoidance (such as choosing different travel routes for firewood collection.)

Drivers cited included violence as a societal norm, impunity, insufficient humanitarian assistance (leading to survival sex, and income-generating activities such as firewood search), substance abuse, ethnic cleansing, sociocultural norms, pre-existing inequality and discrimination, limited agricultural production and deterioration of markets (as a result of conflict/climate hazards), and the act of reporting SGBV in itself (as a driver for recurrence, particularly when combined with vulnerabilities such as inefficient justice system and lack of legal status in-country. By and large, the drivers of survivors and their vulnerabilities were more discussed than the drivers of perpetrators. **Root causes**, where cited, were somewhat difficult to distinguish from drivers in most of the documentation, but by and large they rested on gender inequality.

The above are just examples cited in the documentation and do not tell us much in of themselves; they were not analyzed in relation to each other, establishing a risk pattern. It is noteworthy that in the vast majority of program documents and guidance reviewed, all components of the risk equation were defined or referenced differently. What some papers referenced as vulnerabilities, others referenced as risks; what some papers referenced as root causes, others referenced as drivers; what some referenced as threats, others referenced as risks themselves. For example, some key guidance documents categorized separated children, migrating children and previously demobilized children as risks, rather than vulnerabilities. Another discusses risk as how likely men

are to perpetrate acts of violence, rather than the risk to men and boys or women and girls as potential SGBV survivors. Yet another lists amongst its risks inadequate legal/policy frameworks and funding.

It is important to note that this cannot be understood to be a confirmation of a general absence of risk pattern assessments; rather, risk pattern assessments simply are not captured in most of the program documents publicly available that primarily made up InterAction's December 2018 extensive selection. (This could be different in internal agency documents such as needs assessments, program proposals, theories of change, etc., but the consultant did not have access to these.) Several researchers conducting literature and systematic reviews as recently as five years ago, also noted that few studies explicitly included needs assessments.

“Few studies explicitly mentioned a needs assessment pre-design. Where they did, prior needs assessments (that weren't necessarily GBV-related, but in which GBV arose) were used. Funding and capacity are insufficient to do prevalence research, needs assessments while operating emergency responses.” - Holmes and Bhuvanendra, HPN

There are exceptions, as asserted by some of the stakeholder interviewees. These exceptions largely lie with larger organizations that have a well-established SGBV and/or women's empowerment programming history, supported by robust research and technical personnel. For example, it would appear from the Women Refugee Commission's (WRC) research on SGBV risks for underserved populations, such as refugee transwomen in Lebanon,³ or its research with urban refugee populations in Uganda,⁴ that exhaustive risk assessments were conducted. For example, in Uganda, risks related to violence around the home, in streets and in relation to livelihoods were unpacked. The specific and different risks for adult and refugee women, women with disabilities, LGBTQI, sex workers and male survivors were studied. Similarly, INGO stakeholders interviewed were able to detail how programming in certain countries evolved after monitoring the evolution of risk patterns, such as measuring the evolving sense of safety of women and girls in South Sudan's protection of civilian sites, and using proxy indicators to determine how safety evolved and impacted areas of life beyond SGBV. One donor interviewed commented that the quality of assessments in proposals had improved over time. Finally, it is presumed that large-scale programs with academic evaluation components built in include gender and risk pattern assessments. These presumably include programs such as Engaging Men in Accountable Practice (EMAP), Communities Care Programme, Safe Homes and Respect for Everyone (SHARE), Creating opportunities through mentorship, parental involvement, and safe spaces (COMPASS), and Tushinde Ujeri.

³ Women's Refugee Commission. Supporting Transwomen Refugees: Tailoring activities to provide psychosocial support and build peer networks among refugee & host community transwomen. 2017. <http://iawg.net/wp-content/uploads/2019/02/Supporting-Transwomen-Refugees-Beirut-March-2017-3.pdf>

⁴ Women's Refugee Commission and Refugee Law Project. Gender-Based Violence Prevention and Response: Key Risks Facing Urban Refugees in Kampala, Summary Report. 2015. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV_Prevention_and_Response_Key_Risks_Facing_Urban_Refugees_in_Kampala.pdf

A notable exception is found in the DfiD-funded What Works to Prevent Violence for Conflict-Affected Women and Girls programs (hereafter What Works).⁵ Specifically, the “No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan,”⁶ is a study on the prevalence, forms, patterns and drivers of VAWG across multiple sites in South Sudan. This study set out to assess risk patterns including an analysis of drivers of violence itself, of perpetrators, and of vulnerabilities. It studied how drivers of community-level violence in turn present new risks for other forms of VAWG as a result of conflict-related stressors. For example, it noted how bride price – an act of SGBV – is a primary vehicle for wealth accumulation. Stressors arising from conflict – such as displacement and poverty – increase risk of child marriage and bride prices themselves. In turn, higher bride prices, and increased poverty (alongside increase in arms circulation and a breakdown in rule of law) has fueled an increase in the risk of abduction of women and girls. Ergo, the harmful traditional practice of bride price, under these circumstances, drives early marriage and abduction. This analysis, coupled with multiple others that arose in the study, leads the authors to recommend, inter alia, that humanitarian efforts must address the *root causes* and *drivers* of VAWG to reduce violence incidence; and long-term, behavior change and social norms and gender-transformative programming that address discriminatory practice and gender inequitable norms are critical.

Methods to measure risks in the literature

- The ‘neighborhood method’ is a method in which women are surveyed about their own experiences, their sisters’ experience and neighbors’ experience. This method may gather sensitive information related to threats and vulnerabilities, and estimate GBV incidences.⁷ This might be particularly useful in contexts in which formal reporting mechanisms are distrusted and/or underused.
- The risk assessment tools that were used for the South Sudan No Safe Place study, which unpacked vulnerabilities in relation to threats, and establish nuanced risk patterns and differences in different contexts within the country.
- The Cohort Livelihoods and Risk Analysis (CLARA) guidance and toolkit⁸ (which includes a section on SGBV) is useful in that it includes FGD samples and participative ranking methodology (PRM) tools for adults and adolescents. The responses gathered through the use of these tools can be compared across various sub groups (LGBTQI,

⁵ What Works: Violence Against Women and Girls in Conflict and Humanitarian Crises
<https://www.whatworks.co.za/about/conflict-crises>

⁶ Global Women’s Institute of the George Washington University, the International Rescue Committee, CARE International UK, and Forcier Consulting. No Safe Place: A Lifetime of Violence for Conflict-affected Women and Girls in South Sudan. Report. 2017. <https://www.whatworks.co.za/documents/publications/185-no-safe-place-a-lifetime-of-violence-for-conflict-affected-women-and-girls-in-south-sudan-summary-report-2017/file>

⁷ The neighborhood method is discussed in Rethinking Gender-Based Violence, CPC Learning Network, 2009.
<http://www.cpcnetwork.org/resource/rethinking-gender-based-violence/>

⁸ Women’s Refugee Commission. CLARA: Cohort Livelihoods and Risk Analysis, 2016.
<https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1231-clara-tool>

elderly, adolescent girls) to conduct gender risk analysis. NB – the guidance features the risk equation.

