

GENDER-BASED VIOLENCE PREVENTION

A Results-Based Evaluation Framework

OCT 2026

SECOND EDITION



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A Results-Based Evaluation Framework



ABOUT INTERACTION

Founded in 1984, InterAction is the largest U.S.-based alliance of international NGOs and partners. We mobilize our Members to think and act collectively to serve the world's poor and vulnerable, with a shared belief that we can make the world a more peaceful, just, and prosperous place — together.

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THANK YOU

Second Edition

InterAction is extremely grateful to the Swedish International Development Cooperation Agency [SIDA] for its financial support for both the first and second editions of the GBV PEF. Sida's investment in outcome-oriented approaches is a testament to its commitment and leadership in supporting the measurement of GBV prevention outcomes in humanitarian action to advance the evidence base for GBV prevention.

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le Développement Endogène (IFAPPDE), CAFED, Schweizerische Mennonitsche Mission (SMM), Réseau des Femmes Entrepreneures des Grands-Lacs (RFEGL), Women in Action for Human Dignity (WAHDI), Femme Unie pour le Développement Endogène et Intégral (FUDEI), Mama Ni Mama, Ligue Paralympique NK, Audi-Congo Amka Mulemavu (ASAM), Woman Power DRC, Fondation Assistance aux Femmes et Enfants Vulnérables (FAFEV), Dynamique des Femmes Juristes (DFJ), WIDE, Mwanamke Shujaa, Focus Droits et Accès (FDA), Save the People in Need (SPN), Kongo Mwindi, Waza And Act (WAA), Action des Volontaires pour la Solidarité et le Développement (AVSD), ActionAid, Solidarité Féminine Pour La Paix et le Développement (SOFEPADI), Dynamique des femmes Juristes (DFJ), Action Sociale pour le Développement Rural et Urbain (ASDERU), Marchons Ensemble et Sûrement dans l'assistance Scolaire et Humanitaire, Solidarité des Femmes pour le Développement Intégral, Women for Equal Chances – Congo, Action Sociale pour le Développement Rural et Urbain, Action pour la Justice, Paix et le Développement, ENDOGENE, Femme congolaise pour le Développement, Save Life Concern, Fondation Solidarité des Hommes, Initiative Féminine pour l'encadrement de la Femme Enclavée, Dynamique des Femmes pour la Fraternité, Réseau des Acteur pour l'appui à l'environnement et développement intégral, Initiative pour le Développement et l'accompagnement des vulnérables, and Action pour la Restauration de la Paix et la Justice.

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A photograph of two women in traditional headwraps. The woman on the left wears a vibrant, multi-colored headwrap (red, blue, purple, yellow) and looks directly at the camera with a serious expression. The woman on the right wears a black headwrap with red trim and looks slightly to the side with a gentle smile. The word 'INTRODUCTION' is overlaid in white capital letters across the center of the image.

INTRODUCTION

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SECOND EDITION: WHAT IS NEW AND REVISED

This revision builds on an interim review of the GBV PEF conducted in 2024, the findings of which are documented in [Breaking Barriers: Interim Insights on the Gender-Based Violence Prevention Evaluation Framework Pilot Phase](#). Findings highlighted that while users valued the PEF as one of the few technical resources providing concrete guidance on measuring prevention and behavior change outcomes in humanitarian settings, concerns were raised about its alignment with established GBV frameworks and standards and its technical and analytical language making it difficult to grasp. Users also identified a need for stronger feminist framing, more accessible M&E guidance, and explicit complementarity with widely referenced sector tools. To act on those findings, InterAction brought together a time-bound task team in 2025 that reviewed 20 of the most widely referenced documents in the GBV community, spanning the GBV in Emergencies Minimum Standards¹, the GBV Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action², GBV Area of Responsibility (AoR) Tip Sheets, M&E guidance³, and GBV prevention frameworks, and produced a set of revision recommendations. InterAction subsequently engaged GBV and M&E consultants to support content development. This revision process was also informed by a GBV expert workshop convened in Nairobi and by piloting the revised and new content in Somalia and the Democratic Republic of Congo, which generated practical insights on how the framework functions across complex humanitarian settings.

The 2026 revision substantially strengthens the PEF across three interconnected areas. First, the framework's feminist foundation has been deepened. The introduction now includes four analytical models (the socio-ecological model, social and behavior change models [SBC], the gender-transformative life course model, and a power framework) and situates them within an explicit feminist principles section. These principles and models are integrated throughout the PEF as prompting questions, feminist quality checks, and signposting within tools, ensuring feminist analysis is a consistent lens across every stage of the framework. Second, the framework's M&E guidance has been significantly strengthened. Module 3 introduces a new section on reflexivity and positionality, expands the indicator feasibility checklist with feminist quality checks, and updates proxy indicator guidance to require coverage across at least two socio-ecological levels with explicit integration of SBC frameworks. Module 4 revises the core evaluation tools (outcome harvesting, most significant change [MSC], results journals, and contribution analysis) for feminist alignment and adds a reflexivity checklist for evaluation teams. Third, the revision improves accessibility and sectoral coherence: data ethics guidance has been elaborated and a glossary of feminist, GBV, and M&E terms has been added to support non-specialist readers.



This star symbol denotes feminist content added in this edition.

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1. UNFPA (2019). The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. New York: UNFPA.
 2. Inter-Agency Standing Committee (IASC) (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.
 3. Murphy, M., Potts, A. & Shanahan, F. (n.d.). The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming: Monitoring and Evaluation Framework. GBV Minimum Standards Task Team/Global Women's Institute and Trócaire.

0.1. PURPOSE AND AUDIENCE

The GBV Prevention Evaluation Framework (PEF) is designed for humanitarian and crisis-affected settings, including acute emergencies, protracted crises, and mixed humanitarian/development contexts.

The PEF is designed to help humanitarian actors identify, analyze, and measure changes in the things that drive GBV risk and that arise or intensify during crises, to adapt programming accordingly. The PEF focuses on the crisis-related shifts that are possible within humanitarian timeframes. It aims to help teams combine immediate risk reduction with change processes and goals, strengthening humanitarian efforts to transform the social structures that drive GBV. We hope that program teams will be able to learn, adapt, and improve decision-making at both the project and program level by using different parts of this framework in an iterative way throughout the various stages of the program cycle.

0.1.1. WHAT THE PEF DOES AND DOES NOT DO

The PEF is designed to:	The PEF is not designed to:
• Analyze how drivers of GBV risk change over time in specific crisis contexts, using results-based protection and the protection risk equation • Support prevention-informed program design, adaptation, and learning • Measure interim outcomes that signal movement toward safer environments and reduced risk of GBV	• Collect or measure GBV prevalence or incidence • Replace structural primary prevention analysis, models, or interventions • Attribute change to a single intervention • Serve as a standalone evaluation of GBV programming effectiveness

The primary audience and intended users of the PEF include both GBV and non-GBV actors. GBV actors are individual people or organizations with formal GBV technical responsibility, expertise, and training, as defined by the IASC GBV Guidelines and GBV Minimum Standards. Non-GBV actors include all other staff and partners who are essential to prevention efforts but are not trained or mandated to collect, analyze, or interpret GBV-related data on their own. The PEF is designed for GBV country advisors, program managers, and officers. But it is also intended for program teams working on other, related areas of humanitarian response, when designing for outcomes that include GBV risk reduction. The framework encourages collaboration across sectors but recognizes that roles and responsibilities for GBV-related data collection and analysis are not the same for all actors.

Please note that you do not need to have any specific level of technical expertise, resourcing, funding arrangements, or program context as a prerequisite for using this framework. 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. **For that reason, we have designed the language and approach of the PEF to be accessible to non-GBV specialists. We have also taken care to make the language around monitoring and evaluation tools clear and accessible to program teams and non-specialists.**

Please start from where you are, not where you think you need to be. A [Start Where You Are companion guide](#) is also available to help program teams determine their entry point.⁴

A new [companion checklist](#)⁵ is also available to help operational teams navigate the GBV PEF and determine how to better integrate outcome-oriented methods into their operations for GBV prevention.

The PEF is specifically designed to be accessible to monitoring and evaluation (M&E) teams. This is important because of the need for close cooperation between program and M&E teams throughout the project cycle so that outcome-level results can be appropriately measured and interpreted. Involving M&E teams at the start of strategy development and program cycles can help make sure that outcome-level measurement informs the design process. We initially designed the PEF after a series of online workshops that brought together country-based program and M&E teams in six different country contexts. These workshops showed the importance of engaging with both perspectives 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. This is why it is even more important for program teams to work closely with their M&E colleagues when designing measurement tools and systems, to ensure they yield high-quality results-oriented data that can inform future programming.

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

0.1.2. BACKGROUND

In 2019, with the support of the Swedish International Development Cooperation Agency (SIDA), InterAction launched a project to develop a Gender-Based Violence Prevention Evaluation Framework (GBV PEF) that would 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.

4. Gender-Based Violence Prevention: [A ‘Start Where You Are’ Guide to Measure and Evaluate GB Prevention Outcomes in Conflict Settings and a Companion Guide to the GBV PEF](#) (2023)

5. [GBV PEF Outcome Measurement Checklist](#)

The IASC (2016) Policy on Protection in Humanitarian Action defines protection outcomes as reduced risk for affected persons, in addition to providing a breakdown of what reduced risk can mean in practice.

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 there remains a lack of investment in understanding how to better design for, measure, and assess the outcome-level results of GBV prevention work.

With this in mind, InterAction undertook a scoping exercise in 2019, with an aim of 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.⁶ 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.

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 (ToC) underpinning the choice of activities or target groups;
- ▶ unclear or underdeveloped articulation of the intended outcomes of the GBV prevention activities;
- ▶ missing baseline data and/or a lack of a monitoring plan to overcome data gaps; and
- ▶ an absence of appropriate disaggregation of data according to the specific vulnerabilities to the specific GBV threats present in the context in question.

6. Vigaud-Walsh, Francisa (2019) [White Paper: Scoping Exercise on the Prevention of GBV in Conflict](#)

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. Rigorous causal attribution remains even more difficult to prove without the ability to establish robust control groups for counterfactual 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 GBV

The PEF is designed to support program design and evaluations for the prevention of all forms of GBV, including sexual violence perpetrated against women and girls, men and boys, and non-binary and non-cisgendered identities.

We recognize that many organizations emphasize different aspects of GBV in their policies and practice, and some have unique and distinct definitions of what it is and what drives it. For this reason, we have taken a broad, inclusive definition of GBV 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 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.”⁷ 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.

Globally, the root cause of GBV experienced by women and girls is patriarchal gender norms and inequitable power dynamics. However, the risk of GBV notably increases in crises and conflict environments. The breakdown of social structures, the rule of law, and national systems — such as health, protection, and legal systems — increases the risk of violence, reduces social support structures, and reinforces harmful gender norms. Other factors, such as increased militarization, displacement, and the loss of economic opportunities, exacerbate the risk of violence. In some settings, conflicts include the use of rape and other forms of GBV as a weapon of war, as armed actors seek to instill fear and control over communities.

GBV in humanitarian crises takes multiple forms, including intimate partner violence (IPV); exploitation and abuse; child, early and forced marriage; sexual violence; harmful traditional practices; and denial of resources. While sexual violence perpetrated by armed actors and other non-family perpetrated GBV is often spotlighted, evidence shows IPV is consistently the most prevalent form of GBV in emergencies.^{8,9} Scarce resources further heighten the risk of GBV as women, adolescent girls, and marginalized and vulnerable groups are forced to take new risks to access food, water, shelter, and other basic needs. Dependence on humanitarian assistance also introduces power imbalances that enable exploitation and abuse by those controlling access to aid.

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7. [Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery; Pg. 5](#)
 8. Stark, L. & Ager, A. (2011). A systematic review of prevalence studies of gender-based violence in complex emergencies. *Trauma, Violence, & Abuse*, 12(3): 127–134.
 9. Vu, A. et al. Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., & Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. *PLoS Currents Disasters*, Edition 1. doi:10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7.

GBV has significant and long-lasting impacts on the physical and mental health, psychosocial, and economic well-being of survivors, their families, and communities. Physically, consequences include injuries, chronic pain, sexually transmitted infections, unwanted pregnancies, and fatal outcomes, such as death and suicide. Psychologically and socially, survivors often face trauma, anxiety, and depression, alongside stigmatization and social rejection that can lead to isolation, marginalization, and restricted access to services, livelihoods, and social support. Although often overlooked, stigmatization acts not only as a consequence of GBV but also as a powerful amplifier of vulnerability that can reinforce conditions that enable further violence at individual, community, and societal levels.



GBV is rooted in systemic gender inequality and disproportionately impacts women and girls. The same systems of gender inequality that drive GBV against women and girls also place men, boys, and people with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) at risk. Violence targeting these groups is often intended to punish or enforce compliance with rigid gender norms, making it a product of the same structural inequalities.^{10,11} The PEF is applicable to all people at risk of GBV across their intersecting identities, including men and boys, individuals with diverse SOGIESC, adolescent girls with disabilities, and elderly women from minority communities. In each case, specific characteristics and identities shape particular exposure to risk.

10. Women's Refugee Commission (2021). Addressing Sexual Violence against Men, Boys, and LGBTQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note. p. 5, 7.

11. International Committee of the Red Cross (2022). Sexual and Gender-Based Violence against Men, Boys and LGBTQ+ People in Humanitarian Settings. p. 3–4.

0.3. GBV PROGRAMMING AND HOW THE PEF CONTRIBUTES TO PREVENTION

GBV programming includes prevention, risk mitigation, and response efforts along a continuum of life-saving action.¹²

- ▶ **GBV Prevention:** GBV prevention refers to efforts aimed at preventing gender-based violence from occurring in the first place. These efforts can include addressing underlying root causes and drivers of GBV, including gender inequality, unequal power relations, and harmful social norms. While most commonly associated with development or protracted crisis contexts, primary prevention approaches may also be implemented in some crisis settings where sustained engagement and response services are in place.
 - ▷ Prevention activities could involve engaging men and boys in critical reflection on power and privilege or mobilizing community members committed to gender equality to help shift individual, group, institutional, and community-level knowledge, attitudes, and practices around gender, rights, and equality.
- ▶ **GBV Risk Mitigation:** GBV risk mitigation refers to actions humanitarian actors can take to proactively identify and reduce exposure to GBV risks by adapting their programs, services, and environments to be safer and more accessible. Risk mitigation focuses on situational and environmental risks and does not address the structural drivers of GBV on its own.
 - ▷ GBV and non-GBV actors could work with other sectors to conduct effective safety audits to identify actions such as creating appropriate space for living conditions, mobilizing firewood patrols, or holding consultations with women and girls about the physical location and design of water points and distributions.
- ▶ **GBV Response:** GBV response refers to the multisectoral services and actions provided to survivors of GBV that can address the immediate and longer-term consequences of violence, in line with GBV guiding principles and a survivor-centered approach.
 - ▷ Response services typically include health services (including clinical management of rape), psychosocial support (including case management), safety and protection support, legal and justice services, and safe referrals to services across sectors.

12. 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.



WHAT IF THERE ARE NO RESPONSE SERVICES?

GBV prevention activities that engage individuals or communities on GBV-related issues should not be conducted without safe, accessible response services and referral pathways in place. This is because of our ethical obligation to avoid increasing risk, prompting disclosure without support, or raising expectations that cannot be met. At the same time, humanitarian actors often operate in contexts where comprehensive GBV response services are limited, disrupted, or absent. When this is the case, actors can and should undertake actions that **do not** involve engagement on GBV experiences or solicitation of disclosure. Actions they can take instead include adapting services, environments, and operational practices to reduce exposure to GBV risk and prevent escalation of harm. The PEF distinguishes between engagement-based prevention activities, which require response services to be in place, and actions that focus on reducing risk drivers without direct engagement on GBV. This distinction enables ethical action in constrained settings while staying aligned with survivor-centered principles. For example, if a food actor is aware that food distribution patterns are driving transactional sex, they can work with protection actors to identify gaps in distribution lists and potential exploitation patterns, and adjust their own distribution methods and targeting — all without ever asking a woman about her experience of violence. [The IASC GBV Pocket Guide](#) provides information on how to support a survivor of GBV who discloses their experience of GBV to you in a context where there is no GBV actor available (including a GBV referral pathway or a GBV focal point). ([IASC Pocket Guide](#)).

0.3.1. PREVENTION IN HUMANITARIAN CONTEXTS — WHERE DOES THE PEF SIT?

Prevention frameworks distinguish between levels of intervention, though definitions vary across sectors. As outlined in the GBV Minimum Standards (2019)¹³, a common framework identifies the following:

- ▶ Primary prevention aims to stop GBV from occurring in the first place by addressing root causes, particularly gender inequality, harmful norms, and unequal power relations. This requires long-term, sustained engagement and is typically led by women-led organizations, community actors, and development systems. SASA! Together and Communities Care are examples of long-term primary prevention approaches used in protracted humanitarian settings.
- ▶ Secondary prevention focuses on a response to survivors of violence and efforts to prevent recurrence, including reducing risk factors and strengthening protective factors. In the GBViE Minimum Standards, this includes health care, case management, and psychosocial support for survivors.
- ▶ Tertiary prevention focuses on long-term actions for survivors to address the impacts of untreated violence, including trauma care, community reintegration, and chronic health and psychosocial needs of survivors.

13. GBViE MINIMUM STANDARDS 2019, p.102.

The PEF does not fit neatly into one level. Depending on context, humanitarian actors may work across all three levels — addressing shifts in risk driven by crisis, supporting social norms change (primary prevention), reducing exposure to violence, strengthening protective factors, and responding to survivors while operating with significant time and resource constraints. The PEF is designed for this reality.

The term “prevention outcomes” as it is used in the PEF is not a substitute for “primary prevention outcomes.” Prevention outcomes are evidence-based, context-specific contributions that humanitarian actors can make within crisis constraints. The PEF can help humanitarian teams identify, design, and measure the changes that reduce GBV risk or interrupt pathways to violence. Outcomes may include reduced exposure to risk, strengthened protective factors, improved access to services, or the prevention of escalation of violence. When possible, the outcomes should align with and reinforce longer-term primary prevention goals led by local, national, and development actors, particularly women-led and community-based organizations.

The PEF uses risk analysis in a results-based protection framework as its core analytical tool. This supports prevention-centered decision-making without claiming long-term structural transformation or population-level reductions in the prevalence of GBV. Examples include reducing the immediate risk of sexual violence in conflict settings; improving acute food security as a way to reduce the risk of child, early and forced marriage (CEFM) in crisis-affected households in the medium term; and making humanitarian services safer for crisis-affected people by reducing the risk of GBV occurring while accessing these services.

0.4. THE RESULTS-BASED PROTECTION FRAMEWORK

This framework has been built on the foundation of the Results-Based Protection (RBP) Framework developed by InterAction and endorsed by a wide variety of humanitarian actors, including INGOs, ICRC, and international organizations. The RBP 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 that 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 it embraces aspects of systems-practice, design-thinking, and other methods that emphasize iteration, adaptability, relationships, interconnectedness, and strategic collaboration to achieve protection outcomes.¹⁴



A feminist approach to RBP reinforces a focus on outcomes that manifest in the lived realities of women, girls, and marginalized and vulnerable groups. It makes us ask, "Do our analysis and strategy shift power and decision-making to our target population in the way they define and understand how change will happen?"

DEFINITIONS

GBV PREVENTION OUTCOME:

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

GBV PREVENTION RESULTS:

The changes in beliefs, attitudes, policies, norms, and behaviors that underpin GBV risk.

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

1. **Continuous, context-specific protection analysis**
2. **Multi-disciplinary strategies**
3. **Outcome-oriented methods**

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

The three elements are all intended to support a common goal of reducing protection risk, as illustrated in the following diagram:

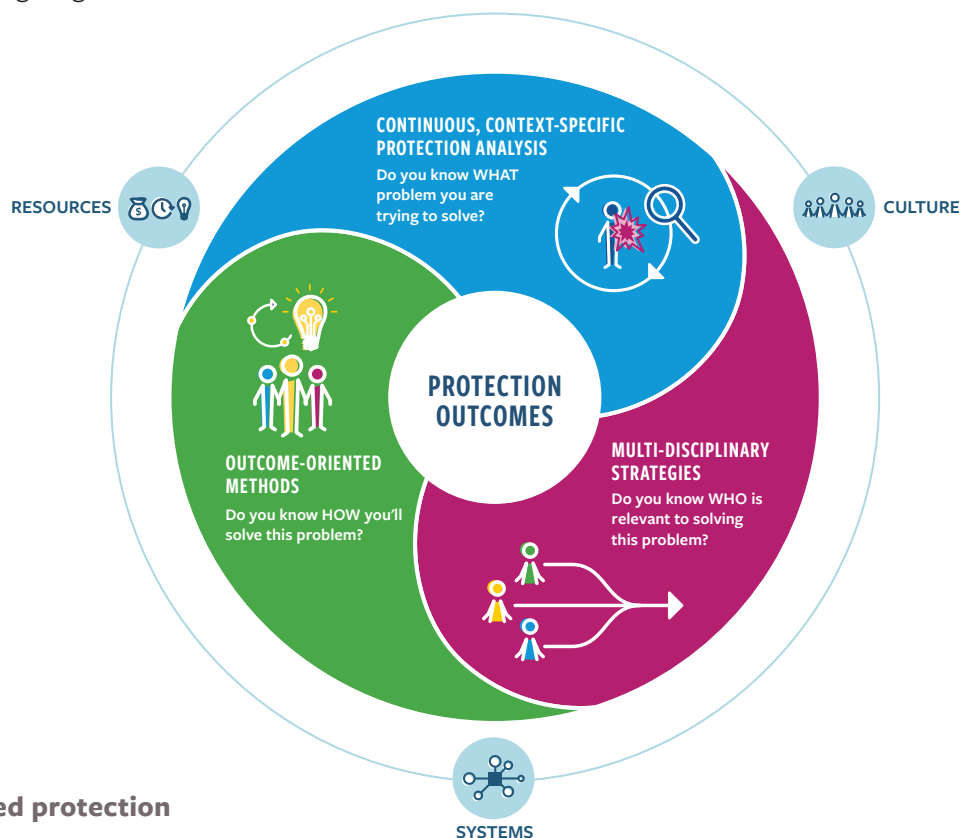


Diagram 1. Results-based protection

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

1. **Continuous, context-specific protection analysis:** Risk 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 be 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.¹⁵
3. **Outcome-oriented methods:** Humanitarian action should be based on a clear causal logic with the goal of measurably reducing 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 determine how to go about changing behavior, attitude, knowledge, policy, and practice for protection outcomes.

