GENDER-BASED VIOLENCE PREVENTION

A Results-Based Evaluation Framework

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Cover photo by Aliya Karim

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INTRODUCTION

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0.1. WHY A GBV PREVENTION EVALUATION FRAMEWORK?

In 2019, with the support of the Swedish International Development Cooperation Agency (SIDA), InterAction launched a two-year project to develop a Gender-Based Violence Prevention Evaluation Framework (GBV PEF), to help organizations measure and evaluate the outcomes of their GBV prevention work in humanitarian contexts.

This ambition is in line with the wider moves toward both outcome-oriented thinking and language among protection actors, and an increased concern for prevention activities within the GBV community. The IASC (2016) Policy on Protection in Humanitarian Action, for example, clearly **defines protection outcomes as reduced risk** for affected persons, in addition to providing a breakdown of what reduced risk can mean in practice:

DEFINITIONS

PROTECTION OUTCOMES:

"A response or activity is considered to have a protection outcome when the **risk to affected persons is reduced**. The reduction of risks, meanwhile, occurs when **threats** and **vulnerability** are minimized and, at the same time, the **capacity** of affected persons is enhanced. Protection outcomes are the result of **changes in behavior, attitudes, policies, knowledge, and practices** on the part of relevant stakeholders."

IASC (2016) Policy on Protection in Humanitarian Action, p.15.

At the same time, humanitarian organizations working on gender-based violence in crisis settings are increasingly focusing on prevention activities alongside response. Yet their remains a lack of investment in understanding how to better design for, measure, and assess the outcome-level results of GBV prevention work.

In this light, InterAction undertook a scoping exercise in 2019, with a view to mapping the range of GBV risk patterns currently being addressed in crisis settings, the interventions undertaken, and the methods and tools used to track and measure prevention outcomes.[1] The study revealed the need for guidance on how to analyze, design, and measure GBV prevention outcomes in terms of reduced risk of harm within the community, beyond the measurement of outputs, activities, and perceptions of services provided.

The study showed that, for many GBV prevention projects and programs in humanitarian settings, the analysis of GBV risks remains weak. Risk analyses were often generalized, aiming to tackle GBV as a broad form of violence, without paying attention to the specific patterns of GBV risk that exist and evolve in the crisis context in question. As a result, many of the prevention programs reviewed struggled to match the nuances of what was occurring in-situ, whether it related to intimate partner violence, sexual violence, early and forced marriage, trafficking, or other forms of GBV, and the source of the risk. This had implications for the project theories of change, which were generally not context-specific, reflecting a lack of confidence about which pathways could be taken to reduce and prevent specific GBV risks in the

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1   Vigaud-Walsh (2020). GBV Prevention Evaluation Framework: A Scoping Study. InterAction.

community context in question. Consequently, many projects focused on quite generalized risks with little consideration of local context, or sometimes focused entirely on risk mitigation through safe programming at the expense of specific GBV prevention activities.

In addition to project design weaknesses, the study noted the depth of the evaluation challenge for many GBV prevention projects and programs—with many such programs simply not appearing to be *evaluable* at all. By making it impossible to even begin evaluating these activities, organizations are depriving the humanitarian sector as a whole of the types of evidence about what works in preventing gender-based violence, for whom, and in what contexts. Core evaluability problems noted in the scoping study included:

▶ Unclear program designs, which often lacked any form of theory of change underpinning the choice of activities or target groups.

▶ Unclear or under-developed articulation of the intended outcomes of the GBV prevention activities.

▶ Missing baseline data and/or lack of a monitoring plan to overcome data gaps.

▶ Absence of appropriate disaggregation of data according to the specific vulnerabilities to the specific GBV threats present in the context in question.

Many of the challenges of measuring GBV prevention are well-known. Some forms of prevention—though not all—target long-term social norms change at the level of communities, institutions, and societies as a whole. Measuring this type of change requires a level of both time and investment that most humanitarian teams cannot access within the short timeframes of most program cycles. Likewise, the ethics of collecting data on GBV incidence within a community present clear challenges to quality data collection, analysis, and management. Even once outcome-level data has been collected and analyzed, the number of external factors that influence GBV risk can make it hard to demonstrate the contribution of specific program activities to observed change in the community. And rigorous causal attribution remains even more difficult to prove without the ability to establish robust control groups for counter-factual analysis of prevention efforts.

Nevertheless, outcome-oriented project design and measurement tools can help overcome these challenges. The tools presented in this framework are specifically designed to help agencies analyze GBV risk in humanitarian contexts, design results-oriented programs to reduce the risks observed, and develop measurement frameworks and evaluation approaches that are helpful in measuring complex issues, like GBV, that can ultimately help humanitarians demonstrate the effects of their interventions in the communities they serve.

0.2. WHAT WE MEAN BY GENDER-BASED VIOLENCE

This Prevention Evaluation Framework (hereafter, 'PEF') is designed to support program design and evaluations for the prevention of all forms of gender-based violence, including sexual violence perpetrated against women and girls, men and boys, and non-binary and non cis-gendered identities.

We recognize that many organizations emphasize different aspects of gender-based violence in their policies and practice, and some have unique and importantly distinct definitions of what it is and what drives it. For this reason, we have taken a broad, inclusive definition of gender-based violence, so as to allow project teams from across the organizational spectrum to locate their own GBV work within this broader umbrella, and relate each Module of the PEF to their work as a result.

Gender-based violence (GBV) is an umbrella term for "any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between females and males. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private."[2] The term 'GBV' is most commonly used to underscore how systemic inequality between females and males, which exists in every society in the world, acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.

While GBV also includes sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity, GBV and violence against women and girls (VAWG) are often used interchangeably. In fact, the development of this definition was preceded by important debate on how to accurately capture that GBV disproportionally impact women and girls, and are deeply embedded in the systemic inequality between females and males, but denote that all sexes and gender identities can be at risk of GBV.

GBV is also used to describe violence perpetrated against women, girls, men, boys, and people with diverse sexual orientations and gender identities, as well as non-binary individuals that is "driven by a desire to punish those seen as defying gender norms." To be clear, the PEF is applicable to situations regarding all people at risk of GBV, in all their intersecting identities. This would include, for example, the full range of potentially intersecting identities, including LGBTQIA+ persons, adolescent girls with disabilities, elderly women of minority groups, such as the Afro-Caribbean or indigenous; among others.

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2   IASC (2015) 'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery' p.5.

Photo by Marat Turdubekov

INTERSECTIONALITY AND GBV

Intersectionality is a framework for understanding that people experience overlapping (i.e., intersecting) forms of oppression, discrimination, and marginalization based on their co-existing identities (e.g., inequality based on gender and/or ethnicity).

Not all at-risk groups will be exposed to—or experience—GBV in the same way. Women and girls as a group experience gender inequality and discrimination, and are at risk of GBV. But each woman and girl has different characteristics or identity aspects that will shape how they experience discrimination, and contribute to their risk of GBV. These can include age, race, ethnicity, socioeconomic status, sexual orientation, disability, religion, civil status, and displacement and immigration status. Adolescent girls living with HIV/AIDS or a displaced woman with a disability will experience intersecting forms of discrimination and GBV risk. Similarly, a transgender man of a minority group will experience risk differently.

An intersectional lens must be applied to every element of results-based approach to GBV prevention. Understanding the context-specific intersecting forms of structural oppression, discrimination and risks that different people experience is critical to designing GBV prevention programs with reduced risk as an outcome.

0.3. WHAT WE MEAN BY PREVENTION

This framework is designed for any organization seeking to reduce the risk of gender-based violence occurring within humanitarian settings. This includes all activities with GBV risk-reduction as an intended outcome.

Throughout this framework, we understand the **intended outcome** of GBV prevention work to be a reduction in the GBV risk faced by communities and individuals living through crisis. For example, consider a program working with men and boys to change attitudes toward intimate partner violence in a displacement camp setting. The intended outcome here might be a reduced risk of violence by men committed on women within the household. This is closely related to, but distinct from, the *results* of the GBV prevention work, which we understand as the changes in attitudes, behaviors, policies, and practices that underly GBV risk. So the intended results might be a reduced acceptance among the men and boys of the legitimacy of violence against female partners; or a change in the ways men and boys understand their rights, entitlements, and obligations to the women in their household.

DEFINITIONS

GBV PREVENTION OUTCOME:
The reduction in GBV risk faced by vulnerable communities and individuals.

GBV PREVENTION RESULTS:
The changes in beliefs, attitudes, polices, norms, and behaviors that underpin GBV risk.

On this basis, the framework has been designed for a wide-range of interventions, activities and approaches. This includes interventions aiming to reduce the long-term contributory and driving factors behind gender-based violence, such as those targeting gender norms or harmful cultural practices underpinning sexual violence in displacement settings. This could include, for example, activities that directly tackle gender inequality through national legislation, or that sensitize communities to the risks and impacts of intimate partner violence, or that work with armed actors to raise awareness of their responsibility to prevent sexual violence in conflict.

But the framework also applies to activities designed to disrupt and prevent the short- and medium-term patterns of risk that can arise from a humanitarian crisis itself. Examples here include interventions aiming to reduce the immediate risk of sexual violence in conflict settings; or actions to improve acute food security as a way to reduce the medium-term risk of forced and early marriage within crisis-affected households.

Lastly, the framework also applies to activities that aim to ensure humanitarian programs and services are safer for crisis-affected people, where this includes reducing the risk of suffering gender-based violence while accessing these services.

The IASC has emphasized that all actors in a humanitarian crisis have a duty to undertake gender-based violence prevention and mitigation activities (IASC 2015 Guidelines, p. 1). This implies the engagement of multi-disciplinary teams and approaches, working alongside authorities and community members to proactively address risk. To do this well, all agencies involved need to be able to assess GBV risk, measure results, evaluate success, and learn from failures in programs and services provided, in a credible and context-specific manner.

0.4. THE RESULTS-BASED PROTECTION FRAMEWORK

This framework has been built on the foundation of the Results-Based Protection framework developed by InterAction and endorsed by a broad set of humanitarian actors, including INGOs, ICRC, and international organizations. The Results-Based Protection framework is a problem-solving approach used to address complexity and the ever-changing environment that surrounds protection issues in humanitarian action. It's an approach which aims for results in terms of reducing the protection risks that people face. It underscores the importance of starting from the perspective of those experiencing violence, coercion, and deliberate deprivation, and embraces aspects of systems-practice, design-thinking, and other comparable methods that emphasize iteration, adaptability, relationships, interconnectedness, and strategic collaboration to achieve protection outcomes.[3]

The framework includes three key elements, each of which are taken as essential to achieving protection outcomes:

1. **Continuous, context-specific protection analysis**

2. **Multi-disciplinary strategies**

3. **Outcome-oriented methods**

The three elements are all intended to support a common goal of reducing protection risk, as illustrated in the following diagram:
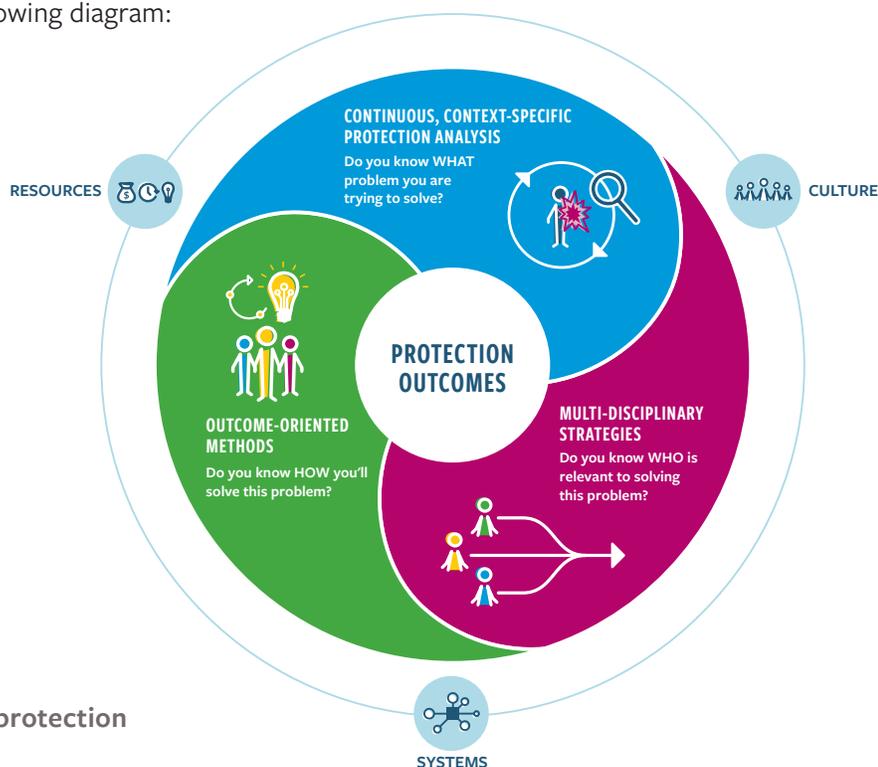
Diagram 1. Results-based protection

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3   **www.interaction.org/blog/what-is-results-based-protection**

These elements are comprised of various approaches, methods, tools, and practices that support protection results and outcomes:

1. **Continuous, context-specific protection analysis:** risks patterns should be examined in their specific contexts, including their specific historic, political, socio-economic, and linguistic realities at the local, regional, and/or national level. This analysis should start from the perspective of affected communities, be comprehensive and updated regularly based on new information and changing dynamics.

2. **Multi-Disciplinary Strategies:** most protection concerns require more than one actor for effective problem-solving. To achieve a protection outcome, each actor needs to be aware of their role and responsibility toward meeting the outcome and design their intervention in relation to their specific strengths and contribution.[4]

3. **Outcome-oriented methods:** humanitarian action should be based on a clear causal logic with the goal of measurable reduction in risk. Methods that help navigate complexity are encouraged. Methods such as outcome mapping, systems-thinking, design thinking, and foresight analysis can be used to help define how to go about changing behavior, attitude, knowledge, policy, and practice for protection outcomes.

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4   InterAction (2019) Results-Based Protection Cheat Sheet: Key Terms & Concepts

0.5. HOW THIS APPLIES TO GBV PREVENTION WORK

Each of the elements of the results-based protection framework have potential application to gender-based violence prevention programs, as illustrated below:

A RESULTS-BASED APPROACH TO GBV PREVENTION

- Context-specific theories of change to articulate pathways for change
- Using outcome monitoring to track risk reduction
- Investing in reflection, review & adaptation

GBV risk analysis

- Identify specific threats, who is vulnerable to them, and why
- Analysis of existing community capacities to reduce threat
- Disaggregated risk patterns across sex and gender identities, including non-binary
- Analysis of existing harmful customs, practices, laws, and beliefs/norms

Outcome-oriented strategies

GBV OUTCOME:
Reducing specific threats and vulnerabilities & building capacity

Multi-disciplinary strategies

- Mapping & analyzing role of external actors
- Multi-sector collaboration from the get-go
- Identifying wide group stakeholders to partner with

Diagram 2. Results-based GBV prevention

1. **Continuous, context-specific GBV analysis:** GBV risk patterns should be identified and tracked on a context-specific basis. It is essential that such analysis starts from the perspective of the population, where it is safe to do so. This can help avoid the unconscious imposition of generalizations and assumptions about how GBV manifests itself in a community. Critical aspects to cover in the GBV analysis include: the specific nature of the threats present in the community being served, how these have changed over time, the different types of vulnerability community members have toward those threats, and the pre-existing capacities that community members already have to help reduce the risk of GBV arising from these threats. Given the potential for GBV to affect people of all gender identities, it is important to disaggregate risks faced according to gender and sexuality. It is also important to map any pre-existing harmful traditional practices, beliefs and norms within the community being served, which may contribute to the GBV risk. This is especially important in order to counter-balance any preconceived ideas about how GBV manifests itself in the community in question. Moreover, in addition to ensuring this analysis work is done on a context-specific basis, it is also important to carry out a continuous analysis. The changing dynamics of humanitarian crises can affect the evolution of GBV risk, threat, vulnerability, and community-based capacity to mitigate threats.

2. **Multi-Disciplinary Strategies:** effective GBV prevention requires the cooperation of multiple actors. GBV prevention programs need to be designed on the basis of a clear mapping of external actors influencing GBV risk in the context in question. Multi-sector and multi-disciplinary collaboration should be encouraged from the first stage of the project cycle, including both within the different domains of the acting organization itself, and across the humanitarian space. This includes looking at actors both within and outside humanitarian action that might have a role to play to contribute to a GBV prevention outcomes, for example development actors, peacebuilding actors, academics, government, or diplomatic actors. Organizations should take time to identify a wide-group of relevant project partners, including different categories of local partner organization, from formal NGOs and local authorities to informal community groups and social networks.

3. **Outcome-oriented methods:** results-based GBV prevention work should be based on a context-specific theory of change with a clear pathway to change in terms of reduced GBV risk for community members. Outcome monitoring tools should be used to track risk reduction over time, in addition to observing the evolution in contributory factors such as social norms and attitudes toward GBV. In addition, and equally important, time and space for reflection and adaptation at project level needs to be created, so as to allow reflection on outcomes observed and adaptation of projects as GBV risks evolve.