- Some stakeholders interviewed strongly advocated for a return to the grassroots – local organizations are best placed to carry out, or communicate, risk patterns. They better understand the culture, nuance in language, and how norms have been impacted during and in the aftermath of conflict, and can best inform us what are the risk patterns.
- The GBV Information Monitoring System (GBVIMS)⁹ is designed to allow the safe collection, storage, sharing and analysis of *reported* SGBV incident data. Used appropriately, the tool can communicate incidence data that can be used to understand some risk patterns at different levels.
- A WRC safety mapping tool¹⁰ help economic programmers unpack risk patterns, by working with individuals to provide detailed community maps that highlight physical spaces that are safe and unsafe; identify the when, where, what and who that increases SGBV risks by understanding things such as the times of days, months, years where risk is high, and who offers safety and who presents harm.
- A WRC, IRC and Mercy Corps Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence¹¹ which aims to help programmers collect situational protection information on risks and benefits for affected populations with an age, gender, and diversity lens; identify community-based or self-protection mechanisms; inform tailored and protective cash-based interventions; and prepare a monitoring system that is based on identified protection risks and benefits.
- The What Works program also posits the following theoretical socio-ecological model of risk factors, which brings together both theoretical and empirical data on the connections between VAWG in conflict-affected settings. However, authors warn that the “exact pathways that lead to increases in VAWG during times of conflict and humanitarian crises have not yet been fully explored.” This nonetheless could be used for programmers to consider when doing a risk analysis.

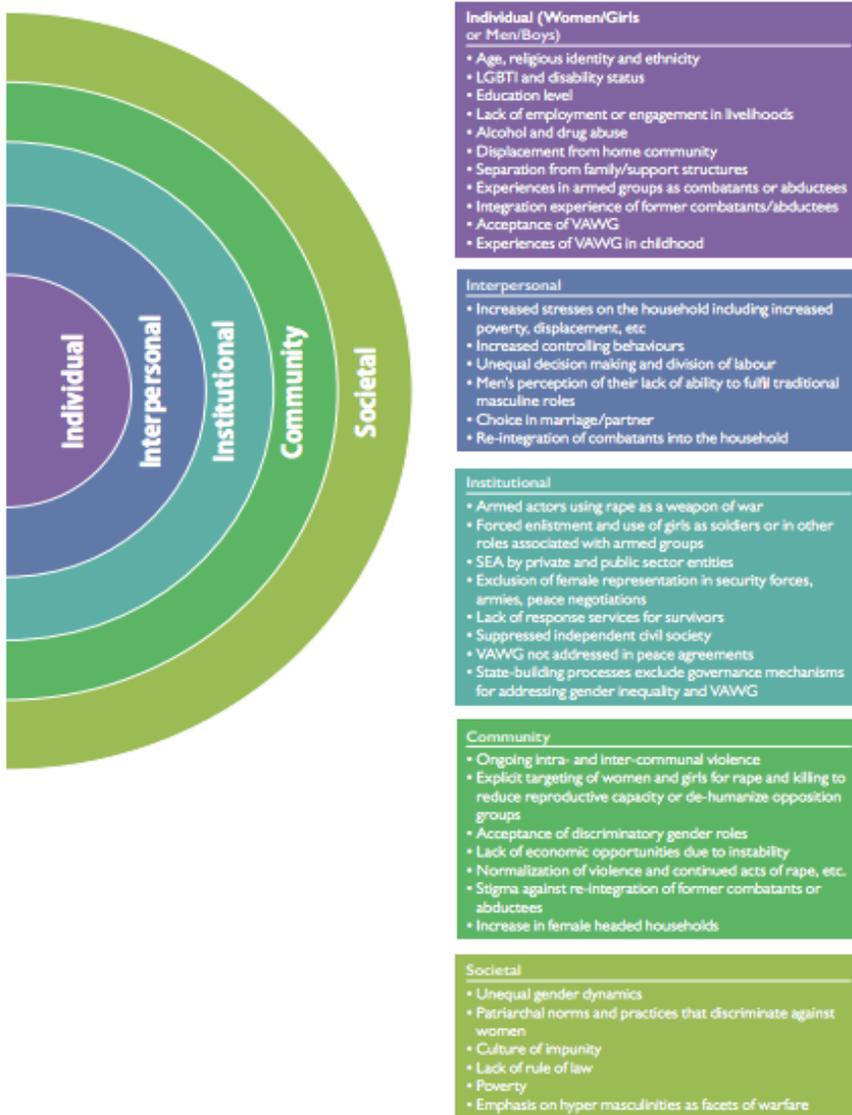
⁹ The Gender-Based Violence Information Management System. <http://www.gbvims.com/>

¹⁰ Women’s Refugee Commission. Making Work Safe- Safety Mapping Tool, 2013.

<https://www.youtube.com/watch?v= THvPPdQ-Iw>

¹¹ Women’s Refugee Commission, Mercy Corps, and International Rescue Committee. *he Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response. 2018* <https://resourcecentre.savethechildren.net/library/toolkit-optimizing-cash-based-interventions-protection-gender-based-violence-mainstreaming>

Figure 1: A socio-ecological model of potential risk factors for VAWG in conflict and post-conflict settings



Conclusion of this analysis of risk patterns and how these are being measured / documented in the literature?

Interventions and Strategies per risk pattern at different levels

There is a multitude of interventions cited across general program documents (guides and short case studies; not academic and institutional reviews) that are designed to target different risks; some are cited below. Note that in most of the general program documents and guides, these interventions are not necessarily categorized according to levels of intervention (individual, relationship, community, society), and are rarely paired with the exact risk pattern it attempts to tackle, as can be noted in the list below.

Prevent firewood collection-related assault. This includes patrols to accompany those in search of firewood, provision of firewood or alternative energy sources for cooking, and livelihoods opportunities to supplant firewood collection as an income-generating activity.

Protective life skills and empowerment activities. Building of social solidarity and peer networks to mitigate risks, increase reporting and enhance community-based protection. Life skills interventions to increase confidence, decision-making and negotiations skills that build agency.

Social and cultural norms transformations. Awareness-raising, dialogues and ‘edutainment’ activities that target gender-inequitable beliefs and practices that drive acts of SGBV.