15. 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 RBP framework can help teams analyze, challenge, and shift the risk drivers that give rise to GBV, as illustrated below:

0.5.1. A RESULTS-BASED APPROACH TO GBV PREVENTION

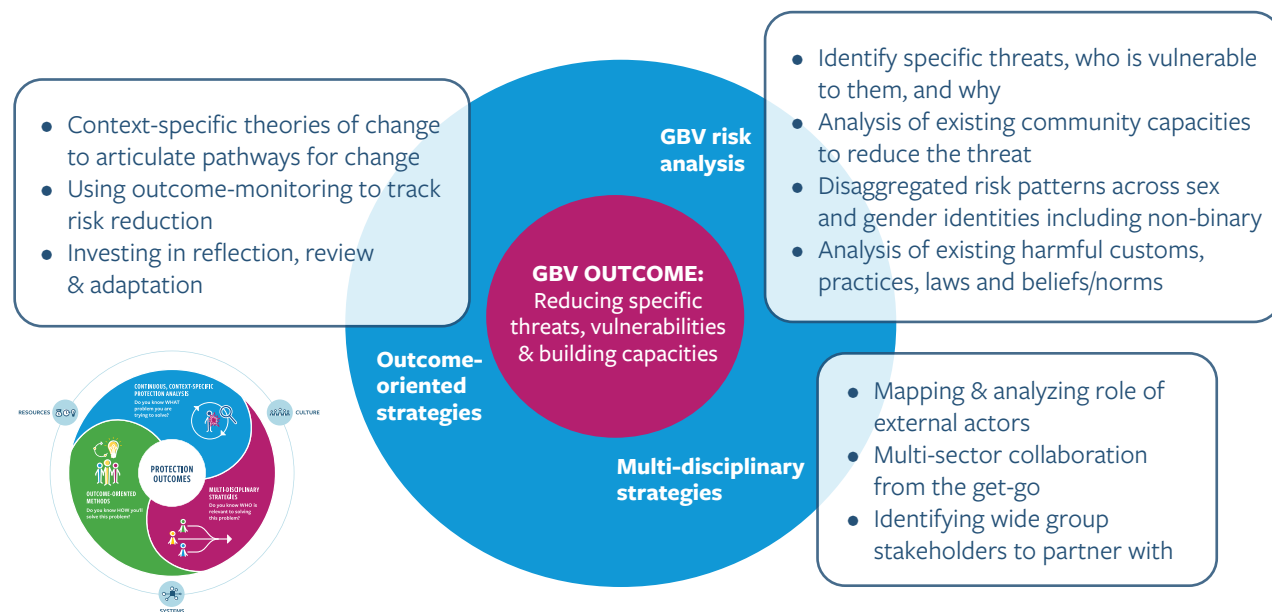


Diagram 2. Results-based GBV prevention

1. **Continuous, context-specific GBV analysis:** Identify and track GBV risk patterns on a context-specific basis. Where it is safe to do so, this analysis should start from the perspective of the population, which ensures that risks are defined by those experiencing them, not only by program teams. This can help prevent us from unconsciously imposing our own generalizations and assumptions about how GBV manifests itself in a community. Analysis should question how power, norms, and inequality influence who is exposed to harm, who has voice, and who has protection.

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 identities, it is important to disaggregate risks according to gender, sexuality, age, and other relevant factors. Analysis should map any pre-existing harmful traditional practices, beliefs, and norms within the community being served that may contribute to the GBV risk. This is especially important to counterbalance 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 based on a clear mapping of external actors influencing GBV risk within the context in question. Multi-sector and multi-disciplinary collaboration should be encouraged from the first stage of the project cycle, within both the various domains of the acting organization itself as well as the humanitarian space. This includes looking at actors both within and outside humanitarian action that might have a role to play in contributing to 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 organizations — from formal NGOs and local authorities to informal community groups and social networks.



SHIFTING POWER THROUGH PARTNERSHIP

Local women's organizations, grassroots groups, and informal networks may not appear on initial stakeholder maps. Yet these are the actors to whom program teams are ultimately accountable and who have the deepest expertise in their own protection. Feminist collaboration means intentionally identifying and giving resources to women's rights, youth, and community-based organizations, which are often absent from formal coordination spaces.

3. **Outcome-oriented methods:** Results-based GBV prevention work should be based on a context-specific theory of change with a clear pathway to reducing GBV risk and promoting measurable improvements in the daily lives of women, girls, and other at-risk groups. Outcome monitoring tools should be used to track risk reduction over time, in addition to observing how contributory factors, such as social norms and attitudes toward GBV, are evolving. Equally important, time and space for reflection and adaptation at project level need to be created to allow reflection on outcomes and what has changed in people's lived experience, in addition to subsequent adaptation of projects as GBV risks evolve.

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

0.6. A FEMINIST APPROACH

A feminist approach is essential to GBV work because it focuses on understanding and challenging the power structures, especially gender inequality, that cause and sustain violence. GBV is not an isolated experience or byproduct of crisis; it is structural violence that is rooted in systemic gender inequality that shapes both the prevalence of GBV as well as the ways in which individuals, communities, and organizations prevent and respond to GBV. Grounding GBV work in a feminist approach ensures that programs don't just address immediate risks but also work to shift the deeper systems of discrimination, marginalization, and exclusion that perpetuate violence.

0.6.1. CORE PRINCIPLES

A feminist approach is survivor-centered, power-aware, intersectional, accountable to women and girls, and committed to localization. These five principles are foundational to the GBV sector and underpin the best practices used by GBV practitioners, as well as global interagency guidance. They are central to the PEF, embedded throughout the framework's methods, tools, and recommendations to help teams design and evaluate strong GBV prevention programs.

- ▶ **Survivor-centered** places the rights, dignity, safety, and self-determination of the survivor at the core of all actions, ensuring survivors have control over decisions and actions that affect them.^{16,17}
- ▶ **Power-aware** approaches recognize GBV as both a product and reinforcement of unequal power relations — requiring teams to analyze how structural inequalities shape risk while centering the agency, solidarity, and collective resources that individuals and communities draw upon to navigate, resist, and transform these structures.^{18,19}
- ▶ **Intersectional** recognizes that people experience GBV differently based on multiple co-existing identities, characteristics, and social positions, including age, gender identity, sexual orientation, disability, displacement status, or separation from family or community supports.
- ▶ **Accountability** teams are first and foremost responsible to the women, girls, and vulnerable and marginalized groups they serve. They use participatory methods that affected communities have validated, assessing impact based on their lived experiences.
- ▶ **Localization**, practiced by humanitarian teams, means shifting resources and decision-making authority to women-led and community-based organizations as the experts and first responders in their communities, ensuring their leadership drives strategic and programmatic priorities.

16. GBVIE MINIMUM STANDARDS 2019, p. 12.

17. GBVIMS Steering Committee (2017). Interagency Gender-Based Violence Case Management Guidelines, p. 17.

18. IASC 2015, p. 5.

19. GBVIE MINIMUM STANDARDS 2019, p. 12.



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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).

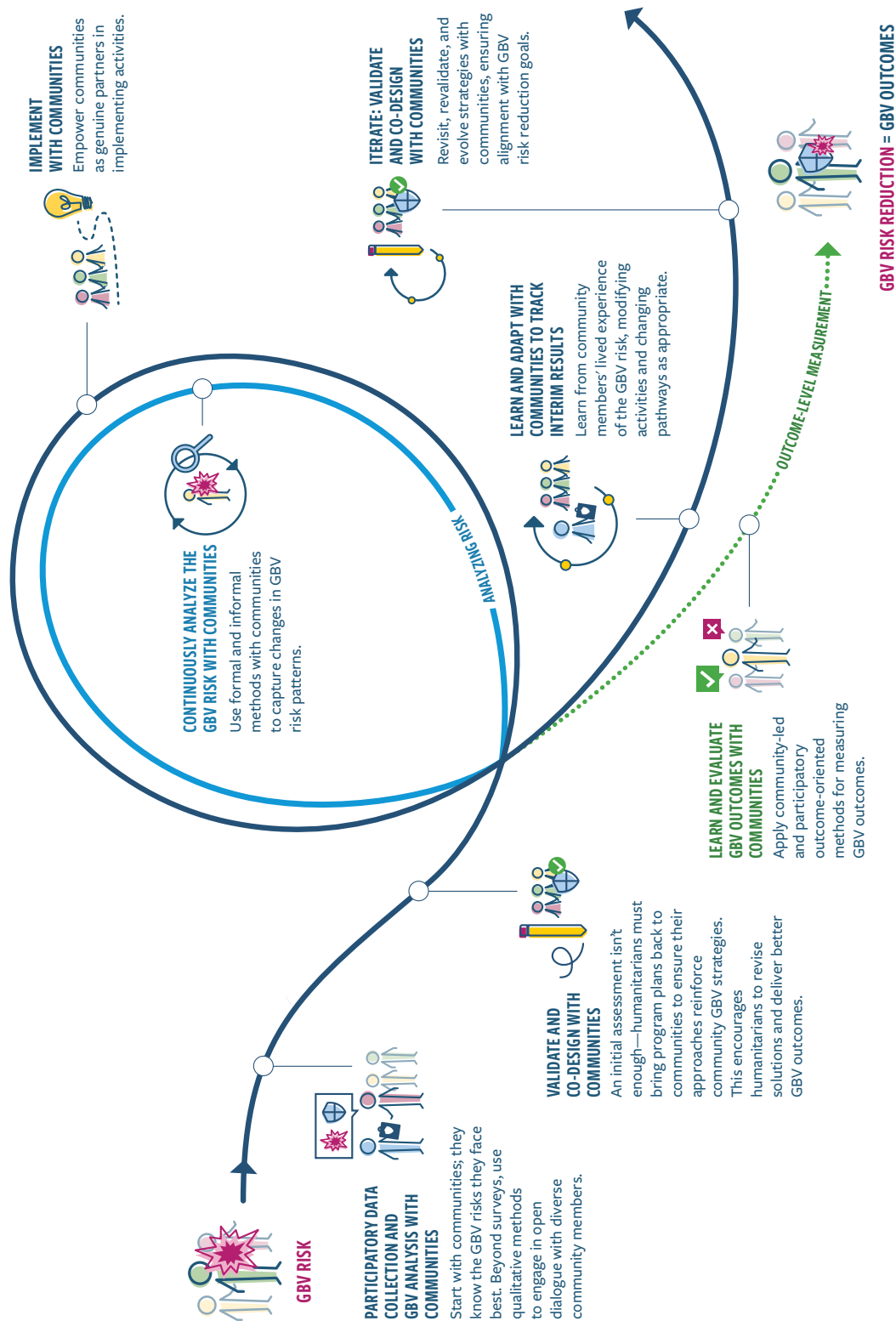
Not all at-risk groups will be exposed to—or experience—GBV in the same way. Women and girls as a group experience gender inequality and discrimination, and are at risk of GBV. But each woman and girl has different characteristics or identity aspects that will shape how they experience discrimination, 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.



MEANINGFUL PARTICIPATION AND INCLUSION

Women, girls, and marginalized groups are experts in their own protection. Meaningful participation means they are not only consulted but actively lead and shape priorities, define safety, and make decisions about program design, monitoring and evaluation throughout the program cycle.²⁰



20. [Participatory Engagement for GBV Outcomes](#)



The International Rescue Committee has also identified several core feminist principles for undertaking prevention programming in emergencies.²¹ These are as follows:

1. Prioritize the safety of women and girls.
2. Use an intersectional gender-power analysis.
3. Start with ourselves.
4. Center the voices, power, and agency of women and girls.
5. Recognize, engage, and be accountable to women and girls experiencing multiple forms of discrimination.
6. Reflect the specific context.
7. Work in solidarity with women's rights organization, activists, and leaders.
8. Engage communities in ways that are meaningful, creative, and dynamic, asking questions rather than giving messages.

0.6.2. FEMINIST MODELS

The feminist approach above informs four interconnected models that structure how risk, power, and social change are analyzed throughout the PEF. These models provide frameworks for understanding how GBV manifests, how outcomes can be measured, and where opportunities exist to shift risk dynamics:

- ▶ **The socio-ecological model (SEM)** identifies GBV risk as emerging from multiple interconnected levels (individual, relational/interpersonal, community, and societal). Each level contains threats, vulnerabilities, and capacities. Effective prevention efforts may work within one but ideally across multiple levels. The SEM helps teams understand how layered systems of power and inequality interact to influence GBV risk, where interventions are most impactful, and how measurements can capture change at different levels.
- ▶ **Social and behavior change (SBC)** models recognize that GBV is driven by harmful norms and power imbalances, not just a lack of knowledge. Individual and community-level shifts in attitudes, beliefs, and norms (not awareness raising alone) are needed to change behavior and reduce risk. SBC models help teams analyze the diverse factors that influence attitudes, beliefs, and behaviors and identify whom to target to shift norms and everyday practices that perpetuate violence.
- ▶ **A power framework/analysis** examines four interrelated types of power: power within (individual agency and self-worth), power over (control or influence of others), power with (collective action and solidarity), and power to (capacity to make decisions and create change). A power analysis prompts teams to interrogate unequal power structures that perpetuate violence and exclusion and identify opportunities to shift power to women, girls, and marginalized groups in ways that reduce GBV risk.
- ▶ **The gender-transformative life course model** recognizes that GBV risk — including threats, vulnerabilities, and capacities — shifts across a lifespan. Because life stages and their associated social and gender norms are deeply rooted in cultural and tradition, this model examines how communities define gender and related responsibilities and expectations, and how those definitions create or reinforce conditions for violence at each stage of life.

21. See International Rescue Committee, [EMPOWER: Preventing violence against women and girls in acute emergencies \(2021\)](#)

HOW A FEMINIST APPROACH UNDERPINS THE GBV PREVENTION EVALUATION FRAMEWORK

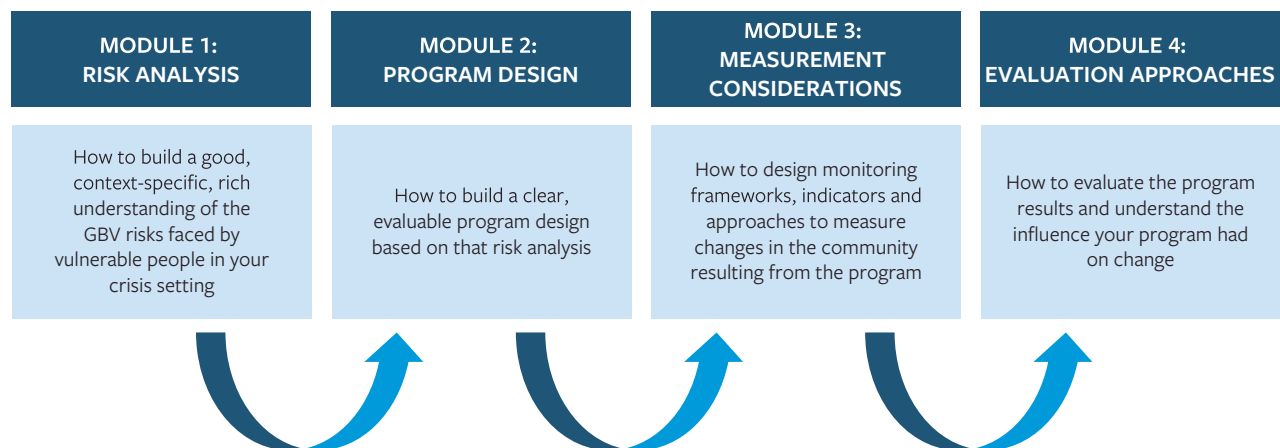
Module	How a Feminist Approach is Applied
Module 1: Risk Analysis	Expands risk analysis to examine how power operates across relationships, communities, and social structures. Women, girls, and marginalized groups define what safety means and how the risk equation components manifest in their own lives, shifting analysis from describing risk to understanding the contextual power dynamics that produce it.
Module 2: Program Design	Recognizes that programs can both deliver services and shift leadership and decision-making to women, girls, and marginalized groups. Theories of change explicitly articulate how power is expected to shift within the humanitarian context, and teams work with communities to test and adapt strategies. Teams prioritize women- and minority-led groups as partners and seek to strengthen their influence in their community and humanitarian system.
Module 3: Measurement	Prioritizes measures that capture changes in power relations using methods that amplify the voices of women, girls, and marginalized groups. Data decisions are guided by safety, consent, and the principle of “do no harm.” Outcomes focus on lived experience rather than incident counts or externally defined expectations about what change should look like.
Module 4: Evaluation and Learning	Teams reflect on and examine their own positions, power, and biases, applying participatory methods that center affected communities. Findings are interpreted with and validated by the community, reinforcing accountability to those most at risk rather than only to donors or humanitarian system leadership.

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 make a detailed and context-specific analysis of the GBV risks faced by crisis-affected communities in a way that will enable us to evaluate the outcomes that contribute to GBV prevention and risk reduction?
- ▶ **Module 2 — Project Design:** What should be done during the project design stage to enhance the ability to evaluate decreased GBV risk?
- ▶ **Module 3 — Measurement Considerations:** What should project teams and M&E staff consider when designing the monitoring system for projects that contribute to GBV prevention?
- ▶ **Module 4 — Evaluation Approaches:** What types of evaluation approaches are best for assessing outcomes that contribute to GBV prevention in conflict and crisis contexts?

HOW THE MODULES RELATE TO EACH OTHER



This framework is designed so that each section can be read on its own, without needing to cover the material in the other sections. That said, the relationship between strong project design and good monitoring and evaluation cannot be overstated. For example, a well-constructed ToC (covered in module 2) will support a well-designed set of monitoring indicators (covered in module 3), which means that there is some benefit to reading the framework in its entirety.

Finally, 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. Therefore, the framework is not intended for use as a stand-alone product in addition to, and in 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 with 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 — in addition to drawing out and structuring program teams' knowledge of the contexts in which they work.

BEFORE YOU BEGIN

Before engaging with any module, teams should complete gate 0 (Section 3.1, pg. 37). Gate 0 is a structured check on whether the conditions for safe, ethical data collection are in place. It serves as a go/no-go decision point that teams should complete before program design or measurement planning begins.

A close-up photograph of an elderly woman with dark skin, wearing a vibrant red short-sleeved shirt and a patterned headscarf with green, orange, and white designs. She is focused on her work, carefully plucking tea leaves from a bush. Her hands are adorned with pink wristbands. The background is a lush, green tea plantation with rows of tea bushes stretching into the distance. The overall scene conveys a sense of traditional labor and agricultural expertise.

MODULE 1: RISK ANALYSIS

Photo by Momo, MUSTAFA is licensed under the CC BY-NC 4.0 license

1.1. THE RISK EQUATION

The risk equation is an analytical tool for understanding the different components of GBV risk. It should not define or be a substitute for primary prevention efforts, as we mentioned in the introduction. Instead, it is a diagnostic tool that can be used with prevention-oriented programming to learn how drivers of GBV turn into concrete risks in specific settings. The risk equation helps teams determine potential prevention efforts, such as shifting norms, strengthening protective institutions, or expanding agency and choice, while also identifying immediate, context-appropriate actions to reduce exposure to harm or prevent escalation of violence in the short term. It can be used to break down risk into smaller patterns and features of a crisis or community setting. It can also encourage a more outcome-oriented mindset in the program-design process. In essence, it is a simple mental tool for visualizing the shape 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 RBP framework in the introduction of this PEF.



APPLYING THE PEF TO SHORT- AND MEDIUM-TERM GBV RISK DISRUPTION IN CRISES

The PEF can help teams identify, design, and evaluate interventions that disrupt acute or emerging GBV risk patterns that crisis conditions can generate. These activities prevent escalation or entrenchment of harmful coping strategies while laying the groundwork for sustained gender transformation.

Examples of short- to medium-term GBV risk disruption include²¹:

- ▶ establishing safe access routes to food or water to reduce women's exposure to sexual violence when collecting resources or aid;
- ▶ working with actors managing checkpoints to build protective systems and mitigate exploitation and harassment;
- ▶ supporting women to safely access local markets through group transport, shared stalls, and linkages with local authorities; and
- ▶ asking local elders or religious leaders to publicly denounce child marriage or IPV while the community is still in flux or displacement.

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 that identifies the threat actor (perpetrator), articulates who is most vulnerable to that threat, and explores how existing individual or community-based capacities mitigate this specific threat. In this way, it can help teams avoid making assumptions based on global theories of GBV risk and its underlying causes, and move beyond simply applying pre-existing categories of vulnerability and threat to individual crisis contexts.

21. These are examples and should not be used as a checklist of activities. The PEF emphasizes context-specific analysis and design to understand what will be effective in reducing GBV risk in each context.

The equation itself is presented below:



A feminist approach highlights that **threats are not neutral; they reflect who controls power, decision-making, and resources**. Recognizing this shifts analysis from a neutral observation of threats to an interrogation of the structures that sustain GBV.

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 that 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.



RISK EQUATION + SOCIO-ECOLOGICAL MODEL

The SEM is a powerful lens for understanding how GBV risk is shaped on individual, relational, community, and societal levels. While a full SEM analysis is most useful during program design and ToC development (see module 2), the risk analysis can prompt SEM-level thinking by using the following questions:

- ▶ At which SEM level does this threat most directly operate? (e.g., individual perpetrator behavior, community norms that protect perpetrators, societal breakdown of rule of law)
- ▶ Where do key vulnerabilities sit and are they operating at multiple levels that compound each other? (e.g., individual isolation and community exclusion of displaced persons)
- ▶ Which capacities exist at which levels? (e.g., strong women's group networks at community level, legal awareness at individual level)

These questions are optional prompts to enrich your risk analysis canvas. Analyzing risk in this integrated way helps teams link context-specific dynamics to interconnected levels that sustain or reduce GBV. Refer to Annex A for additional examples of applying the SEM model.²²

22. See, for example, the Technical Guidance Note on The Gender-Based Violence in Emergencies (GBViE) Analytical Framework - GBV AoR 2024.

Remember that different organizations use different analytical tools for analyzing GBV risk. For instance, pre-existing guidance, such as the IASC guidelines on risk mitigation, uses 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 determine 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 the needs they expressed.
2. It helps teams add depth and context specificity to project designs. This is particularly important in contexts where global GBV prevention models or ToCs have been developed, and where making sufficient contextualization to individual community settings is a challenge. 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 adaptations to the global program models.
3. It helps program and M&E teams 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 indirect or “proxy” indicators, such as those discussed in module 3 below.

By using this tool, organizations can encourage program teams to base their GBV risk analysis on a context-specific, person-centered understanding of the interconnected patterns underlying GBV risk in the communities they serve. While the language may need to be adapted to fit cultural perspectives or the organization’s practices, the core components of the risk equation still serve as useful guiderails for 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 frequently take place in response to donor calls for project proposals, which can often include submission deadlines of less than four weeks. This severely restricts the time available for primary data collection as part of a GBV risk analysis for a project.

Nevertheless, country GBV program teams often have a significant amount of informal needs-analysis data available to them, whether through pre-existing community networks or their own knowledge of the crisis context when the organization has been operating in the same community for a significant period of time. A feminist approach to GBV risk analysis recognizes frontline staff as experts themselves. Their perspectives are essential and should be sought along with input from communities and senior technical staff. Rather than treating participation as consultation, a feminist approach shifts analysis into the hands of women, girls, and vulnerable or marginalized themselves. They should play a lead role in defining the questions, shaping the methods, and leading the interpretation of findings.

The major challenge is to find a simple-to-use mechanism to record the pre-existing understanding of GBV risk across each of the risk components outlined in the risk equation above. Doing this can help project teams add nuance and specificity to their project designs and build frameworks that can aid RBP design in the future — without necessarily conducting a standalone risk analysis that requires significant additional resourcing.

There is significant value in using a brief 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 do individuals, groups and communities face in this context/area/crisis?
Threat	Who is the perpetrator of each type of GBV? Where does this actor's power and influence come from? (e.g., social position, weapons, institutional protection, economic control) Who might have power over this threat actor?
Vulnerability	Who is more likely to face the threat of this type of GBV? Where and how does vulnerability to GBV risk manifest — at the individual, relational, community, and societal levels?
Capacity	What are community members and social structures currently doing to mitigate or reduce these threats? What forms of agency, cooperation, and collective action (<i>power with</i> , <i>power to</i> , <i>power within</i>) exist within the affected population?