Each of these points has guided the construction of this PEF, and each area explored in further detail in the modules below.

Perhaps the most important implication of applying this framework in this way, is the identification of GBV risk reduction as the primary intended outcome of GBV prevention work. This is in line with the move toward taking a results-based approach toward protection and GBV prevention activities. But it does have the potential to create confusion of terminology in the GBV community, where "risk mitigation" is commonly used to describe the efforts of sectoral humanitarian programs to reduce the risk of GBV associated with the provision and use of their own products and services in crisis contexts. To be clear, the definitions used in this framework do not speak to the difference between "primary prevention" activities and wider "risk mitigation" work. Instead, the framework speaks to the intended outcome of GBV prevention which is understood to be the reduction in GBV risk faced by vulnerable people and communities in crisis.

0.6. WHO IS IT FOR?

The framework has been designed to support dynamic and strategic program management that can help improve the measurement and evaluation of GBV prevention outcomes. It is intended to help humanitarians make strategic decisions about their prevention efforts. It is hoped that, by using different parts of the framework in an iterative manner to inform the various stages of the program cycle, program teams will be able to learn, adapt, and improve decision-making at project and program level.

Importantly, no specific level of technical expertise, resourcing, funding arrangements, or program context is assumed as a prerequisite for using this framework. Instead, we encourage program and evaluation teams to use this framework in the context of their current needs, constraints, and opportunities. Even, and perhaps especially, where these constraints are most extreme. **Please start from where you are, not where you think you need to be.**

For these reasons, the framework has been written for a wide-range of readers. This includes GBV country advisors, program managers, and officers. But it also includes program teams working on other, related areas of humanitarian response, when seeking to design for outcomes that include GBV risk reduction. This is relevant given the important role of multiple actors and disciplines when seeking to reduce GBV risk, as noted by Vigaud-Walsh (2020). As such, the language and approach of the PEF has been designed to be accessible to non-GBV specialists. Care has also been taken to make the language around monitoring and evaluation tools clear and accessible to program teams and non-specialists.

Moreover, the PEF is designed to be accessible to monitoring and evaluation teams (hereafter 'M&E' staff). This is important because of the need for close cooperation between program and M&E teams throughout the project cycle if outcome-level results are to be appropriately measured and interpreted. Involving M&E teams from the start of strategy development and program cycles can help ensure that outcome-level measurement informs the design process. The PEF itself was designed following a series of online workshops that brought together country-based program and M&E teams. These workshops highlighted the importance of engaging both sides of this divide when approaching M&E for GBV prevention work. In particular, the ethical constraints around GBV data collection mean that much of the primary data collection work needs to be conducted by program, rather than M&E, teams. As a result, it becomes even more important for program teams to engage closely with their M&E colleagues when designing measurement tools and systems, to ensure they yield high quality results-oriented data to inform future programming.

Lastly, it should be noted that the PEF focuses on the needs and constraints of country-level program teams, rather than headquarters staff or wider advocacy initiatives. This is due to the need for M&E guidance at project and program level, as demonstrated by Vigaud-Walsh (2020). The authors hope that headquarters staff and advocacy actors will find the PEF useful as a sign-post of what is possible when it comes to results-oriented GBV prevention programming. But the primary intended audience of the PEF remains country-level staff working in humanitarian contexts on projects and programs that seek to reduce GBV risk for crisis-affected communities.

0.7. HOW TO USE THE FRAMEWORK

The GBV Prevention Evaluation Framework contains four modules, answering four main questions:

- **Module 1—Risk Analysis:** how can program teams analyze the GBV risks faced by crisis-affected communities in a detailed and context-specific manner that will support the evaluation of GBV prevention outcomes?

- **Module 2—Project Design:** what should be done during project design stage to enhance the evaluability of GBV prevention outcomes?

- **Module 3—Measurement Considerations:** what should project teams and Monitoring and Evaluation staff consider when designing the monitoring system for projects working toward GBV prevention outcomes?

- **Module 4—Evaluation Approaches:** what types of evaluation approaches are best suited to assessing GBV prevention results and outcomes in conflict and crisis contexts?

HOW THE MODULES RELATE TO EACH OTHER

MODULE 1: RISK ANALYSIS	MODULE 2: PROGRAM DESIGN	MODULE 3: MEASUREMENT CONSIDERATIONS	MODULE 4: EVALUATION APPROACHES
How to build a good, context-specific, rich understanding of the GBV risks faced by vulnerable people in your crisis setting	How to build a clear, evaluable program design based on that risk analysis	How to design monitoring frameworks, indicators and approaches to measure changes in the community resulting from the program	How to evaluate the program results and understand the influence your program had on change

The framework is designed for modularity, so each section can be read on its own, without covering the material in the other sections. That said, the relationship between strong project design and good monitoring and evaluation cannot be over-stated. For example, a well-constructed theory of change (covered in Module 2) will support a well-designed set of monitoring indicators (covered in Module 3). As such, there is some benefit to reading the framework in its entirety.

Lastly, the tools and approaches outlined in this framework have been selected with a view to fitting into the current constraints and practices of humanitarian organizations operating in crisis settings today. As such, the framework is not intended for use as a "stand-alone" product in addition to, and isolation from, all the risk analysis, project design, and measurement and evaluation work currently being done by teams on the ground. Instead, the tools and approaches included in this framework have been chosen because they have the potential to fit into current practice, with minimal additional time or resource investment. In many cases, such as the risk analysis tools, they have been structured around the question of how organizations can make the most of their ongoing data collection and community consultation practices— as well as drawing out and structuring program teams' tacit knowledge of the contexts in which they work.

MODULE 1
RISK ANALYSIS

1.1. THE RISK EQUATION

The risk equation is an analytical tool for understanding the different components of GBV risk in the community. It can be used to break down risk into smaller patterns and features of a crisis or community setting, while encouraging a more outcome-oriented mindset in the program design process. In essence, it is a simple mental tool for visualizing the shape and detail of GBV risks faced by community members, in a context-specific manner. It is an essential part of the continuous, context-specific risk analysis, described in the results-based protection framework in the Introduction.

The equation provides a tool for thinking about GBV risk from the perspective of affected populations. It encourages program teams to embed their analysis in a context-specific picture of particular threats; differing vulnerabilities to those specific threats; and community-based capacities to mitigate them. In this way, it can help teams avoid making assumptions based on global theories of GBV risk and what underlies it, and to move beyond the simple application of pre-existing categories of vulnerability and threat to individual crisis contexts.

The equation itself is presented below:

$$\text{RISK} = \text{THREAT} \times \frac{\text{VULNERABILITY}}{\text{CAPACITY}}$$

Threats, vulnerabilities, and capacities are distinct factors that, when taken together, help teams to understand risk. A threat represents the source of the GBV risk (e.g., an armed group who perpetrates sexual violence against communities or individuals). Vulnerabilities are the distinct factors that make a person or group of people susceptible to that particular threat (e.g., membership of a certain ethnic group). Capacities represent the person's or community's ability to mitigate that threat (e.g., coping mechanisms such as walking in groups rather than alone when collecting firewood). Through continuous, context-specific analysis, we can avoid generalizations and break down risk patterns into threats, vulnerabilities, and capacities. This is then used to develop the causal logic for interventions to reduce risk and achieve a GBV prevention outcome.

It is worth remembering that many organizations use different analytical tools for analyzing GBV risk. Indeed, pre-existing guidance such as the IASC guidelines on risk mitigation use different, though related, language. Nevertheless, some organizations do include the risk equation in their risk analysis toolset, and the benefits of doing so are threefold:

1. It provides a framework to tease out the experience and analysis of affected people themselves. Vulnerable people will often have a very strong analysis of their own threat environment and the reasons why they are vulnerable. By providing a framework for asking about the risks they face, the risk equation can help program teams better understand the perspectives of vulnerable people and then design programs around those expressed needs.

2. It helps teams to add depth and context-specificity to project designs. This is particularly important in organizational contexts where global GBV prevention models or theories of change have been developed, and where the challenge comes in ensuring sufficient contextualization to individual community settings. In these contexts, program leads and country-based GBV advisors can use the risk equation to spell out the specific aspects of GBV risk that require amendments to the global program models.

3. It helps program and M&E teams to measure change in the community over time. By outlining the different components of GBV risk, the risk equation can be used to build a broader base of monitoring indicators to track the evolution in GBV risk over time, including where appropriate, indirect or "proxy" indicators such as those discussed in Module 3, below.

The crucial takeaway is that, by using this tool, organizations can encourage program teams to base their GBV risk analysis on a context-specific, person-centered understanding of the micro-level patterns underlying GBV risk in the communities they serve. Whilst the language may need to be adapted to fit organizational practices or cultural perspectives, the core components of the risk equation still serve as useful guide-rails for the different components of a solid GBV risk analysis.

1.2. HOW GBV RISK ANALYSIS CAN BE DONE

One of the biggest challenges faced by GBV project teams operating in humanitarian contexts is a lack of time. Project design cycles often take place in response to donor calls for project proposals, which themselves often include submission deadlines of less than four weeks. This severely restricts the time available for primary data collection as part of project-level GBV risk analysis.

Nevertheless, country GBV program teams often have a significant amount of informal needs analysis available to them, whether through pre-existing community networks or their own tacit knowledge of the crisis context where the organization has been operating in the same community for a significant period of time. The major challenge here is to find a simple-to-use mechanism to map the pre-existing understanding of GBV risk across each of the risk components outlined in the risk equation above. Doing so can help project teams add nuance and specificity to their project designs, and build indicator frameworks that serve results-based program design in the future—without necessarily conducting risk analysis as a "stand-alone" activity requiring significant additional resourcing.

As such, there is significant value in using a short template to structure the information already known about the GBV risks faced by the community being served, as well as to guide any primary data collection that is possible in the time available. Different organizations may want to design their own templates for this purpose, but some of the most critical questions to ask, based on the risk equation presented above, are included below:

Risk Analysis	Critical questions to ask
Risk	Which types of GBV are individuals and groups faced with in this context/area/crisis?
Threat	Who is the perpetrator of each type of GBV?
Vulnerability	Who is more likely to face the threat of this type of GBV?
Capacity	What are community members currently doing to mitigate or reduce these threats?
Underlying factors	What factors do community members think underly these risks? Are they related to harmful traditional practices or underlying beliefs, attitudes or norms? Are they exacerbated by crisis (e.g., by security, food, displacement, or health crisis factors)?

One template for doing this is presented overleaf, adapted from the ACAPS Protection Analysis Canvas developed in 2020.[5] Critically, this canvas should be completed by country-based project teams in as participatory manner as possible, without presenting a risk to community members or program teams. Suggested approaches to inform the protection risk analysis include:

Participatory Analysis Tool	When to use it
Focus group discussions with community members	Only when possible without causing harm to community members or program staff.
Bilateral discussions with members of vulnerable groups	This might be done, for example, alongside caseworker visits or community-based awareness-raising activities.
Synthesis of pre-existing affected population feedback measurement frameworks	Where primary data collection is not possible due to risk of doing harm.

It is important also to bear in mind that different types of GBV risk will often co-exist within the same context and often for members of the same community. Members of a refugee community living in urban contexts, for example, might face a range of different GBV risks: girls may face the risk of early and forced marriage; women may face the risk of prostitution; and men and boys may face the risk of physical assault on the basis of their gender or sexual identities. Each type of risk may demonstrate a different risk pattern: different perpetrators, different contributory and underlying factors; different types of people being vulnerable to those risks, in different ways; and different community-based capacities emerging to mitigate those risks. As a result, the risk analysis itself will need to be duplicated for each GBV risk present in the community. When using the canvas below, for example, teams should look to build one complete canvas for each GBV risk observed. This might mean, for example, completing one canvas for the risk of early/forced marriage faced by girls in a non-camp displacement setting; another for the risk of intimate partner violence for the married women within the same community; and finally, another for the risk of physical violence and threats faced by men and boys in that community who don't conform to traditional sexual identities.

Finally, once the canvas has been completed in draft form, it is important to pause and reflect about how it would change if any of your underlying assumptions were altered. For example, you can try adding greater specificity about vulnerabilities. Instead of just seeing, e.g., women and girls as the most vulnerable group, what if it is actually women and girls with a disability from a specific ethnic or religious group? How would this change the risk dynamics and the prevention efforts? This process of reflection can help to fine-tune the project design.

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5   **https://protection.interaction.org/acaps-protection-analysis-canvas/**

GBV RISK ANALYSIS CANVAS[6]

Background

GBV Risk Profile
What is known about the GBV risks faced by members of the community being served? E.g. the types of GBV faced, role of duty bearers, the types of harmful traditional practices, beliefs or norms observed in the community. (3-5 bullet points).

Analysis

Threat
Which types of GBV threats are present for the community members?

Vulnerability
What influences the vulnerability of community members to these risks?

Capacity
What capacities do the community and its members already have at their disposal to mitigate these risks?

Scenario

Projected evolution
Describe with 3-5 bullet points the most likely way the situation could evolve

- Worst case
- Best case
- Most likely

Triggers
What types of events or factors might make this happen?

Mitigation

Reduce Threat
What needs to change for the threat to be reduced?
(3-5 bullet points)

Reduce Vulnerability
What needs to change for the vulnerability to be reduced?
(3-5 bullet points)

Increase Capacity
What needs to change in order to increase the community capacity to mitigate these risks?
(3-5 bullet points)

An example of what this could look like when completed is presented below, based on a fictional program example presented in section 3.1 below:

GBV Risk Profile

Background	
- Internally-displaced persons (IDPs) living in camp settings, with basic needs met by humanitarian actors—excluding fuel for cooking food items. - The armed group providing security in the surrounding area presents a known threat of violence and murder for any men and boys leaving the camp to collect firewood. So, women and girls (WAG) collect firewood in their place. - WAG face GBV risks including: sexual assault, rape and physical violence inflicted by armed groups during firewood collection.	

Analysis		
Threat Armed groups in the area sexually assault WAG during firewood collection.	**Vulnerability** Young women and girls, collecting firewood alone at daytime.	**Capacity** Those IDPs with available resources purchase firewood from local markets.

Scenario		
Projected evolution		**Triggers**
Worst case: sexual assaults worsen, IDPs unable to safely access fuel for food leading to food insecurity		Continuing absence of IHL awareness or accountability mechanisms among armed actors, combined with no alternative to firewood collection for IDPs.
Best case: sexual assaults stop, IDPs meet basic needs without fear of sexual assault		Widespread acceptance of IHL obligations by armed group; effective accountability mechanism established; IDPs find firewood alternatives.
Most likely: sexual assaults reduce somewhat		Sensitization of armed actors to IHL; IDPs find firewood alternatives.

Mitigation		
Reduce Threat Reduce acceptance of sexual violence among armed groups.	**Reduce Vulnerability** Changed firewood collection habits (e.g., large groups of mixed ages, collection at dawn).	**Increase Capacity** Provision of cash to purchase firewood on local markets.

There are alternative formats for risk analysis available for project teams, including those adapted from protection risk analysis tools. The IRC-DRC Results-Based Protection Analysis Project published a Resource Mapping in November 2020 that presented a collection of 18 results-based resources for protection analysis drawn from across the humanitarian community.[7]

One example explicitly bases itself on the risk equation presented in Module 1 above. ActionAid's 2010 field manual for integrating community-based protection across humanitarian programs includes a simple tool for listing threats, vulnerabilities and pre-existing capacities to mitigate risk:[8]

Protection problem:			
	Threat(s)	Vulnerable	Current capacity
What/Who?			
Why?			
Where?			
How			
Current strategies?			

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7   Full details can be found: **https://protection.interaction.org/wp-content/uploads/2021/01/Resource-Mapping-Summary-Findings_final_November-2020-002.pdf**
8   ActionAid (2010). Safety with dignity: A field-based manual for integrating community-based protection across humanitarian programs.

MODULE 2
PROGRAM DESIGN

Photo by Amitava Chandra

2.1. WHY FOCUS ON PROGRAM DESIGN?

Some aspects of program design have particularly heavy influence on the ability of project teams to measure the results achieved. For GBV prevention, this is especially relevant given the absence of clear and consistent program designs and theories of change in the sector.[9] Vigaud-Walsh (2020) noted that, in humanitarian settings, GBV prevention activities were often implemented without *explicit and context-specific* theories of change being developed at all. Instead, many of the GBV prevention activities reviewed relied on globalized theories of change, based on evidence about what influences GBV risk outside of the specific context in which the program operates.

Importantly, a lack of attention paid during design stage does have a negative impact on project effectiveness. A recent study of what works in the prevention of violence against women and girls highlighted the importance of "carefully planned interventions, built on deep local knowledge of all relevant aspects of the intervention and underlying assumptions, and designed around a well-conceived theory of change."[10] The study concluded that the presence of a context-specific theory of change at project-level was one of the common factors among successful interventions.

As such, this module aims to present program teams with a toolset for developing explicit and contextualized theories of change at the project and program levels, and within the resource and time constraints observed in the field.[11]

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9   As noted by, among others, the InterAction Results-Based Protection program **https://protection.interaction.org/**

10   Jewkes et al. (2020). 'Effective design and implementation elements in interventions to prevent violence against women and girls'. UKAID. p.33.