Legal and Policy Reform. Advocacy and technical support to domesticate international conventions, reform legal codes and policies to outlaw SGBV including harmful traditional practices (property rights, divorce, wife inheritance, FGM) and build national action plans to prevent and respond to such violations. Capacity building of national and local stakeholders, such as those in the security and justice sectors, civil society.

Livelihoods and Economic empowerment. Financial literacy classes. Microfinance, and communal savings and loans schemes, increasing equitable access to markets. Cash transfers, food and cash vouchers. Includes livelihood programs that target women whilst engaging men.

Engaging men as allies. Awareness-raising activities with men and boys; identifying and engaging male role models in communities’ hierarchical structures.

Reintegration. Child-friendly spaces and DDR centers with trauma healing and life skills activities.

Multiple academics/researchers have comprehensively amalgamated and catalogued dozens of interventions they have studied in literature and systematic reviews. Following are two distinct representative samples – one specifically on sexual violence, and another on interpersonal violence in the household.

This is a realist¹² systemic review of twenty interventions that appeared to bring about reduced risk or incidence of sexual violence, specifically, cataloged by type and levels of intervention, as well as proposed underpinning mechanisms¹³ and outcomes.¹⁴

Table 1 Types of intervention for sexual violence and proposed underpinning mechanisms and outcomes

	Type of intervention	Definition	Proposed mechanisms	Proposed outcomes
Individual	Survivor care responses	Medical, psycho-social care & advocacy for survivors	1	Prosecution enabled through survivor reports, deterring sexual violence
			3	Harm from sexual violence is reduced
Individual	Livelihood strategies	Micro-finance and/or training to increase women's independence pre/post sexual violence	4	Women seek help
			5	Sexual exploitation and abuse is reduced Harm from sexual violence is reduced
Community	Community mobilisation	Education of rights in regard to sexual coercion; increased opportunities for women to participate in political, economic and social activities	1, 2, 3, 4, 5	Sexual violence is reduced
			4, 5	Survivors get help and report
			6	Community protects women & sanctions sexual violence
Societal	Personnel interventions	Protocols with military/peacekeepers/aid workers to reduce sexual exploitation and abuse; recruitment of female officers	1 3, 5	Sexual violence reduced Survivors feel safe to report incidents
	Systems and security interventions	Patrols or firewood/fuel distribution to reduce vulnerability to sexual violence	1	Sexual violence is reduced
	Legal strategies	Specialist prosecution units/tribunals; customary justice systems; International Criminal Court indictments	1 4, 5	Sexual violence is reduced as a result of deterrence through arrest/action/conviction Survivors feel safe to report incidents
	Multiple component interventions	Integration of any two or more of the above strategies	As per individual strategies employed	As per individual strategies employed

1. Rape is risky; 2. Rape is unacceptable; 3. There is help for this problem; 4. It's safe to tell; 5. We have rights; 6. We can work together to address this problem

2. This is a taxonomy of a 2017 review of forty-three interventions applicable to interpersonal household violence including VAW and violence against children (VAC). (*Stark et al, CPC Learning Network, 2017*)¹⁵

¹² A realist approach contextualizes interventions and the different levels at which they operate; the impact depends on the social and cultural context within which they are introduced, and the same interventions can have different outcomes in different contexts. It also aims to understand an intervention's underlying TOC by postulating mechanisms which are triggered by the interaction of the context & intervention. - [Spangaro et al. Conflict and Health (2015) 9:19]

¹³ Mechanisms are "underlying entities, processes or structures which operate in particular contexts to generate outcomes of interest." - [Spangaro et al. Conflict and Health (2015) 9:19]

¹⁴ Spangaro et al. Mechanisms Underpinning interventions to reduce sexual violence in conflict: A realist-informed systematic review. Conflict and Health (2015) 9:19.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499895/pdf/13031_2015_Article_47.pdf

¹⁵ Asghar, Rubenstein and Stark. Preventing Household Violence: Promising Strategies for Humanitarian Settings. CPC Network, 2017. See the full Compendium of Interventions on Primary Prevention of Household Violence studied. (pages 34 – 95)

<http://www.cpcnetwork.org/wp-content/uploads/2017/02/Landscaping-review-Final-Jan-2017.pdf>

Intervention Strategy	Includes	Excludes
Livelihoods and economic strengthening	Interventions that provide a cash transfer, microloan or savings mechanism.	Interventions that include topics such as financial literacy and vocational training, but do not involve the provision of cash, loans or financial services.
Social norms change	Interventions that primarily focus on changing perceptions about gender norms and acceptance of violence against women and children in the broader community.	Interventions that primarily focus on empowerment of marginalized populations and are not focused on social norms change in the broader community.
Parenting programs	Interventions that primarily focus on educating parents on strategies to raise healthy children	Interventions whose primary focus is not on teaching parenting skills.
Empowerment program	Interventions that primarily focus on promoting empowerment, skill-building, and/or decision-making for marginalized or non-dominant groups. Includes vocational skills training that is not paired with financial assistance.	Interventions whose primary focus is not on building leadership and empowerment of vulnerable members of a community.
Built environment	Interventions that primarily focus on changing the built environment to facilitate violence prevention.	Interventions that mention use of 'safe spaces' (i.e. schools), but do not physically construct or alter the environment; temporary placement of posters or billboards not considered an environmental intervention.

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As examined earlier, it was unclear in general program documents (i.e. not academic and institutional reviews and evaluations) for the most part, whether a risk pattern analysis had been

conducted prior to – and informed the development of – interventions. As such, within the scope of this study, it was next to impossible to determine whether interventions were context appropriate, matching identified risk patterns. Similarly, the quality of interventions could not be measured.

Two researchers who conducted a literature review noted that there is simply a **lack of data to inform appropriate programs**, in part because the research is not conducted, and in part because violence is so hidden and unreported. This theme resurfaced in nearly all the literature reviews, as well as in many of the stakeholder interviews.

Staff capacity was cited as an issue, and this was echoed in multiple stakeholder interviews. Even where technical expertise has been brought in to analyze risks and inform program designs, oftentimes SGBV program managers and relevant staff do not have the expertise required to operate these programs, and they cannot draw from a nearly nascent evidence base to design and implement the program activities.