One template for doing this is presented in the overleaf, adapted from the ACAPS/InterAction Protection Analysis Canvas developed in 2020.²³ Critically, this canvas should be completed by country-based project teams with as much participation as possible, without presenting a risk to community members or program teams. Suggested approaches to the GBV 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	Alongside caseworker visits or community-based awareness-raising activities, for example
Synthesis of pre-existing affected population feedback measurement frameworks	Where primary data collection is not possible due to risk of doing harm

It is also important to bear in mind that different types of GBV risk often co-exist within the same context and for members of the same community. Members of a refugee community living in urban contexts, for example, might face 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 contributing 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 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 on 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 women and girls as the most vulnerable group, for example, 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.

23. <https://protection.interaction.org/acaps-protection-analysis-canvas/>

GBV RISK ANALYSIS CANVAS²⁴

Background	GBV risk profile In one bullet point, identify one GBV risk that is occurring in this crisis. (For example, sexual assault at checkpoints, initiate partner violence [IPV], early/forced marriage].		
Population	Describe the key characteristics of the population(s) at risk to this specific GBV risk (Please choose a location and/or a community to focus the discussion.)		
Analysis	Threat (perpetrator) <i>Who is the threat? What are the drivers/motivations/resources of this threat that is creating the GBV risk?</i>	Vulnerability <i>What makes the population at risk vulnerable to this threat?</i>	Capacity <i>What are the existing capacities the population at risk have that help them overcome this threat?</i>
Scenario	Projected evolution Describe with 3–5 bullet points the most likely way the situation could evolve.		
	Worst Case:		
	Best Case:		
	Most Likely:		
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)

24. [GBV Risk Canvas](#)

RISK ANALYSIS QUALITY CHECKLIST

Risk	• Does the analysis focus on just one risk, or are there several grouped together? • Is the risk specific to this context or is it just a generic, global protection risk? • Is it a clear example of violence, coercion or deprivation for community members?
Population	• Does it clearly define the community facing the protection risk, and the location of the risks they face?
Context	• Is the background and historical information relevant to understanding the risk itself? • Is it comprehensive: covering relevant aspects of history, conflict dynamics, social norms and demographic information?

ANALYSIS		
Threat	Vulnerability	Capacity
• Is it clear who is creating the threat? • Are the motivations/ drivers clear? • Are the relevant norms and beliefs underpinning the threat outlined? • Are the resources and enabling factors clear?	• Is it clear who is at risk from this particular threat actor? • Is it specific to this particular risk? • Is it clear where and when the vulnerabilities are highest?	• Are the community's own pre-existing capacities clearly outlined? • Are they specific to this context and community?

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.²⁵

25. Full details can be found: <https://protection.interaction.org/case-examples/an-irc-drc-project-to-develop-a-results-based-protection-analysis-resources-package>

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:²⁶

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

26. ActionAid (2010). Safety with dignity: A field-based manual for integrating community-based protection across humanitarian programs.

A woman wearing a red and orange patterned sari is seated on the floor, painting a mural. She is holding a brush and applying paint to a large sheet of paper. The room is filled with various colorful murals and paintings, including depictions of people, animals, and religious figures. The woman is looking down at her work with a focused expression. The background shows more murals, some of which are already completed and others in progress. The overall atmosphere is one of creative activity and cultural expression.

MODULE 2: PROGRAM DESIGN

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2.1. WHY FOCUS ON PROGRAM DESIGN?

Some aspects of program design have a 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 ToC in the sector.²⁷ Vigaud-Walsh (2020) noted that, in humanitarian settings, GBV prevention activities were often implemented without explicit and context-specific ToC being developed at all. Instead, many of the GBV prevention activities reviewed relied on globalized ToC, based on evidence of what influences GBV risk outside of the specific context in which the program operates.

A lack of attention paid during the 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.”²⁸ The study concluded that the presence of a context-specific ToC at project-level was one of the common factors among successful interventions.

This module aims to give program teams a toolkit for developing explicit and contextualized ToC at the project and program levels, within the resource and time constraints observed in the field.²⁹

The ToC developed using this module are not intended to replace comprehensive primary prevention models, which offer long-term pathways for transforming social gender norms, power relations, and structural inequalities. Instead, they help teams clarify how specific interventions are expected to influence GBV risk drivers, vulnerabilities, and protective factors within humanitarian contexts, and align these interventions with any broader prevention efforts.



PROGRAM DESIGN AND PARTICIPATION

Participation requires safe, structured mechanisms so that women, girls, and marginalized and vulnerable groups can directly influence and define program priorities, monitoring, and definitions of success. SBC models remind us that participation isn't only about simply being present — it's about reflection, dialogue, and modeling new behaviors within groups. For example, SASA! Together and Communities Care demonstrate how participatory processes themselves generate norm and behavior change.

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

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

29. 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.



GBV Minimum Standards for Participation: Examples³⁰

- ▶ Participation = co-decision-making, not just consultation: Women, girls, and marginalized groups should have actual decision-making authority over priorities, program design and monitoring, and definitions of success. Their input should shape what gets implemented, not just inform it.
- ▶ Resourced participation: Meaningful participation requires resources, such as transport stipends and interpretation, so that engagement is accessible and not limited to the most privileged. Resourcing participation signals that women's and girls' time and expertise are valuable.
- ▶ Safe and ethical engagement: Participation must not exacerbate existing or introduce new risks. This means using methods that reduce exposure to retaliation, stigma, or retraumatization — such as women-only spaces, confidential channels, and facilitators trained in survivor-centered practice.
- ▶ Iterative feedback loops: Participation is an ongoing process, not a one-off consultation. Programs should build in regular opportunities for women, girls, and marginalized groups to review progress, shift priorities, and adjust activities throughout the program cycle.
- ▶ Equitable leadership roles for women-led/local organizations: Women-led and community-based organizations must be recognized as co-leaders and experts — holding roles in the leadership-making bodies that oversee implementation that go beyond token consultation.
- ▶ Practical judgment throughout the program cycle: The depth and form of participation will vary depending on resources, timing, and context. In acute emergencies, participation might start with rapid consultations and deepen over time. The key is to be intentional and transparent about when and how meaningful participation happens.



USING THE SOCIO-ECOLOGICAL MODEL TO SCOPE YOUR INTERVENTION

Before building your ToC, it is worth asking, “At which levels of the socio-ecological model can our intervention realistically operate?”

The SEM identifies four levels at which GBV risks and protective factors operate: individual, relational, community, and societal/enabling environment. Your ToC is an opportunity to reflect and decide which levels your intervention can and will address, and which it cannot. This matters for two reasons.

1. A ToC that only targets one level (e.g. individual knowledge or attitude change) might not address the structural or relational factors sustaining risk.
2. Being explicit about which levels you are not working at helps you identify gaps that require coordination with other actors, or that should be flagged as limitations of the intervention.

30. Adapted from GBV Minimum Standards, Standard 2: Participation, pp. 26–32, 2019

SEM Level	Example GBV risk drivers	Example prevention interventions	What outcomes this can shift
Individual	Loss of livelihoods or shelter; limited knowledge of rights; limited awareness of available services	Service information dissemination; rights awareness sessions; livelihood support linked to safety outcomes	Knowledge of rights and risks; individual protective behaviors
Relational	Unequal household decision-making; accepted male authority; stress from unmet basic needs	Male engagement and fatherhood programming; positive parenting support	Household power dynamics; emotional regulation and coping skills
Community	Community tolerance of IPV; stigma and fear of retaliation; weak community accountability	Community norm-change campaigns; women's solidarity groups; community leader engagement	Collective attitudes and norms; community accountability and response
Societal / Enabling Environment	Social norms reinforcing men's control over women; lack of enforcement of existing laws; breakdown of protective structures in displacement	Advocacy for law enforcement; coordination with national GBV frameworks; service system strengthening	Policy compliance; access to accountable services; formal protection mechanisms

Your organization may only be able to work at one or two levels given mandate, resources, and context. That is fine, but you should make sure your organization is set up to work at your targeted level. For example, a service-delivery NGO focused on WASH/Nutrition services may not be best placed to lead advocacy efforts with national duty bearers. Connecting with others that are a better fit can reinforce the interventions you are well positioned for. Your ToC should be explicit about which levels you are targeting and why and should highlight where other actors or coordination mechanisms would need to address remaining levels.

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.³¹ 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.³² ToCs 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.”



A theory of change illustrates how humanitarian programs can contribute to GBV prevention by reducing and interrupting crisis-specific risk drivers and strengthening protective conditions. It does not represent a comprehensive primary prevention theory, nor does it outline the long-term structural transformation of social norms and gender and power relations.

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”.

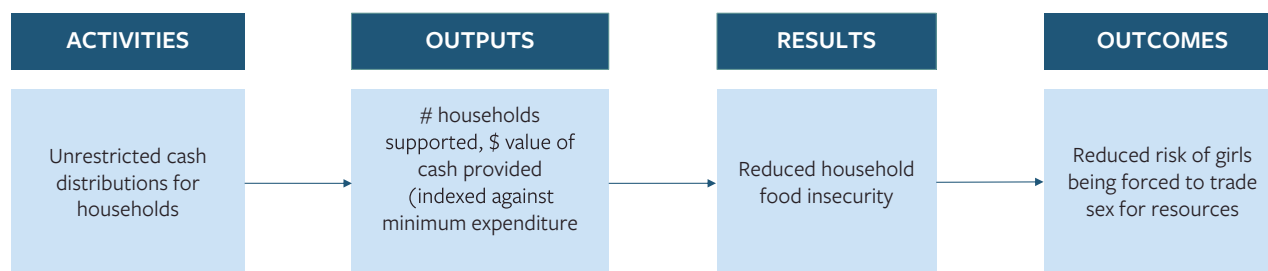
OR:

“**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.”

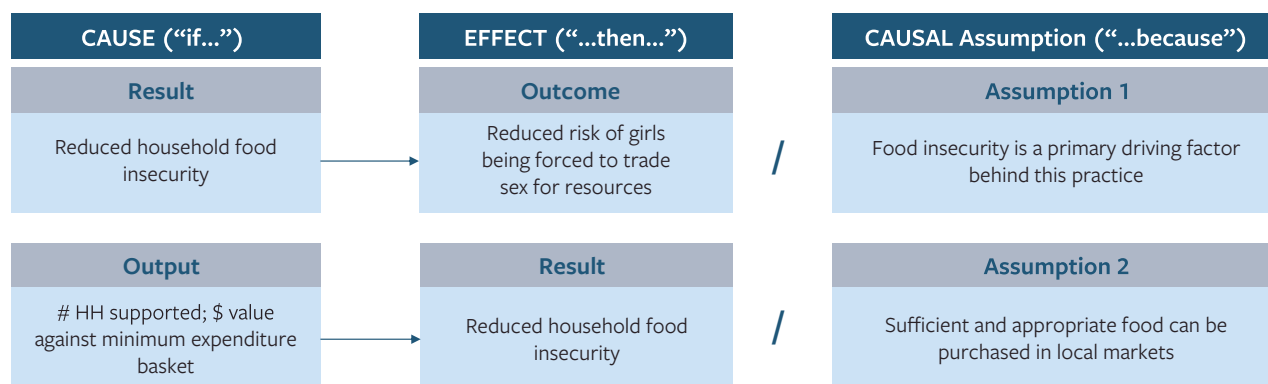
31. ALNAP (2016), p.97.

32. Vogel (2012), p.3.

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



Then a ToC can be applied to each step of the results chain:



Adaptation of Outcomes When Working with Children and Adolescents: Outcomes related to children and adolescents must be adapted to account for age, evolving capacities, power dynamics, and ethical constraints. Adult-focused outcomes (e.g. attitudes, decision-making, agency) cannot be assumed to apply directly to children and require age-specific safeguards. Consult with Child Protection experts familiar with the local context, and reference global Child Protection guidelines, including the Minimum Standards for Child Protection in Humanitarian Action.³³

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 design monitoring frameworks that can test these assumptions, and helps program teams question and adapt their projects as they implement them.

33. <https://alliancecpha.org/en/technical-materials/cpms-handbook-2019-edition>



USING A LIFE-COURSE LENS TO REFINE YOUR THEORY OF CHANGE

When reviewing and refining your ToC, ask yourself how risks, [i.e., the components of risk including threat, vulnerabilities, and capacities] shift across the lifespan.

For example, if you want to refine an outcome such as, “reduced GBV risk among displaced women and girls,” ask yourself:

- ▶ Which women and which girls? Clarify the GBV risk and what life stage you are focusing on.
- ▶ Are there unique capacities or vulnerabilities at this life stage? Consider transitions and how they introduce new capacities (i.e., adolescents develop peer solidarity) or vulnerabilities (i.e., adolescent girls expected to take on higher care burdens in the households) and how they might influence your ToC.

Applying the gender-transformative life-course model makes sure the ToC identifies who experiences which risks, when, and why so that activities address the most critical leverage points at each stage.

It is 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 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 ToC.

It is important to specify both background and causal assumptions. Doing so helps evaluators test the validity of the project’s ToC and make suggestions for future program design. But it’s critical not to mix up background and causal assumptions when doing this.



HOW A POWER ANALYSIS CAN CLARIFY CAUSAL ASSUMPTIONS

Asking who controls the resources, norms, and decisions that sustain GBV risks can help identify what power relations must shift and who interventions should target to influence these shifts. A power analysis can also help identify other leverage points within the humanitarian system and beyond that may require collaboration with other actors (donors, development partners, etc.).

CEFM Example:

Program teams have consistently raised awareness about the consequences of early and child marriage, but they observe that the practice is still common, especially among displaced families with large numbers of children. The team conducts a power analysis and determines that male parents/elders and religious leaders have significant influence and decision-making power over marriage arrangements, while adolescent daughters (and in some cases, mothers/female caregivers) have limited influence in these decisions.

Teams use this analysis to adjust their own approach:

- ▶ They expand interventions to not only target households but also engage community and religious leaders as gatekeepers and potential allies;
- ▶ they build relationships with local livelihood actors to discuss opportunities for collaboration to increase income-generation opportunities for families with large numbers of children; and
- ▶ organizational leadership advocates with development partners and donors about addressing economic pressures driving child marriage.

By mapping these relationships and identifying where power is held, teams can identify where their interventions or influence might end, along with other actors and partners who might have different spheres of influence.

As an example, the ToC 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, etc.).	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 ToCs 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 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

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, the process for developing ToCs should be as participatory as possible. Community participation in the design process has the potential to bolster 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 ToC 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. ToCs 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.

Community Participation, Co-Design, and Validation

The following presents one option for prioritizing community participation in the ToC design process, adapted from literature on participatory ToCs in the public health and international development sectors.³⁴ 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 can potentially cause further harm by asking vulnerable people to describe GBV risks and underlying factors in a non-confidential setting.

As a result, the following template is suggested for use in confidential one-on-one discussions with community caseworkers, who can assure the confidentiality of the discussion and already have the trust of the community. We recommend 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. We suggest, therefore, that program teams experiment with different approaches to test different steps of the design process with different vulnerable people, building up an overarching ToC by compiling fragments from different individuals.

34. 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 program for improving mental health care (PRIME). *International Journal of Mental Health Systems* 8: 15. DOI: [10.1186/1752-4458-8-15](https://doi.org/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](https://doi.org/10.1186/s13012-016-0422-6) Katherine Austin-Evelyn and Erin Williams (2016)

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 casual 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 Prevention³⁵

Context analysis	• Does the ToC make logical sense as a response to the specific risk identified in the crisis context? • Are all three components of risk — threats, vulnerabilities, and capacities — clearly identified and analyzed? • Does the analysis show how these components manifest across the socio-ecological levels (individual, relational, community, and societal)? • Does it recognize structural and normative drivers of risk, not only immediate or individual factors?
Causal pathways	• Are causal pathways well mapped in the ToC? • 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? • Do causal links explicitly relate to changes in threats, vulnerabilities, and capacities at the relevant ecological levels (e.g., individual behavior change, relational negotiation, community norms, institutional accountability)? • Are feedback loops or reinforcing relationships across levels (e.g., individual empowerment influencing community tolerance) identified where relevant?
Assumptions	• Are assumptions made explicit: • about causal links (why one change will lead to another)? • about implementation (what conditions are needed for activities to work)? • about context and external factors (political, economic, or normative influences)? • Do assumptions reflect how power, norms, and gender relations operate across ecological levels? • Do they take account of existing community capacities and how they interact with external actors (e.g., authorities, humanitarian agencies, service providers)? • Are assumptions about behavior or norm change realistic given the timeframe and level of intervention?

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

Evidence-base	• Is the evidence for each key hypothesis or causal link explicitly referenced or described? • Has the <i>strength</i> and <i>relevance</i> of that evidence been assessed? • Does the evidence reflect learning from multiple ecological levels (e.g. community-level norm change versus national-policy reform)? • Are gaps in evidence identified, and are these treated as areas for learning or testing? • Does the assessment of evidence make sense in relation to the type of risk change the program seeks (threat reduction, vulnerability reduction, or capacity increase)?
Multi-level integration and partnerships	• Does the ToC show how activities and partnerships combine efforts across levels of the socio-ecological model, linking, for example: • individual and relational behavior change; • community dialogue and collective action; and • institutional and policy reform? • Are roles and partnerships identified for actors operating at each level (e.g., women's groups, service providers, local leaders, government bodies)? • Does the ToC clarify how coordination or influence across these levels will sustain outcomes and reduce overall GBV risk?
Overall logic and coherence	• When taken together, do the pathways, assumptions, and partnerships show a coherent theory of how GBV risk will diminish through interacting changes in threats, vulnerabilities, and capacities? • Does the ToC avoid focusing solely on one level (e.g., individual awareness) without linking to structural or relational change? • Is the model flexible enough to adapt as contextual understanding of risk evolves?

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 that project teams often have between donors announcing a call for proposals and the proposal deadline.

But the question of when to construct a ToC, 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.

First, 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 ToC can then be shared with the donor and used to design the monitoring and evaluation framework if the project is awarded.

Second, the team might want to develop a ToC 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 ToCs 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 timeframe
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 ToCs designed in a shorter timeframe during project design stage. When done well, this can turn the ToC 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 repeated 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 space 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 that the organization could prioritize for future fundraising opportunities. This should pay off in terms of improving the quality and efficiency of the proposal-writing stage.



MODULE 3: MEASUREMENT CONSIDERATIONS

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3.1. DATA ETHICS AND DATA COLLECTION, ANALYSIS, AND SHARING

3.1.1. PURPOSE AND LINK TO PREVENTION

Collecting, storing, analyzing, and sharing GBV-related information to monitor, analyze, and measure prevention outcomes can create significant safety and security concerns. The way teams collect, handle, interpret, and share data can reinforce or disrupt existing power dynamics and can either mitigate or increase risk for individuals and communities. It is an ethical choice, in and of itself.

This section focuses specifically on data collected that informs program design, learning, and measurement of GBV prevention outcomes — not response services (i.e. case management) or incident documentation — as described in this framework. Because understanding complex power dynamics, attitudes, and social norms is crucial to prevention programming, we must apply ethical and feminist standards to the way that information is collected, analyzed, interpreted, and shared. When teams apply these standards, they can reduce potential harm and help redistribute power — outcomes that reinforce GBV prevention work itself.

IMPORTANT: This framework does not recommend or outline methods for collecting or interpreting data on GBV incidents, GBV prevalence, or case data.

In line with GBVIMS guidelines and the GBV Minimum Standards, incident data should only be collected when services are available to survivors, and identifiable case information should only be shared within the context of a referral and with informed consent. In addition, the 2015 Inter-Agency Standing Committee (IASC) guidelines state that collecting prevalence data on GBV in emergencies “is not advisable due to methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings (e.g., security concerns for survivors and researchers, lack of available or accessible response services, etc.).”³⁶

Non-GBV actors or teams should not seek out, compile, or analyze GBV incident or case data. Doing this can put survivors, communities, and staff at risk, especially where confidentiality cannot be guaranteed, referral pathways are limited, or staff members lack survivor-centered training and secure data management systems.

Incident and case data do not represent the prevalence or level of GBV in any community. They reflect reporting behavior, service availability, access, trust, and documentation practices, not the underlying risk or scale of violence. For these reasons, reported incident or case data should not be collected for or used as a proxy for GBV prevalence, trends, or GBV prevention outcomes.

36. These principles are articulated in the 2019 Interagency Minimum Standards for GBV in Emergencies Programming, Standard 14 (p. 107), and in the 2019 GBV AOR Handbook for Coordinating GBV in Emergencies (p. 161). See also: GBVIMS Steering Committee, GBVIMS Getting Started Guide.



GATE 0: GO OR NO-GO CHECKLIST FOR PRIMARY DATA COLLECTION

Across the board, global GBV guidance prioritizes the use of secondary data over new primary data collection. The GBV Minimum Standards and IASC GBV Guidelines caution that collecting new data on GBV-related risks should only occur where it is essential, safe, and adds clear value beyond existing sources. Where relevant secondary data are available, commissioning new assessments or surveys is not recommended.

Gate 0 is the ethical “stop/go” checkpoint that takes place *before* any data collection. Gate 0 applies across all modules and supersedes measurement requirements.

- ▶ Are survivor-centered GBV services (health, psychosocial support, referrals) available, accessible, safe, and appropriate for the population in question (including women, girls, and marginalized groups)?*
- ▶ Do all staff involved have minimum training on survivor-centered approaches and safe referrals?
- ▶ Do all staff have relevant referral pathways?
- ▶ Is participation from the staff and community fully voluntary?
- ▶ Can informed consent be voluntarily and meaningfully given?
- ▶ Are systems in place to ensure confidentiality and secure data storage?
- ▶ Can information be safely collected without causing harm, stigma, or retaliation for participants or staff?
- ▶ Are feedback and complaints mechanisms available and accessible to women and girls?
- ▶ Do the benefits of data collection clearly outweigh the risks to community and staff?

*Availability alone is not sufficient; services must be realistically accessible and safe in practice for participation in data collection to proceed.

If any answer is “no,” then do not proceed with primary data collection. You rely on secondary data.³⁷ Decisions to halt or avoid primary data collection based on gate 0 should be documented and considered a sound ethical outcome, not a failure of programming or measurement.

37. GBVIMS Podcast. (2018). What is secondary data and how can I utilize it?.

3.1.2. ACTORS, ROLES, AND RESPONSIBILITIES

Effective and ethical GBV prevention work requires looking not only at what data is collected and analyzed, but who is involved at each stage and with what responsibilities. Because GBV-related information is highly sensitive, roles and responsibilities must be clearly defined to prevent harm, protect communities and staff, and ensure alignment with global ethical standards. This section outlines the distinct responsibilities and boundaries for GBV specialists and non-GBV actors engaged in prevention analysis, data collection, interpretation, and use under the PEF.

Gate 0 Applies to All Actors

Before any primary data collection involving people, gate 0 must be met, regardless of who is collecting the data. If gate 0 conditions are not met, no primary data collection may proceed. This applies equally to GBV specialists, non-GBV actors, consultants, researchers, and enumerators.

When gate 0 is not met, teams must rely on secondary data and desk-based analysis. This is a valid and ethical outcome, not a failure.

GBV vs. Non-GBV Actors

GBV actors are people or organizations with formal GBV technical responsibility, expertise, and training, as defined by the IASC GBV Guidelines and GBV Minimum Standards.

Non-GBV actors include all other staff and partners who may be essential to prevention efforts but are not trained or mandated to collect, analyze, or interpret GBV-related data independently.