11   The module does not cover other aspects of program design of interest to quality implementation, such as budgeting, resources, adaptive-design principles. Whilst these aspects are of critical importance to quality programming, they do not substantially influence the evaluability of the programs themselves.

2.2. CONTEXT-SPECIFIC THEORIES OF CHANGE

2.2.1. WHAT IS A THEORY OF CHANGE?

A Theory of Change (ToC) is just a description of how a project intends to bring about change for individuals, groups, and communities.[12] When done well, it can support outcomes-based approaches by helping apply critical thinking to the design, implementation, and evaluation of projects aiming to bring about change in their contexts.[13] Theories of change can take the form of results diagrams, narratives, tabular structures, or combinations of each. They typically seek to map a pathway to change, including activities, outputs, outcomes, and final impacts of the project. Critically, ToCs also explain the assumptions that the project team is making about the causal mechanisms. This allows monitoring and evaluation teams to test these assumptions during implementation and provide useable learning back to decision-makers.

2.2.2. WHAT A THEORY OF CHANGE SHOULD LOOK LIKE

At its most basic, a ToC is just a statement of the form "**IF** we do this activity, **THEN** this change will happen, **BECAUSE** of these factors." For example:

"**IF** we increase household food security, **THEN** we will reduce the risk of girls being forced to trade sex for resources, **BECAUSE** food insecurity is a primary driving factor behind this practice".

OR:

"**IF** we provide training and education on IHL for armed groups, and **IF** we support the capacity of disciplinary and accountability mechanisms for perpetrators of sexual violence within armed groups, **THEN** the risk of sexual assault of men from this specific ethnic group by armed actors will reduce, **BECAUSE** lack of knowledge and awareness of IHL obligations combined with insufficient accountability mechanisms are driving factors behind the sexual violence."

These statements can be spelled out for each stage of a logframe. Thus, if the project logframe looks like this:

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
Unrestricted cash distributions for households	# households supported, $ value of cash provided (indexed against minimum expenditure basket)	Reduced household food insecurity	Reduced risk of girls being forced to trade sex for resources

---
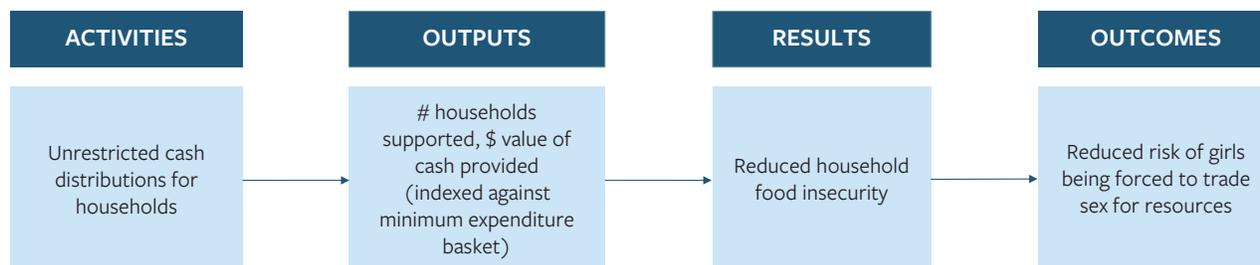
12   ALNAP (2016), p.97.
13   Vogel (2012), p.3.

Then a theory of change can be applied to each step of the results-chain:

CAUSE ("if…")	EFFECT ("…then…")		CAUSAL Assumption ("…because")
Result	**Outcome**		**Assumption 1**
Reduced household food insecurity	Reduced risk of girls being forced to trade sex for resources	**/**	Food insecurity is a primary driving factor behind this practice
Output	**Result**		**Assumption 2**
# HH supported; $ value against minimum expenditure basket	Reduced household food insecurity	**/**	Sufficient and appropriate food can be purchased in local markets

When this is done, we can list all the causal assumptions underlying the program design in a clear and transparent manner. This can help M&E teams to design monitoring frameworks that can test these assumptions, and helps program teams to question and adapt their projects as they implement them.

It is really important to be clear about what makes an assumption "causal." Causal assumptions are descriptions of the things that must be true for the program activity to have the intended effect; or for the output to cause the intended outcome; or for the outcome to have the intended impact, etc. Thus, assumption 1 in the diagram above is that food insecurity is a primary driving factor behind the practice of forcing girls into trading sex for resources in the particular context in question. If this isn't true, for example, because girls are being forced into trading sex for resources for any other reasons, then the cash provision will not reduce this form of GBV in this context. That is why we call assumption 1 a "causal assumption" in this theory of change.

On the other hand, background assumptions are descriptions of the things that must be true for the program activity to be implemented. Households must be willing and able to accept unrestricted cash, for instance. If this is not true, for example due to the absence of a suitable money-transfer system in this context, then the activity will not take place. For that reason, it is called a "background assumption" in the theory of change.

It is important to specify both background and causal assumptions. Doing so helps evaluators to test how true the project theory of change is, and make suggestions about how to change the program design in the future. But its critical not to mix up background and causal assumptions when doing this.

As an example, the theory of change above can generate a simple table of background and causal assumptions, like the one below:

Background assumption	Causal assumption
A suitable money-transfer system is in place and covers the households containing girls who are vulnerable to being forced into sex for resources	Food insecurity is a primary driving factor behind girls being forced into trading sex for resources
No major external shocks occur with the capacity to disrupt distribution (e.g., conflict, disaster, or other)	Sufficient and appropriate food can be purchased in local markets

Of course, it is always possible to list more assumptions for any project. But the critical point is to make sure that, during the program design process, the most important and most pressing assumptions—both background and causal—are clearly listed by program teams. Doing so can greatly improve the quality of evidence generated through monitoring and evaluation efforts.

A simple way to develop project-level theories of change is to build a table like the one below for each project logframe you develop:

Cause	Background assumption	Effect	Causal assumption
Activity 1	1-2 bullet points on what needs to be true for the cause to take place	Output 1	1-2 bullet points on what needs to be true for the cause to have this effect
Activity 2	1-2 bullet points on what needs to be true for the cause to take place	Output 1	1-2 bullet points on what needs to be true for the cause to have this effect
Activity 2	1-2 bullet points on what needs to be true for the cause to take place	Output 2	1-2 bullet points on what needs to be true for the cause to have this effect
Activity 3	1-2 bullet points on what needs to be true for the cause to take place	Output 3	1-2 bullet points on what needs to be true for the cause to have this effect

Each row of this table represents an individual arrow in the logframe. So if the logframe has four activities contributing to one output, then the table will need four separate rows for these. Likewise, if one activity is intended to have three different outputs, the table will need three separate rows for these.

2.2.3. HOW TO MAKE ONE

Wherever possible, theories of change should be developed in as participatory a manner as possible. Community participation in the design process has the potential to improve community engagement and ownership of the process, which can improve program effectiveness and potentially sustainability once the program has closed.

But the process of developing a high-quality theory of change can be complex. As outlined above, it requires careful consideration of the change you want to bring about, the assumptions about what underpins the violence being addressed, and a breakdown of who can do what to bring it about. Theories of change also typically involve a lot of technical terminology and phrasings that don't translate that well to natural language workshops.

As a result, it is important to think about how participation can realistically take place.

The following presents one option for prioritizing community participation in the theory of change design process, adapted from literature on participatory theories of change in the public health and international development sectors.[14] The emphasis of these approaches is on group-based workshops with community members, where all members are free to make suggestions about the changes they want to bring about and the underlying factors driving the problems being addressed. In the case of GBV prevention, this risks doing further harm by asking vulnerable people to describe GBV risks and underlying factors in a non-confidential setting.

As a result, the follow template is suggested for use in confidential 1-2-1 discussions with community case-workers, who can assure the confidentiality of the discussion and already have the trust of the community. As such, it is recommended that these discussions take place alongside ongoing programming with vulnerable persons, rather than through stand-alone program design workshops. It may simply be too time-consuming to cover each of these steps with every vulnerable person consulted. It is suggested, therefore, that program teams experiment with different approaches to test different steps of the design process with different vulnerable people, building up the overarching theory of change by compiling the fragments from different individuals.

14   Breuer E, De Silva MJ, Fekadu A, et al. (2014) Using workshops to develop theories of change in five low and middle-income countries: lessons from the programme for improving mental health care (PRIME). *International Journal of Mental Health Systems* 8: 15. DOI: **10.1186/1752-4458-8-15**. Breuer E, Lee L, De Silva M, et al. (2016) Using theory of change to design and evaluate public health interventions: a systematic review. Implementation science: IS 11: 63. DOI: **10.1186/s13012-016-0422-6** Katherine Austin-Evelyn and Erin Williams (2016) **Mapping Change for Girls, One Post-It Note at a Time**.

Step	Approach
1. **Identify intended outcomes**	Present the risk analysis compiled in Module 1 to the community member, and propose top three suggested intended outcomes in response to these risks. Identify both what changes you are hoping to achieve for whom. Ask the community member to propose alternative outcome-level changes they would like to see, prioritizing those with the biggest potential for preventing the forms of GBV that most concern them.
2. **Identify possible driving factors**	Once the outcomes have been discussed, present the driving factors identified in the GBV risk analysis canvas in Module 1, and ask the community member to challenge any assumptions you have made, or propose other factors behind the types of violence you are hoping to address.
3. **Propose activities to tackle this type of violence**	Present a selection of proposed activities that your organization can offer in relation to the intended outcome and driving factors. Also include activities that will be needed by other actors and highlight how to collaborate/coordinate with them to ensure they are engaged. Ask the community member to challenge the feasibility and relevance of these activities, and to suggest additions or nuances to those you have proposed.
4. **Check causal and background assumptions**	Present the list of background and causal assumptions you are making in your emerging theory of change, and ask the community member to challenge, amend or add to this list.
5. **Synthesize the outputs**	Working with your local GBV advisors and program teams, synthesize the fragments of the discussions above to build the most relevant and coherent theory of change possible, taking care to consider the differential impacts of your activities on different vulnerable persons in the community and to consider what is needed to collaborate with other disciplines to achieve an outcome.
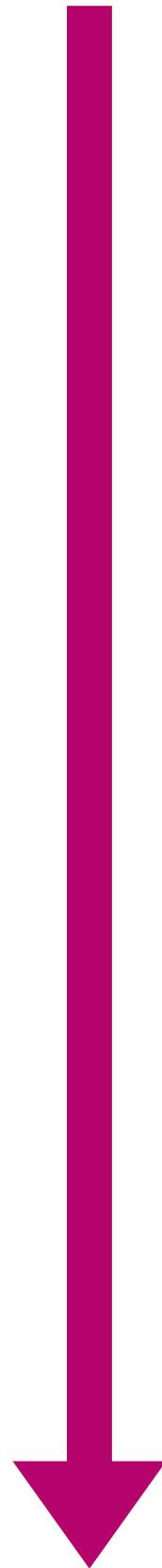
2.2.4. HOW TO TEST IT

Once developed, it is worth checking the project's ToC against the core normative standards for quality ToCs. The following checklist has been developed for GBV prevention projects, and is intended to be quick and easy-to-use:

Table 1. Theory of Change Checklist for GBV Prevention[15]

Context analysis	Does the theory of change make logical sense as a response to the specific risks identified in the crisis context? Are the components of risk (including threat, vulnerability, and capacities) well identified?
Causal pathways	Are causal pathways well mapped in a logframe or diagram? ● In detail—including intermediate results leading to the ultimate outcomes? ● No missing links? ● Conceptually clear—no congested boxes containing several inputs, outputs, outcomes or causal links all lumped together? ● Presenting the specifics of this program not just a generic type of intervention? ● Relating to all the relevant domains of GBV risk outlined in a clear risk model?
Assumptions	Are assumptions made explicit (in the diagram or text)— ● about the causal links? ● about implementation? ● about context and external factors? Do the assumptions underlying the activities take account of community-capacities to prevent GBV? And of external actors?
Evidence-base	Is the evidence for each key hypothesis explicitly outlined? ● Is the strength of the evidence assessed? ● Does the assessment make sense given the evidence referred to?

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15   Adapted from DFID (2012); and Dillon, Christoplos and Bonino (2016).

2.2.5. WHEN TO MAKE ONE

The tools presented above have been designed specifically to reduce the time needed to complete them. Any project team that already has a project-specific logframe will already have a full list of activities, intended outputs, outcomes and impacts. Adding causal and background assumptions in this manner should be possible with minimal additional time investment, and should certainly take less time to develop than the logframe itself. This is important given the limited time project teams often have between donors announcing a call for proposals and the proposal deadline.

But the question of when to construct a theory of change, and at what level, is also worth asking. There are at least two obvious points when a project team might want to develop this type of theory of change.

Firstly, during the proposal-writing process itself. Here the aim would be to focus entirely on the project-level logframe, outlining the key assumptions—both background and causal—that underpin this project logic. The theory of change can then be shared with the donor and used to design the monitoring and evaluation framework if the project is awarded.

Secondly, the team might want to develop a theory of change prior to donor appeals being launched. This is most likely in a context where an organization has a longstanding presence and a previous history of GBV prevention programming. In these contexts, it makes sense to develop project and crisis-level theories of change for GBV prevention. For example, an organization with five years' experience of repeated GBV prevention program cycles in South Sudan could bring together the key stakeholders within the organization and the communities they serve to workshop the organization's country-level theory of change for GBV prevention. This could start by asking communities and organizational stakeholders what changes they want to see with respect to GBV risk over the next three years. The team could then work backward through different outcomes and activities to identify the types of programming that could contribute to this change. Finally, once this is done, they could identify the fundamental causal and background assumptions behind the work they are doing.

Both of these options have pros and cons, and project teams will need to consider these when deciding when and how to use theories of change for their GBV prevention work. A preliminary list of the advantages and disadvantages of these two approaches is presented on the following page:

Approach	Advantages	Disadvantages
Project-level ToC during proposal design-stage	• Provides basis for project-level evidence about what works and what doesn't in GBV prevention • Helps project teams critically reflect, adjust and learn from individual projects and programs in real-time	• Adds to the time burden of proposal-writing, even when using the streamlined version presented above • Difficult to build in community-participation during a short time-frame
Country-level ToC over multi-year time horizon	• Provides space for wider reflection about GBV risk in the community over time • Improves chances of participatory discussions with community about organizational contribution to change	• Doesn't support development of project-specific measurement tools or indicators • Potentially moves the reflective process one step away from the project teams and communities they serve

Where possible, a combined approach is recommended, with a wider consultation process taking place at country-level, which feeds into project-specific theories of change designed in a shorter timeframe during project design stage. When done well, this can turn the Theory of Change into a strategic management tool, rather than merely a reporting format. A country- or area-wide ToC can feed into project-specific ToCs which then feed back into revised country-level ToCs, allowing for iterative development of the program team's strategic direction over several project cycles. The process of doing this on an iterative basis could, hopefully, provide program teams with increased spaces for reflection and decision-making about the strategic direction of their GBV prevention work in-country, which could in turn highlight gaps in current program designs and areas which the organization could prioritize for future fundraising opportunities. This in turn should pay-off in terms of improving the quality and efficiency of the proposal-writing stage.

MODULE 3
MEASUREMENT CONSIDERATIONS

3.1. HOW AND WHY TO THINK ABOUT OUTCOMES MEASUREMENT

Vigaud-Walsh (2020) reviewed a large number of GBV prevention projects and programs, including their associated logframes and monitoring frameworks.[16] The majority of these programs were monitoring output and activity-level indicators. In some cases, this included community perceptions of the quality of GBV prevention services. But in many, measurements were restricted to the quantity of activities conducted and the number of persons served.

There are reasons for this "retreat" to output measurement. Organizations consulted in the design of this framework cited the following challenges when it comes to monitoring outcomes for GBV work:

▶ **Risk:** Surveying community members about GBV incidence rates risks causing harm to vulnerable community members and, in some instances, to program staff. This makes it hard to collect primary data in the first place.

▶ **Trust:** Asking community members to share their perceptions of GBV requires a high level of trust in the community, which can be difficult when program staff turnover is high or when M&E staff from outside the program team are collecting data.

▶ **Sensitivity:** It is often difficult to discuss sensitive topics around sexual violence with community members, making data collection about GBV incidence unreliable even when it can be carried out without causing harm.

▶ **Privacy and data management:** Even when the data is collected in a reliable manner, it is often difficult to share sensitive case-data, or any data that could reveal the identity of vulnerable groups. This makes it difficult for M&E teams to access any results data collected.

▶ **Cost:** Robust measurement of changes in GBV incidence over time requires significant investment in measurement tools and frameworks that are very challenging to fund in the current humanitarian funding landscape. This could change if donors and implementing agencies decide to take a strategic approach to evidence generation for GBV prevention. But until it does, it will remain prohibitively expensive for organizations to measure GBV incidence in a rigorous manner that allows for attribution claims to be soundly made.