With regards to **gaps in strategies and interventions**, it should be noted that the absolute majority of the literature analyzed concerned women and girls. These are observed gaps per sub-population groups:

- **Men and Boys:** it is clear that within the panoply of nascent prevention programs and pilots, there continues to be a significant programming gap for men and boy survivors of violence. *Although note that in the WRC’s November 2018 “It’s Happening to Our Men as Well: Sexual Violence Against Rohingya Men and Boys,”¹⁶ WRC argues that *services* for all – men, boys, women and girls – are weak. In the same vein, men and boys continue to be grouped together as a homogeneous entity, whereas they encounter (and are part of) different risk patterns, and require different interventions.
- **Male perpetrators** who have been exposed to conflict. Research has captured very high rates of male perpetration of violence in conflict-affected populations, noting that men who have been exposed to violent episodes are more likely to exact violence within the home. Most (all?) interventions focus on men as allies or perpetrators exclusively, rather than survivors as well who would benefit from interventions to curb the cycle of violence. Further, interventions to redress address experiences of violence such as trauma healing, which could have a preventive effect, tend to focus on individuals rather than communities as a unit.
- **Sexual minorities**, who already represent a gap in response services, are nearly entirely ignored in prevention interventions. There are less than a handful of guidance documents on meeting the needs of sexual minorities survivors of SGBV, and nearly no studies to support risk pattern analyses and prevention intervention design. Further, studies

¹⁶ Women’s Refugee Commission. It’s Happening to Our Men as Well: Sexual Violence Against Rohingya Men and Boys, 2019. <https://www.womensrefugeecommission.org/gbv/resources/1664-its-happening-to-our-men-as-well>

contemplate LGBTQI as a homogenous group, when risk patterns and solutions differ largely for each minority.

- Other specific vulnerabilities such as elderly, people living with HIV/AIDS, people living with disabilities. While there has been increasing attention on these specific vulnerabilities over past years, this cohort is not yet a consistent target of interventions in each emergency.
- Men that do not see themselves as bound by social norms. One researcher notes that social norms strategies only target men who are or see themselves as bound by social norms.
- Adolescent girls, in the spectrum of age-appropriate interventions, are still often overlooked despite the increasing attention and over the past years. As the September 2019 What Works synthesis notes, the VAWG programming is often siloed into services for adult women of child-bearing age, and children protection programming. One stakeholder also noted that male children/adolescent boys are also overlooked.
- Children affected by IPV and other forms of violence in the household. The above-mentioned review of IPV and VAC interventions noted that programs are fragmented across the SGBV and child protection (CP) sectors; CP might focus on family reunification but not on VAC in the household, while SGBV intervention might ignore the impact of IPV on children.

“These fragmented efforts also fail to recognize the shared risk factors that likely underline both VAW and VAC in humanitarian emergencies, including changes in household size and housing conditions resulting from displacement, conflicts over strained resources, early marriage of girls, and changes in household gender roles”
(Stark et al, CPC Learning Network, 2017)

Regarding risk types, the vast majority of guidance and interventions studies relate to SGBV in general, sexual violence generally, sexual violence in relation to firewood collections, IPV, and risks stemming from economic vulnerability. This presents a gap in guidance, studies and learning for other forms of SGBV that occur in conflict-related humanitarian settings including but not limited to early marriage, FGM/C, confinement and slavery. The most glaring gap is trafficking for sex, labor and other exploitative reasons.

It is interesting to note that when queried on what are notable gaps in prevention strategies and interventions, one seasoned researcher who has been involved in several high profile evaluations, responded more generally: *“Everything from carefully thought-out conceptual frameworks and causal pathways to a robust, faithful implementation science model, where you are measuring the implementation, making sure that it is being implemented the way it is intended, and measuring the outcomes, including what the unintentional outcomes may be.”*

Global & context-specific theories of change that underpin GBV prevention programs

Stakeholders interviewed had mixed experiences and feeling regarding their agencies' theories of change. Those representing institutions with robust GBV technical and research departments stated that most if not all of the field programming is couched in and informed by the respective organization's global theory of change. Others that represent institutions with less longstanding GBV expertise and smaller teams overstretched to meet the agency's needs indicated that where theory of changes had been developed, they remained just that – theories on paper, with an absence of organizational systems to ensure that they cascade to the field. These stakeholders expressed frustration that in spite of agency commitments, program designs did not or could not always count with their input and expertise. Yet others stated that theories of change were still (or yet to be) in development. Finally, one interviewee stated that the organization is not using any theory of changes, and are mostly pulling from established programs and toolkits and designs to inform their programs.

The literature showcased many program theories. Oftentimes they were not stated as such. The following are a sampling of deduced program theories from some of the documents and literature.

- Control over economic opportunities, income generation and land ownership (while addressing harmful social norms and mindsets in community) will reduce the risk of violence.
- Engaging women, adolescent girls, LGBTI and individuals with disabilities in economic activities *can* create pathways for resilience and empowerment (but can also heighten risk!)
- Representation of women in social and apolitical arenas, as well as in decision-making over issues relating to access to food, water, shelter and health services increase the likelihood of successful economic empowerment programs.
- Boys and girls who have skills to keep themselves safer, who have higher levels of confidence and self-esteem, and who have the ability to articulate and explain their wishes, together with a range of coping skills, will be less vulnerable to abuse.

NB: A comparison of global or agency-wide theory of change against a particular agency's program in a given context was beyond the scope of this study.

An interesting showcase of an innovative program that appears to be firmly rooted in a stated theory of change is UNICEF's Communities Care Program, piloted in South Sudan and Somalia. The program builds on a theory of change based on UNICEF research, which suggests that for harmful norms to be abandoned in a community, wider social expectations about behaviors *and* individual community members' personal beliefs must shift. The program's pathway of social norms change includes actions (e.g., partnership, capacity-building, resourcing and mentorship) to strengthen community-based response across diverse response sectors (e.g., education, health, psychosocial and protection) for women and girls who experience GBV; and engaging community

members in structured facilitated dialogues that lead to collective reflection and exploration on shared values and aspirations and to examine social norms that cause and maintain GBV. Participating community members are encouraged to discuss and debate alternative behaviors that align with positive shared values to replace harmful social norms.