ROLES OF NON-GBV ACTORS

Non-GBV actors MAY:	Non-GBV actors MUST NOT:
• Use secondary data (e.g., protection monitoring, safety audits, service data, displacement data). • Participate in desk-based GBV risk analysis using the PEF tools. • Contribute observational insights related to access, environment, service delivery, or operational risks. • Collect non-sensitive, non-GBV-specific data (e.g., access to services), <i>only if questions do not prompt disclosures of violence or introduce sensitive topics that would put staff or individuals at risk.</i> • Use PEF findings to adapt sectoral programming in coordination with GBV actors.	• Proactively solicit individual experiences of violence, abuse, exploitation, or harm by asking questions that prompt or invite disclosure of GBV, directly or indirectly.³⁸ • Conduct GBV-related interviews, focus group discussions, or surveys without GBV technical leadership. • Independently interpret GBV-related findings or trends without GBV technical leadership. • Handle identifiable or sensitive GBV-related data. • Lead or facilitate participatory data collection on GBV-related norms, behaviors, or risks without GBV technical leadership.

ROLES OF NON-GBV ACTORS

GBV actors MAY:	GBV actors MUST NOT:
• Lead GBV risk analysis, interpretation, and sense-making. • Design and oversee GBV-related data collection tools and methods. • Lead participatory approaches with women, girls, and affected groups when Gate 0 conditions are met. • Interpret prevention data within a feminist, survivor-centered framework. • Advise other sectors on ethical use of GBV-related findings.	• Collect primary data when Gate 0 conditions are not met, even if technically trained. • Delegate GBV data collection to untrained staff or partners. • Use prevention data to infer changes in GBV prevalence or incidence. • Share GBV-related data externally without appropriate ethical review and safeguards.

38. Note: When community members volunteer information about risks of violence, or experiences, field staff should follow organizational protocols for safe referral in line with existing service mappings and referral pathways.

3.1.3. ETHICS AND GUIDING PRINCIPLES

Collecting data on GBV is not a neutral act. Every decision, from what to ask to interpreting responses, reflects power dynamics. Therefore, the application of ethical and guiding principles is not a one-off activity but a continuous practice that should be applied to every data-related activity. The following principles, drawn from international research standards, GBV and humanitarian data protection guidance, and feminist frameworks, should inform all data-related activities.



GBV Minimum Standard 16 Assessment, Monitoring and Evaluation: Information collected ethically and safely is used to improve the quality of GBV programs and accountability to women and girls. “Given the highly sensitive and potentially life-threatening nature of GBV, any type of qualitative or quantitative assessment or survey must follow robust ethical and safety considerations, accepted international standards and “do no harm” principles. A failure to do so places women and girls, GBV survivors, and staff at risk.”³⁹

Survivor-Centered Approach

All work with GBV survivors, or those at risk of GBV, must take a survivor-centered approach. This approach creates a supportive environment where survivors’ rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centered approach is based on 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 the survivor.
- ▶ **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

39. GBVIE MINIMUM STANDARDS 2019, p. 122; 128.



USING A SURVIVOR-CENTERED APPROACH FOR M&E⁴⁰

A survivor-centered approach prioritizes the rights, needs, and wishes of a survivor. In the context of M&E, this approach is especially relevant. In the course of M&E activities, a survivor should:

- ▶ Be treated with dignity and respect at all times.
- ▶ Be asked for their informed consent before any data is collected, with staff providing a clear explanation of the purpose of the activity, how their data will be used, who it will be shared with, and any risks or benefits of their participation.
- ▶ Be assured of privacy during the data collection process and the confidentiality of their data once given.
- ▶ Be fully informed of their rights in relation to their data, including the right to refuse, to stop at any time, and to know that their access to services will not be affected by their choices around participation.
- ▶ Experience a non-judgmental and supportive environment when answering questions.
- ▶ Be able and encouraged to give feedback on the utility of services provided.

Do No Harm

The survivor-centered principles — safety, confidentiality, respect, and non-discrimination — are applied under the overarching humanitarian commitment to **do no harm**. A “do no harm” approach means taking all measures necessary to avoid exposing people to further harm as a result of our work.

Every element of data collection, storage, analysis, and sharing must be assessed for potential risk, ensuring that no information collection, analysis, or sharing creates new risks of harm, stigma, or retaliation 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.

40. Adapted from Box 14, “Using a Survivor-Centered Approach for M&E,” in: Global Women’s Institute (GWI) at the George Washington University (2021). *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations: A Manual and Toolkit for Researchers and Practitioners*, p. 37. The two additional bullet points on informed consent and survivor rights in relation to their data have been added by the authors, drawing on the WHO Ethical and Safety Principles for Collecting GBV Data in Emergencies (Principle 6: Informed Consent).

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

Informed Consent

All participation in data collection, interviews, or monitoring activities must be based on informed, voluntary, and meaningful consent. This means individuals understand:

- ▶ what information is being collected and why;
- ▶ how it will be used and who will have access to it;
- ▶ what risks or discomforts may arise from participation; and
- ▶ That they can refuse or withdraw at any time, without consequence or loss of access to services.

Consent must be obtained before any data is gathered and should be documented (in writing or verbally if literacy or safety concerns prevent signing). Consent processes must use clear, non-technical language in the participant's preferred language and ensure privacy when discussing participation.

For children, both informed assent from the child and consent from a parent or guardian are required, following Child Protection standards. For unaccompanied or separated children, seek guidance from Child Protection actors on appropriate proxy consent mechanisms.

Consent should always be **specific, time-bound, and revisited if circumstances change**. If the purpose, audience, or scope of data use changes (i.e., sharing with new partners, using data in evaluation or advocacy products, or re-analyzing data for secondary purposes) teams must **renew consent** from participants or ensure that data has been fully de-identified and assessed for new or changed risks.

Consent is a **process**, not a single event. Teams should communicate any change in how data will be stored, analyzed, or shared, and confirm that participants continue to agree. This helps prevent misuse of information and builds trust with communities.

WHO Ethical and Safety Recommendations

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 as follows:⁴¹

- ▶ **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.

41. World Health Organization (2007). Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva: WHO. <https://www.who.int/publications/i/item/9789241595681>

- ▶ **Methodology:** Data collection activities must be safe and survivor-centered, methodologically sound, and not time intensive.
- ▶ **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.
- ▶ **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.
- ▶ **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.
- ▶ **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.
- ▶ **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.
- ▶ **Children:** Additional safeguards must be established if children (i.e., those under 18 years old) participate in information-gathering.

Alignment with Humanitarian Data-Protection Standards

The Protection Information Management (PIM) Principles and International Committee for the Red Cross (ICRC) Rules on Personal Data Protection reinforce the same obligations including but 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. They offer mechanisms and language for inter-agency coordination and formal data-sharing agreements, complementing the ethical standards above.

3.1.4. DATA COLLECTION

A feminist approach shapes not only how data is interpreted but what questions are considered, who defines them, and which methods are deemed acceptable. Ethical data collection for GBV prevention programming, monitoring, and evaluation requires thoughtful balancing of the need for information with the obligation to avoid harm. Data should never be gathered simply because it is possible to do so. Instead, collection must be guided by a clear purpose, a realistic assessment of risks and benefits, and a commitment to feminist and survivor-centered values.

Accounting for risks and benefits: Before beginning any data-related activities, teams must assess the potential risk to participants and communities, as well as their own teams. These risks must be weighed against the benefits of seeking out and collecting information. Even if data are anonymized or aggregated,

the act of asking questions itself can put individuals at risk and expose survivors to potential stigma, retaliation, or further harm. Humanitarian and feminist frameworks both emphasize that benefits must **clearly outweigh** risks.⁴²

Data Minimization and Secondary Data First: Programs should collect only the minimum information necessary to make safe, ethical, and timely programming decisions. As articulated in humanitarian data-protection norms, information must be adequate, relevant, and not excessive for the purpose at hand.^{43 44}

GBV prevalence data should not be prioritized or collected. Use service data, proxy indicators, or secondary sources instead. “Obtaining data on prevalence (total number of cases in the population) of sexual or other forms of GBV should not be the priority of GBV partners at the onset of an emergency. There is a high level of under-reporting and the security risks associated with obtaining data in these settings are significant. The priority is to establish prevention and response measures, then establish safe and ethical data systems as conditions allow.”⁴⁵

Teams should additionally consider the setting and the experiences of the population they are working with. Depending on the setting of the program (i.e. acute emergency, protracted crisis), teams may choose to alter methods, choosing secondary approaches or rapid assessments versus multi-layer approaches measuring outputs and outcomes.

Prioritize Secondary Data Use: Before any new data collection is considered, teams should first look for and use existing secondary data sources. When thinking through the potential sources of secondary data, it is important to go beyond GBV-specific or even protection-wide datasets, as these may not provide information about the multi-sectoral drivers of GBV risk. Instead, it is important to think about where other forms of data may come from that might be relevant to understanding interim results and changes in the drivers of GBV risk. This could mean food security data, broader population data, security data, etc.

A good place to start when building a list of secondary data sources would be the [Protection Information Management Matrix](#), which provides a wide range of data sources alongside useful metadata and relevant information for building a data framework. But this should only be a starting point, as individual projects and strategies will always need tailored lists of secondary data to help understand how the GBV risk in question is changing over time.

For guidance, a non-exhaustive example list of potential secondary data sources of particular relevance to GBV prevention programming in humanitarian contexts is included below. It should be noted that much of the information listed here is often already available to program teams and may be reachable through their own sectoral assessments, program reports, or informal sources:

42. Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations: A Manual and Toolkit for Researchers and Practitioners. Global Women’s Institute, The George Washington University. pp. 16, 24–25.

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

44. ICRC (2015). Rules on Personal Data Protection. International Committee of the Red Cross, Geneva. Article 4, p. 7.

45. GBV Area of Responsibility. Handbook for Coordinating Gender-Based Violence Interventions in Emergencies. (2019). p. 10.

Secondary data source	What it provides
GBV Working Group reports	GBV service provision, risk mapping, and referral pathways
Protection Cluster dashboards	Incident reports, population movement, access data
IOM Displacement Tracking Matrix	Population movement, living conditions, protection incidents, safety perceptions
IDMC (Internal Displacement Monitoring Centre)	Displacement drivers and duration
UNHCR Operational Data Portal	Sex/age breakdowns of displaced populations
Health information systems	Maternal health, sexual health data
UNHCR Protection Monitoring reports	Qualitative data on safety, rights, access
NGO safety audits	Community and facility safety audits
Community perception surveys (Ground Truth Solutions)	Trust in services, safety perception
Social media/incident reports (ACLED, Crisis24)	Event-based or narrative data
FEWS NET/IPC/WFP Vulnerability Analysis & Mapping (VAM)	Food insecurity and coping strategies
ACAPS Secondary Data Reviews	Consolidated crisis analysis
Cluster-level “risk trend” dashboards	Multi-sector indicators mapped to GBV risk domains
CEDAW country reports	Accountability framework analyses
UNDP/UN WOMEN Gender Equality profiles	Legal protections, gender institutions

The simplest way to ensure maximum use of these sources is to build an evidence map, based on the program ToC and the proposed indicators.

The evidence map should identify:

- each output, result, and outcome indicator proposed by the measurement framework;
- each assumption being tested by the ToC;

- ▶ the secondary sources proposed for data collection against each indicator and assumption; and
- ▶ where the secondary sources are insufficient, the evidence map should identify the need for primary data collection.

Primary Data: If Unavoidable

If teams decide new primary data must be collected, it must follow feminist, participatory, and survivor-centered standards. The Global Women's Institute and WHO both emphasize that data gathering on GBV should be undertaken only when it can be done safely, ethically, and with direct benefit to affected populations. Key considerations include:

- ▶ **Methodology:** Choose the simplest, least-intrusive method that still meets the information need.
- ▶ **Participatory design:** Involve women's groups and local partners in defining the questions, tools, and process.
- ▶ **Sampling and piloting:** Avoid random household surveys; use small-scale sampling and pilot tools for cultural suitability and safety before full use.
- ▶ **Informed consent and confidentiality:** Use survivor-centered consent processes and avoid collecting identifiable data unless strictly necessary.
- ▶ **Children and adolescents:** Apply child-safeguarding standards and obtain both informed assent and guardian consent, as appropriate. Consult your Child Protection focal point and applicable guidance in the *Minimum Standards for Child Protection in Humanitarian Action*⁴⁶.
- ▶ **Cultural and language adaptation:** Translate tools into local dialects and test them with community representatives to ensure clarity and respect.



INCLUSION CONSIDERATIONS

Data collection plans must explicitly evaluate accessibility and safety for people with disabilities and children, including age and development appropriate communications, caregiver presence, communication needs, and potential protection risks.

Information Gathering Team

Selecting the Team: Data collectors' own identities and characteristics (i.e. gender, age, ethnicity, religion, language, etc.) can affect how participants respond and influence the level of trust and safety in data collection activities. Respondents may share different information (or none) depending on who asks the questions. Data-collection teams should, where possible, include members from different ethnic

46. <https://alliancecpha.org/en/technical-materials/cpms-handbook-2019-edition>

or social groups to avoid perceptions of bias or alignment with one side of a conflict. When divisions are acute, it may be safer to assign enumerators to communities other than their own to reduce risks of retaliation or coercion. On the other hand, in some contexts, local enumerators known to the community may increase trust. Decisions must be context-specific and guided by local analysis. Teams must ensure they include female data collectors and staff. Ideally 70% of the team will consist of women⁴⁷ who will lead any interviews with women and girls.



M&E with GBV Survivors: Simply by asking questions on sensitive subjects such as GBV, it is possible to retraumatize someone who has experienced violence. For this reason, it is often recommended that GBV staff themselves, rather than external data collectors or M&E staff, collect M&E with survivors.⁴⁸

Training the Team

Before any data collection begins, all team members should be trained to ensure they understand GBV concepts, ethical and safety standards, and the limits of their role. Training is about technical skills and preparing teams to work safely and ethically.

Teams should receive training on the following:

- ▶ **Core GBV concepts and survivor-centered approach** — understanding types, causes, and consequences of GBV; survivor-centered principles (safety, confidentiality, respect, non-discrimination); and “do no harm.”
- ▶ **Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies** — comprehension of risk-benefit analysis, informed consent, data minimization, and confidentiality obligations.
- ▶ **Safe Referrals** — ability to recognize distress and make immediate, confidential referrals to local services; awareness of the limits of their role (not counselors).
- ▶ **Communication and Interview Techniques** — trauma-informed, non-judgmental interviewing; active listening; non-verbal communication awareness; and cultural humility.
- ▶ **Data Protection and Confidentiality** — secure handling of sensitive information, password management, anonymization, and adherence to data-sharing protocols.

Supporting the Team

Working on GBV can be particularly stressful. Engaging in discussions about or listening to accounts of

47. GBVIE MINIMUM STANDARDS 2019, p. 125.

48. Ibid., p. 12.

violence can lead to and expose staff to cumulative stress, burnout, and vicarious/secondary trauma. Therefore, it's essential that managers and organizations ensure appropriate opportunities for debriefing, peer support, and access to psychosocial services. For example, the following measures are ways to center staff well-being:⁴⁹

- ▶ **Regular debriefing** sessions (daily or weekly) for field enumerators, analysts, and supervisors to process emotional reactions, raise ethical concerns, and reinforce safety protocols.
- ▶ **Access to psychosocial or peer-support services** and clear referral pathways for staff experiencing distress.
- ▶ **Reflective supervision** and mentoring that integrate well-being check-ins into routine M&E meetings.
- ▶ **Rotating workloads and rest days** after intensive data-collection periods.

Data Protection

Data protection is the act of protecting personal or sensitive information and how it is collected, stored, used, and shared — from the moment it is collected up until it is destroyed.⁵⁰

Data is “protected” when:⁵¹

- ▶ there is a clear purpose for collection;
- ▶ there are limits to what is being collected (safe, ethical, actionable, consented);
- ▶ the information is secure (reasonable safeguards are in place to protect from unauthorized access, use, sharing, destruction, or loss);
- ▶ survivors/beneficiaries are informed about their rights, and their rights are respected; and
- ▶ policies, protocols, and/or practices are implemented and effective in regulating the collection and use of information.

The PEF discourages collection of incident-level data. However, prevention data (attitudes, norms, behaviors, perceptions of safety, etc.) can still expose communities and individuals to risk if not stored properly. That's why teams must plan how data will be stored and managed prior to any collecting activities, in line with their organization's data protection policies.

- ▶ First steps of data protection start in the design, in line with principles mentioned above. This includes data minimization, avoiding collecting identifying data, and taking steps to de-identify during collection and analysis.

49. GBVIE MINIMUM STANDARDS 2019, Standard 3; WHO 2007, Recommendation 7; The Global Women's Institute 2021, p. 19, 74; Murphy, Potts & Shanahan n.d., p. 12

50. Adapted from <https://www.gbvims.com/data-protection/>

51. Murphy, Potts & Shanahan n.d., p. 14.

- ▶ Once collected, all data (qualitative, quantitative, handwritten, in Kobo, etc.) must be treated as confidential. Information should have appropriate protection, such as encryption or password protection or stored in locked cabinets. Access to data should be based on need to know.
- ▶ Data should be stored only as long as needed for the defined purpose and project. Disposal should follow organization policy and may include destruction of physical documentation or secure deletion procedures.

3.1.5. DATA ANALYSIS AND INTERPRETATION

The purpose of collecting and analyzing data is not only to measure change but to identify meaning. As outlined in the Global Women's Institute's Research and M&E Toolkit, the goal of data collection and analysis is to "expose an issue, influence understanding, inform solutions, and inspire positive change."⁵²

Analysis and interpretation should therefore focus on improving and adapting interventions, building or challenging assumptions in the theory of change, and documenting how shifts in context, norms, and relationships influence GBV risks. Analysis should move beyond activity outputs toward understanding the drivers, systems, and power dynamics that sustain or reduce risk. Using participatory methods reinforces accountability to the community and those at risk of GBV and ensures that findings contribute directly to program decisions and improvement. Analysis under the PEF should be treated as iterative and provisional; findings should be tested, challenged, and refined through participatory review rather than treated as fixed conclusions.

Useful Resources

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/publications/i/item/9789241595681>
- ▶ ICRC (2024). Professional Standards for Protection Work: Fourth edition. Geneva. <https://www.icrc.org/en/article/professional-standards-protection-work-fourth-edition>
- ▶ 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/>

52. The Global Women's Institute 2021, p. 90.



APPLYING A FEMINIST LENS IN ANALYSIS AND INTERPRETATION

Both analysis and interpretation are critical to understanding and acting on GBV data. Analysis involves examining and organizing information to identify patterns and relationships, while interpretation seeks to understand what these findings mean in context and how they inform program adaptation.⁵³ Analysis alone is descriptive; it tells us what is happening. Interpretation explains why it is happening, thereby informing what teams should do in response.

Analyzing and interpreting data is never neutral. It reflects the position, experience, and biases of those doing the interpreting. When interpreting data, teams should ask:

- ▶ Who is asking the questions?
- ▶ Who is answering?
- ▶ Whose voices are heard and whose are missing?
- ▶ Who defines meaning and improvement?

To ensure that analysis and interpretation reflect the lived realities of those most at risk of GBV, analysis should actively involve women's organizations, community-based groups, and affected populations. These groups are not only data sources but also interpreters and sense-makers. As noted in WHO's guidelines, "data analysis must be contextualized by interpretation that draws on qualitative insight and local expertise." Triangulating data by combining multiple sources, qualitative and quantitative, alongside participatory methods, can additionally prevent false conclusions or misinterpretations.⁵⁴

Teams must be careful in their interpretations, especially when interpreting data as an indicator of prevalence. Changes in reported cases or community perceptions rarely correspond directly to changes in GBV prevalence. A rise in reporting may signal improved trust or access, rather than an increased incidence. Conversely, declining disclosure can reflect fear, fatigue, or backlash rather than real reductions in violence. Programs should not infer program success or failure based solely on changes in reporting, disclosure, or perception indicators (noting the PEF does not recommend or endorse data collection on incidents or using reporting figures). Such shifts may reflect changes in trust, access, or backlash rather than underlying changes in GBV prevalence.

Feminist analysis encourages teams to focus on understanding changes in the components of the risk equation — for example, shifts in attitudes, norms, and behaviors among different actors, or improvements in protective factors such as social cohesion or access to support services — rather than attempting to measure prevalence directly.

53. Adapted from The Global Women's Institute 2021, p. 87-92.

54. Global Women's Institute and What Works to Prevent Violence Against Women and Girls (n.d.). Research to Action Toolkit: VAWG in Conflict and Humanitarian Settings. Washington, DC: George Washington University. p. 21.

3.1.6. DATA SHARING

Sharing GBV-related data requires exceptional caution. Even when anonymized or aggregated, GBV information can expose survivors, communities, or staff to harm if misused or misinterpreted. For this reason, teams should not automatically assume they will share data. Sharing should be a specific decision, underpinned by ethical principles, based on clear justification and purpose.

Purpose and Outcomes of Sharing

There must be a clearly defined purpose to sharing that reinforces improved services, humanitarian action, and accountability. Data should only be shared when it concretely contributes to improved protection outcomes — such as improving services, preventing duplication, identifying unmet needs, or strengthening advocacy for survivor-centered programming.

As defined in the *Protection Information Management (PIM) Framework*, information activities “must serve specific information needs and purposes, be proportional to both the identified risks and expected benefits, and be aimed at action for protection outcomes”.⁵⁵

Before the decision to share is made, the team/actors should clarify:

- ▶ the program-related or coordination (improving referral to and delivery of services) purpose that sharing will serve;
- ▶ the concrete benefit-sharing will provide to the affected communities;
- ▶ the potentials risks of harm, stigma, or misuse associated with sharing; and
- ▶ safe sharing processes.

Teams must be able to answer these questions definitively and positively before data can be shared.

When thinking about sharing data, teams should consider the sensitivity of data and the audience that it will be shared with, as this will determine the level of protection and appropriate mechanisms for sharing. Keep in mind that data should be shared outside the team/original staff only when the potential benefits clearly outweigh the risks.

Teams should be prepared to justify non-sharing where risks outweigh benefits, including in response to requests from donors or coordination bodies. For further resources on the value of secondary data, the importance of not relying on prevalence data, and engaging with donors on the issue of GBV program funding and data collection, see resources here:

- ▶ GBV Minimum Standards (2019) — Standard 16 (Assessment, Monitoring & Evaluation): ethics, confidentiality, and safety override information demands

55. Protection Information Management (PIM) (2018). Framework for Data Sharing in Practice.

- ▶ IASC GBV Guidelines (2015) — Data collection and information sharing sections: “Do not collect or share GBV data unless it can be done safely and ethically.”
- ▶ GBV AoR Coordination Handbook – Information management and coordination responsibilities
- ▶ [GBV AOR Helpdesk Research Query: The Importance of Donor Support for Gender-based Violence Programming in Emergencies, Even in the Absence of Prevalence Data](#)

Anonymization and Aggregation

GBV-related data must never contain information that could identify individuals or communities. All data shared internally or externally must be anonymized, with direct and indirect identifiers removed. “Data are described as ‘de-identified’ when they cannot be linked to a specific individual or group of individuals.”⁵⁶

For prevention data, this includes details such as small geographic areas, quotes from interviews or focus groups, or descriptors that could identify participants. Teams should clearly articulate expectations for aggregation to ensure data does not highlight identifiable patterns. While GBVIMS provides strict guidance on incident-level data, the same principles apply to monitoring and prevention datasets. Shared information should be limited to what is strictly necessary and proportionate to the intended protection outcome.