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16   "Logframe" is herein used to describe a presentation of a projects activities, outputs, intended results and outcomes in the community being served. **https://www.betterevaluation.org/en/evaluation-options/logframe**

RESPONSIBLE DATA MANAGEMENT FOR GBV PREVENTION

Recent years have seen a growth in debate and discussion about responsible data management for humanitarian actors. This has been spurred, to some extent, by increasing concerns about the capacities of state and non-state actors to survey and intercept data flows across an ever-wider spectrum, resulting from the growth of big data and its potential for exploitation. In the case of gender-based violence, this has significant ramifications for vulnerable people whose data is initially collected through more traditional means, such as the use of survey tools by humanitarian organizations conducting risk analysis, monitoring or evaluation work.

For this reason, Do No Harm Principles must be followed for all steps of the data management cycle, from collection and storage to dissemination. Agencies are encouraged to review the guiding principles presented in the Gender-Based Violence Information Management System **https://www.gbvims.com**/, as well as wider principles being drawn up by the Humanitarian Data Science and Ethics Group at **https://www.hum-dseg.org/**.

It should also be remembered that over-emphasis on measuring GBV incidence alone can be dangerous when it encourages agencies to take up harmful data collection practices, such as asking vulnerable persons to directly report incidents of GBV for measurement purposes alone. Moreover, as will be seen in this Module, there is significant value in measuring other aspects of the risk profile, such as the threats, vulnerabilities, and capacities within the community that underpin the GBV risk (see the section on proxy indicators below).

These are all genuine challenges for the collection of data about GBV incidence and risk. But the impact of not measuring outcomes is significant. The drop in quality of programs without clear monitoring frameworks was noted by the DFID-funded program 'What Works in Preventing Violence Against Women and Girls.' The lack of evidence about what works and what does not is itself a result of this "retreat" away from measuring outcomes and sharing the learning that comes from it.

For these reasons, program and M&E staff should be clear about the importance of measuring outcomes. The simplest way to think about this is to draw a line between the changes seen that are within the "realm of the program" and the changes seen (i.e., results) that are within the "realm of the community."

The program: activities and services provided

The community: behavior change over time

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
IHL training sessions for armed actors	# soldiers trained in IHL	Reduced acceptance of GBV among armed actors (threat)	
Community awareness-raising sessions	# community members engaged in awareness-raising activities	Changed firewood collection patterns (vulnerability)	Reduced risk of sexual violence against WAG
Cash for fuel program	$ provided for firewood purchase	Increased capacity to purchase from local market (capacity)	
Community mobilisation training activities	# women's groups provided training/support	Increased ability of women's groups to support WAG (capacity)	

Diagram 3: What we mean by "outcomes"

The example above is a fictional project logframe for a project working on the risk of sexual violence faced by IDP women and girls in an IDP camp setting. The context is hypothesized in the following way:

Background	**GBV Risk Profile** • IDP community living in camp settings, with basic needs met by humanitarian actors—excluding fuel for cooking food items. • The armed group providing security in the surrounding area presents a known threat of violence and murder for any men and boys leaving the camp to collect firewood. So, women and girls (WAG) collect firewood in their place. • WAG face GBV risks including: sexual assault, rape and physical violence inflicted by armed groups during firewood collection.	
Analysis	**Threat** Armed groups threaten and perpetrate sexual violence against WAG during firewood collection.	**Vulnerability** Greatest risk of sexual violence by armed actors for: young women and girls, collecting firewood alone, during daytime.
		Capacity • Nascent women-led IDP groups working with households to organize firewood collection in safer manner: large groups, mixed generations, collecting at first light and dusk. • Those IDPs with available resources purchase firewood from local markets instead.
Mitigation	**Reduce Threat** Reduce acceptance of sexual violence among armed groups.	**Reduce Vulnerability** Changed firewood collection habits (e.g., large groups of mixed ages, collection at dawn and dusk).
		Increase Capacity • Support to nascent womens' groups to work with WAG. • Provision of cash to purchase firewood on local markets.

The activities include conducting training for the armed actor groups, to sensitize them to their duties under IHL and the potential implications of violations. The program also provides cash assistance to the IDPs to purchase firewood on local markets, while also supporting the women's groups to increase their reach and influence in the community, and also conducting GBV awareness-raising activities within the IDP community itself.

The direct outputs of these activities are measured by the number of soldiers trained, the number of womens' groups provided with support, the cash value transferred to IDP households and the number of community members engaged in awareness-raising activities.

All of this remains within the realm of the program: its activities and services provided.

The results come after this, in terms of the reduced acceptance of GBV among soldiers in the armed group, the decreased vulnerability of young women and girls conducting firewood collection alone during the day, and the increased capacity of households to purchase firewood from local markets and of womens' groups to support women and girls as they face this risk. These are all changes within the realm of the community: the beliefs, attitudes and behaviors of community members and soldiers toward GBV. Lastly, the outcome is measured in the reduced incidence of GBV committed by armed actors against women and girls from the IDP camp.

By focusing on outcome-level measurement tools that help measure the intermediate results, program teams can learn about the community-level changes their activities have helped bring about. But, to do this well requires planning. Designing good outcome and results indicators takes care and attention. Outcome measurement tools need to be selected that meet the information needs of the monitoring framework. The evaluability of the program needs to be tested and considered by M&E teams before any measurements can take place.

This module presents some of the main considerations to bear in mind when thinking about monitoring frameworks for GBV prevention. In particular, the following three critical elements are presented:

1. **Indicator design:** how can organizations design feasible outcome and results indicators in the face of the challenges presented above?

2. **Evaluability assessments:** how can organizations make sure their GBV prevention program designs make effective measurement and evaluation possible?

3. **Outcome mapping approaches:** how can organizations develop monitoring and evaluation tools to help them track behavior change over time?

3.2. INDICATOR DEVELOPMENT

3.2.1. WHY INDICATORS MATTER

Well-designed indicators allow M&E teams to measure the progress of a project toward its goal. Without clearly defined indicators, even the clearest theory of change can be hard to test.

Monitoring frameworks should include indicators across the results-chain, including indicators for outputs, results, and outcomes of the activities:[17]

DEFINITIONS

OUTPUT INDICATOR:
A measure of number and quality of the products, goods and services which result from an activity.

RESULTS INDICATOR:
A measure of the changes in the community and lived experiences of vulnerable people directly resulting from an intervention. This can include changes in behavior, attitudes, policy, and practice of individuals, groups, communities, organizations, institutions, or other social actors. They should relate to the threats, vulnerabilities, and community-based capacities underpinning GBV risk.

OUTCOME INDICATOR:
A measure of the changes in GBV risk faced by specific vulnerable people and groups in the community.

Prior to starting project activities, it is important to design clear indicators for each intended result and outcome. Good indicator frameworks typically mix quantitative and qualitative data types and support an understanding of how the project is influencing change over time.

It is also worth bearing in mind that indicator-based monitoring is not the only way to measure change. "Indicator-free" approaches, like Most Significant Change and Outcome Mapping (see module 4 below for details on these approaches), make space for information being provided by community members that doesn't necessarily fit into a list of pre-defined indicators. Tools like these encourage project teams to turn the monitoring question away from project design and toward the lived experiences of crisis-affected populations. Nevertheless, it is rare that project-level monitoring can be conducted entirely using these methods. As such, indicators remain at the core of the measurement effort for the vast majority of project-level monitoring systems.

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17   Definitions adapted from **https://protection.interaction.org/** and **https://www.alnap.org/help-library/evaluation-of-humanitarian-action-guide**.

The following sections present some of the common pitfalls faced when designing indicators for complex social change, followed by an overview of how to use proxy indicators for hard-to-measure change.

3.2.2. COMMON PITFALLS TO AVOID

Global-local mismatches:

Organizations employing global theories of change often provide linked indicators to support measurement of their sector-wide ambitions. The intended outcomes at global level may include overarching goals such as tackling harmful gender norms or reducing military actors' acceptance of sexual violence during conflict. The difficulty comes when trying to measure project-level results using global-level frameworks; or conversely when using project-level results to demonstrate change at a global level.[18]

Instead, it is important to make sure the project's theory of change is context-specific before using it to develop indicators. This will often mean accepting that an individual project will only contribute to a small part of a global theory of change. But doing so will allow program and M&E teams at country-level to measure results against context-specific indicators that take account of local capacities and the effects of localized external actors on behavior change.

Exclusion of community voices:

Participatory indicator development can be difficult, time-intensive, and can sometimes be inappropriate on 'Do No Harm' grounds.[19] This can put-off project teams, particularly when designing interventions in constrained contexts.

Nevertheless, the exclusion of community voices in the selection and design of monitoring indicators can significantly impoverish decision-makers' understanding of the project's results and impact within the community, as well as raising concerns about power imbalances regarding decisions about what to measure, and what not.[20]

As such, it is recommended that, wherever ethical and feasible, project teams maximize the integration of community voices when designing measurement indicators at project-level. Tools for doing this can be drawn from pre-existing participatory evaluation techniques, and adapted to fit the design and selection of indicators, e.g., by using group workshops, participatory rapid appraisal techniques, or even focus group discussions and survey tools. Indeed, even before designing indicators, these tools can and should be used, where ethically possible, while developing the risk analyses and project theory of change, as outlined in Module 2, above. Indicators should then be defined that link back to the risk analysis and theory of change.

Hard-to-measure indicators:

Some monitoring frameworks include indicators which, in reality, take several years to gather data against before a measurement can be given in confidence. Changing harmful gender norms, for instance, can fall into this category. This can be a powerful learning approach when paired with a long-term investment in

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18   Dillon and Sundberg (2019), p.15.
19   ALNAP (2016), p.279.
20   Guijt, I. (2014). Participatory Approaches, Methodological Briefs: Impact Evaluation 5, UNICEF Office of Research, Florence, p.3.

measurement over time, a robust quasi-experimental methodology, and a reasonable expectation that data collection and quality will not be degraded by conflict or instability over the timeframe. But in reality, funding envelopes and timeframes for the majority of single-project humanitarian interventions exclude this level of investment.

Instead, it is recommended that indicators are selected on the basis of both relevance to the theory of change and feasibility of measurement. In particular, the following checklist is worth using before committing to collect data against an indicator for a GBV prevention project:

Indicator feasibility checklist	1. What would measuring against this indicator require of affected individuals and communities? Is there a risk of doing harm by measuring it?
	2. Is it realistic to expect observable change in this indicator over the life-cycle of the project?
	3. Is it possible to measure change in this indicator given the conflict or crisis context?
	4. Does it require primary data collection? If so, are access constraints an impediment?
	5. What secondary data sources can be leveraged to measure change for this indicator?
	6. How often would measurements need to be taken? Can this be managed by the monitoring or evaluation team?
	7. What skillsets would the monitoring or evaluation team need to measure against this indicator?

3.2.3. PROXY INDICATORS

As outlined above, there are a number of challenges to collecting data about the outcomes of GBV prevention, given the difficulty of collecting and analyzing high quality data about GBV risk and incidence at community-level. One way to overcome these difficulties is to use proxy indicators instead.

Proxy indicators are indirect measures that are used when making direct measurements of change is not possible or appropriate.[21] Proxy indicators track changes that go hand-in-hand with the change you are trying to measure. Fossil records, for example, can be used as a proxy indicator for historical climate change: we can't directly measure what the earth's climate was like 4,000 years ago, but the patterns of plant and animal life recorded in fossilized form can reliably tell us about it, because it goes hand-in-hand with climate change.

Devising and testing a bank of accurate proxy measures for GBV requires more research and field

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21   Corlazzoli and White (2013), p.20-21.

validation across contexts. But proxies that organizations already use include measures such as male attitudes toward the permissibility of intimate partner violence or the freedom of women to communicate with each other and self-organize to reduce intimate partner violence (IPV) risk. These are not direct measures of intimate partner violence or sexual abuse. But they are considered to demonstrate some degree of correlation (or inverse correlation) with those forms of violence. As such, they are used by organizations seeking to measure GBV risk when direct measures are either impossible or inappropriate.

Project teams should use the risk analysis, when broken down into threats, vulnerabilities, and capacities, to develop proxy indicators linked to the components of risk. Doing so will allow teams to continuously monitor changes in the risk profile to inform a continuous GBV risk analysis.

Once this is done, proxies can be developed for hard-to-measure outcomes by looking for bundles of indicators that are related to the desired change. For example, as a proxy for early/forced marriage, an organization might choose to measure the following bundle of indicators:

1. Markers of community attitudes toward—and acceptability of—early/forced marriage (**threat**).

2. Levels of economic insecurity at household-level (**vulnerability**).

3. Demonstrated awareness of alternative sources of income for insecure households (**capacity**).

Or, as a proxy for physical assaults on people with non-conforming gender identities, an organization could choose to measure the following bundle of proxies:

1. Markers of community attitudes toward gender identities and acceptance of violence in the public domain (**threat**).

2. Measures of social isolation for persons with non-conforming gender identities (**vulnerability**).

3. Demonstrations of community members to observe and intervene in emerging threats against persons with non-conforming gender identities (**capacity**).

Likewise, in the fictional GBV prevention program introduced in section 3.1. above, the organization may use the following proxies to measure the risk of sexual violence against women and girls collecting firewood outside an IDP camp:

1. Observed instances of accountability mechanisms being established, strengthened, and used by armed groups against perpetrators of GBV (**threat**).

2. Markers of attitude shifts toward GBV among the armed group (**threat**).

3. Reduction in observed single person firewood collection at certain times of day (**vulnerability**).

4. Increased financial capacity to purchase firewood on the local market (**capacity**).

5. Increased strength and reach of female-led support groups to self-organize safer firewood collection (**capacity**).

By bundling together several proxy indicators in this way, while aiming to cover the breadth of the components of risk outlined in the risk equation in Module 1, the project team can help enhance their understanding of the hard-to-measure change in GBV risk. But, when selecting such bundles, it is important to choose indicators that go hand-in-hand with the hard-to-measure outcome and which can work together to tell us more about what is happening at outcome level. In the examples above, the indicators "collaborate" to tell us about the background permissibility of early/forced marriage in the community, the levels of economic security driving households to engage in early/forced marriage, and the degree to which households alternative income sources are being made available to insecure households. Taken together, these facts can help to "paint a rich picture" of early/forced marriage in the community and demonstrate, over time, how change is happening and what it looks like.[22]

3.2.4. USING THE RISK EQUATION

The proxy indicators cited above can in fact be traced back to the risk equation presented in Module 1, as illustrated below:

Risk	Threats	Vulnerabilities	Capacities
Incidence of sexual violence against women and girls committed by armed actors	Permissive attitudes toward sexual violence among armed actor groups	Single person firewood collection during certain times of day	Capacity of IDP households to purchase firewood on local markets
	Absence of accountability mechanisms for perpetrators of GBV		Increase in breadth and reach of women-led support groups

The point here is that, in cases where it proves difficult or inappropriate to measure GBV incidence, a well-developed risk analysis, for example using the GBV risk canvas presented in Module 1, can help provide proxy measures instead. In this case, by working through the nature of the threat, the nature of what makes community members vulnerable to that threat and the types of community capacities to mitigate it, the organization is able to broaden the range of outcome-oriented measures it has at its disposal. In cases where GBV incidence is already hard to measure, this breadth of options can be useful.

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22   Barnett et al. (2011). 'Governance and Conflict Indicators Report'. ITAD and DFID: Department for International Development. P.23.

3.3. ETHICAL CONSIDERATIONS FOR GBV M&E PROCESSES

3.3.1. GBV GUIDING PRINCIPLES

Throughout the program cycle, staff will undoubtedly encounter GBV survivors. Survivors who disclose an incident of GBV are often at high risk of stigma and further violence by the perpetrator or others. To safeguard against this, the survivor-centered approach is employed in all interactions with GBV survivors, including data collection for the purposes of monitoring of evaluating prevention programs.

A survivor-centered approach is a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. It is underpinned by the following guiding principles:

Safety: The safety and security of survivors, their children, and those assisting them are the primary considerations. Safety refers to both physical safety and security and to a sense of psychological and emotional safety.

Confidentiality: Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Information about a survivor's experience of abuse should be collected, used, shared, and stored in a confidential manner.

Respect: All actions taken should be guided by respect for the choices, wishes, rights, and dignity of each survivor.

3.3.2. THE DO NO HARM APPROACH

The "Do No Harm" approach centers on taking measures to avoid exposing people to harm as a result of our work. This means making sure that the actions we take do not create further GBV risks or any other kind of harm for survivors and others at risk. The Do No Harm principle includes:

▶ Avoiding any actions that might expose a survivor or person at-risk to acts of revenge or further violence.

▶ Making all communication and interactions safe and supportive to avoid the traumatization of survivors.

▶ Ensuring that the collection, storage, and sharing of information abides by the GBV Guiding Principles, and does not create any additional risk.

3.3.3. ETHICAL CONSIDERATIONS FOR DATA COLLECTION AND USE

As working with survivors, or those at risk of GBV, engenders significant safety and security concerns, the research for the design, monitoring, and/or the evaluation of GBV programs—including prevention programs—must be undertaken with extreme care and sensitivity to respecting GBV Guiding Principles and the Do No Harm Approach. This is particularly relevant when it comes to collecting and using data.