Another highlight of interest comes from the above-mentioned realist systemic review [Spangaro et al. *Conflict and Health* (2015) 9:19] After studying twenty sexual violence prevention interventions, the authors proposed ‘underpinning mechanisms’ (defined as underlying entities, processes or structures which operate in particular contexts to generate outcomes of interest) to understand the *inferred* theories of change (as the consultant understands it!) that the programs reviewed assume. In other words, the researchers, using a realist approach, attempted to recreate theories of change based off of the *sexual violence* prevention programs they studied, in order to be able to evaluate outcomes. They are as follows:

1. **Rape is risky:** SV is less likely to occur if perpetrator detection is likely. (through patrols as witnesses, for example). Deterrence is typically associated with legal responses; the authors propose it is relevant to all intervention types: increasing community willingness to take action increases risk perception of SV riskier.
2. **Rape is unacceptable:** Violence is reduced when perpetrators recognize it is unacceptable. This can result from training, awareness raising.
3. **There is help for this problem:** Services, which allow for seeking redress and sanctioning perpetrators.
4. **It’s safe to tell:** Safe reporting mechanisms will bring survivors forward, which can lead to accountability and deterrence.
5. **We have rights:** Increased knowledge of rights and intolerance of SV leads to increased reports leading to increased risks for perpetrators.
6. **We can work together to address this problem:** The community collectively protects survivors, and demands sanctions for perpetrators. Community norms are affected, reducing IPV.¹⁷

Indicators used to monitor or evaluate changes in GBV risk patterns and impact of prevention activities

No stakeholders shared their organization’s [or specific programs’] GBV prevention indicators but interviewees associated with organizations with longstanding GBV and research technical experience indicated that they receive support in developing program indicators. Two members of the advisory group shared that they access indicators from a shared indicators bank with other agencies, but one noted that there aren’t many that relate to prevention. Some other stakeholders shared concern over a perceived challenge that those in their agencies’ M&E departments do not

¹⁷Note that these are the six underpinning mechanisms which the team of researchers devised for the twenty projects reviewed; these are not necessarily applicable to all prevention projects, especially considering that they are for sexual violence prevention, specifically. However, they can be taken as a model and/or inform a similar exercise the advisory group might want to develop as part of its evaluation work.

have an understanding of GBV and develop unfit indicators, while GBV technical experts lack expertise in developing indicators.

Indicators were not widely presented in the majority of the general program documents [although this clearly does not indicate an absence of indicators in programs.] Academics and researchers, therefore, designed conceptual frameworks with indicators to permit for an analysis of the impact of initiatives described in their literature reviews.

For example, for one systematic review¹⁸ of forty initiatives to reduce the incidence, risk and harm of sexual violence, researchers developed a list of indicators as an analytical tool. Measures/Indicators included the following mix of impact, outcome and output indicators:

- Reduced incidence/Increased sense safety in community
- Combat leaders engaged to halt sexual violence
- DDR programs implemented targeting sexual violence
- Women in peace-building targeting sexual violence
- Awareness of rights by community
- Awareness of availability of services/reporting mechanisms
- Willingness/uptake of services/reporting mechanisms
- Increased awareness by men in community of equal rights and impact of abuse
- Implementation/impact of codes of conduct/training
- Gender specific (ie. female) recruitment implemented
- Disciplinary action initiated
- Impact of patrols/firewood alternatives
- Completion of situational analysis of risk of sexual violence
- Impact of infrastructure designed for risk reduction
- Systems for distribution of food/other resources established for reduction of SEA
- Legal action initiated/convictions
- Country action on International Criminal Court provisions

A groundbreaking initiative that arose through the aforementioned Communities Care Program was the development of the first-ever social norms and beliefs about GBV scale for the program; a social norms change measure for sexual violence and GBV did not exist, to the researchers' knowledge.

There are plenty of tools (some of which are cited in the literature) to develop context-appropriate indicators. These include:

¹⁸ Spangaro J, Adogu C, Ranmuthugala G, Powell Davies G, Steinacker L, et al. (2013) What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review. PLoS ONE 8(5): e62600. doi:10.1371/journal.pone.0062600

- The George Washington University Global Women’s Institute’s 2017 GBV Research, Monitoring and Evaluation with Refugee and Conflict-Affected Populations Manual and Toolkit.¹⁹
- Bloom, Shelah S. Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators (MS--08--30). Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center, University of North Carolina and Chapel Hill; 2008.²⁰
- Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum.²¹
- United Nations Division for the Advancement of Women, United Nations Economic Commission for Europe, United Nations Statistical Division. Indicators to Measure Violence against Women. Report of the Expert Group Meeting, 8 to 10 October 2007. Geneva: United Nations Human Rights Council; 2008.²²
- Jansen, Henrica. Indicators to measure Violence against Women. Report of the Expert Workshop on Violence against Women – Disabling Development Geneva Declaration on Armed Violence and Development 25-26 March 2010.²³

However, the prevention indicators are few, in relative terms, and many of them are output-oriented.

Additional **methods for monitoring/determining effective GBV prevention** in the literature include the neighborhood method – to estimate incidences (on the assumption that reporting mechanisms are ineffective, and people are more likely to report to family and friends rather than formal mechanisms such as the police, the courts, etc.) The neighborhood method, which operates on the assumption that neighbors and others know what is happening, surveys women about their experiences, sisters, neighbors.’

One stakeholder interviewed warned, specifically, that in “men engagement against GBV” programming literature indicates ‘men’s engagement’ as a measure of success, rather than an actual decrease in GBV. Another shared that there is sometimes an over reliance on using counterfactual indicators for prevention programs, which can be difficult to measure.

Some stakeholders interviewed discussed the importance of expanding the scope of indicators to include proxy indicators that do not necessarily measure the actual incidence but other actions that contribute to the overall agency and safety of the individuals and the community. Many programs contribute to prevention work by way of building individual and community assets agency in the social, economic, and personal choice realms (such as agency over bodily integrity). They recommend that the community think beyond the confines of SGBV prevention to prevent SGBV;

¹⁹ <https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Manual%20and%20Toolkit%20-%20Website.pdf>

²⁰ <https://www.measureevaluation.org/resources/publications/ms-08-30>

²¹ <https://www.usaid.gov/gbv/monitoring--evaluating--toolkit>

²² http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf

²³ http://www.genevadeclaration.org/fileadmin/docs/Expert_Workshops_VAW/Technical_Note_-_Henriette_Jansen.pdf

there is a need to focus more on (and monitor) the root causes and drivers. Otherwise, the community might miss measurements of other issues that give a fuller picture of how well the prevention interventions are performing in terms of prevention impact.

Finally, one interviewee with expertise in monitoring, evaluation, and learning stressed that it is critical for any monitoring and evaluation approach to have a systems-lens, which considers all of the actors at play within the system, the influence the project has (or should have) on each stakeholder and the influence each stakeholder has on each other. This requires a deeper level of contextual understanding, and takes the form of a social network and power mapping. The interviewee noted that the exercise might not be that different from a power mapping, but it is important to be intentional about it. Further, the interviewee noted that current evaluation frameworks do not always have qualitative methodologies as such, and a methodology such as described above has not always been welcomed.

Evidence Base

There are evaluations conducted and reported by the organizations implementing the interventions, as well as academic evaluations of programs. Following are a few of a larger sample of specific prevention programs and their reported outcomes, as studied by Holmes and Bhuvanendra.