Levels of Sharing:

- ▶ *Internal sharing* (within your organization): This could include internal learning reports, M&E summaries, or anonymized data analysis. Internal sharing requires attention to confidentiality and staff training but may not need a formal agreement.
- ▶ *Inter-agency sharing* (with coordination bodies, government, or other NGOs): This could include program reports or evaluations and could support improved coordination and referrals, risk analysis, and partner program design, or advocacy efforts. This sharing requires a risk analysis and, ideally, a memorandum of understanding/information-sharing protocol, depending on the sensitivity of data.
- ▶ *Public sharing* (through publicly available reports, advocacy, social media, dashboards): This level of sharing must go through additional ethical reviews, with careful consideration around risks of potential harm.

56. WHO 2007 p. 12



DATA SHARING FOR GBV CASE MANAGEMENT DATA

Sharing of GBV incident data requires increased security. The GBVIMS Information System (GBVIMS) was created to harmonize data collection on GBV in humanitarian settings; to provide a simple system for GBV project managers to collect, store, and analyze their data; and to enable the safe and ethical sharing of reported GBV incident data. GBVIMS outlines safe data sharing procedures and tools that organizations should refer to when collecting, storing, or sharing GBV case information. Link: www.gbvims.com/-tools/isp⁵⁷

Data-Sharing Agreements and Protocols

When data is shared beyond a single program team, a clear agreement or protocol should define how, why, and by whom it is shared. Formal mechanisms and agreements, such as memoranda of understanding (MoUs), standard operating procedures (SOPs), or information-sharing protocols (ISPs), help ensure sharing is secure and ethical.

The GBVIMS ISP remains the sector standard for GBV incident data. For prevention or M&E data, teams should still apply its key principles: clarity of purpose, proportionality, confidentiality, and risk mitigation. Similarly, the Protection Information Management (PIM) framework underscores the need for a “trust framework” built on transparency, predictability, and consent.

Data-sharing agreements should specify:

- ▶ **Purpose:** What protection or coordination outcome sharing supports.
- ▶ **Participants:** Who can access and use the data.
- ▶ **Audience and access level:** Whether data will remain internal, be shared inter-agency, or released publicly.
- ▶ **Security measures:** How data will be stored, transferred, and eventually disposed of.

Decisions about sharing should always be proportional to the sensitivity of the data. Internal learning products may require only documented approval, while external or public releases require formal agreements and a review of potential risks and benefits.

Feedback and Accountability

In line with feminist principles, ethical data collection and analysis includes a responsibility to provide feedback to and, as is safe and appropriate, share findings with the people and communities who contributed and ultimately own the information. Sharing findings with communities not only reinforces accountability but provides another opportunity to validate findings and reinforce outcomes.

57. Gender-Based Violence Information Management System (GBVIMS), [GBV Information Sharing Protocol Template](#)

Information shared with communities should never include identifiable details or sensitive data. Feedback should focus on outcomes, progress, and improvements that support community well-being and collective learning.

Before sharing with communities, teams should outline how information will be communicated in accessible, safe, and meaningful ways. This may include presenting summaries through partner or community meetings, women's groups, or simple factsheets or reports that show progress or learning from program work.



EXAMPLES OF ETHICAL COMMUNITY FEEDBACK MECHANISMS

Participatory sense-making sessions: Facilitated dialogues with women's groups or committee members to interpret findings and identify next steps.

Community meetings: Participatory meetings with key community groups or leaders where teams can present progress and actions taken.

Team information sharing summaries: Use existing communication groups (i.e., a program WhatsApp group) to share conclusions and observations, prompt discussion, and enable teams to digest and apply learning in their day to day.

3.2. HOW AND WHY TO THINK ABOUT OUTCOME MEASUREMENT

IMPORTANT: USE OF INCIDENT AND CASE DATA IN MEASUREMENT

*As noted in the introduction, this framework **strongly discourages the collection, compilation, or analysis of GBV incident or case data by non-GBV actors**. Seeking out or using this data can put survivors, communities, and staff at risk, especially where confidentiality, referral pathways, and survivor-centered safeguards are limited.*

Incident and case data must not be used as indicators or proxies for GBV prevalence, trends, or prevention outcomes. This data reflects reporting behavior, service access, and documentation practices, not changes in GBV risk. Similarly, this framework does not call for or support population-based prevalence surveys. Measuring GBV prevalence requires a level of methodological rigor, resourcing, and ethical infrastructure that goes beyond what most humanitarian prevention programs can or should attempt within a single program cycle.

The PEF is focused on prevention outcomes, not incidence or prevalence.

Measurement under the PEF should rely instead on ethical, indirect proxy indicators that track changes in risk factors, social norms, power dynamics, behaviors, and protective capacities across socio-ecological levels.

Vigaud-Walsh (2020) reviewed a large number of GBV prevention projects and programs, including their associated logframes and monitoring frameworks.⁵⁸ 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. Directly measuring GBV incidence in humanitarian settings is often unsafe, unreliable, and unaffordable, which is why many organizations opt to count outputs instead.

But the impact of not measuring outcomes at all 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.”

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

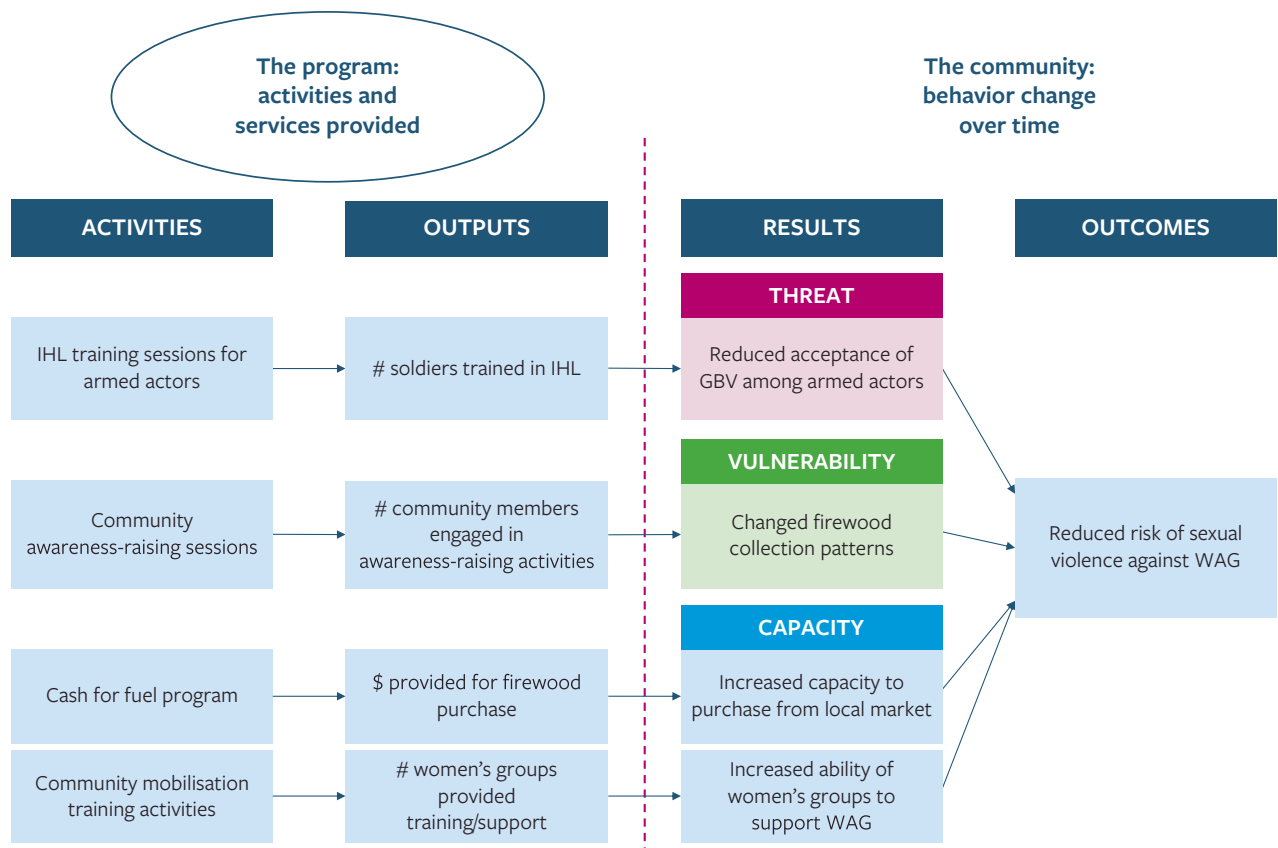


Diagram 3: What we mean by “outcomes”

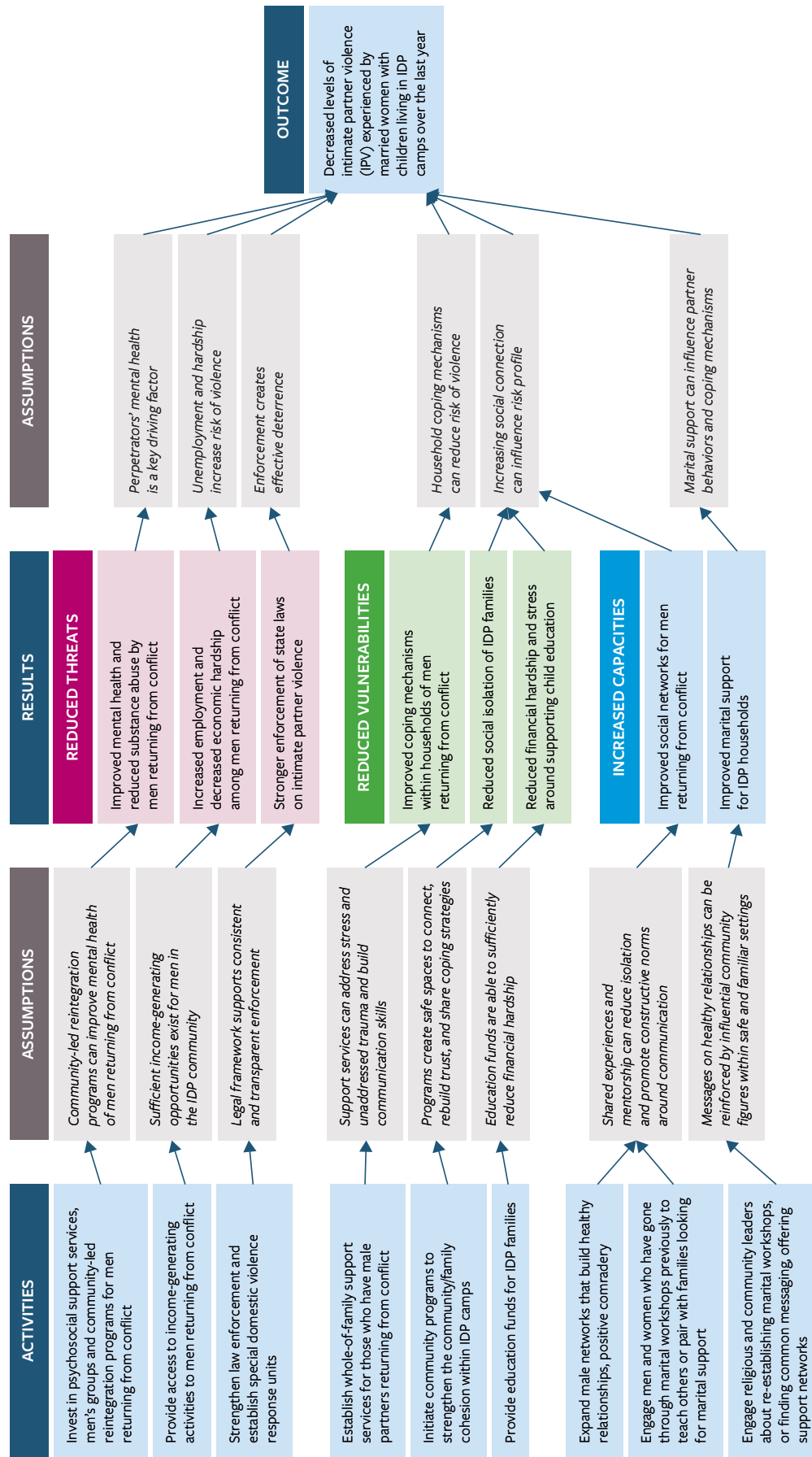
The example above is a fictional project logframe for a project working on the risk of conflict-related sexual violence faced by IDP women and girls.

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 women's groups to work with WAG. • Provision of cash to purchase firewood on local markets.

The second example, below, is a fictional project logframe for a project working on the risk of intimate partner violence faced by married IDP women.

INTIMATE PARTNER VIOLENCE THEORY OF CHANGE



This context is hypothesized in the following way:

Risk	Increased levels of IPV experienced by married women with children living in IDP camps over the last year		
Context	• A protracted crisis that has waves of military fighting between non-state armed militia and the government. • Before the conflict, there were ongoing development initiatives aimed at changing gender disparities, and local CBOs worked in communities with religious leaders to support conflict resolution in households to minimize intimate partner violence (IPV) . Safety networks were in place, and marriage workshops were offered to both spouses. Since the conflict, most of these initiatives have been stopped due to displacement and limited resources. • There is heavy use of alcohol by men in the IDP camps, especially among men who formerly engaged in the militia. • Married women, especially those with children, whose husbands joined militias, have had to seek additional income to care for their families. It is not unheard of for women to engage in income-generating activities; however, traditionally, women have not been the sole breadwinners in the household. • Education is highly valued among the community, even in times of war. Children continue to go to school. It is frowned upon to send a child under 18 to work in place of their schooling. • Since the conflict started, law enforcement has weakened.		
Analysis	Threat (perpetrator) • Married former male soldiers with children ▷ Low unemployment; experience economic hardship ▷ Exposure to traumatic events (combat); PTSD ▷ Frequent use of narcotics and/or alcohol ▷ Isolated ▷ A sense of failure, lack of control over one's life ▷ Use verbal and physical violence to exert control • Unenforced state laws on IPV • Weakened law enforcement	Vulnerability • IDP women with children married to men who were soldiers or part of militias • IDP families with children with low levels of income and economic security • IDP families with children w/o extended family support • Women whose husbands drink alcohol or use narcotics regularly • Women whose husbands returned from combat and show signs of adverse mental health (e.g, depression, PTSD • Limited access to social services, mental health services, and community safety-networks • Families where responsibility and decision-making of the household has shifted to women • Families with financial responsibilities to ensure children remain in school	Capacity • IDP families with sustainable income • Married former male soldiers who have strong ties with religious and community leaders • IDP families that have a strong sense of community and extended family support • Past exposure to marital conflict resolution tactics • Men who have positive pastime outlets that include engagement with other men in sports, games, and other recreational activities • Families that have access to education scholarships, grants, or other financial support to ensure children remain in school

Scenario	Scenario	Triggers	
Mitigation	Reduce Threat • Invest in psychosocial support services for men returning from conflict • Provide access to income-generating activities to men returning from conflict • Religious and community leaders engage in reintegration programs for men returning from conflict, incorporating topics about the risk of addiction, stress, marriage challenges, etc. • Strengthen law enforcement, including special units responding to domestic violence • Establish men's groups to build companionship, networks	Reduce Vulnerability • Establish community networks/services to provide whole-of-family support for those who have male partners returning from conflict — this includes access to psychosocial support, information about triggers, stress. • Provide education funds for IDP families. • Increase income-generating opportunities for men and women. • Initiate community programs to strengthen the community and family cohesion within IDP camps through traditional/cultural opportunities; sports; etc.	Increase Capacity • Expand male networks that build healthy relationships, positive comradery • Engage men and women who have gone through marital workshops previously to teach others or pair with families looking for marital support • Engage religious and community leaders about re-establishing marital workshops, or finding common messaging, offering support networks

The activities cover threat reduction (psychosocial support, income generation and strengthened law enforcement), vulnerability reduction (whole-of-family support services, community cohesion programs, and education funds), and capacity strengthening (expanding male networks while building upon marriage workshops in the community).

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

The intended results of these activities can be measured across the socio-ecological model:

Individual level: These reflect changes in individual knowledge, behavior, health, and economic stability.

- ▶ Improved mental health and psychosocial well-being of men returning from conflict.
- ▶ Strengthened individual coping mechanisms and personal resilience.
- ▶ Increased employment and livelihood opportunities for men and women.
- ▶ Reduced social isolation and financial hardship among individuals in IDP settings.

Relational level: These address families and close relationships.

- ▶ Improved household coping mechanisms and family communication.
- ▶ Strengthened marital relationships and support for couples and families.
- ▶ Reduced incidence of IPV perpetrated by married men.
- ▶ Increased mutual support and understanding between men returning from conflict and their partners or family members.

Community level: These outcomes include social norms, collective behaviors, and local systems.

- ▶ Stronger community and religious leader engagement to support family reintegration.
- ▶ Increased cohesion, solidarity, and trust between returning men, their families, and wider community networks.
- ▶ Expanded community-based support and referral systems for families affected by displacement or conflict.

Societal level: These look at shifts in systems, structural power, and governance.

- ▶ Stronger enforcement of state laws related to GBV prevention and survivor protection.
- ▶ Improved access to state-run or policy-supported social and economic reintegration programs.

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 to 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 keep in mind when thinking about monitoring frameworks for GBV prevention. In particular, the following five critical elements are presented:

1. **Reflecting our own positions and biases in measurement systems:** How can organizations design measurement systems that take adequate account of organizational, evaluator, and community positionalities?
2. **Indicator design:** How can organizations design feasible outcome and results indicators in the face of the challenges presented above?
3. **Ethical considerations for GBV M&E processes:** How can organizations “ensure do no harm” principles are met when measuring and evaluating the results of GBV prevention work?
4. **Evaluability assessments:** How can organizations make sure their GBV prevention program designs make effective measurement and evaluation possible?
5. **Outcome mapping approaches:** How can organizations develop monitoring and evaluation tools to help them track behavior change over time?



STOP AND ADAPT: MEASUREMENT INVOLVING CHILDREN AND ADOLESCENTS

Any measurement involving children or adolescents requires age-appropriate indicators, methods, and ethical safeguards. Indicators, tools, and questions designed for adults must not be applied to children without adaptation and specialist review. In many contexts, direct engagement with children for measurement purposes may not be appropriate.

3.3. REFLECTING OUR OWN POSITIONS AND BIASES

GBV programming is never neutral. How outcomes are defined, who defines them, and how evidence is interpreted are all shaped by power, identity, and institutional perspective. Reflexivity — the ongoing critical reflection on how evaluators, organizations, and community actors influence these processes — is central to ethical and credible outcome measurement.

3.3.1. REFLEXIVITY IN OUTCOME DEFINITION

Whose outcomes?

Outcome statements reflect particular values and priorities. Teams should ask whose perspectives have guided their formulation: those of donors, implementing agencies, or affected women, girls, and other at-risk groups. Participatory processes for outcome definition help ensure that measures of success align with how safety, dignity, and justice are locally understood.

Unintended consequences:

Outcome frameworks should remain open to documenting both positive and negative side effects of programming. For example, community visibility of women's leadership may increase empowerment for some while heightening risk for others. Reflexive review during data collection and analysis helps identify when outcomes differ across groups or generate new forms of vulnerability.

Dynamic contexts:

GBV risks and protection capacities fluctuate rapidly in crisis and recovery settings. Outcome frameworks must therefore remain adaptive, allowing indicators or interpretation criteria to be revisited as threats, vulnerabilities, and capacities shift. Periodic sense-making sessions with community representatives can help track these contextual changes.

Indicator selection:

Indicator choice carries implicit judgments about what “counts” as change. Reflexive teams consider whether indicators privilege measurable, visible shifts (e.g., attendance, reporting) over relational or normative change (e.g., increased trust, reduced fear). Where possible, indicators should capture both material and perceptual dimensions of safety across the socio-ecological levels.

3.3.2. MEASUREMENT TEAM POSITIONALITY

Positionality means our role, identity, and the power we have affect the questions we ask, the answers we get, and the decisions we make. Being aware of positionality helps us reduce harm, avoid false conclusions, and make better program decisions.

Identity and power relations:

Whoever conducts the outcome measurement — program teams, GBV experts, in-house M&E teams, or external evaluators — will bring their own social identities, professional status, and cultural assumptions into fieldwork. These can shape who feels able to speak, how information is shared, and what interpretations are accepted. Reflecting on these dynamics — through team debriefs, reflective journals, or external peer review — helps mitigate bias and amplify marginalized voices.

Institutional lens:

Organizational mandates and donor frameworks influence which outcomes are valued and how success is defined. Teams should make these institutional lenses explicit and examine whether they align with community priorities or risk narrowing the definition of prevention.

Risk of replication of harm:

Evaluation processes themselves can reproduce unequal power relations or expose participants to risk. Reflexive practice involves continuous attention to consent, confidentiality, and the emotional burden of participation, ensuring that measurement activities do not inadvertently reinforce stigma or retraumatization.

3.3.3. COMMUNITY POSITIONALITY

Localized knowledge:

Community participants hold context-specific knowledge about how GBV risk is experienced and managed. Recognizing this as expertise rather than anecdote strengthens the validity of the outcome interpretation. Data collection should prioritize local framing of what constitutes change in threat, vulnerability, and capacity.

Intersectionality:

Women, girls, and other groups experience GBV risk differently depending on age, ethnicity, disability, displacement status, and sexuality. Outcome definitions should therefore disaggregate data and interpretation, ensuring that intersecting identities are visible in both analysis and reporting.

Cultural norms:

Cultural expectations shape how safety, dignity, and violence are discussed. Reflexivity requires awareness of these norms — not to excuse harmful practices but to understand how they mediate disclosure, trust, and perceptions of change. Engaging cultural mediators and women's organizations can help ensure that evaluation language and interpretation remain respectful and accurate.

3.3.4. IN PRACTICE

Building reflexivity into measurement means treating analysis as dialogue rather than judgment. Regular team reflections, joint interpretation sessions with community representatives, and transparent documentation of how positionality influenced findings all contribute to stronger, more ethical evidence of change.

3.4. INDICATOR DEVELOPMENT

3.4.1. 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 ToC can be hard to test.

Monitoring frameworks should include indicators across the results chain, including indicators for outputs, results, and outcomes of the activities:⁵⁹

DEFINITIONS

OUTPUT INDICATOR:

A measure of number and quality of the products, goods, and services that 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.

59. Definitions adapted from <https://protection.interaction.org/> and <https://alnap.org/help-library/resources/evaluation-of-humanitarian-action-eha-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.

3.4.2. COMMON PITFALLS TO AVOID

Global-local mismatches:

Organizations employing global ToCs 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. Feminist approaches remind us that "global" theories of change often reflect power held by donors or western institutions, not the lived realities of women, girls, and marginalized groups. Difficulty comes when trying to measure project-level results using global-level frameworks, or when using project-level results to demonstrate change at a global level.⁶⁰

Instead, it is important to make sure the project's ToC is context-specific before using it to develop indicators. We must ask ourselves if it reflects how women and girls in this context define safety, justice, or equality. This will often mean accepting that an individual project will only contribute to a small part of a global ToC. 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 sometimes inappropriate on "do no harm" grounds.⁶¹ 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 limit decision-makers' understanding of the project's results and impact within the community, as well as raise concerns about power imbalances regarding decisions about what to measure and what not.⁶²

It is recommended that, wherever ethical and feasible, project teams maximize the integration of community voices when designing measurement indicators at project-level. Feminist approaches remind us that "community participation" is not the voice of one group or individual. Women, adolescents, LGBTQI+ persons, and marginalized groups experience GBV risk differently and may not be represented by community gatekeepers. Therefore, when we think about community participation, we have to push ourselves to specify who makes up that community and who is regularly overlooked to ensure we are not reinforcing a specific group's power or others' exclusion.