The International Committee for the Red Cross has developed professional standards that we should adhere to ethically to manage sensitive protection information. They include, but are not limited to, collecting information for the use of protection programs, endeavoring to collect such information if the organization has the right information management system to process and store data confidentially, evaluating the scope of information to be collected in relation to its relevance for protection programs.

With regards to GBV specifically, the World Health Organization developed eight safety and ethical recommendations to be considered before researching violence against women and girls. This is applicable to all GBV-related data collection activities, including needs assessments, surveys, and the monitoring and evaluation of interventions. The eight recommendations are:[23]

1. **Analyze risks and benefits:** Before collecting any data, it is important to consider both: (1) potential risks that respondents and data collectors may experience, and (2) potential benefits to the affected community and the wider humanitarian community. It is critical that the benefits outweigh the risks.

2. **Methodology:** Data collection activities must be safe and survivor-centered, methodologically sound, and not time intensive.

3. **Referral services:** Basic care and support to survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of violence.

4. **Safety:** The safety and security of all those involved in information gathering is a primary concern and should be monitored continuously. Safety and security conditions should be regularly incorporated into the security protocol.

5. **Confidentiality:** The confidentiality of individuals who participate in any data-collection activity must be protected at all times. Data should be collected anonymously where possible.

6. **Informed consent:** Anyone participating in data gathering activities must give informed consent. Before collecting data, all participants need to be informed of the purpose of the exercise, the risks they may face, and the benefits (including any monetary or in-kind compensation) they can expect to receive due to their participation.

7. **Information gathering team:** The data gathering team must include women. All members must be selected carefully and receive relevant and sufficient specialized training and ongoing support.

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23   GBV in Emergencies Minimum Standards, 2019. **https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_ Standards_Report_ENGLISH-Nov.FINAL_.pdf** p.128-129.

8. **Children:** Additional safeguards must be established if children (i.e., those under 18 years old) participate in information-gathering.

For more detailed information, please see:

▶ World Health Organization (2007). Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva. **https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf**

▶ ICRC (2009). Professional Standards for Protection Work Carried Out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence. Geneva. **https://www.icrc.org/en/doc/assets/files/other/icrc_002_0999.pdf**

▶ CHS Alliance, Group URD and the Sphere Project (2014). Core Humanitarian Standard on Quality and Accountability. **https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf**

▶ IASC (2019) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action **https://gbvguidelines.org/en/**

3.4. EVALUABILITY

3.4.1. WHAT IS EVALUABILITY AND WHY DOES IT MATTER?

The term "evaluability" refers to the extent to which an "activity or project can be evaluated in a reliable and credible fashion."[24] Projects with poorly specified risk analyses, theories of change, or monitoring frameworks, are invariably hard to evaluate in any meaningful way. By assessing our programs for evaluability during the project design stage, we can help improve those project designs themselves. This is especially important for GBV prevention given the project-design weaknesses discussed in the introduction to this framework.

Evaluability assessments are often conducted by donor agencies and INGOs prior to the commissioning of independent evaluations of their projects and programs. They are usually conducted in order to assess:[25]

1. **Theoretical evaluability:** given the project design as it currently stands, how possible is it to measure intended results and the desired outcome? Does the project have clear objectives? Are those objectives translatable into measurable indicators?

2. **Practical evaluability:** is it feasible to collect all the data necessary for the evaluation of the project? Are there any access constraints blocking primary data collection? Are all the key stakeholders sufficiently engaged and supportive of an evaluation at this time?

3. **The usefulness of an evaluation:** who is most likely to use the evaluation and how? How would the evaluation complement other monitoring and research activities related to the project?

Whilst each of these questions are worth asking prior to conducting an evaluation, they are also valuable questions to ask during project design itself. This can help sharpen the clarity of the project design and highlight any areas of confusion in the theory of change. Considering evaluability at project design stage can also help M&E teams to design appropriate monitoring frameworks from the outset. Ultimately, early consideration of evaluability can be a useful means to improving the evidence-base for future project approaches, a point of particular value for GBV prevention actors.[26]

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24   OECD-DAC (2010). *Glossary of key terms in evaluation and results-based management*. Paris: OECD-DAC.
25   Adapted from Davies R (2013). Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations. DFID Working Paper 40.
26   Peersman, G., Guijt, I., and Pasanen, T. (2015) 'Evaluability Assessment for Impact Evaluation'. A Methods Lab publication. London: Overseas Development Institute.

3.4.2. HOW TO DESIGN FOR EVALUABILITY

Designing for evaluability means conducting project design in a manner that supports evaluability throughout implementation. Key elements to consider in this regard include:

▶ Basing the project design on a clear context-specific risk analysis, following the approach outlined in Module 1.

▶ Developing a clear theory of change including assumptions and evidence, as outlined in Module 2.

▶ Identifying clear and observable indicators in a manner that supports relevant data collection against them.

▶ Planning, and budgeting, for data collection ahead of time.

Each of these things can help sharpen the project design and, when implemented well, can help project teams course correct during implementation.

The following section presents a quick evaluability check-list, designed for use by project teams during project design. It focuses on the clarity of the project design and the type of evidence that will need to be monitored during implementation, in order to conduct a useful evaluation. No specific evaluation, monitoring or data skills are needed to use this checklist, and the assessment is designed to be possible within the equivalent of 0.5 working days.

3.4.3. EXAMPLE EVALUABILITY CHECKLIST

The checklist below is adapted from Davies (2013), ALNAP (2016), and Dillon et al. (2019). It covers key questions for project teams to consider when designing GBV prevention programs, to ensure evaluability and support the design of an appropriate monitoring system during implementation.

Project Design

As expressed in the project and proposal documents and theory of change or logframe

1. Does the project clearly define the specific types of GBV that it seeks to prevent? E.g., instead of just targeting sexual violence, does the project go further to target, say, rape of adolescent girls as a tactic of war by a specific armed group in the region?	☐
2. Has the beneficiary population been clearly identified?	☐
3. Has the beneficiary population been clearly involved in the project design?	☐
4. Are all the elements of GBV risk (including threats, vulnerabilities, and community coping mechanisms) clearly identified in the project documents?	☐
5. Is the risk analysis explicitly contextualized to the specific community and crisis context?	☐
6. Has an explicit theory of change been presented, including activities, outputs, and outcomes?	☐
7. Is the theory of change contextualized to the community and crisis context?	☐
8. Do the proposed activities logically relate to the intended outcomes?	☐
9. Are the proposed outcomes relevant to the GBV risk the project seeks to reduce? Are they relevant to the beneficiary population's observable needs	☐
10. Does the project documentation include valid indicators for each step of the theory of change (from activity through output to outcome)? Will these indicators capture the changes that the project aims to achieve?	☐
11. Have assumptions about the roles of other actors outside the project been made explicit—including both enabling and constraining actors? Are there plausible plans in place to monitor these?	☐

Data Availability

Based on available project documents and current practice of in-house M&E systems

1. Has the beneficiary population been engaged in the design of the data collection system?	☐
2. Is baseline data available which has been disaggregated by age, gender, ability, and other characteristics or vulnerabilities relevant to the context?	☐
3. Do credible plans exist to gather suitably disaggregated data during project implementation without causing harm or presenting risks to the affected population?	☐
4. Is the data disaggregation appropriate to the project's GBV risk analysis and beneficiary population?	☐
5. Can project partners and/or cluster members provide relevant secondary data for project monitoring?	☐
6. Are there any specific data gaps relating to the explicitly defined indicators in the theory of change?	☐
7. Is there a credible plan to collect data against all of the indicators in the theory of change without causing harm or presenting risks to the affected population? What is the planned periodicity of data collection? Are sufficient budget, human resources and skillsets available for this task? Are there GBV services in place at the proposed site of data collection?	☐
8. Do the monitoring systems in place make space for measuring unintended consequences, pursuing open-ended enquiry, and allowing for beneficiary-led sense-making?	☐

EVALUABILITY: CRITICAL TAKEAWAYS

1. Considering evaluability is **important during project design** as it helps to sharpen project designs and structure monitoring systems prior to implementation.

2. It is important to consider both **theoretical evaluability** (how clear is the project design) and **practical evaluability** (how available is the data).

3. **Rapid evaluability assessments** can be conducted with a minimal time investment and no need for external evaluation expertise—so long as the project design documents and theory of change is sufficiently explicit and contextualized.

3.4.4. USEFUL RESOURCES

▶ Davies R (2013). *Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations*. DFID Working Paper 40. **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/248656/wp40-planning-eval-assessments.pdf**

▶ ALNAP (2016). *Evaluation of Humanitarian Action Guide*. London: ALNAP/ODI.

▶ Dillon, Christoplos and Bonino (2018). *Evaluation of Protection in Humanitarian Action: an ALNAP Guide*. London: ALNAP/ODI.

3.5. OUTCOME MAPPING

3.5.1. WHAT IS OUTCOME MAPPING AND HOW CAN IT HELP?

Outcome mapping is a method for planning, monitoring, and evaluating projects and programs that aim to achieve lasting social and behavioral change. It was originally designed by the International Development Research Centre in Canada, with the first guidebook being published in 2001. Since then, the method has been developed and used across a wide range of development and program contexts, and has been adapted and built upon by many of the organizations using it. An online learning community has been established to help program managers learn about outcome mapping and includes a range of useful resources for anyone seeking to learn more. The community is available at **https://www.outcomemapping.ca/start-here**.

Outcome mapping has a range of potential uses for organizations working to prevent GBV in humanitarian contexts, including:

▶ **It can help program teams understand complex behavior change within a community over time.** This is useful for teams who want to better understand how their activities are influencing changes in the behaviors of perpetrators, vulnerable groups, and the wider community.

▶ **It can help teams think about the pathways to change underlying their program logic.** This is useful when trying to understand how the pre-conditions and underlying factors for GBV change and evolve over time.

▶ **It is particularly useful for mapping and observing wider changes across a community, beyond the direct intended results of the program.** This can help teams understand how GBV prevention activities conducted with a specific target audience can influence wider community changes beyond the direct program participants.

But the difficulty of using outcome mapping in humanitarian contexts is time and labor resources needed to make it work and the need to think about outcome mapping across the project cycle: from initial design stage through implementation and final evaluation.

To implement a "full" outcome mapping approach, program teams need to follow each of the 12 steps outlined in the illustration below, spread across project design (stage 1), implementation (stage 2), and evaluation (stage 3).

OUTCOME MAPPING: FULL VERSION

Intentional Design	
STEP 1:	Vision
STEP 2:	Mission
STEP 3:	Boundary Partners
STEP 4:	Outcome Challenges
STEP 5:	Progress Markers
STEP 6:	Strategy Maps
STEP 7:	Organizational Practices

Outcome Monitoring	
STEP 8:	Monitoring Priorities
STEP 9:	Outcome Journals
STEP 10:	Strategy Journals
STEP 11:	Performance Journals

Evaluation Planning	
STEP 12:	Outcome Mapping & Harvesting

Diagram 4. Outcome Mapping Steps

Each of these steps requires a participatory approach. For example, "Step 1: Vision" involves working with community members to identify the big-picture change that they want to achieve. This is normally a very ambitious picture, covering multiple areas of social interaction. For example, a GBV prevention team in Cox's Bazar might have a vision such as "we want all migrants living in Cox's Bazar to be free from the threat of all forms of gender-based violence, including intimate partner violence, discrimination based on gender norms and sexual exploitation and abuse by humanitarian workers." Designing this vision would typically require running several workshops with community-members and program teams, working together to describe the community they want to live in. And this type of activity needs to be replicated for each of the 12 steps of the outcome mapping process.

3.5.2. A STREAMLINED VERSION FOR HUMANITARIAN CONTEXTS

The difficulty of doing this in humanitarian contexts is outlined in Module 1. Humanitarian teams typically don't have significant time to invest in project design, with proposals often being designed in two to four weeks-time.

For this reason, this framework proposes the following streamlined outcome mapping approach, which isolates the key elements of most potential benefit, while reducing the number of steps required for successful implementation in a short timeframe.

OUTCOME MAPPING: TIME-LIMITED VERSION

Intentional Design
STEP 1: Vision
STEP 2: Mission
STEP 3: Boundary Partners
STEP 4: Outcome Challenges
STEP 5: Progress Markers
STEP 6: Strategy Maps
STEP 7: Organizational Practices

Outcome Monitoring
STEP 8: Monitoring Priorities
STEP 9: Outcome Journals
STEP 10: Strategy Journals
STEP 11: Performance Journals

Evaluation Planning
STEP 12: Outcome Mapping & Harvesting

- Shortened vision
- Still focuses on outcomes
- Still encourages iteration

Diagram 5. Streamlined Outcome Mapping Approach

This version includes just four steps:

▶ **Step 1: Vision.** Describing the big-picture vision that the program (or country office) wants to achieve over the medium-term.

▶ **Step 3: Boundary Partners.** Choosing a number of key program stakeholders, who will interact directly with the program activities (e.g., as participants to GBV awareness-raising workshops) but who also have influence across the wider community (e.g., through involvement in women's support groups or men's social networks).

▶ **Step 5: Progress Markers.** Identifying the key behavior changes within the community that will lead up to the overarching change you are trying to bring about.

▶ **Step 9: Results Journals.** Designing journal tools for boundary partners to use as a way to track the changes described by the progress markers identified in Step 5.[27]

The following sections outline each of the first three steps of this process, which should all be undertaken during project design stage or, where possible, before proposal design itself. Step 9, results journals, is covered in Module 4 below, as it relates directly to evaluation tools and approaches.

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27   Typically, Outcome Mapping tools refers to Outcome Journals rather than Results Journals. We have chosen to call these Results Journals given that we want to emphasize the importance of measuring the intermediate results, e.g., changes in the behavior, attitudes, policy and practice, as they relate to each component in the risk equation.

3.5.3. STEP 1: VISION

The program vision is the large-scale community-wide scenario that the program wants to contribute to bringing about. It typically combines descriptions of the ideal economic, political, social, or environmental situation the program is working toward. For this reason, it is best to think in terms of longer-term goals and social change. One way to do this is to link the vision to longer-term strategic planning, beyond the life-cycle of an individual program. For example, a country-team working on GBV prevention in rural Afghanistan could try to map out where they want rural communities to be in two to three years with regards to gender-based violence risk. Questions to ask might include:

Social domain	Example questions to ask
Awareness of GBV risk:	What levels of GBV awareness do you want the community to have in three years' time?
Background gender norms:	What attitudes toward women and girls do you want men and boys to hold?
Accountability mechanisms:	What accountability mechanisms do you want local and community authorities to have in place?
Community-based response:	What role do you want local women's led organizations to have by then?

The contribution of the organization, and the individual programs that it implements over the next three years, might only be one part of this vision. But it is still important to identify the vision at design stage, particularly in protracted crisis contexts where the organization has, or intends to have, a continued presence over the medium-term.

This tool should be easy to integrate into pre-existing strategic design processes that the organization already undertakes as part of its GBV prevention work. In particular, it doesn't require any additional data collection as such, so need not add significantly to the time or resource burden on project and program teams. Moreover, the work of defining a medium-term vision is closely related to the task of building a country- or area-wide theory of change, as outlined in Module 2, above. As such, it is recommended that teams wishing to develop a theory of change at this level of analysis try to develop something close to the vision statement outlined above as one outcome of the theory of change design process. This can then help the teams come back to the overarching vision as they adapt their theory of change over the program cycle.

One critical element of the outcome mapping approach is to emphasize participatory approaches throughout. As such, the design and elaboration of a vision such as this should ideally be done through community-based discussion and workshopping. This kind of activity can present risks of harm when discussing GBV risk with community groups. It is therefore essential to take a Do No Harm approach to consultations of this type.

Nevertheless, program teams are encouraged to integrate questions about the long-term vision within pre-existing community consultation activities, wherever possible encouraging community members to help co-design the long-term strategy of their organization's activities in the communities they serve.

3.5.4. BOUNDARY PARTNERS

Boundary partners are key project stakeholders and partners, who will interact closely with the project activities themselves, but who also have the power to influence change across the wider community beyond the life-cycle of the project itself. Examples of boundary partners include:

▶ Sex workers participating in GBV prevention training and capacity-building programs.

▶ Senior military personnel taking part in training on the obligations of military actors under international humanitarian and human rights law.

▶ Community and religious leaders taking part in GBV awareness-raising activities and events.

The nature of GBV prevention work often entails that program teams already work closely with boundary partners during implementation. GBV prevention programming—its design and execution—must be inclusive, participatory, and accessible to all. This requires targeted work with specific at-risk groups, to understand their risks and to ensure that barriers to their participation are overcome. But reaching the people can be hard. They are marginalized and overlooked by others in society, or they must maintain a low profile for security purposes. Reaching them should be done in collaboration with civil society organizations and community associations that are experienced in working with them and meeting their needs safely.

In the outcome mapping framework, boundary partners lie in a program's "sphere of influence." That is, they inhabit a space outside the direct control of the program teams but inside the area of indirect influence. For example, military personnel might be influenced by training activities but they cannot be controlled by program teams. But they also lie inside the "sphere of interest," i.e., the area in which the program seeks to bring about change. The senior military personnel, for example, are part of the military structure whose behavior is of interest to the program in question.