Reducing Risk: IRC EA\$E – Burundi

- Village Saving and Loans Associations & Talking about Talking program to reduce hypothetical risk that IPV may accompany financial empowerment of women
- The reported positive impact was a decrease in intimate partner violence and physical harm, and an increase in female decision making and negotiation power in terms of income, household purchases, family planning. It was found, however, that these results were not reflected in all household decisions. There was no improvement in choices over when to have sex or purchase alcohol. IPV did not decrease where the issue is perceived to impinge on the man – eg. burnt food, going out without husband’s permission.²⁴

Changing Attitudes: Oxfam in DRC

- Purpose: Mixed Community protection committees discussing and challenging attitudes matters of concern to girls including access to education, early/forced marriage, inheritance.
- The impact was a positive effect on women’s empowerment and gender equality, as reported by women.

Prevention & Response Case Study – CARE in Dadaab, Kenya

²⁴ Rebecca Holmes and Dharini Bhuvanendra. Preventing and Responding to GBV in Humanitarian Crises, Humanitarian Practice Network, Overseas Development Institute, January 2014.
https://assets.publishing.service.gov.uk/media/57a089b2ed915d3cfd0003a8/GBV_in_emergencies_NP_77_web.pdf

- Multiple outreach campaigns.
- The reported impact was an increased awareness of the effects of FGM, reinforced by religious leaders' communications that FGM is not a religious obligation on Muslims. A transition to a less severe form of FGM practice was reported.

On the one hand, these and other positive impacts reported in many of the studies reviewed by researchers. But on the other, in the same reviews, researchers assert that oftentimes the quality of the study (as was the case for the above-mentioned programs) could not be ascertained and the sustainability of the programs could not be measured.

“None of the programmes looked at in this study measured changes in attitudes and perceptions in the long term, and only a handful noted changes in wider community attitudes beyond the target group.” - Holmes and Bhuvanendra, HPN, 9

In fact, researchers caution that reported positive results must be weighed against a series of challenges. In multiple literature reviews, researchers found a shrinking pool of studies that fit inclusion criteria due to inadequate studies with few rigorous evaluation methods that made it difficult to analyze. In one of the literature reviews in this scoping, for example, only 15 of 100 documents were deemed good enough quality to include. In another (2012) systematic review of prevention and management strategies for GBV in refugee settings, the researcher found that none of the literature identified met the inclusion criteria, as “studies did not define and/ or measure outcomes; were primarily descriptive or guidelines without primary data; ... did not describe treatment or prevention strategy; no baseline data for comparison; qualitative without outcome measurement.”²⁵

Nevertheless, a later review of literature reviews presented in a 2016 What Works to Prevent VAWG in conflict and humanitarian settings evidence brief did note some positive trends that tell us some of the following:

- The most successful programs *per the literature reviews* are multifaceted, addressing underlying risk factors, and engaging all community members (not only survivors and perpetrators).
- The most successful attitude changing interventions *per the literature reviews* are community-based, awareness-raising programs that are multi-exposure, involve both men and women, and focus on strengthening family relationship, addressing stigma associated with VAWG, encouraging healthy conflict resolution strategies and developing effective communication skills.

²⁵ Murphy, Arango, Hill, Contreras, MacRae, and Ellsberg. Evidence Brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings? What Work to Prevent Violence Against Women and Girls in Conflict and Humanitarian Settings, August 2016.
<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/WWs%20Evidence%20Brief%20August%202016%20WEB.pdf>

- The most effective programs to reduce IPV acceptance and incidence *per the literature reviews* are those that target underlying gender inequitable norms and power structures throughout entire community, including men and boys.
- *Per the literature reviews*, economic empowerment programming coupled with conflict management/communication skills programming has the *potential* to reduce violence while empowering women within household.
- Firewood distribution and fuel alternative programs have been *reported* to reduce risk and incidence of sexual violence in camp based settings, *per the literature reviews*.

In the above-mentioned realist systemic review [Spangaro et al. *Conflict and Health* (2015) 9:19] where proposed underpinning mechanisms were tested across twenty sexual violence prevention interventions, the most positive outcomes were linked to interventions with multiple components (multiple strategies) and where community engagement and mobilization had occurred (engagement of leaders, community bans on alcohol with curfew and night patrols, community discussion and consultations, awareness raising activities, combined with systems and security interventions (such as patrols for firewood).

Authors still cautioned that limited conclusions could be drawn from available evidence. For example, in relation to an apparent reduction in reported rapes by 45 percent in Dadaab in households that were fully supplied with firewood, as compared to periods when they are not, it is difficult to credit firewood-related sexual assault reduction entirely to the project due to a high degree of variability in timing of reporting.²⁶

“..the quality of evidence on effectiveness of interventions is weak with most studies employing non-rigorous methodologies (lack of control groups, no randomization, reliance only on limited qualitative data or field visit information, small sample sizes, lack of assessment of long term outcomes or impacts, etc.). This limits conclusions that can be drawn based on available evidence.” – What Works evidence brief 2016

Several stakeholder interviewees underscored that the GBV prevention community simply does not yet have an evidentiary base for successful interventions. But there is learning and promising interventions to be further evaluated, scaled up and piloted in other contexts – learning and promising interventions that are arising from partnerships with institutions and academia, which bring rigor to the program design and evaluation framework.

A September 2019 What Works to Prevent Violence Against Women and Girls in Conflict and Humanitarian Settings Synthesis brief of new results from eight research studies and research

²⁶ Murphy, Arango, Hill, Contreras, MacRae, and Ellsberg. Evidence Brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings? What Work to Prevent Violence Against Women and Girls in Conflict and Humanitarian Settings, August 2016.
<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/WWs%20Evidence%20Brief%20August%202016%20WEB.pdf>

published in the past four years tells us that still no prevention studies have been found to be effective, but does highlight promising practices and where further research can be conducted:

Table 1: Prevention programmes: A summary of key evidence from recently published studies¹