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

60. Dillon and Sundberg (2019), p.15.

61. ALNAP (2016), p.279.

62. Guijt, I. (2014). Participatory Approaches, Methodological Briefs: Impact Evaluation 5, UNICEF Office of Research, Florence, p.3.

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 that, 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 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. Feminist and life-course lenses encourage teams to understand “measurable” change as visible steps along a longer path of norms and behavior change, rather than expecting rapid shifts in deeply rooted beliefs or power structures within a six-, 12-, or 18-month timeframe.

Instead, it is recommended that indicators be 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?

Feminist Quality Checks for Indicators	8. Who defined what “change” looks like — affected women and girls, or external actors?
	9. Do indicators reflect lived experience and safety priorities as articulated by the community?
	10. Are any indicators easier to collect because they reflect institutional convenience rather than meaningful change?
	11. Could any indicator increase risk, visibility, or burden for participants or staff?

3.4.3. PROXY INDICATORS

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

Proxy indicators are indirect measures used when direct measurements of change are not possible or appropriate.⁶³ 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 validation across contexts. But proxies that organizations already use include measures such as male attitudes toward the permissibility of IPV or the freedom of women to communicate with each other and self-organize to reduce 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, which includes the components of risk (threats, vulnerabilities, and capacities) and the levels of the socio-ecological model (individual, relational, community, and societal), to develop proxy indicators linked to the risk being addressed. 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.

A related question that often arises at this stage is whether information held in the GBVIMS can be drawn into proxy indicator work. The PEF’s position on this, including the limited circumstances in which it is appropriate, is set out in the callout box below:

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



WHERE GBVIMS-DERIVED INFORMATION FITS (AND WHERE IT DOES NOT) IN PROXY INDICATOR DESIGN

Teams familiar with the GBVIMS will recognize it as the sector standard for collecting, storing, and aggregating reported GBV case data within humanitarian response. GBVIMS is widely used by GBV actors for case management, referral, coordination, and service design, consistent with the GBV AoR Handbook and the GBV Minimum Standards. The question often arises whether the aggregated information held in GBVIMS, including qualitative patterns around perpetrator type, location, time of day, or survivor demographic, can also be drawn into prevention-oriented proxy indicator work. The PEF's position is that this is possible only within narrow limits.

- ▶ **What GBVIMS-derived information cannot do.** It cannot serve as a direct or proxy measure of GBV prevalence, incidence, or prevention outcomes. As set out in the data ethics and outcomes measurement sections, reported case data reflects reporting behavior, service availability, access, trust, and documentation practice, not the underlying scale or distribution of violence. This selection effect applies equally to the qualitative patterns held inside the dataset. If certain perpetrator types, survivor demographics, or settings are systematically under-reported, the patterns visible in GBVIMS will be biased in the same direction. Treating them as a window into the underlying threat or vulnerability environment will systematically under-weight the very populations and dynamics that prevention work most needs to surface.
- ▶ **What it can do, with safeguards.** GBVIMS-derived information, when handled by GBV actors operating under the GBVIMS Information Sharing Protocol, can play a limited and clearly bounded role in proxy indicator development:
 - ▷ As a hypothesis-generating input. Patterns observed in reported cases may suggest where to look using non-case data sources such as perception surveys, displacement data, safety audits, women's group consultations, and sectoral assessments. The evidential weight for any prevention-oriented inference must come from those non-case sources, not from the GBVIMS pattern itself.
 - ▷ As one triangulation input within a proxy bundle. Where multiple non-case sources already point in a particular direction, GBVIMS-derived information may form one corroborating signal alongside them. It should not anchor or lead a proxy claim, and a proxy bundle should remain interpretable if the GBVIMS component is removed.
 - ▷ For coordination and service design purposes for which the system was originally intended, including identifying gaps in referral pathways, mapping service utilization, and informing where additional response capacity is needed. These uses are not prevention outcome claims and remain firmly within GBVIMS' intended scope.

In all cases, the safeguards in gate 0 and the Data Ethics section apply. Only GBV actors with appropriate training and authorization may handle this data; aggregation levels must avoid re-identification risk in small caseloads, particularly when slicing across perpetrator, time, age, and demographic variables simultaneously; and use must respect the purpose, proportionality, and consent principles of the GBVIMS ISP and the wider PIM framework. Non-GBV actors should not seek out, compile, or analyze GBVIMS-derived information for proxy development purposes.

SBC models conceptualize change as a process rather than a single outcome. Throughout the process, changes in awareness, attitudes, social norms, and practice are expected to contribute to reductions in GBV risk. Proxy indicators allow teams to monitor progress by measuring observable changes that go hand in hand with risk reduction. Proxy indicator sets should span at least two socio-ecological levels.

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; community level**).
2. Levels of economic insecurity at household-level (**vulnerability; relational level**).
3. Demonstrated awareness of alternative sources of income for insecure households (**capacity; individual level**).

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; community level**).
2. Measures of social isolation for persons with non-conforming gender identities (**vulnerability; individual level**).
3. Demonstrations of community members to observe and intervene in emerging threats against persons with non-conforming gender identities (**capacity; community level**).

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 intimate partner violence against married women in an IDP community:

1. % of spouses reporting improved emotional regulation in partners (**threat; relational level**).
2. Average days worked per month by male returnees (**threat; individual level**).
3. % of participants reporting reduced daily household stress (**vulnerability; individual level**).
4. Increased number of men reporting having at least two non-family peers for advice or emotional support (**capacity; relational level**).
5. Increased share of couples reporting improved trust or mutual respect (**capacity; relational level**).

By bundling together several proxy indicators in this way, while aiming to cover the breadth of the components of risk and the depth of the socio-ecological layers outlined in the risk analysis section 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 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.⁶⁴



MEASURING SOCIAL AND BEHAVIOR CHANGE OUTCOMES

SBC frameworks (e.g., UNICEF Behavior Drivers Model, SASA! Together, ICRC’s Prevention of Sexual Violence Program (PSVP)⁶⁵, Communities Care) rely on proxy indicators. These indicators measure changes that contribute to desired behavior-focused outcomes when direct measurement (e.g., reduction in violent incidents) is ethically not feasible or realistic or too long-term to observe in a project timeline.

Rather than attempting to measure GBV outcomes directly, SBC-aligned proxy indicators track contributing changes that are empirically and theoretically linked to prevention outcomes. These may include changes in how decisions are made, what behaviors are socially accepted, how communities respond to emerging risks, and whether individuals feel supported to act differently. For example, indicators could include:

- ▶ Change in how marriage decisions are made (girl’s voice in decision).
- ▶ Percentage of military units that adopt or pilot at least one risk mitigation action (e.g., revised patrol routes, night-time protection plans).
- ▶ Number/frequency of community dialogues or sessions held on prevention or stigma.
- ▶ Proportion of community members who believe that violence is unacceptable in any circumstance (normative proxy).
- ▶ Mean average response to the question, “How many of the people whose opinion matters most to you think that a man has the right to beat/punish his wife?” {none (=1); a few (=2); about half (=3); most (=4); almost all (=5)} (Injunctive social norm)

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

65. International Committee of the Red Cross, [Influencing behavioural change for better prevention of sexual violence in armed conflict](#)

3.4.4. 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
Increased levels of IPV experienced by married women with children living in IDP camps over the last year	Married former male soldiers with children facing low employment, exposure to trauma, and poor mental health	High levels of household stressors around finances and education provision	Social support networks of men returning from conflict
	Low enforcement of state laws on IPV		Marital support networks and community workshops

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.

Secondary data source	What it provides
GBV area of responsibility reports	GBV service provision, risk mapping, referral pathways
Protection Cluster dashboards	Incident reports, population movement, access data
IOM Displacement Tracking Matrix	Population movement, living conditions, protection incidents, safety perceptions
IDMC (Internal Displacement Monitoring Centre)	Displacement drivers and duration
UNHCR Operational Data Portal	Sex/age breakdowns of displaced populations
Health information systems	Maternal health, sexual health data
UNHCR Protection Monitoring Reports	Qualitative data on safety, rights, access

Secondary data source	What it provides
NGO safety audits	Community and facility safety audits
Community perception surveys (Ground Truth Solutions)	Trust in services, safety perception
Social media/incident reports (ACLED, Crisis24)	Event-based or narrative data
FEWS NET/IPC/WFP Vulnerability Analysis & Mapping (VAM)	Food insecurity and coping strategies
ACAPS Secondary Data Reviews	Consolidated crisis analysis
Cluster-level risk trend dashboards	Multi-sector indicators mapped to GBV risk domains
CEDAW Country Reports	Accountability framework analyses
UNDP/UN WOMEN Gender Equality Profiles	Legal protections, gender institutions

3.5. EVALUABILITY

3.5.1. 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.⁶⁶ Projects with poorly specified risk analyses, ToCs, 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:⁶⁷

6. **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?
7. **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?
8. **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?

While each of these questions is worth asking prior to conducting an evaluation, these 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 ToC. 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 of improving the evidence base for future project approaches, a point of particular value for GBV prevention actors.⁶⁸

3.5.2. 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.

66. OECD-DAC (2010). *Glossary of key terms in evaluation and results-based management*. Paris: OECD-DAC.

67. Adapted from Davies R (2013). *Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations*. DFID Working Paper 40.

68. Peersman, G., Guijt, I., and Pasanen, T. (2015) ‘Evaluability Assessment for Impact Evaluation’. A Methods Lab publication. London: Overseas Development Institute.

- ▶ Developing a clear ToC, 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 checklist, 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.

3.5.3. 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 ToC or logframe

12. Does the project clearly define the specific types of GBV that it seeks to prevent? For example, 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?	☐
13. Has the beneficiary population been clearly identified?	☐
14. Has the beneficiary population been clearly involved in the project design?	☐
15. Are all the elements of GBV risk (including threats, vulnerabilities, and community coping mechanisms) clearly identified in the project documents?	☐
16. Is the risk analysis explicitly contextualized to the specific community and crisis context?	☐
17. Has an explicit ToC been presented, including activities, outputs, and outcomes?	☐
18. Is the ToC contextualized to the community and crisis context? Does the project clearly identify the socio-ecological levels (individual, relational, community, structural) through which change is expected to occur?	☐
19. Do the proposed activities logically relate to the intended outcomes?	☐
20. Are the proposed outcomes relevant to the GBV risk the project seeks to reduce? Are they relevant to the beneficiary population's observable needs?	☐
21. Does the project documentation include valid indicators for each step of the ToC (from activity through output to outcome)? Does it track shifts in social norms, behaviors, and power relations (e.g., attitudes toward gender roles, decision-making dynamics, collective action)? Will these indicators capture the changes that the project aims to achieve?	☐
22. 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 that has been disaggregated by age, gender, ability, and other characteristics or vulnerabilities relevant to the context?	
3. Have third party data sources such as REACH, JIPS, or the Protection Information Management Matrix (PIM) been examined to ensure maximum use of secondary data for evaluation and monitoring?	
4. Do credible plans exist to gather suitably disaggregated data during project implementation without causing harm or presenting risks to the affected population?	
5. Is the data disaggregation appropriate to the project's GBV risk analysis and beneficiary population?	
6. Can project partners and/or cluster members provide relevant secondary data for project monitoring?	
7. Are there any specific data gaps relating to the explicitly defined indicators in the ToC?	
8. Is there a credible plan to collect data against all of the indicators in the ToC 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?	
9. Do the monitoring systems in place make space for measuring unintended consequences, pursuing open-ended enquiry, and allowing for beneficiary-led sense-making?	
10. Does the project ensure that all GBV data collection and analysis follow ethical and safety standards — for example, not using individual case data or survivor reports for evaluation or trend analysis?	

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 the project design is) and practical evaluability (how available the data is).
3. **Rapid evaluability assessments** can be conducted with a minimal time investment and no need for external evaluation expertise — as long as the project design documents and ToC is sufficiently explicit and contextualized.

3.5.4. USEFUL RESOURCES

- ▶ Davies R (2013). *Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations*. DFID Working Paper 40. <https://www.gov.uk/research-for-development-outputs/planning-evaluability-assessments-a-synthesis-of-the-literature-with-recommendations-dfid-working-paper-40>
- ▶ 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.

3.6. OUTCOME MAPPING

3.6.1. 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 many of the organizations that use it have adapted and built upon 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.org>.

When to Use It:

- ▶ At the program or strategy design stage, ideally before proposal development, to define the vision, boundary partners, and progress markers that will anchor outcome measurement across the program cycle.
- ▶ In protracted crises or mixed humanitarian-development settings where the organization has, or intends to have, a sustained presence, so the medium-term vision can outlive a single project cycle.
- ▶ When the program aims to change behaviors, attitudes, or norms among identifiable groups, and the team wants to track how those changes ripple beyond direct participants into the wider community.
- ▶ When design timeframes are short, use the streamlined four-step version presented here; the full 12-step process is rarely feasible within humanitarian proposal timelines.

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

- ▶ **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.



The gender-transformative life-course model can strengthen outcome mapping by helping teams identify how gender norms, capacities, and vulnerabilities evolve at different stages of life. For example, we can ask:

- ▶ At what stages of life are people most open to shifting harmful or protective behaviors?
- ▶ What roles or transitions (adolescence, marriage, parenthood) reshape power or vulnerability?
- ▶ How do changes in one group's power or attitudes influence others across life stages (or generations)?

- ▶ **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.

The difficulty of using outcome mapping in humanitarian contexts is the time and labor resources needed to make it work, and the need to think about outcome mapping across the project cycle: from the 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

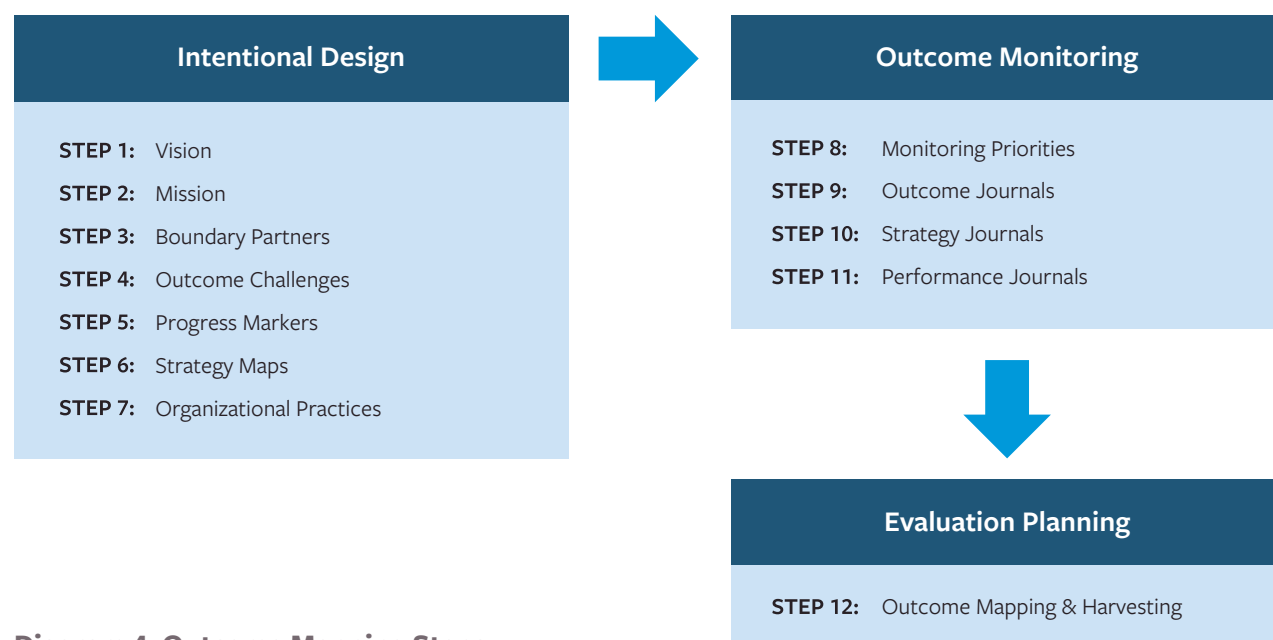


Diagram 4: Outcome Mapping Steps

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. This type of activity also needs to be replicated for each of the 12 steps of the outcome mapping process.

3.6.2. 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

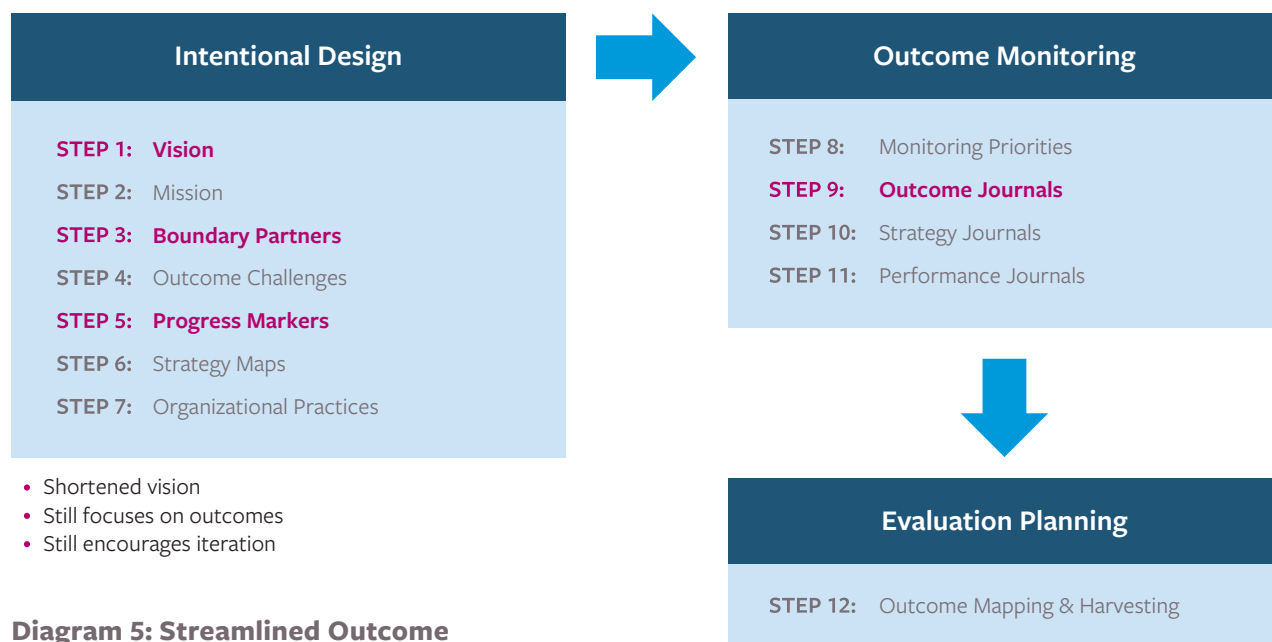


Diagram 5: Streamlined Outcome Mapping Approach

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 5.⁶⁹

Facilitation Tips

- ▶ Treat every step as participatory: developing the vision, boundary partner selection, and progress markers through community-based discussion wherever it is safe to do so, applying “do no harm” principles throughout.
- ▶ Integrate visioning questions into pre-existing community consultations rather than convene new GBV-specific sessions; this reduces both the burden on communities and the risk of harm.
- ▶ Use a power analysis when selecting boundary partners: ask not only who will interact with the program but whose change would most influence and reduce GBV risk.
- ▶ Keep progress markers graduated (“expect to see,” “like to see,” “love to see”) and include more possible steps toward change than you think you need; change rarely follows the predicted path.
- ▶ Revisit the vision and progress markers at review points across the program cycle; outcome mapping is designed for iteration, not one-off completion.

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.

69. 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.

3.6.3. 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.



A FEMINIST VISION

Longer-term goals should underpin a feminist approach to GBV and link to the redistribution of power and transformation of the structural inequalities, social norms, and systems that sustain GBV. Ask yourself, “What would this community look like if power were shifted to women, girls, and marginalized or vulnerable groups?”

One way to do this is to link the vision to longer-term strategic planning, beyond the lifecycle 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 GBV 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-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 the 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, so it doesn’t need to 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 ToC as outlined in module 2 above. It is recommended that teams wishing to develop a ToC at this level of analysis try to develop something close to the vision statement

outlined above as one outcome of the ToC design process. This can then help the teams come back to the overarching vision as they adapt their ToC over the program cycle.

One critical element of the outcome mapping approach is to emphasize participatory approaches throughout. 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.

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

3.6.4. 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 lifecycle of the project itself. Keep in mind that partner choice is not neutral. Teams can put feminist principles into practice by asking which partners usually hold influence, and seek out and engage marginalized voices, such as women- and minority-led groups. 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.



HOW SOCIAL AND BEHAVIOR CHANGE MODELS CAN HELP IDENTIFY BOUNDARY PARTNERS

Boundary partners in GBV prevention are not only service providers or community leaders but also those who influence and sustain social norms, such as peers, families, midwives, and faith actors. Programs can identify primary reference groups whose opinions shape daily behavior (community leaders, peer groups, religious leader, parents) and secondary actors whose behaviors both model and reinforce community norms (service providers, government representatives, community-based committee leadership).

See Communities Care Community Stakeholder Map and Sector Stakeholder Map tools.

The nature of GBV prevention work often means that program teams already work closely with boundary partners during implementation. The design and execution of GBV prevention programming 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 within a program’s “sphere of influence” — meaning that 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. Yet, they also lie inside the “sphere of interest,” i.e., the area in which the program seeks to bring about change. 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:

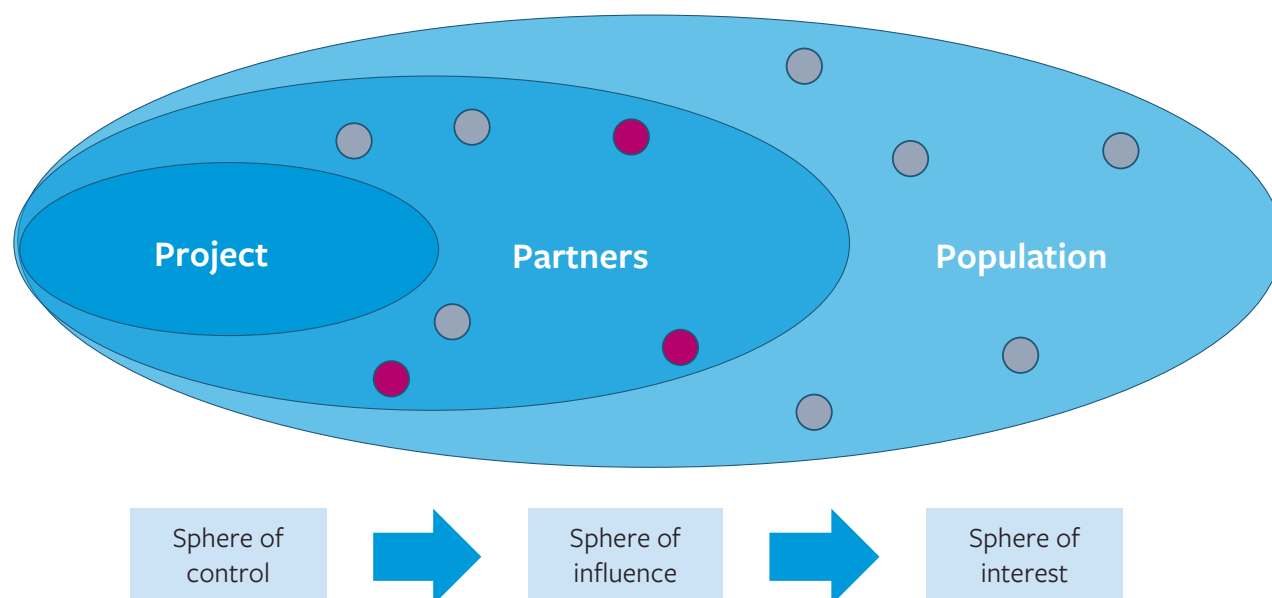


Diagram 6: Boundary Partners

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 ideally done before the design of any individual project proposal, following the development of the strategic vision of the organization outlined in Step 1.