This idea is commonly represented in visual form as below:
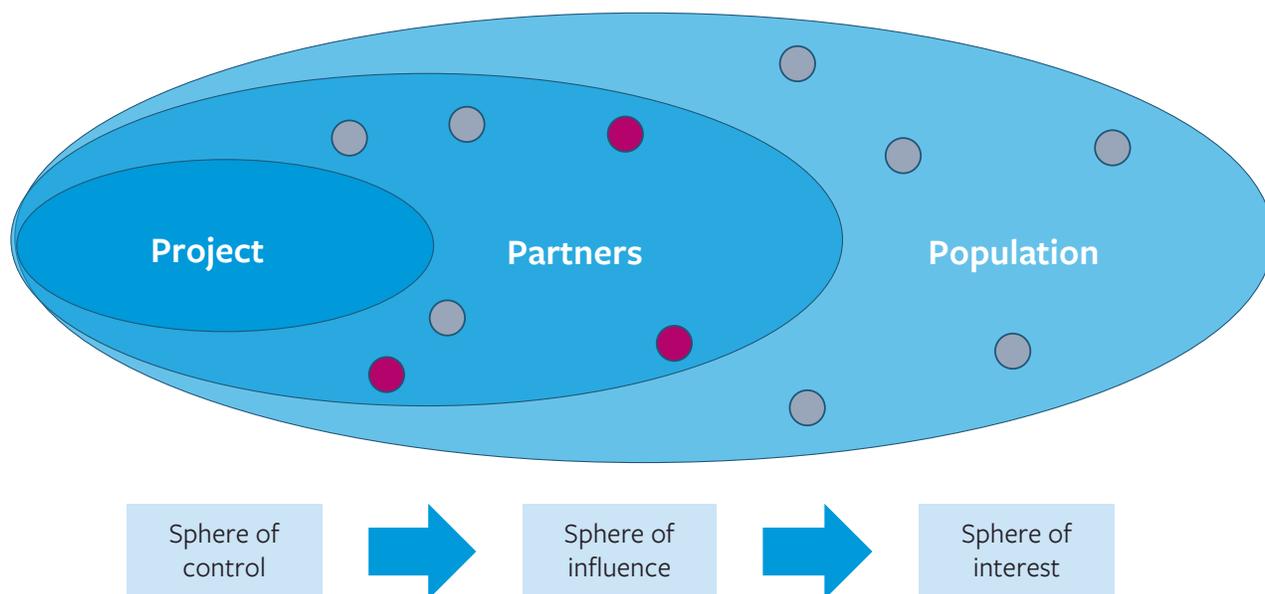
Diagram 6. Boundary Partners

Here, the project stakeholders are represented by dots, which lie close to the project itself (e.g., direct participants of training programs) or further away in the broader population (e.g., members of the community group who do not engage directly with the program but whose behavior is of importance to the program vision). The boundary partners are marked using red dots.

Once the program team has identified a collection of suitable boundary partners, it's important to consult with them on the program's proposed outcomes and activities. This is, again, ideally done before the design of any individual project proposal, following the development of the strategic vision of the organization outlined in Step 1.

3.5.5. PROGRESS MARKERS

Progress markers are indicators of community-based change in behavior, attitudes, beliefs, and norms, which mark the steps along the path to the broad-based change identified in the program vision. When using outcome mapping to track change in the community, its vital to have a good selection of progress markers to track. It is best to select them in consultation with the program boundary partners, and always before the program begins implementation.

To identify progress markers for a project or program, start from the immediate changes you would expect to see after community members engage in the project activities. For example, an awareness-raising activity might include pre and post-tests for participants to track the change in their awareness of GBV risk factors in their community. The first progress marker toward positive change here could be an improved score on the post-test compared to the pre-test result. This is, so to speak, something you should "expect to see" if the program is operating as planned. You can then map out further changes in the community that go beyond this base-level change, steadily moving toward the overarching change the program seeks to achieve. For example:

Type of change	Example progress markers
Expect to see	Increased awareness of training participants to the IPV risks in their community
Expect to see	Commitment of men and boys to respond differently to negative peer attitudes toward intimate partner violence
Like to see	Commitment of community leaders to offer support and guidance to survivors
Like to see	Actions by individuals to increase dialogue and awareness in the community
Love to see	Actions by community or local authorities to embed intimate partner violence awareness and accountability structures
Love to see	Broad-based agreement on the unacceptability of intimate partner violence across the community
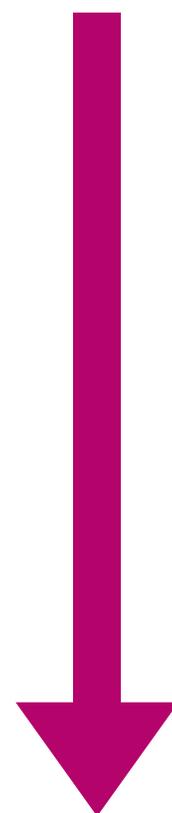
There are at least three critical aspects to a good collection of progress markers:

▶ **They should all focus on changes within the community and community members themselves.** It can be tempting to think in terms of project activities when thinking about the minimum standards that you "expect to see." For example, a team might suggest "high participation levels in awareness raising events." But this is a measure of the program output, i.e., the number of people participating in the awareness-raising activities. It is not an outcome measure. Instead, focus on what changes you expect to see in the life of the community and its members. Increased awareness of participants, for example, or commitments they make.

▶ **They should include a number of possible steps toward change.** It is impossible to know exactly how change will occur before it does. So include as many possible steps along the path as possible. When collecting data against these indicators, it is important to be open to the idea that the "love to see" changes might still happen even if the "like to see" ones don't. Change can happen in different ways.

▶ **They final "love to see" changes should be ambitious.** The final progress markers should end with the most profound social transformation you can realistically achieve in the timeframe you are working with. These are the changes that the program was designed to achieve, and the reason for which the program was undertaken in the first place.

3.6. BRINGING IT ALL TOGETHER

The purpose of Module 3 is to help program teams work alongside their M&E colleagues to identify the major measurement and monitoring considerations they need to take into account before project implementation begins. Each of the steps above should be done prior to starting activities, so that, where necessary, baseline measurements can be taken, and measurement partners (such as boundary partners) can be identified.

If done well, these considerations should equip the program and M&E teams with the following:

1.	A list of robust and feasible direct outcome indicators, and an understanding of how to measure against them
2.	A selection of feasible proxy indicators to help measure change indirectly, preferably linked to the project's own analysis of community-based GBV threat, vulnerability, and capacity
3.	A clear understanding of what the major challenges will be in evaluating the project or program, and an understanding of how to approach them
4.	A clear and community-based vision of the strategic purpose of the program over the medium-term
5.	A group of program "boundary partners" who can help the program team measure change in their community over time
6.	A set of changes in behaviors, beliefs, and norms that the program can look for as the program rolls out

MODULE 4
EVALUATION
APPROACHES

4.1. HOW TO THINK ABOUT EVALUATION FOR GBV PREVENTION

Modules 1-3 covered a number of critical issues for GBV prevention program design and measurement. Underpinning all of these issues are some core challenges that organizations face when trying to understand what works in GBV prevention in humanitarian contexts:

▶ **Complexity:** gender-based violence is in itself a complex phenomenon. It is impacted by a wide range of driving and contributory factors, ranging from macro-level factors like the underlying inequalities of gender and identity across a society, to very micro-level issues such as the specific power dynamics within a particular household. Preventing GBV from occurring is best understood as a "non-linear" process. In other words, we should not expect a clear and simple relationship between the amount of time and resource invested and outcomes in terms of reduced GBV. Nor should we expect to know how change will happen before it does: we need to be open to the possibility of unintended consequences on the pathway to change.

▶ **Time:** humanitarian teams often have very limited time during project design stage. As noted in Modules 1-3, this is partly due to the short timeframe between funding requests being launched and the deadline for proposal submission. But beyond this, funding cycles of 6-12 months will always challenge the ability of project teams to observe and demonstrate change in GBV incidence and risk within a single project lifespan.

▶ **Privacy:** as highlighted in Module 3, even when data can be collected, it is often difficult to share sensitive case-data, or any data that could reveal the identity of vulnerable groups. This makes it difficult for M&E teams to directly engage in data collection and analysis.

The evaluation tools and methods used to measure change need to be responsive to these constraints. For this reason, the tools presented in this Module have been selected on the basis of their ability to overcome these challenges. In particular, the following criteria have been used to help identify potential tools:

	Criteria
1.	Helps team monitor community-based behavior change
2.	Open to unintended consequences and interactions between different program components
3.	Participatory in nature, encouraging community-based data collection and evaluation wherever possible
4.	Supports learning about how the program interacted with external factors in bringing about change
5.	Can be implemented in coordination between program and M&E teams, including where primary data collection needs to be done by program staff

It should be noted that many evaluation tools could be used or adapted to meet these criteria. The list presented below is by no means exhaustive in this regard. Program teams are encouraged to use these criteria to make their own selections, including by using tools not presented in the list below.

4.2. SAMPLE TOOLS AND APPROACHES

This section presents a sample of evaluation tools and approaches of potential use for GBV prevention programs. The tools have been selected on the basis of their ability to respond to the criteria outlined in section 4.1 above. It is worth noting that each tool requires a different type of engagement, and a different level of investment from the organization and community. As such, it is important to consider which tool is most relevant for the project you are working on. The following design tree is intended to help program and M&E teams choose the right approach or method for their context:

DO YOU ALREADY HAVE CREDIBLE EVIDENCE OF CHANGE IN THE COMMUNITY?

YES

Do you need to know more than whether the program had a strong/weak influence?

YES | **NO**

Contribution Analysis with Process Tracing | Contribution Analysis without Process Tracing

NO

Does the program have a clear and credible theory of change?

YES | **NO**

Results Journals

Do you want to know about ALL changes occurring, or just the most significant?

YES | **NO**

Outcome Harvesting | Most Significant Change

Diagram 7. A decision-tree

Lastly, it should be noted that no single tool can ever provide the entire solution for an M&E problem as complex as GBV prevention. Organizations are encouraged, therefore, to pick and choose, mixing different approaches where necessary, and adapting them to fit the needs and constraints faced by project teams.

4.2.1. RESULTS JOURNALS

What it is:

An results journal is a tool for collecting data about behavior change over time. What makes it a journal is the use of a community-based record of changes over time. What makes it a *results* journal is the focus on behavior changes within the community itself; rather than recording progress in delivering a program or set of activities.

Typically, a results journal will help you to track the ultimate behavior change you are seeking to bring about, such as a reduction in IPV among migrant households in a refugee camp. But it will also help you measure the steps in the pathway to that change within the community, such as the improved awareness of IPV risk and change in underlying beliefs about IPV among the wider population. In this way, results

journals are a great way to measure the types of progress markers identified in Module 3.

Results journals are one of the standard monitoring and evaluation tools deployed by outcome mapping approaches to measure complex change within a population, community, or institution. As outlined in Module 3, this framework recommends the use of a streamlined version of outcome mapping, so as to fit within the constraints of humanitarian programming, while still benefiting from many of the insights outcome mapping can provide. Within this streamlined version, results journals are the primary means for collecting data about results-level change.

How to use it:

The first step to designing a results journal is deciding who can complete the journal for you. Ideally, the journal will be completed by the boundary partners identified in Module 3. If so, these partners will be members of the community being served, who have the potential to influence change in the wider community over time. As such, the first step in using a results journal will normally include some training or capacity building with the project boundary partners, in order to make sure the journals are used as intended. In some cases, it will not be possible to ask community members to complete results journals. Organizations consulted for this framework cited the following challenges:

▶ Risk of doing harm by asking community members to record information about GBV

▶ Transient population groups, such as migrant communities, making it impossible to identify community members who can record journals over time

▶ Low literacy rates in the community

In these cases, it is preferable to identify program team members, such as caseworkers or community outreach teams, who have a high degree of trust within the community and a steady presence over time.

The next step is to build a timetable for collecting journal entries. This needs to be done on the basis of the program timeline and the most realistic expectations for the changes identified in the program progress markers.

Lastly, the journal itself needs to be designed and a format agreed for its completion by the program boundary partners. Journals can take many different forms, and the following options present two of the most common. More examples can be found at the online outcome mapping learning hub:
https://www.outcomemapping.ca/.

PROGRAM EXAMPLE:

Recall the fictional project presented in Module 3 of a project working on the risk of sexual violence faced by IDP women and girls in an IDP camp setting. The project logframe included a range of activities and expected results across different components of the risk profile:

PROJECT EXAMPLE

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
IHL training sessions for armed actors	# soldiers trained in IHL	Reduced acceptance of GBV among armed actors	
Community awareness-raising sessions	# community members engaged in awareness-raising activities	Changed firewood collection patterns	Reduced risk of sexual violence against WAG
Cash for fuel program	$ provided for firewood purchase	Increased capacity to purchase from local market	
Community mobilisation training activities	# women's groups provided training/support	Increased ability of women's groups to support WAG	

Diagram 8. A fictional logframe

PROGRESS MARKERS:

Potential progress markers for this project could include:

Category	Progress marker	Risk component
Expect to see	Commitment to reduce GBV attacks by armed groups	**Threat**
	Increased awareness of GBV risk among IDP community	**Vulnerability**
Like to see	Accountability mechanisms established and used by armed groups	**Threat**
	Increased purchase of firewood at local market	**Capacity**
	Increased capacity of women's groups to organize safe firewood collection	**Capacity**
	Reduction in firewood collection at certain times of day	**Vulnerability**
Love to see	Reduced incidence of GBV	**Threat**
	Widespread acceptance of IHL within armed groups	**Threat**

Results journal format 1:

Progress marker	Category	Risk factor	Not observed	Emerging examples	Growing Well	Wide-spread
Commitment to reduce GBV attacks by armed groups	Expect to see	**Threat**				
Increased awareness of GBV risk among IDP community	Expect to see	**Vulnerability**				
Accountability mechanisms established and used by armed groups	Like to see	**Threat**				
Increased purchase of firewood at local market	Like to see	**Capacity**				
Increased capacity of women's groups to organize safe firewood collection	Like to see	**Capacity**				
Reduction in firewood collection at certain times of day	Like to see	**Vulnerability**				
Reduced incidence of GBV	Love to see	**Threat**				
Widespread acceptance of IHL within armed groups	Love to see	**Threat**				

Journals like this can be used to record quantitative data over time and across different areas. For example, the program might ask the journal collectors to record examples of the behaviors listed above every week over a six-month period. By weighting the scoring appropriately, the team can notice when the changes are most widespread, and when the "love to see" changes are occurring:

Progress marker	Category	Risk factor	Not observed	Emerging examples	Growing Well	Wide-spread
Commitment to reduce GBV attacks by armed groups	Expect to see	Threat	0	1	2	3
Increased awareness of GBV risk among IDP community	Expect to see	Vulnerability	0	1	2	3
Accountability mechanisms established and used by armed groups	Like to see	Threat	0	2	4	6
Increased purchase of firewood at local market	Like to see	Capacity	0	2	4	6
Increased capacity of women's groups to organize safe firewood collection	Like to see	Capacity	0	2	4	6
Reduction in firewood collection at certain times of day	Like to see	Vulnerability	0	2	4	6
Reduced incidence of GBV	Love to see	Threat	0	3	6	9
Widespread acceptance of IHL within armed groups	Love to see	Threat	0	3	6	9

This information can then be used to generate a clear and simple dashboard, mapping progress in different over time, potentially across multiple IDP camps or areas:

Progress on sexual violence risk reduction by camp
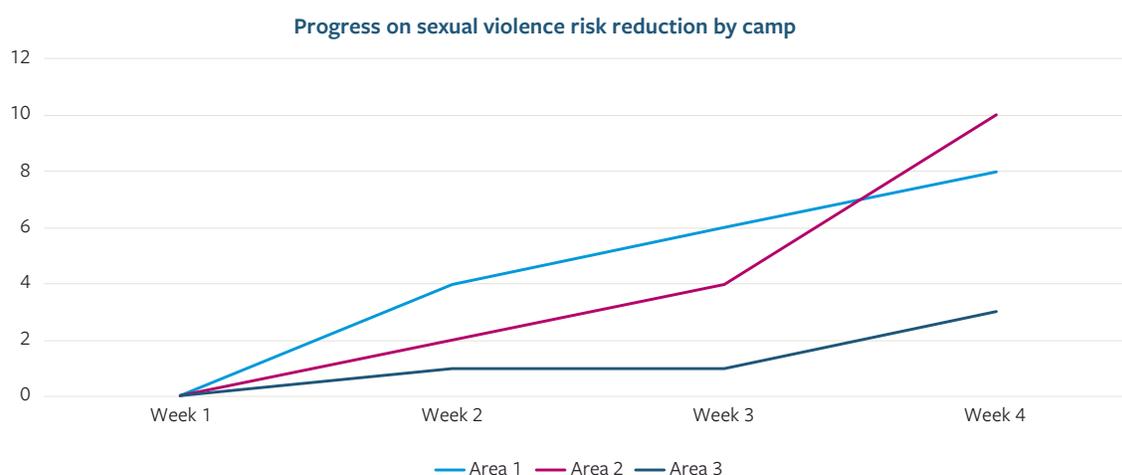
Diagram 9. A results dashboard[5]

5   The numbers listed above are not actual numbers that are observed, but a weighted number that is agreed in advance with MEAL and Program Teams and given to the type of change observed. For example, a 2 might be given to a change that seems to be emerging, whereas a 4 or 6 might be given to a change that is consistently observed and/or widespread.