Assessment	Summary	Description of studies
Effective	Sufficient evidence is not available to classify any intervention as "effective".	<ul style="list-style-type: none"> • No studies.
Promising	Community-based programming targeting attitudes, behaviours and social norms change shows promise but few evaluations have been completed and none during more acute phases of emergencies.	<ul style="list-style-type: none"> • A baseline/midline/endline study of school peace education and community-based programme in Afghanistan (Siddiq, Hemat & Corboz, 2018). • A longitudinal qualitative panel study and baseline/endline household survey examining the effect of a faith-based programme in the DRC (Palm et al., 2019). • A randomised controlled trial (RCT) on social norms change in Somalia (Glass et al., 2019).
Needs further research	<p>Adolescent girls-focused life skills and safe spaces programmes show promise of changing some outcomes (life skills, attitudes, etc.) that can improve the quality of life of girls, but they have not been seen to affect rates of violence.</p> <p>Economic empowerment has been shown to have mixed impact on VAWG outcomes. Available data shows improvements in quality of relationships, gender attitudes and reductions in violence; however, these were not all statistically significant.</p> <p>Cash transfer programmes have had mixed impacts on VAWG outcomes. While these programmes can provide life-saving basic needs for women and girls (and have been reported to decrease IPV in non-impact evaluations), the evidence obtained from impact evaluations points to the need for complementary gender components to be integrated into cash programmes to ensure the safety of women. Further learning on whether cash can improve protection outcomes for women and girls in acute settings is required.</p>	<ul style="list-style-type: none"> • RCTs examining life skills and safe spaces programmes targeting adolescent girls in Ethiopia, the DRC and Liberia (Stark et al., 2018; Stark et al., 2018a; Özler et al., n.p). • An RCT on women's economic empowerment in post-conflict Uganda (Green et al., 2015). • An RCT of a livestock transfer intervention in post-conflict DRC (Glass et al., 2017). • An RCT of a social empowerment and livelihood strengthening intervention in Afghanistan (South African Medical Research Council and Women for Women International, 2019). • Pre/post-test study of an emergency cash transfer programme in Syria (Falb et al., 2019). • Literature review of 28 studies (including one impact evaluation) on cash transfers in humanitarian settings (Cross, Manell, & Megevand, 2018).

To elucidate the above findings further, following are some findings from the studies undertaken:

- In the COMPASS program in DRC, where caregivers were supported with ‘emotional, parental and social support skills to help prevent violence against adolescent girls,’

supportive parenting behaviors improved, but no impact on the girls' exposure to sexual violence. This signals a need to further study and adapt the program intervention.²⁷

- Social empowerment programs for women, which included vocational and business skills training, and cash transfers increased women's earning and savings, and improved gender attitudes. But it did not reduce IPV incidence.

It warrants mentioning that some of the challenges to verifying whether some interventions are indeed promising rest with funding and programming constraints. Multiple stakeholders interviewed said – and evaluators have written – that interventions are too short for the change we look to measure, evaluations are conducted too soon after the intervention, and donors are loath to invest the resources necessary to confirm sustainable outcomes over the long term. Further, non-compliance with program design has jeopardized programs.

ADVISORY GROUP CONTRIBUTIONS

Apart from the rich contributions of the advisory group to the literature analysis documented thus far, interesting comments were shared with the consultant that elucidate differing opinions and concerns with regards to SGBV prevention, the development of a proposed PEF, and/or humanitarian agencies' capacity. Select comments are shared here for discussion as readers see fit. They have been slightly edited where necessary to maintain anonymity.

“To do prevention work, we need to start within; I myself have been harassed by people in high levels in my organizations. If you don't do the work with the staff, you will see the same patterns within.”

“We tend to overestimate the merits of our own culture with regards to GBV. It is not as if we have overcome gender inequality in our communities! It may not be conflict-related, but there is a relationship to power structures that we don't understand and we find that reflected internally.”

“How can we address internalized patriarchy in a 12-month [program] cycle?!”

“The major gap is in the livelihood experience; many women tell us that they would contribute more [participating in program activities] but we spend all our time trying to feed our families and living in active conflict.”

“We tend to be a measurement-conservative community. For example, there is a lot of debate about whether prevalence studies are necessary and appropriate. The argument against these

²⁷ Stark L, Seff I, Asghar K, et al. Building caregivers' emotional, parental and social support skills to prevent violence against adolescent girls: findings from a cluster randomised controlled trial in Democratic Republic of Congo. *BMJ Global Health* 2018; 3:e000824. <https://gh.bmj.com/content/3/5/e000824>

studies is that we know GBV happens in (and out of) emergencies, we don't need this data and shouldn't need this data to get funding. I completely agree that we know GBV is occurring and shouldn't need prevalence data to secure funding to start delivering services. But to me this isn't the whole story. I would say 'Yes, there is GBV everywhere AND we need core funding AND prevention and response programs will be better informed from population-based assessments and mixed methods evaluations.'

"There is a such a big push toward formal research that there is potentially less space now for trial and error. There is probably less of an appetite now to just innovate and be creative with programming."

"'Some things are cultural' ... somehow this poses a limit to the protection work we do. But we don't get the same kind of acceptance of the culture pushback in the child protection sector. We make zero leeway there. What is an adult – 18 is also cultural, yet we take the western definition and don't challenge that with a cultural argument. We make no room for exceptions there. So oftentimes we use culture as an excuse when it comes to sexual violence. There is discrimination built in. What does this mean? That we are less persistent and imaginative on how to work around culture in GBV prevention."

"There is a lot of focus on how you get data rather than what you do with the data. That is not so intuitive because it actually depends on problem solving skills."

"We gather tons of information but we don't analyze very well and then convert it to translatable action is also a challenge for sure."

"The constant battle over GBV, SGBV, VAW is unhelpful. We have to be nimble enough to understand what it means to different people. GBV and VAW do have different approaches."

"Our focus as humanitarians is how to we do what we do, while making it safer. That is our role. Not necessarily the root causes. Changing social norms is not our remit and it is impossible to measure and it is very long term. I don't mean that we can't engage the imams and leaders on what kinds of messages are being put out to the communities. The starting point is different and what we are expecting as an outcome is quite different."

"The mapping of language against vulnerability is central to getting a clear picture of who is vulnerable and who can get the information on support services, who can use them, and even for us to understand what they need."

"Humanitarians haven't tremendously helped when they undercut themselves saying 'anecdotal.' These tidbits are qualitative data when gathered and analyzed in a rigorous way."

ANALYSIS

KEY FINDINGS

Identifying Risk Patterns

- In the *literature* selection, with some important exceptions, it was nearly impossible to discern what/how organizations identified risk patterns, and whether/how the risk patterns were used to design a program of interventions informed by a theory of change. Stakeholder interviews did not elucidate much further the extent to which risk patterns are identified and applied; it largely depended on the technical expertise of the stakeholder and the degree of connection that individual had to the field work.
- There is a general conflation of all elements of the risk equation – risk, threat, vulnerability and capacities – across most documents (program descriptions and guidance documents). Vulnerabilities were generally not analyzed in relation to threats. Discussion of capacities (and how they were leveraged in programs) were nearly entirely absent.
- A hallmark display of a thorough risk pattern analysis is the What Works study in South Sudan. This ‘study on the prevalence, forms, patterns and drivers of VAWG in South Sudan’ is an exhaustive analysis that can be used to tailor prevention interventions, and be modeled for risk pattern analyses in other countries.
- Some risk pattern guidance is available, with varying degrees of detail, but there are methods and tools that can help programmers identify risk and unpack risk patterns.