3.6.5. PROGRESS MARKERS

Progress markers are indicators of community-based changes 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, it's 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.



WHO DEFINES PROGRESS?

Asking our target groups, specifically women, girls, marginalized and vulnerable groups, who are most at risk of GBV, what they believe progress looks like in their communities and lives ensures we are staying accountable to their definitions of success. Where a program team's responses differ from what community members might say, we have an opportunity to reflect on our own biases and positions, and re-center the lived experiences of those our programs seek to support.

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 could be an improved score on the post-test compared to the pre-test result. This is 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 among training participants of the IPV risks in their community
Expect to see	Commitment of men and boys to respond differently to negative peer attitudes toward IPV
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 the community or local authorities to embed IPV awareness and accountability structures
Love to see	Broad-based agreement on the unacceptability of IPV across the community



There are at least three critical aspects of a good collection of progress markers:

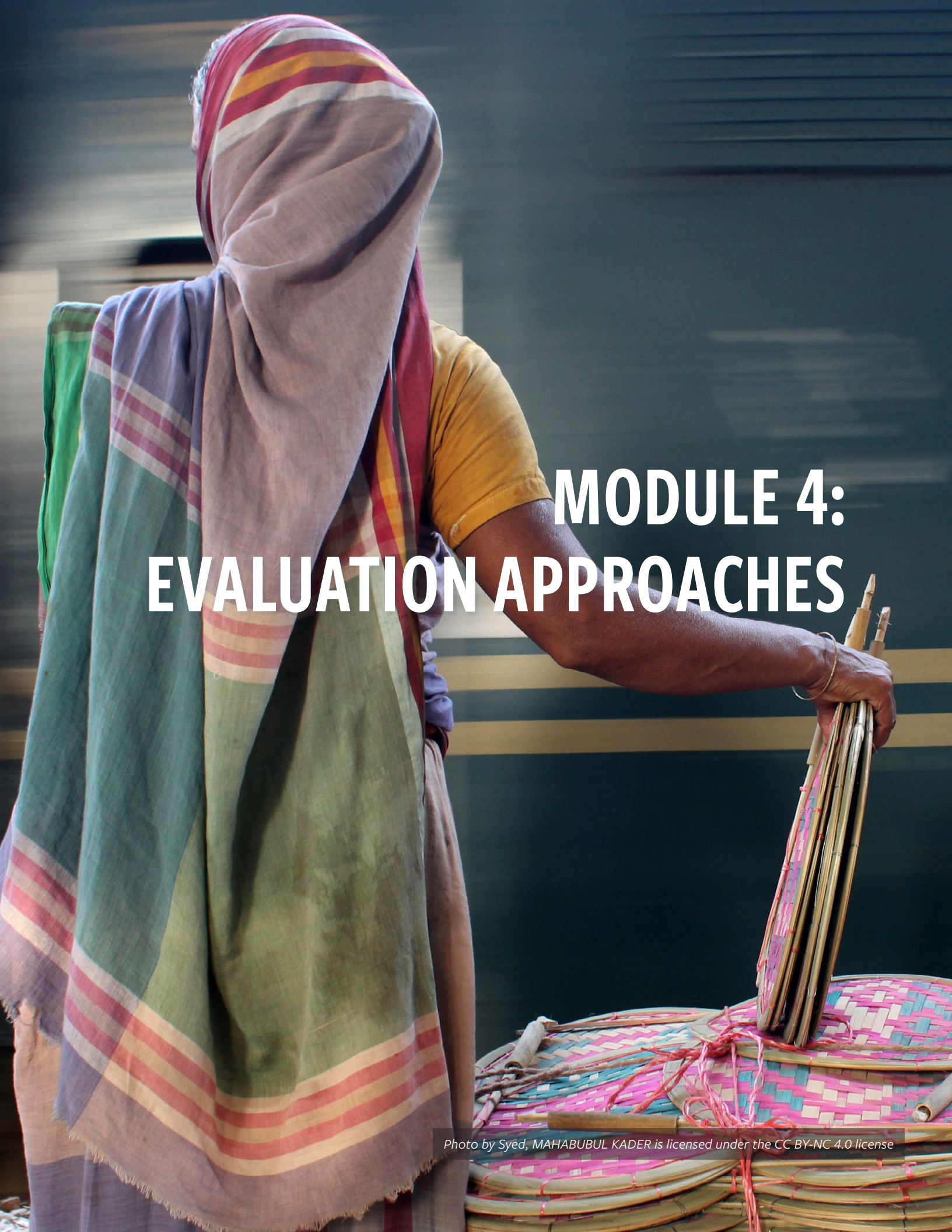
- ▶ **They should all focus on changes within the community and community members themselves.** It can be tempting to think in terms of project activities when considering the minimum standards you “expect to see.” For example, a team might suggest “high participation levels in awareness-raising events.” 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 the 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 consider not only who changed but whose change would influence and reduce risk.** Thinking about a **power analysis**, who in the community would have the most influence to reduce GBV risks, and what would change look like in these specific individuals or groups? This could include changes in actors identified as the threat, boundary partners with influence to change attitudes and norms, or in-groups at risk themselves (increased decision-making, solidarity, or collective action).
- ▶ **They should include a number of possible steps toward change.** It is impossible to know exactly how change will occur before it does. 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.
- ▶ **The 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. These changes may even relate to the longer-term changes in power structures and assumptions that provided the broader underpinning of GBV risk — even before the acute risks were exacerbated by the crisis context.

3.7. 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 there 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

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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:** GBV 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 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 resources invested and the 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 six to 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 conduct data collection and analysis.

In addition, evaluation tools and approaches need to take account of reflexivity across data collection, analysis and institutional use of the findings gathered.

4.1.1. REFLEXIVITY IN MEASUREMENT TOOLS AND PROCESSES

As discussed in module 3 on outcomes, GBV prevention design and measurement must be reflexive: conscious of whose voices are represented, how meaning is constructed, and how evidence is translated into understanding. When designing measurement tools and processes, reflexivity ensures that the process of generating evidence does not replicate the same power imbalances that GBV prevention seeks to address.

This includes:

- ▶ **Voice and representation:** Evaluation tools should intentionally amplify the voices of women, girls, and other marginalized or vulnerable groups, ensuring that data collection methods create safe and accessible spaces for them to define what change looks like. When interpreting findings related to children or adolescents, evaluators should consider how age, power, consent, and social expectations might shape responses, visibility, and apparent change, and they should avoid drawing conclusions beyond what the data can ethically support.

- ▶ **Valuing women's voices and those of marginalized and vulnerable communities:** Participatory and narrative methods, such as story-based outcome tools or community-led reflection sessions, can help center lived experience and enable participants to set the terms of evidence. Evaluators should treat these accounts as legitimate data, not anecdotal supplements.
- ▶ **Translation and interpretation:** Reflexivity also requires close attention to language. Translators and interpreters should be trained in GBV core components and briefed on the nuances of local idioms related to safety, dignity, and violence. Interpretation is not a neutral act: meaning may shift depending on cultural and gender norms. Teams should document how translations were managed and any resulting limitations.
- ▶ **Evaluator reflex journals and team debriefs:** Evaluation teams should use reflective journaling or structured debriefs to examine how their own positions, expectations, and interactions may have shaped data collection and interpretation. These reflections can form part of the documentation trail, improving transparency and learning within and across teams.

4.1.2. INSTITUTIONAL REFLEXIVITY AND USE OF FINDINGS:

Reflexivity extends beyond data collection to how evidence is used. Institutions, like individuals, have their own contexts that shape what is valued, disseminated, or acted upon.

- ▶ **Power in use of findings:** Evaluation findings can shift or reinforce power. Teams should consider who controls decisions about dissemination, interpretation, and follow-up action, and whether affected communities have meaningful opportunities to review and respond to conclusions. Sharing findings with community representatives not only validates the results but can also strengthen accountability.
- ▶ **Transparency in limitations of evidence and adaptation:** The responsible use of findings requires openness about uncertainty and the limitations of data. GBV prevention operates in dynamic, high-risk contexts; acknowledging gaps or mixed evidence should be seen as an ethical strength rather than a weakness. Teams should document how limitations inform program adaptation, making sure that that learning translates into more responsive and safer practice.

4.1.3. REFLEXIVITY CHECKLIST FOR EVALUATION TEAMS

Use this checklist throughout the design, data collection, and analysis stages to ensure that evaluation processes remain ethical, inclusive, and conscious of positionality and power.

Voice and Representation	
Have we identified whose voices are included and whose are missing in defining and measuring outcomes?	☐
Are women, girls, and marginalized groups directly shaping how “change” is described and evidenced?	☐
Do our data collection tools create safe spaces for those with less social power to speak?	☐
Valuing Women’s and Marginalized Communities’ Perspectives	
Are community insights and stories treated as valid data, not just illustration?	☐
Have we balanced quantitative evidence with qualitative insights that reflect lived experience?	☐
Translation and Interpretation	
Have translators or interpreters been briefed on GBV sensitivity and confidentiality?	☐
Have we reviewed how linguistic or cultural nuances might alter meaning or emphasis in the data?	☐
Are translation choices documented transparently in evaluation notes or annexes?	☐
Evaluator Reflexivity	
Have all team members reflected on how their own identities, assumptions, or institutional roles might shape interactions and analysis?	☐
Are evaluator reflections captured through journals, voice notes, or team debriefs?	☐
Have these reflections informed revisions to questions, analysis, or interpretation?	☐
Institutional Reflexivity and Use	
Who decides how findings will be interpreted and used? Have affected communities been included in sense-making discussions?	☐
Have we been transparent about limitations and uncertainties in the data?	☐
How will findings be used to strengthen—not just prove—GBV prevention work?	☐



THE IMPORTANCE OF TRANSLATION AND INTERPRETATION IN GBV EVALUATION

Language is never neutral. In GBV prevention and response work, the way that participants' stories are translated and interpreted can profoundly shape what is understood, whose experiences are valued, and how change is evidenced. Words used to describe violence, power, and agency often carry deep cultural and emotional meaning. A mistranslated term or a softened phrase can unintentionally erase the gravity of survivors' experiences or distort community perspectives on gender norms and safety.

That means quality translation and interpretation are not just technical steps — they are ethical and analytical practices. Translators and interpreters must be educated on GBV dynamics, confidentiality, and trauma-informed communication. Evaluators should treat them as integral members of the team, involved in briefing, debriefing, and joint sense-making.

Attention to language also supports equity and validity. It ensures that women, girls, and marginalized groups can express themselves in ways that feel authentic and safe, and that their voices remain intact through analysis and reporting. Transparent documentation of translation choices (e.g., glossaries, annotations, or parallel quotes) helps readers trace how meaning has traveled from field to finding.

Ultimately, ethical translation and interpretation uphold the integrity of evidence: protecting both participants and the credibility of conclusions drawn about what “change” truly means across contexts.

The evaluation tools and methods used to measure change need to be responsive to these considerations. 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.	Is open to unintended consequences and interactions between different program components.
3.	Is 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 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. Note 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. This decision tree is intended to help program and M&E teams choose the right approach or method for their context:

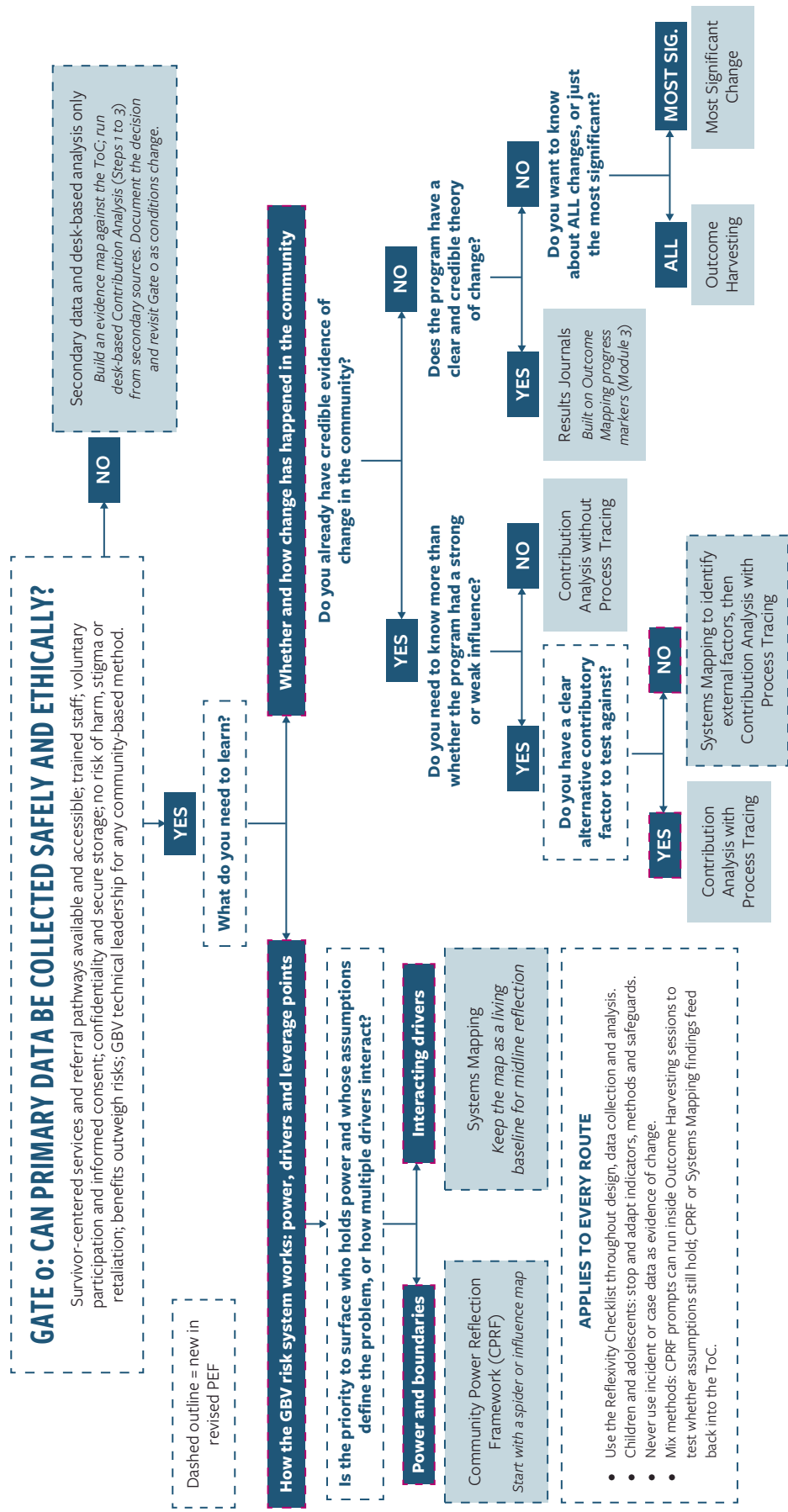


Diagram 7 (revised): A decision tree for choosing an evaluation approach

Last of all, please note that no single tool can ever provide the entire solution for an M&E problem as complex as GBV prevention. We encourage organizations to pick and choose, mixing different approaches where necessary, and adapting them to fit the needs and constraints faced by project teams.

CHANGES FROM THE 2021 DECISION TREE (DIAGRAM 7)

Element	Rationale
Gate 0 (new entry point)	All routes now start with Gate 0, which the revised PEF says applies across all modules and supersedes measurement requirements. If any condition fails, teams move to secondary data and desk-based analysis, which the PEF treats as a sound ethical outcome.
"What do you need to learn?" (new first question)	Separates the two purposes in revised Module 4: understanding the risk system (CPRF, Systems Mapping) versus assessing change (the original tree). CPRF and Systems Mapping are described for context analysis, midline reflection and before revising a ToC, not for attributing change, so they sit on their own branch.
CPRF vs Systems Mapping (new)	CPRF surfaces power holders, boundaries and hidden assumptions; Systems Mapping traces interacting drivers and feedback loops. The revised PEF presents them as complementary, so the branch asks which is the priority rather than treating them as one option.
Alternative contributory factor (new)	The draft revised text adds this question and routes "No" to "CPRF or Systems Mapping". This version routes "No" to Systems Mapping to surface candidate external factors (mirroring Contribution Analysis Step 1), then back to Contribution Analysis with Process Tracing, so the route still ends in a method that answers the question asked.
Results Journals	Unchanged position; now explicitly linked to the Outcome Mapping progress markers in Module 3, as the revised Results Journals text does.
Outcome Harvesting, MSC, Contribution Analysis	Unchanged positions and logic from the 2021 tree.
"Applies to every route" (new)	Consolidates cross-cutting revised guidance: Reflexivity Checklist, the children and adolescents stop-and-adapt box, the ban on incident or case data as evidence of change, and the advice to mix methods.

4.2.1. RESULTS JOURNALS

What It Is:

A results journal is a simple record, kept over time, of the changes in behavior, attitudes, and relationships you are trying to bring about in a community. Rather than tracking what your program delivers, it tracks what shifts among program participants themselves, including changes in awareness, decision-making, solidarity, access, influence, and confidence across different groups. This makes it useful for understanding not just whether change is happening, but how it unfolds and for whom, capturing both the ultimate behavior change you are aiming for (such as reduced IPV) and the intermediate steps along the way, including the progress markers identified in module 3. Readers interested in the outcome mapping tradition from which results journals are drawn can consult the outcome mapping community webpage at <https://www.outcomemapping.org/>

When to Use It:

- ▶ During implementation, as the program's core outcome monitoring tool, once boundary partners and progress markers have been defined using module 3.
- ▶ When you want to understand how change unfolds and for whom, rather than only whether planned activities were delivered.
- ▶ Where boundary partners, or trusted program staff such as caseworkers or outreach teams, have a steady presence in the community over time.
- ▶ Adapt the tool where populations are highly transient, literacy is low, or where asking community members to record GBV-related information could cause harm. In these cases, trusted team members, not community members, should keep the journals.

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. It is important to engage partners from multiple groups and perspectives, ensuring that women's, girls', and marginalized groups' experiences inform what is considered "progress." Likewise, it is important to reflect back on the position of the measurement team when designing the results journals and deciding how to interpret the data they produce (see the section on reflexivity in measurement systems above for further guidance on this point).

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.

Adding in dedicated time to share and reflect on observed changes can help identify emerging themes and reinforce positive changes. This type of discussion also makes monitoring an opportunity for learning and conversation about decreased GBV risk — helping staff and partners see not only whether change is happening but whose changes shift power and influence safety within the community.

Lastly, the journal itself needs to be designed and a format agreed upon 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 IPV experienced by married women with children living in IDP camps over the last year. The project logframe included a range of activities and expected results across different components of the risk profile:

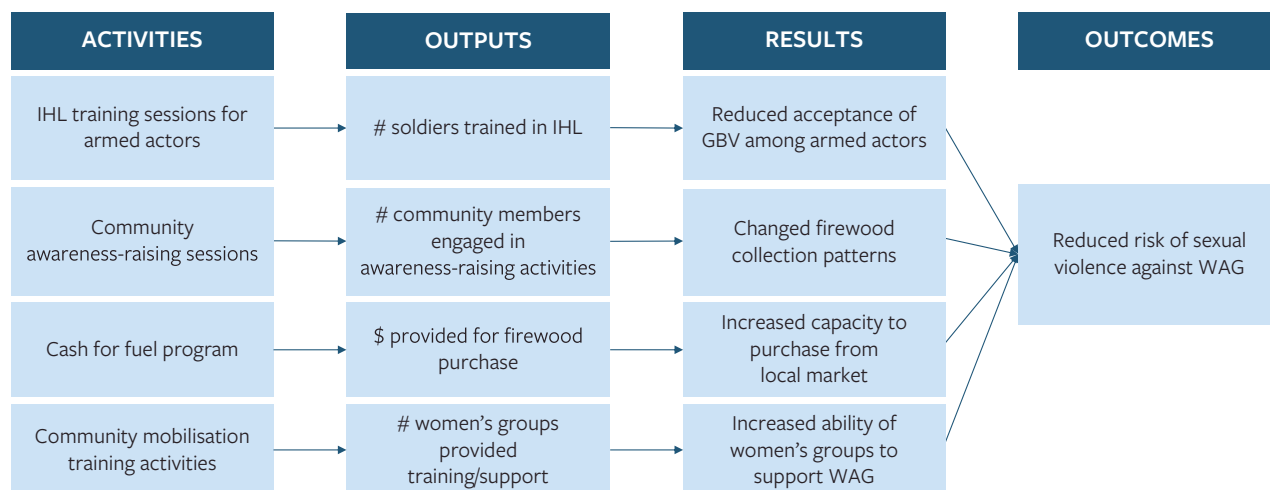


Diagram 8: A fictional theory of change

PROGRAM MARKERS:

Potential progress markers for this project could include:

Category	Progress marker	Risk factor & level
Expect to see	Men returning from conflict begin attending psychosocial or reintegration sessions and acknowledging stress or trauma in discussions.	Threat SEM Level: Individual
	Families start engaging with whole-of-family or community support sessions to discuss stress and communication challenges.	Vulnerability SEM Level: Relational
	Religious and community leaders participate in dialogues about re-establishing marital workshops and support networks.	Capacity SEM Level: Community
Like to see	Men consistently use peer groups or counseling services, and report improved emotional control and reduced substance use.	Threat SEM Level: Individual
	Couples demonstrate calmer conflict resolution and cooperative decision-making in household matters.	Vulnerability SEM Level: Relational
	Leaders begin offering or hosting regular marital support sessions and promote shared-respect messages in public or religious forums.	Capacity SEM Level: Community
Love to see	Men actively promote non-violent coping and mental well-being among peers, becoming role models for healthy reintegration.	Threat SEM Level: Individual
	Families independently sustain positive coping practices and share their experiences to support others facing similar stressors.	Vulnerability SEM Level: Relational
	Community- and faith-based marital support systems operate autonomously, with leaders and families jointly driving prevention of domestic violence.	Capacity SEM Level: Community

Results Journal Format 1:

Category	Progress marker	Risk factor & level	Not observed	Emerging examples	Growing well	Wide-spread
Expect to see	Men returning from conflict begin attending psychosocial or reintegration sessions and acknowledging stress or trauma in discussions.	Threat SEM Level: Individual				
	Families start engaging with whole-of-family or community support sessions to discuss stress and communication challenges.	Vulnerability SEM Level: Relational				
	Religious and community leaders participate in dialogues about re-establishing marital workshops and support networks.	Capacity SEM Level: Community				
Like to see	Men consistently use peer groups or counselling services, and report improved emotional control and reduced substance use.	Threat SEM Level: Individual				
	Couples demonstrate calmer conflict resolution and cooperative decision-making in household matters.	Vulnerability SEM Level: Relational				
	Leaders begin offering or hosting regular marital support sessions and promote shared-respect messages in public or religious forums.	Capacity SEM Level: Community				
Love to see	Men actively promote non-violent coping and mental well-being among peers, becoming role models for healthy reintegration.	Threat SEM Level: Individual				
	Families independently sustain positive coping practices and share their experiences to support others facing similar stressors.	Vulnerability SEM Level: Relational				
	Community- and faith-based marital support systems operate autonomously, with leaders and families jointly driving prevention of domestic violence.	Capacity SEM Level: Community				

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.