Results journal format 2:

A more open-ended tool for collecting data about this same program could also be used. For example, the following format allows boundary partners to collect information from community members that may not otherwise be recorded:

RESULTS JOURNAL

Region: xxx
Date: xxx
Journal-taker: xxx

Title: Changing behavior among armed actors
Description: Who changed what, when and where?
Significance: Why does this behavior change matter for GBV?
Contribution: How did the project contribute to this change?

For example, in the fictional example presented in Diagram 8 above, an open-ended journal record could look like this:

RESULTS JOURNAL

Region: Kablewa IDP camp, Diffa region, Niger
Date: 03/05/2020
Journal-taker: Abebi Ibrahim

Title: Patrolling behavior and direction from commanding officers
Description: My commanding officer stopped allowing me and my unit to patrol outside the camp in the early evening. Instead, we now have to patrol that area only during the night.
Significance: This is really important because it was during the early evening that women from the camp would collect firewood, and we would often find them alone.
Contribution: My commanding officer took part in the training your organization ran. He started telling us to patrol at night after the training took place.

This type of tool is particularly powerful at measuring unexpected changes in the community, precisely because it asks an open-ended question. The importance of asking the community-member to tell you about the significance of change cannot be understated: by doing this, you are giving the community an opportunity to tell you about changes that you would not otherwise connect to your program activities.

4.2.2. OUTCOME HARVESTING

What it is:

Outcome harvesting is a monitoring and evaluation technique designed to capture clear examples of change in the community, and then work backwards to assess the contributions of a project or program toward that change. It is closely related to outcome mapping (described in Module 3) but distinct from it.

The major value of this technique to GBV prevention is the ability of outcome harvests to provide robust data about results even when the initial program design is unclear, or when the project evolved significantly from its original design. As noted in Vigaud-Walsh (2020) and discussed in the Introduction and Module 1 of this framework, many GBV prevention programs are designed without clear, transparent, and context-specific theories of change. In situations like this, it can be difficult to use evaluation tools that rely on a clear project-level theory of change. As such, outcome harvesting has particular value in this context.

In addition to this, outcome harvesting has a number of benefits that are of relevance to GBV prevention work, including:

▶ It treats all observed outcomes equally, rather than prioritizing the intended outcomes at project design stage. This makes it especially good at capturing unintended outcomes, such as the impact of a program that aims to prevent intimate partner violence on other forms of gender-based violence or wider social norms change.

▶ It is typically emphasizes a democratic approach to observing community-based change, whereby observations made by community members are treated equally to those made by program teams or direct partners of the implementing organization. This makes it useful when you are seeking to understand how the program has effected a diverse group of people within the community, who may have a collection of diverging, or even contracting, perspectives on the effects of the program and who may observe changes that the program team cannot see.

▶ It is especially useful in complex program contexts, where the causal mechanism underpinning the changes observed is not fully understood. In situations like this, it can prove difficult to use evaluation approaches that seek to measure activities first, then outputs, then results, then outcomes; since direct causes of the outcomes observed remain unclear. For outcome harvesting, this is less of a challenge since it starts with the observed outcome itself, rather than the mechanism that caused it (although this can still make it difficult to assess program contribution to change).

How to use it:

Outcome harvesting was originally designed for international development contexts. As such, it can be quite time and labor intensive when done in these contexts. One well-known example was the Oxfam Novib evaluation of its global program between 2005 and 2008, which captured a total of 200 distinct outcomes. This level of effort is unlikely to be possible within the context of GBV prevention projects in humanitarian settings. As such, this framework presents a shortened version of the outcome harvesting tool, which is intended to encourage teams to capture outcomes as widely as is realistic given the timeframes and resources available. For a full presentation of the original method, please see:

▶ Wilson-Grau, R. and Britt, H. (2013). Outcome Harvesting. Ford Foundation.

▶ Wilson-Gray, R (2015). 'Outcome Harvesting'. Better Evaluation.
https://www.betterevaluation.org/plan/approach/outcome_harvesting

Irrespective of timeframes, outcome harvesting is typically conducted by M&E teams who have a degree of independence from the program implementation. This is important because the aim is to collect a wide-range of observed changes without preferencing those the program team intended to bring about. It can be integrated into program monitoring during implementation, or alternatively conducted at the program-end. It is also quite flexible when it comes to specific data collection tools: outcome harvests can be done well using individual interviews, focus groups or surveys.

The outcome harvesting approach presented in this framework uses five key steps:

▶ **Step 1:** Design the harvest

▶ **Step 2:** Gather data and perceptions

▶ **Step 3:** Substantiate the outcomes

▶ **Step 4:** Analyze and interpret

▶ **Step 5:** Support the use of findings

STEP 1: DESIGN THE HARVEST

The first step is to design the outcome harvest. This involves two elements:

1. Deciding which questions to ask

Using the example outlined in Module 3 that sought to reduce the risk of sexual violence against IDP women and girls by armed actors, this could include the following questions:

▶ What has been the result of the program's activities on the behavior of armed actors toward women and girls in this community?

▶ How has the program improved the ability of women and girls in the IDP community to meet their basic needs without fear of sexual assault by the armed groups outside the camp?

▶ How have the different parts of the program worked together to tackle the full range of the risk profile present in this community?

It is important that these questions are designed in collaboration with the main users of the evaluation. In this case, that is most likely to be the program team and the organization's country GBV advisors. In some cases, it may also include donors or community-members, but only where they will have a realistic avenue for using the evaluation findings to bring about positive change.

2. Deciding what information will be collected in order to answer the questions

Once the questions have been decided, the evaluators will decide what types of information will be collected in order to answer them. Critically, this must include:

The outcome descriptions: what factors (e.g., behaviors, beliefs, practices, or norms) have changed since the program began? How do these factors link to the threats, vulnerabilities and capacities identified in the GBV risk analysis? In who have these factors changed (e.g., armed actors, IDP women and girls, IDP men and boys)? When and where did these factors change? What is being done now that was not done before the program?

The contribution of the program: how (if at all) did the program influence this change? What did they do that helped to bring this change about?

STEP 2: GATHER DATA AND PERCEPTIONS

The evaluator will then review available data and, where necessary, conduct primary data collection for evidence of outcomes and program contributions. The emphasis here is on casting a wide-net for observed changes, rather than limiting the data to expected changes related to the program. This could include reviewing program monitoring reports, needs analyses, or any other program data capturing behaviors within the community. It could include program data from other programs conducted at the same time as the program being evaluated, which may reveal unintended consequences on other areas of community life. It could also include interviewing community members and program teams where necessary, but it remains important to ensure that Do No Harm principles are prioritized in this case.

Once the data is reviewed, the evaluator will draft outcome descriptions for each outcome observed—and there would normally be multiple outcomes for any given project or program—along with any evidence of the contribution of the program. These descriptions can be kept short, and may simply focus on presenting what changed, for whom, and when. For example:

	Outcome description
Outcome	The armed actors slowly stopped patrolling areas close to the IDP camp during firewood collection hours. This first started to change two weeks after the program began, with a small reduction in patrols. By the time the program finished, patrols were only taking place at night.
Contribution	The program conducted IHL training with the armed actor groups, highlighting the potential consequences of committing sexual violence on IDP community-groups. Senior soldiers reported fearing the consequences of allowing their units to commit sexual violence, and indicated they had instructed them to change patrol schedules.

STEP 3: SUBSTANTIATE THE OUTCOMES

In this step the evaluator and the program teams review the outcome descriptions and select a sample to verify. To verify the selection, the evaluator should try to interview stakeholders who are independent of the program and the organization itself, but who know about the activities of the program. IDP community leaders, for example, or women and young girls who collect firewood in the IDP community, would be well-placed to verify outcome statements in this project example. Likewise, where possible, members of the armed group who took part in awareness-raising activities might be approached if no risk of harm is presented.

STEP 4: ANALYZE AND INTERPRET

The evaluator then analyzes and interprets the findings of the outcome statements and contribution analyses, and seeks to group and classify them into thematic areas. A good way to do this is to classify the outcomes according to the risk equation, e.g.:

Threat	Vulnerability	Capacity
The armed actors slowly stopped patrolling areas close to the IDP camp during firewood collection hours	The women and girls began collecting firewood in large groups of mixed ages.	The IDP households decreased firewood collection and increased firewood purchase in the local market.

Once this is done, the evaluator should interpret the information and seek to answer the harvesting questions identified in Step 1.

STEP 5: SUPPORT THE USE OF FINDINGS

Finally, the evaluator should discuss the conclusions with the primary harvest users, in this case, the program teams and country-based GBV advisors, as well as the community members themselves. The evaluator should present the major answers to the harvest questions, as well as the outcome statements and contribution analyses, highlighting any areas of unintended consequences or information that

the program team may not be aware of. The discussion should aim at identifying lessons and avenues for further improving the program or adapting it during the next project cycle, as well as providing an additional space for community feedback.

4.2.3. MOST SIGNIFICANT CHANGE

What it is:

Most significant change (MSC) is a method for asking about change in the community. It is an indicator-free approach, which is typically used when you don't know what the results of your program will be, i.e., when unintended consequences are common and important. One of the core principles of MSC is to give communities an opportunity to describe how the program impacted their lives. As such, it can provide a powerful way to increase community feedback on program effects.

Much like outcome mapping, MSC was designed in the context of development interventions in relatively stable contexts. As such, this framework has identified a streamlined approach to help humanitarian teams implement MSC in time-constrained contexts. For more details of the full MSC approach, please see the original MSC guidebook: **https://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf**.

How to use it:

There are 5 steps to the streamlined MSC approach in this framework:

▶ **Step 1:** Identify the domains of change

▶ **Step 2:** Collect the stories of change

▶ **Step 3:** Select the most significant changes

▶ **Step 4:** Provide feedback

▶ **Step 5 (optional):** Secondary analysis

STEP 1: DOMAINS OF CHANGE

This step involves identifying the 3—5 areas that the program is trying to bring change to. This may relate to the components of risk, for example:

1. Behavior of soldiers toward civilians (**threats**)

2. Attitudes of soldiers toward gender-based violence (**threats**)

3. IDP experiences and perceptions of soldiers in their area (**vulnerabilities**)

4. IDP ability to mitigate the sexual violence risk themselves (**capacities**)

It's important that these domains are kept "loose" and "fuzzy" in their definition. This helps you to collect stories that you could not necessarily predict at the time of project design. It's also vital to make sure that the domains of change are within the communities being served. Don't include things like "perceptions of our services" or "engagement in our activities," as these are not program outcomes, as outlined in Module 3.

STEP 2: COLLECTING THE STORIES

This step involves collecting stories of change over time within the domains identified above. As with results journals, this can be done through boundary partners or team-members with a high degree of trust in the communities in question. There are many different ways to construct the story templates themselves, but a common approach is presented below:

<div style="background-color:#6b5f63;color:white;padding:1em;">

COLLECTING THE STORIES

▶ **Meta-data:** Location, date, project (if relevant), period when story took place, profile of storyteller (if appropriate)

▶ **Title of the story:** Ask your storyteller to give it a name

▶ **Question 1:** Tell me how you became involved in the GBV training program, and what your current involvement is?

▶ **Question 2:** From your point of view, what is the **most significant change** that you've seen in your regiment as a result of the program over the last year?

▶ **Question 3:** Why is this significant to you?

▶ **Domain:** Enter the domain of change that this story is related to

</div>

This template allows the enumerator to collect basic information about the time and place were the story happened; a basic and open-ended question is asked about the most significant change observed by the interviewee. Crucially, the significance of this story to the interviewee is then explained. This allows people to share stories that may not be obviously related to GBV, but which nevertheless demonstrate significance to it. For example, a soldier may report that, since taking part in a GBV awareness-raising session, his peers have stopped patrolling a certain area at night. It's only by asking the significant of this change that we might discover those particular night patrols were being used for sexual violence against civilians. Lastly, the enumerator records the domain of change that this relates to, in this case, the behavior of soldiers toward civilians.

STEP 3: SELECT THE MOST SIGNIFICANT CHANGES

Once these stories have been collected from multiple sources by multiple enumerators, a process of selection can take place. This selection process can take many different forms, but a common one is for enumerators to select the three to five stories they collected that they consider to be most significant. Importantly, the enumerators would also record their reasons for this selection. Once all enumerators have done this, an M&E manager will often make a further reduction, based on the selection of stories presented to them. Again, the manager records the reasons for their selection. This process can continue up the organizational hierarchy until just three to four stories are left, signifying the most significant changes brought about by the program over time.

SELECTING THE STORIES

1. Ask story collectors to select the most significant stories out of a pile of stories that they didn't collect

2. Pass these up the chain until a final selection of 1 or 2 stories is made

3. Record the reasons for the selection of each story

4. Feedback down the chain
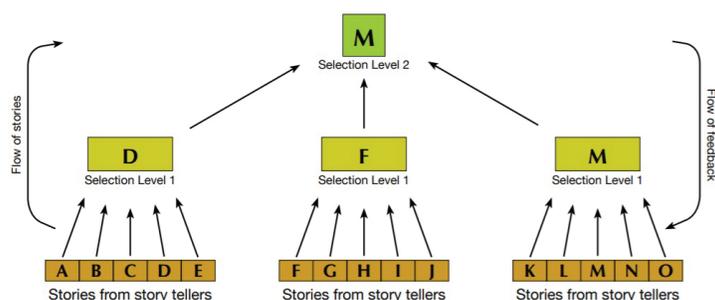
Davies and Dart (2005). *The Most Significant Change Technique: A Guide to Its Use*

It is very important, however, to consider how this selection process takes place. GBV prevention activities in particular are inherently rooted in community perceptions, beliefs and norms. As such, it might not be useful to use the organizational hierarchy to filter stories of change in this way. Instead, the program team could ask different community members to make selections themselves, again, recording their reasons why. Non-hierarchical models can be used for this process.

As with all GBV data collection, the risk of causing harm by sharing stories such as this must be kept paramount in program teams' minds. Where this is not possible without respecting the privacy of individuals involved, it must not be attempted. In such cases, it is advised that program teams select the most significant stories, not community members.

STEP 4: PROVIDE FEEDBACK

Once the most significant changes have been identified, it is important to feedback to project teams on the ground and the community members themselves. This may involve, for example, sharing the fact that night patrols in one area were linked to GBV incidence. Sharing this information within the program team can help to improve programming by adjusting resources and activities to improve effectiveness in light of unexpected changes such as this. Sharing this information with other organizations doing similar work in the same context can also greatly add to the community-wide learning effort. And sharing information with the community can provide an additional space for validation of findings and community feedback.

STEP 5 (OPTIONAL): SECONDARY ANALYSIS

This step is optional because it can add to the richness of learning at project closure but doesn't necessarily add to adaptation and change during implementation. Typically, after the project has ended, a program or M&E staff member will undertake this activity. Essentially, it involves reviewing every story collected, including those cast aside as less significant. These are then mapped and coded by theme, for example "changes in armed actor movements" or "changes in power dynamics between household members." They are also compared against the reasons for selecting the stories that were chosen as the most important. By comparing these, the reviewers can draw out key themes and learning about the program that may not have been captured during the implementation period. This can then be fed into future project design, e.g.,, by thinking about how armed actor movements relate to GBV incidence in future. It can also be used to help build the evidence about what works in GBV prevention, in what contexts, and for whom.

5.2.3. CONTRIBUTION ANALYSIS

What it is:
Contribution analysis is an analytical tool that helps teams understand how their activities influenced an observed change. It's useful when you already have an outcome-level change clearly observed, and you are left with questions about how your program contributed to it. In these contexts, contribution analysis can help answer questions like:

▶ How has the activity influenced the changes observed in the community?

▶ Has it made an important contribution to these changes?

▶ What role did the activity play in bringing about these changes?

It is not an appropriate approach when you need to prove the activity caused the change, or when you need to quantify the effects of an activity on a population group.