Interventions and Strategies per risk pattern at different levels

- Literature and systematic reviews of intervention did not/could not measure the quality of the interventions and strategies, but overall there is an absence of data to inform design. Program documents were not clearly paired with risk patterns.
- Staff capacity is a hindrance to effective intervention design and implementation.
- With the clear exceptions of recent large-scale programs that seek to prevent IPV, some researchers noted that the focus of donors and organizations still seem to be on sexual violence, despite the prevalence of data pointing to IPV and transactional sex²⁸ as the most pervasive.
- There is a dearth of literature on key geographic groups, such as emergency-affected populations in the Middle East and North Africa (MENA) region.
- There are gaps in strategies and interventions for the following sub-population groups: Men and Boys; Male perpetrators (as men who have been exposed to violent episodes, which researchers are finding positively correlates with exposure to violent episodes); Sexual minorities; the elderly, people living with HIV/AIDS, people living with

²⁸ The consultant is not making a judgment call on whether or not transactional sex is classified as violence and whether/how it may differ from sex work. Preventing transactional sex is an identified gap in interventions, per the researchers and authors behind the literature and systematic reviews.

disabilities; men that do not see themselves as bound by social norms; adolescent girls; children affected by IPV and other forms of violence in the household.

- Gaps in guidance and interventions per risk pattern include early marriage, transactional sex, FGM/C, slavery and trafficking for sex, labor and other exploitative reasons.

Global & context-specific theories of change that underpin prevention programs

- It is unclear in the literature to which degree global theories of change inform programming, and to which degree context-specific ones are developed to address risk patterns.
- Per the stakeholders interviewed, there is a wide range of development, use and/or reliance on theories of changes to inform programming, depending on the expertise and size of the agency.

Indicators used to monitor or evaluate changes in GBV risk patterns and impact of prevention activities

- It is unclear if indicators are fit for purpose and used to measure impact, rather than outputs.
- There is a need to explore both qualitative indicators and proxy indicators.
- There are instances where new indicators for innovative interventions are developed for programs such as Communities Care. Ex. Social Norms, Communities Care.

Evidence Base

- The evidence base today is nascent and weak
- No study has determined an intervention to be effective, but there are promising results.
- Interventions are too short for the change we look to measure, evaluations are conducted too soon after the intervention, and donors are loath to invest the resources necessary to confirm sustainable outcomes over the long term. Further, non-compliance with program design has jeopardized programs.
- Promising results and other interventions require further study and definitive results might only be attained with continued and more longitudinal studies of interventions.

Overall, the majority of the existing project documents reviewed do not demonstrate a clear causal pathway between risks and interventions. Questions have arisen as to the degree of contextualized and rigorous risk pattern analysis has informed program design. Further, some of the outcomes provided are anecdotal at best with little to no evidentiary basis provided. Literature reviews conducted by professional evaluators/academics [and who presumably had access to more specific project documentation] show that one must proceed with caution and the stated outcomes require further analysis; they cannot taken at face value. There is such a rich trove of thought and analysis out there, yet we still find we know very little about what works where, how it works, what are the best interventions, how to differentiate those interventions per age bracket.

Key Questions Moving Forward

It is clear, from both the individual project documents, the literature and systematic reviews, and the *vast* majority of stakeholder interviews that the evidence is still scant, and the community does not have yet a sure footing on what works to prevent SGBV. There are a therefore a multitude of challenges to contend with that should be considered in advance of developing the PEF. Following are some key topics and questions that InterAction and the advisory group may want to consider in order to lay the groundwork now for a framework to support the evaluation of prevention programs for SGBV now or further down the road.

Understanding nomenclature, having a common framework

- How can we overcome the challenge of having a uniform understanding of risk patterns?
- How can an evaluation framework make clear what each of the risk equation terms mean in order to have consistency on information collected to determine patterns?
- What does language have to do with it, and how can any framework be designed to be accessible for those that use it, particularly those in the field who will be collecting the inputs?

Understanding risk patterns

- How can programmers be supported in unpacking how risk patterns change as humanitarian contexts evolve, and how they impact different subgroups?
- How do we break down the specific risk (rather than generalize all sexual violence or IPV) to specify what our programs are trying to address?
- Would a more distilled typology of “SGBV” (specifically the GBV in SGBV) be helpful toward unpacking risks, considering vulnerabilities and threats relationship to them?
- What role is language playing in how we understand risk? Who are we alienating with our language? If we do not have language maps of communities, then how can we do risk assessments – how are we communicating?

Theories of change

- Would a bank of standard proposed mechanisms underpinning interventions (à la Spangaro et al) for key risk patterns be useful for programmers to adapt to context, design programs and measure interventions?

Implementing the program

- How can issues of staff capacity be addressed?
- What language do we use for staff training, and how does this inhibit learning and/or implementation?

Securing the evidence

- What examples of quasi-experimental or less rigorous research methods can be used to help the humanitarian community continue to learn about what works? How can these methods complement the more rigorous academic reviews and studies?
- How can donors be engaged to invest in longer-term interventions, accompanied by longitudinal research studies with repeat evaluations in control and non-control groups?
- Where we partner with academia, how do we elaborate a common learning agenda?
- Where partnerships with academia and institutions are not feasible or reasonable, what other types of partnerships can be useful for measuring results? How can agencies' research and monitoring and evaluation teams better support the work?
- What other methodologies can be employed to collect data on changing risk patterns and program outcomes. Neighborhood methods, participatory action methods?
- How can we ensure community level data is not biased by language of data gathering?

Making programs measurable

- What can evaluators tell us is needed to evaluate an intervention toward its outcomes?
- What fundamentals would need to be in place to effectively measure a program in the absence of academic rigor – a solid risk pattern analysis? Based off of what – the risk equation? What would such an analysis have to include?
- Do we need to ensure we have a contextualized theory of change that highlights the assumptions or evidence we are proposing? Do we need a few typologies of theories of change that can then be contextualized and measured? What would that look like?
- Do we need to have context-specific indicators and/or proxy indicators? What might proxy indicators look like?
- Do we need to use tools that help us capture information about patterns differently? What might they look like?
- What would a 'systems-level' monitoring and evaluation framework look like, and how could a power mapping feed into a program's evaluation methodology?
- Given that What Works suggests that multidisciplinary initiatives are most effective, should we only be evaluating multi-disciplinary programs? Is there guidance for developing outcome indicators into other sectors (education, health, etc.) that can be monitored and evaluated to support risk reduction?
- What changes could be measured in humanitarian crises?