How to use it:

The following approach presents a streamlined version of contribution analysis, with the aim of supporting program and M&E teams to use this in humanitarian contexts:

▶ **Step 1:** Add assumptions and **external factors** to your project-specific theory of change

▶ **Step 2:** Gather and assess the existing evidence on results achieved

▶ **Step 3:** Assemble the contribution story, and challenges to it

▶ **Step 4:** Gather further evidence

▶ **Step 5:** Strengthen the contribution story

STEP 1: ADD ASSUMPTIONS AND EXTERNAL FACTORS TO YOUR THEORY OF CHANGE

Building off the theory of change approach outlined in Module 2, contribution analysis adds possible external factors for each step of the program logframe. For example, for the first row of the fictional logframe presented in diagram 8 above, the following possible external factors can be identified:

1. ADD EXTERNAL FACTORS TO YOUR TOC

External factors = other things that might influence the change you want to see

CAUSE	EFFECT	ASSUMPTIONS	EXTERNAL FACTORS
Result	**Outcome**	**Assumption 1**	**Factor 1**
Reduced acceptance of GBV among armed actors	Reduced risk of sexual violence against WAG	Soldier attitudes towards GBV is a driving factor	New accountability mechanism deters soldiers from committing GBV
Output	**Result**	**Assumption 2**	**Factor 2**
# soldiers trained in IHL	Reduced acceptance of GBV among armed actors	IHL training can impact soldier acceptance of GBV	Wider social norms changes
Activity	**Output**	**Assumption 3**	**Factor 3**
IHL training sessions for armed actors	# soldiers trained in IHL	Soldiers are willing to participate in training	Local actors conducting their own IHL training

Diagram 10. External factors

In each case, the external factor presents one way that the effect might be brought about without the activity happening at all. For example, even if the outcome of increased PSEA awareness/skills is not achieved, the impact of reduced instances of SEA might still happen if an external factor like the implementation of new accountability mechanisms by key NGOs. In this instance, even if awareness of risks is not raised, the presence of an adequate accountability might itself reduce the rate of sexual exploitation and abuse. Thus, this presents an external factor to the program that may influence the desired change.

It is important that, at this stage in the analysis, all the possible external factors driving the observed change are presented. This can be done by brainstorming with key program stakeholders to identify potential factors. It is important that a range of possible factors are included at this stage.

STEP 2: GATHER AND ASSESS THE EXISTING EVIDENCE ON RESULTS ACHIEVED

Review existing data against the revised theory of change. This step involves going through monitoring and program reports to identify evidence either for the claim that it was the program activity that led to the change observed, or for the claim that it was the external factor. Once this is done, the strength of the evidence can be assessed, so that for each step of the logframe, the M&E team have a collection of evidence for and against the claim that it was the program leading to the change observed:

Cause	Effect	Evidence	Strength	Counter-evidence	Strength
Activity 1	Output 1	Report X, Interview Y	**High**	Report A, Survey C	**Low**
Output 1	Result 1	Report M, Interview I	**Low**	Survey E	**High**
Result 1	Outcome 1	Survey F	**Low**	Report B, Interview M	**High**

STEP 3: ASSEMBLE THE CONTRIBUTION STORY, AND CHALLENGES TO IT

Based on the evidence collected in step 2, ask what is the most likely story of how your activity contributed to the change you observed? How significant do you think the activity was in influencing the change now? What alternative stories of why the change happened are possible? What other factors might have influenced the change? This process is quite subjective, but transparency is the key, so that you can demonstrate how you reached the judgements you reach.

STEP 4: GATHER FURTHER EVIDENCE

Once this is complete, it is important to add primary data collection to the analysis. Go out and ask people about the contribution story, and its alternatives. Use interviews, focus groups, surveys, or other tools. Make sure that you consult a wide-range of project stakeholders and give them a chance to tell you how plausible your contribution story is. Ask about alternative explanations for the change you observed. And ask about how important your activity was for the change in the eyes of your stakeholders.

STEP 5: STRENGTHEN THE CONTRIBUTION STORY

Based on the new evidence, refine your contribution story by explaining how much confidence you have that your activity led to the observed change. Try to demonstrate how big a role your activity had, and how big a role external factors also had on the change. This is often demonstrated using a logframe-style diagram, with thick arrows representing major influences on change, and thin arrows representing minor ones:

5. STRENGTHEN THE CONTRIBUTION STORY

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
IHL training sessions for armed actors	# soldiers trained in IHL	Reduced acceptance of GBV among armed actors	Reduced risk of sexual violence against WAG

Factor 3	**Non-influential factor**	**Primary driving factor**
Local actors conducting their own IHL training	Wider social norms changes	New accountability mechanism deters soldiers from committing GBV

Legend:
- - - - ▸ Negligible factor
———▸ Secondary causal factor
━━━▸ Primary driving factor

Diagram 11. Strengthening the contribution story

In this diagram, it is suggested that the program did have a significant influence on reducing the GBV risk for women and girls in the IDP camp, but not in the way originally intended. Whilst the IHL training failed to significantly shift the attitudes of soldiers toward GBV, the training did—in conjunction with other IHL training conducted by local actors—trigger senior members of the armed group to establish an accountability mechanism that deterred soldiers from committing GBV. That accountability mechanism itself proved to be a primary driving factor for the reduced risk faced by women and girls in the IDP camp. This would make sense given the strength of evidence identified for each step of this logframe in Step 2.

The benefit of doing this is that it helps to develop a more nuanced understanding of how the program influenced change and, crucially, how it interacted with external factors in the community, such as the local actor-led IHL training. This type of information can help project teams adapt for future funding cycles, and help communicate the rationale for project changes to donor organizations.

5.2.4. PROCESS TRACING

What it is:
Process tracing is an approach to qualitative analysis that aims to determine the strength of evidence linking potential causes to an observed change. It is often used to help evaluate the contribution of advocacy campaigns to policy changes in development settings. It can be used together with the

contribution analysis approach outlined above, to help determine the strength of the relations between different steps of the logframe in a more rigorous way.

How to use it:

Process tracing can be used in a variety of different ways, with typical approaches covering at least five distinct steps, starting with identifying a change that needs to be explained (e.g., the establishment of the new accountability mechanism by the armed actors described above), and ending with a statement of how influential the program activities were in bringing this about. For a full account of how to use process tracing—and some useful exercises to practice the technique—please see Collier, D. (2010). Process Tracing: Introduction and Exercises, which is available for free at: **https://www.dmeforpeace.org/resource/process-tracing-introduction-and-exercises/**.

For the purposes of this framework, however, and bearing in mind the criteria outlined at the start of this Module, it is suggested that process tracing be approached as an add-on to the contribution analysis tool presented above. As such, evaluators should go through steps 1—4 of the contribution analysis tool first, before using process tracing in step 5 of the methodology.

Once the evaluator has reached step 4, above, they should have compiled the evidence for and against the claim that the program activities were influential for the results observed. They should also have compiled evidence for and against the claim that other, external, factors were influential instead. In step 5, the task is to assemble the contribution story according to an assessment of strong, medium or weak causal influences along the path to change (see the final logframe diagram in the previous section).

Instead of simply categorizing causal influence in this way, evaluators can use process tracing to add greater rigor the analysis of the causal claims. In particular, they can ask the following questions:

▶ Was the activity (e.g., the IHL training conducted by the program team) **necessary** for the outcome (e.g., the reduced risk of sexual violence against women and girls in the IDP camp)? In other words, if the activity had not have gone ahead, would the outcome still have come about?

▶ Was the activity **sufficient** for the outcome? In other words, once the activity did go ahead, was anything else needed for the outcome to occur?

By asking these two questions, the evaluators can categorize the influence of the program activity on the observed change in one of four ways:

1. **A straw in the wind:** the activity was not necessary for the observed change, and it was not sufficient either. But it was potentially relevant to the change. An example here would be the IHL training and the GBV risk reduction outlined in diagram 10, above. The IHL training activity was not necessary for the change, since the local actor also conducted IHL training that had the same effect. Nor was it sufficient, since it would not have brought about a reduced risk if the armed actors had not decided to establish an accountability mechanism. But it was certainly relevant if, for example, the evaluators found credible reports from the armed actors that the training gave them reason to establish the accountability mechanism.

2. **A hoop factor:** the activity was necessary, but not sufficient for the change. For example, if no local organization had conducted IHL training in the example above, then the program's training would have been a necessary condition for the risk reduction, assuming of course that the reports from armed actors citing the training as the reason they established the accountability mechanism are credible. The training was still not sufficient though, since it would not have reduced the GBV risk had the armed actors attended the training but not established the accountability mechanism.

A HOOP FACTOR

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
IHL training sessions for armed actors	# soldiers trained in IHL	Reduced acceptance of GBV among armed actors	Reduced risk of sexual violence against WAG

Non-influential factor

Wider social norms changes

Primary driving factor

New accountability mechanism deters soldiers from committing GBV

Legend:
- - - - → Negligible factor
———→ Secondary causal factor
━━━▶ Primary driving factor

3. **A smoking gun:** the activity was sufficient for the change, but it was not necessary. For example, if the IHL training had led directly to a reduced risk of GBV, without the need for an accountability mechanism being established, then the training would have been sufficient for the risk reduction. If this had been the case and other training had been provided by local actors, then the training would have been sufficient but not necessary.

A SMOKING GUN

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
IHL training sessions for armed actors	# soldiers trained in IHL	Reduced acceptance of GBV among armed actors	Reduced risk of sexual violence against WAG

Factor 3

Local actors conducting their own IHL training

Non-influential factor

Wider social norms changes

Legend:
- - - - → Negligible factor
———→ Secondary causal factor
━━━▶ Primary driving factor

4. **A doubly decisive factor:** the activity was necessary for the change, and it was sufficient for it too. For example, if the IHL training had led directly to a reduce risk, without the accountability mechanism being established, **and** without any other training taking place, then the evaluators could argue that the training was **both** necessary and sufficient for the risk reduction.

A DOUBLY DECISIVE FACTOR

ACTIVITIES	OUTPUTS	RESULTS	OUTCOMES
IHL training sessions for armed actors	# soldiers trained in IHL	Reduced acceptance of GBV among armed actors	Reduced risk of sexual violence against WAG

Non-influential factor

Wider social norms changes

Legend:
- - - - → Negligible factor
——→ Secondary causal factor
━━▶ Primary driving factor
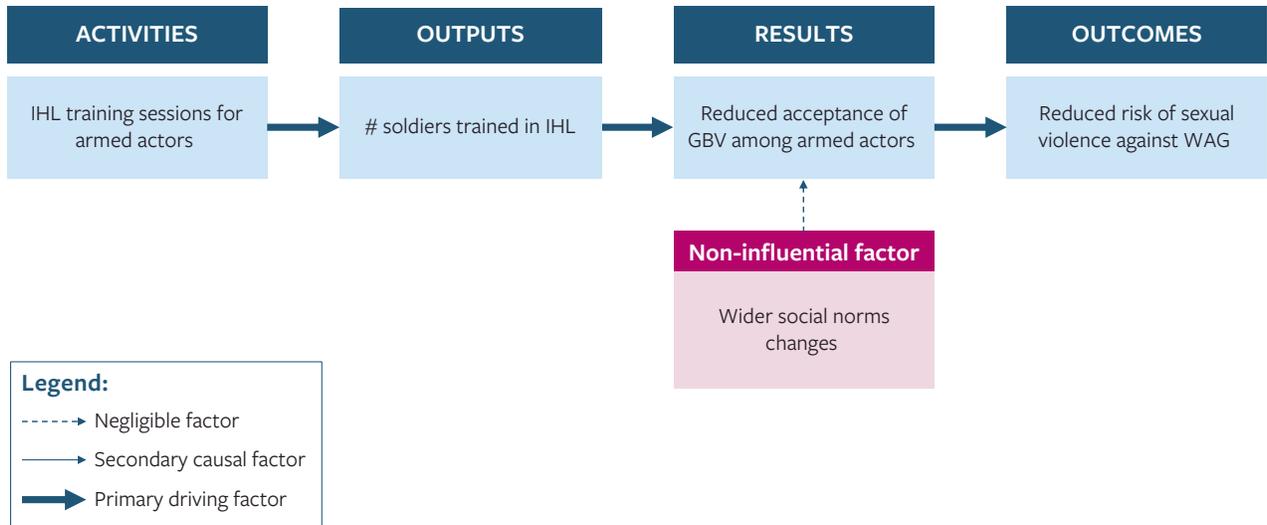
By categorizing the contribution of the activities to the observed outcomes in this way, the evaluators can provide a more robust assessment of **how** the program influenced change.

MAKING SPACE FOR INNOVATION

MAKING SPACE FOR INNOVATION

As discussed in the Introduction to this framework, the tools and approaches presented above have all been chosen in response to the needs and constraints felt by country teams conducting GBV prevention activities. These constraints include, as noted above, a severe restriction on available time and resource for planning and delivering high quality evidence about the effects of their programs. The short timeframes for project design, and the short funding cycles for implementation, all restrict the ability of program teams to monitor behavior change over time.

In the context of GBV prevention, this is especially problematic. Many types of GBV prevention can take place in the short-term, including immediate actions to intervene and stop sexual abuse or intimate partner violence at source. But longer-term change, including the type of social norm change that many organizations are targeting even in humanitarian contexts, does take time to emerge. As such, it is a pity if we restrict ourselves to only those tools and approaches that can be implemented within the constraints project teams currently face.

For this reason, the authors present below a brief list of potential areas for development in the measurement of GBV prevention. These areas were identified during the preparatory work for this framework, which included online workshops with seven organizations operating GBV and protection activities in six different crisis contexts, as well as 1-2-1 interviews with 104 different team members from both program and M&E departments.

1. **Invest in medium-term evidence windows.** The data collection tools outlined above were initially designed for development contexts and deployed for programs lasting several years. By restricting data collection to the length of current project cycles, we are significantly reducing our capacity for learning about what contributes to change in GBV risk. Instead, donors and implementing agencies could work together to build three to five year evidence windows. By providing a separate funding window for monitoring and evaluation of GBV prevention activities, untied to individual program cycles, this approach could allow NGOs and partner agencies to contribute to wider knowledge and learning for GBV prevention. Utilizing a consortium model would allow the M&E activities to benefit from economies of scale. If the relevant actors (possibly including agencies and country cluster coordinators) are willing to work together, this type of model could be replicated within a 12—24 month project cycle, or potentially even linked to the country-level Humanitarian Program Cycle. Consortia models have been deployed over longer timeframes in humanitarian settings before, for example, the M&E model used by the Lebanon Cash Consortium to provide evidence on the impact of the multi-purpose cash assistance provided in response to the Syrian refugee crisis in Lebanon (**https://resourcecentre.savethechildren.net/library/lebanon-cash-consortium-lcc-impact-evaluation-multipurpose-case-assistance-programme**). Likewise, the UKAID-funded program, What Works in Preventing Violence Against Women and Girls, took a similar model. Replicating this type of approach for more GBV prevention work will help to build a nascent but growing evidence-base.

2. **Make use of developmental and embedded evaluation approaches.** Developmental evaluation is an approach to evaluation that emphasizes supporting the process of program innovation and adaptation. It is especially useful when program teams do not expect to know how to solve the problems they are trying to tackle at the program outset. Developmental evaluation usually entails embedding M&E teams inside project teams, and focusing on providing informal feedback on what is working and what could be done differently. It differs significantly from traditional evaluation and typically struggles when attempted in an organizational context where significant accountability requirements are placed on M&E systems. It typically doesn't help answer questions about how the program has delivered against a logframe. And it typically does require additional resources and investment in the M&E system. But it has the capacity to support learning and innovation in an area, like GBV prevention, where we still have much to learn. As such, donor and implementing organizations wishing to advance our understanding of what works in this field, and trial new and innovative approaches, would be well-placed considering developmental evaluation approaches. To learn more about this approach, please see:

   ▷ Dillon (2019). Breaking the Mould: Alternative approaches to monitoring and evaluation. London: ODI/ALNAP. **https://www.alnap.org/help-library/breaking-the-mould-alternative-approaches-to-monitoring-and-evaluation**

   ▷ Dozois, E., Langlois, M. and Blanchet-Cohen, N. (2010) DE 201: a practitioner's guide to developmental evaluation. Victoria: British Columbia: J.W. McConnell Family Foundation and the International Institute for Child Rights and Development. **https://mcconnellfoundation.ca/assets/Media%20Library/Publications/DE%20201%20EN.pdf**

   ▷ USAID (2017) Learning from practice: developmental evaluation in practice: tips, tools, and templates. Washington, DC: USAID **https://www.usaid.gov/sites/default/files/documents/15396/USAID_DEPA_MERL_Developmental_Evaluation_in_Practice-_Tips_Tools_and_T.pdf**

3. **Leverage new technologies to build the evidence about the correlates of GBV risks.** The proxy indicator approach outlined in Module 3 requires program teams to make assumptions about what goes hand-in-hand with GBV risk. When done intentionally, and transparently, this can generate useful findings about how GBV risk has evolved through a crisis. But there does remain a significant gap in our knowledge about what does correlate with GBV risk in humanitarian contexts. Donors and agencies wishing to improve on the evidence-base could consider investing in the use of new data analytics and big data collection tools to help map the correlates of GBV risk. While these approaches cannot be approached lightly, come with significant ethical concerns, and of course entail serious engagement with the responsible data management paradigm, a serious and careful engagement with these tools could help GBV program teams to draw on a wider bank of empirically-tested proxy indicators for their own programming, without having to make assumptions of their own.

Our hope is that strategic investment in these areas will help to improve the quality of evidence about what works for GBV prevention in humanitarian contexts, so that future programs can be designed on this basis. Combined with an improved project-level monitoring and evaluation system for these projects, in line with the approach outlined in this framework, we consider that the quality of results-based outcome-oriented programming can be significantly raised for those most vulnerable to gender-based violence in crisis contexts.

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