Category	Progress marker	Risk factor & level	Not observed	Emerging examples	Growing well	Wide-spread
Expect to see	Men returning from conflict begin attending psychosocial or reintegration sessions and acknowledging stress or trauma in discussions.	Threat SEM Level: Individual	0	1	2	3
	Families start engaging with whole-of-family or community support sessions to discuss stress and communication challenges.	Vulnerability SEM Level: Relational	0	1	2	3
	Religious and community leaders participate in dialogues about re-establishing marital workshops and support networks.	Capacity SEM Level: Community	0	1	2	3
Like to see	Men consistently use peer groups or counselling services, and report improved emotional control and reduced substance use.	Threat SEM Level: Individual	0	2	4	6
	Couples demonstrate calmer conflict resolution and cooperative decision-making in household matters.	Vulnerability SEM Level: Relational	0	2	4	6
	Leaders begin offering or hosting regular marital support sessions and promote shared-respect messages in public or religious forums.	Capacity SEM Level: Community	0	2	4	6
Love to see	Men actively promote non-violent coping and mental well-being among peers, becoming role models for healthy reintegration.	Threat SEM Level: Individual	0	3	6	9
	Families independently sustain positive coping practices and share their experiences to support others facing similar stressors.	Vulnerability SEM Level: Relational	0	3	6	9
	Community- and faith-based marital support systems operate autonomously, with leaders and families jointly driving prevention of domestic violence.	Capacity SEM Level: Community	0	3	6	9

This information can then be used to generate a clear and simple dashboard, mapping progress over time, potentially across multiple IDP camps or areas, or mapping progress against risk factors or SEM levels:

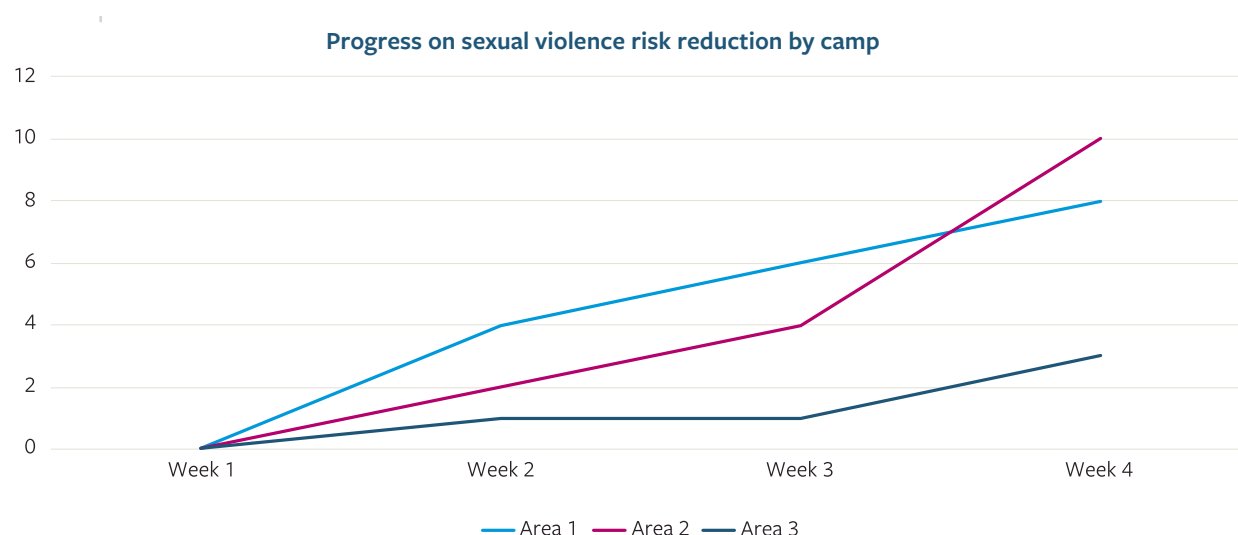


Diagram 9: A results dashboard⁷⁰

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 IPV?

Contribution: How did the project contribute to this change?

70. The numbers listed above are not actual numbers that are observed, but a weighted number that is agreed upon in advance with M&E 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.

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

RESULTS JOURNAL

Region: XXX IDP camp
Date: 03/05/2020
Journal-taker: name, family name

Title: Dispute resolution on family finances
Description: My husband was unhappy with the amount we spent on the school uniforms and books and pens for our children's classes. He came to me in the evening after drinking with his friends and said we needed to talk. I was able to remind him of what the pastor said in the marital workshop, and he took a breath. We talked at length about the costs of schooling, and I showed him the plan I had worked on for our next three months' expenses. We worked on it together, and the conversation ended well.
Significance: This is really important because education expenses were causing us both a great deal of stress, and when we tried talking about this in the past, it would get difficult. Even more so after my husband had been drinking.
Contribution: The marital workshops gave me clear tools and tips to use in conversations like this. And the education funds helped to cover some of the costs my husband and I were worried about.

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 the change cannot be overstated: 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.

Facilitation Tips

- ▶ Invest in training boundary partners before the first journal entry; a short practice round helps ensure the tool is understood and used as intended.
- ▶ Build the collection timetable around realistic expectations of when progress-marker changes could plausibly appear, not around reporting deadlines.
- ▶ Schedule dedicated sessions to share and reflect on observed changes; this turns monitoring into shared learning about whose changes shift power and safety in the community.
- ▶ Engage journal keepers from multiple groups and perspectives, so that women's, girls', and marginalized groups' experiences shape what is considered progress.
- ▶ Reflect on the measurement team's own position when designing journals and interpreting their data, using the reflexivity guidance found earlier in this module.

4.2.2. OUTCOME HARVESTING

What It Is:

Outcome harvesting is a technique for identifying changes that have actually happened in a community and then working backwards to ask what role the program played in bringing them about. Instead of starting with a pre-defined logframe and checking whether planned outputs were delivered, it starts with what has changed on the ground, treating observations from program participants (particularly women, girls, and other groups most at risk of GBV) as primary evidence. This makes it especially useful for GBV prevention work because it copes well with unclear or evolving ToCs, captures unintended outcomes (such as effects on forms of GBV or social norms beyond those originally targeted), and brings to light diverging perspectives from across the community, including observations that program teams may not see themselves. Readers interested in the methodological foundations of outcome harvesting or its relationship to outcome mapping should read Wilson-Grau, 2019, Outcome Harvesting: Principles, Steps, and Evaluation Applications. IAP.

When to Use

- ▶ When the theory of change is unclear, contested, or has evolved during implementation, and pre-defined indicators no longer capture what matters.
- ▶ When unintended outcomes are likely to be important, including effects on forms of GBV or social norms beyond those the program originally targeted.
- ▶ At mid-term or program end, or integrated into ongoing monitoring, provided the harvest can be led by M&E staff with a degree of independence from program implementation.
- ▶ When observations from the community, particularly women, girls, and other groups most at risk of GBV, can be gathered safely as primary evidence.

How to Use It:

Outcome harvesting was originally designed for international development contexts and can be highly 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. For this reason, this framework presents a shortened version of the outcome harvesting tool, which is intended to encourage teams to capture outcomes as widely as possible, 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

Regardless of the timeframe, outcome harvesting is usually conducted by M&E teams who have a level of independence from the program implementation. This is important because the aim is to collect a wide range of observed changes without giving preference to those that the program team intended to bring about. It can be integrated into program monitoring during implementation or alternatively conducted

at the program's end. It is also relatively 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 IPV against married IDP women by husbands who have returned from conflict, this could include the following questions:

- ▶ In what ways have men returning from conflict changed their behaviors or coping mechanisms to manage stress, trauma, or substance use without resorting to violence?
- ▶ How have relationships and daily interactions within the households of men returning from conflict changed as a result of family or community support services?
- ▶ How have community or faith leaders contributed to strengthening marital support networks or promoting non-violent relationship norms among IDP households?

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? Whom have these factors changed (e.g., married partners in the IDP community, community or faith leaders)? 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 make sure that “do no harm” principles are prioritized in this case.

Once the data is reviewed, the evaluator will draft outcome descriptions for each observed outcome — there will 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 might simply focus on presenting what changed, for whom, and when. For example:

	Outcome description
Outcome	Between mid-2024 and mid-2025, men returning from conflict in three IDP camps began meeting regularly in peer support groups established through the program’s reintegration activities. As a result, participants reported a greater ability to manage anger and stress, a noticeable decline in alcohol use, and fewer violent incidents at home, as reported by their spouses and community focal points.
Contribution	Community facilitators and psychosocial workers from the implementing partner contributed to this change by providing structured group discussions, trauma-management training, and follow-up visits to families. Local religious leaders reinforced these messages by referencing patience, self-control, and mutual respect in Friday sermons.

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 households, especially those with married male returnees, would be well placed to verify outcome statements in this project example. Likewise, where possible, members of the wider community and psychosocial workers who took part in group discussion activities might be approached where helpful.

Step 4 – Analyze and Interpret

The evaluator then analyzes and interprets the findings of the outcome statements and contribution analyses, and then groups and classifies them into thematic areas. A good way to do this is to classify the outcomes according to the risk equation and the socio-ecological model:

Domain	SEM Level	Outcome statement (observed change)	Possible source/evidence
Threat (<i>reducing drivers of violent behavior</i>)	Individual	Several male returnees reported stopping the use of physical punishment during arguments, saying they now recognize it as violence rather than “stress relief.”	Men’s reflection groups; counselor reports
	Relational	Wives of ex-combatants described fewer violent incidents after couples began using agreed “cooling-off” strategies learned from peer sessions.	Women’s focus groups; GBV case monitoring
	Community	Community leaders in [location] intervened to prevent escalation in two cases of intimate partner violence, citing new bystander norms discussed in men’s networks.	Community meeting notes; NGO field logs
	Societal	Religious leaders publicly condemned wife-beating in Friday sermons for the first time since displacement, framing it as contrary to faith and masculinity.	Radio transcripts; interviews with faith leaders

Domain	SEM Level	Outcome statement (observed change)	Possible source/evidence
Vulnerability (reducing exposure and dependence on violent dynamics)	Individual	Women in IDP households began saving small incomes separately, giving them options to leave unsafe environments.	Livelihood project reports; key informant interviews
	Relational	Couples began planning household budgets together, reducing conflicts over money and mistrust around remittances.	Couple counseling records; MSC stories
	Community	Women's support groups coordinated informal transport to safe spaces for survivors, reducing isolation and reliance on abusive partners.	Group minutes; NGO protection reports
	Societal	Local authorities agreed to enforce IDP camp bylaws on domestic violence consistently, regardless of the husband's combatant status.	Policy meeting minutes; NGO advocacy tracking
Capacity (strengthening protective and adaptive systems)	Individual	Former fighters trained as peer facilitators now mediate disputes among other returnees, modelling non-violent conflict resolution.	Peer facilitator journals; NGO staff observations
	Relational	Couples that previously separated reconciled through facilitated dialogues, setting household rules for respect and communication.	Case study documentation; household interviews
	Community	Men's networks established informal "accountability circles" to discuss stress and prevent relapse into violent behavior.	Network meeting reports; facilitator reflections
	Societal	The district GBV sub-working group incorporated male-returnee reintegration indicators into its annual protection plan.	Sub-working group reports; policy documents

It is critical to refer back to the assessment of measurement team reflexivity when building a table like this. Building a list of outcome statements and identifying how they relate to the GBV risk is a subtle and complex task. Whoever conducts the analysis will be operating from a position in a wider social system and will therefore be subject to a number of biases and influences in their work. Understanding this and paying attention to potential blind spots is a crucial part of their work. See the reflexivity checklist above for further guidance on doing this well.

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 be aimed 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.

Facilitation Tips

- ▶ Design the harvest questions together with the people who will actually use the findings; usability should drive the design.
- ▶ Cast a wide net: review data from other programs and sources operating at the same time and avoid limiting the harvest to changes the program intended to bring about.
- ▶ Keep outcome descriptions short and concrete, recording what changed, for whom, when, and where, before turning to the question of the program's contribution.
- ▶ Substantiate outcomes with sources independent of the program team, and treat divergent accounts as information about the community, not as data errors.
- ▶ Apply “do no harm” principles to all primary data collection and close the harvest with a facilitated discussion of lessons with the program team, and the community where appropriate.

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. 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>.

When to Use:

- ▶ When you cannot predict what the results of the program will be, and unintended consequences are likely to be common and important.

- ▶ When you want the community itself to define which changes matter, strengthening community feedback and shared ownership of program effects.
- ▶ Alongside results journals or outcome harvesting, to capture changes in people's lives that more structured tools would miss.
- ▶ In time-constrained humanitarian settings, using the streamlined five-step approach presented here rather than the full MSC process.

How to Use It:

There are five 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 three to five areas where the program is trying to bring change. This may relate to the components of risk, for example:

1. Changes in how men returning from conflict understand and manage their emotions, trauma, or substance use — including how they express anger, seek help, or relate to family members. (**threats; individual**)
2. Changes in men's access to livelihoods, financial stability, and social belonging that have affected household stress levels and the likelihood of violent behavior. (**threats; individual**)
3. Changes in how couples and families communicate, resolve conflict, and share decisions, especially in managing daily pressures or reintegration challenges. (**vulnerabilities; relational**)
4. Changes in how religious and community leaders, peer mentors, or social networks promote non-violence, offer marital support, and reinforce positive relationship norms. (**capacities; community**)

It's important to keep these domains 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 within the communities in question. There are many different ways to construct the story templates themselves, but a common approach is presented below:

COLLECTING THE STORIES

- ▶ **Metadata:** 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 IPV prevention 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 household and your wider community 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

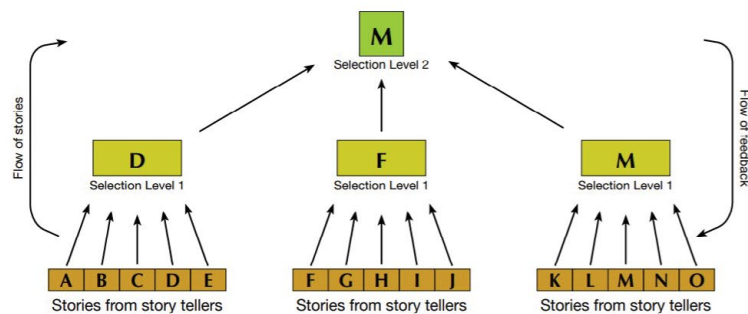
This template allows the enumerator to collect basic information about the time and place where the story happened — a basic and open-ended question is asked about the most significant change observed by the interviewee. Crucially, the significance of this story to the interviewee is then explained. This allows people to share stories that may not be obviously related to IPV but still demonstrate significance to it. For example, a married woman may report that, since taking part in the marital workshops, she feels more confident in her ability to manage the family finances. It's only by asking the significance of this change that we might discover that, in her household and others in the community, control of family finances was one of the critical triggers associated with IPV. Finally, the enumerator records the domain of change that this relates to.

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, and record 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 to consider how this selection process takes place. GBV prevention activities in particular are inherently rooted in community perceptions, beliefs, and norms, so 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, recording their reasons why. Non-hierarchical models can be used for this process. It is important to refer back to the reflexivity checklist presented above when thinking through how best to approach the story-selection process.

As with all GBV data collection, the risk of causing harm by sharing stories such as this must be kept at the forefront of program teams' minds. Where this is not possible without respecting the privacy of individuals involved, it must not be attempted. In such cases, we advise 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 give feedback to project teams on the ground and to 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. 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, which involves reviewing every story collected, including those cast aside as less significant. These are then mapped and coded by theme, for example, "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, for example, by thinking about how armed actor movements relate to GBV incidence in the future. It can also be used to help build the evidence about what works in GBV prevention, in what contexts, and for whom.

Facilitation Tips

- ▶ Keep the domains of change loose and fuzzy in their definition; tightly defined domains defeat the purpose of an open-ended method.
- ▶ Define domains as changes within the community being served, never as perceptions of your services or participation in your activities.
- ▶ Always ask why the change is significant to the storyteller; this question is what connects seemingly unrelated stories to GBV risk.
- ▶ Record the reasons for every selection decision, at every level of the selection chain, and feed the final selections back down to story collectors and communities.
- ▶ Use story collectors with a high degree of trust in the community, and protect storyteller confidentiality in how stories are recorded, shared, and attributed.

4.2.4. COMMUNITY POWER REFLECTION FRAMEWORK

What It Is:

The Community Power Reflection Framework (CPRF) is a structured reflection tool that helps communities and evaluators examine *how power, knowledge, and legitimacy shape GBV risk*. Rather than measuring change directly, the CPRF provides a **snapshot of the system of risk** at a given moment — revealing the *assumptions, boundaries, and leverage points* that sustain or reduce threats, vulnerabilities, and capacities.

CPRF brings community members and stakeholders together to explore who defines the system and whose interests it serves. Participants start to reimagine the boundaries of possibility for prevention. In GBV prevention work, CPRF can be used to emphasize that **risk is not only behavioral but structural and relational**. It helps evaluators and communities move from describing what happens to understanding **how systems make it happen** — and where the practical leverage for prevention is.

By identifying assumptions, boundaries, and power relations, CPRF equips practitioners to design interventions that are context-anchored, equity-oriented, and capable of altering the deeper social logics that sustain GBV.



COMMUNITY POWER REFLECTION AND FEMINIST POWER MAPPING

The Community Power Reflection Framework shares many goals and techniques with power mapping approaches used in feminist M&E practice. Both are grounded in the belief that social change requires understanding how power operates — not only between men and women, but within institutions, relationships, and community norms.

Like spider maps, network maps, or circles-of-influence diagrams, the framework invites teams and community members to visually and critically explore who holds decision-making power, whose voices are heard, and whose realities are excluded when defining “problems” or “results.”

Feminist power mapping tools emphasize the distribution and flow of power, but the CPRF extends this by prompting reflection on what sustains those power structures. It asks, for example:

- ▶ Who is seen as a legitimate actor in defining GBV risk?
- ▶ Whose safety or dignity is prioritized in our program logic?
- ▶ Who benefits if our definition of “success” remains unchanged?

Used together, these approaches enable deeper collective reflexivity: feminist power mapping identifies the visible structure of power, while Community Power Reflection identifies the assumptions that reproduce it.

Tip: When facilitating this exercise, consider starting with a simple spider or influence map to identify visible power relations, and then move into Community Power Reflection questions to uncover the hidden boundaries and mental models behind them.

When to Use:

- ▶ During participatory context analysis or midline reflection to unpack the current drivers of GBV risk.
- ▶ As part of community dialogues or outcome-harvesting sessions to test whether earlier assumptions about risk still hold.
- ▶ Before revising a ToC, to locate leverage points where program influence or partnership could shift the system.

How it Works:

Step 1 – Define the System of Concern

Begin by clarifying the form of GBV risk being explored (e.g., early marriage of adolescent girls).

Ask participants, *“What do people see as the boundaries of this problem — who and what is inside or outside it?”*

This helps reveal hidden assumptions about where responsibility lies (family, religion, economy, state).

It can also be useful to map the responses to this question across the level of the socio-ecological model (individual, relational/interpersonal, community, and societal levels).

Step 2 – Facilitate Guided Discussion Using Community Power Reflection Prompts

Use the domains below to steer a discussion that identifies:

- ▶ **Assumptions** about why the risk exists and what outcomes are desirable.
- ▶ **Boundaries** of inclusion and exclusion — whose knowledge counts, who is visible or invisible.
- ▶ **Leverage points** where power, resources, or legitimacy could be shifted.

Step 3 – Record Perceptions and Contradictions

Encourage participants to discuss differences openly; differing answers reveal the boundaries of social meaning and power, and are not data errors.

Note both agreement and tension — these indicate places where transformation can potentially occur.

Step 4 – Synthesize Findings

After the session, summarize what participants identify as the main drivers of threats, vulnerabilities, and capacities, and where they believe change is possible.

These findings can then inform the design or revision of a ToC, advocacy strategy, or partnership plan.

Discussion Domains and Example Questions

Example 1: Early marriage of girls under 14 in conflict-affected areas

The **CPRF** enables evaluators to identify and examine the often-implicit boundaries and assumptions that shape how early marriage is understood and addressed within the program. It draws attention to who is defined as the program beneficiary (e.g. adolescent girls, families, community leaders, or institutions), whose values and interests dominate in defining the problem, and which sources of knowledge are recognized as legitimate in determining risk and success.

By structuring reflection and dialogue around these boundary judgments, CPRF helps unpack assumptions about causality (e.g., that poverty or lack of education are the main drivers), responsibility (e.g., that prevention lies primarily with community actors or service providers), and feasibility (e.g., that attitudinal change can be achieved through awareness alone).

In participatory discussions, it enables communities and implementers to question who benefits and who may be unintentionally excluded or burdened by interventions. Overall, CPRF helps evaluators identify leverage points for adaptation by clarifying where program boundaries might conceal deeper social, economic, or power-related determinants of early marriage.

Domain	Boundary explored	Example questions	Risk equation link
1. Purpose and value	Identifies assumptions about what the system is trying to achieve.	- What do families believe early marriage achieves or prevents? - What would a “good” future for girls look like here? - Whose well-being is prioritized?	Identifies threat rationales and competing social values.
2. Decision power	Exposes who defines choices and enforces rules.	- Who decides when a girl should marry? - Who can delay or veto such a decision? - Whose approval is essential?	Maps power holders (potential leverage points).
3. Knowledge and expertise	Reveals whose knowledge counts in shaping norms or interventions.	- Whose opinions are trusted about safety and marriage? - Do girls, teachers, or health workers have influence? - What information sources shape beliefs?	Highlights vulnerability through exclusion and channels for capacity building .
4. Beneficiaries and burdens	Clarifies who gains and who bears the costs.	- Who benefits materially or socially from early marriage? - Who loses opportunities or safety? - How does this differ for displaced, wealthy, or poor families?	Distinguishes economic drivers and differential vulnerabilities .
5. Resources and means	Examines control of material and institutional resources.	- What resources or supports influence marriage decisions? - Who controls access to education, income, or protection? - What happens when these are lacking?	Reveals capacity gaps and economic leverage points.
6. Norms and legitimacy	Investigates how cultural or religious rules define what is acceptable.	- How do community norms link marriage to honor or survival? - What messages discourage or justify early marriage? - Who can reinterpret these norms?	Identifies normative threats and pathways for norm change.
7. Justice and accountability	Explores local mechanisms for fairness and redress.	- If harm occurs, who responds? - Are there trusted ways to challenge unfair or unsafe marriages? - What happens to families that refuse early marriage?	Shows accountability capacities or their absence.
8. External influence	Looks beyond the immediate community to structural forces.	- How do displacement, militia activity, or diaspora expectations shape marriage practices? - Do laws or aid programs help or hinder prevention? - Who outside the community could influence change?	Captures macro-level threats and capacities .

Example 2: IPV among married women with children in IDP camps

In this IPV context, **CPRF helps evaluators expose the invisible boundaries** between “domestic” and “community” space that allow violence to continue unchallenged.

By identifying **assumptions (why violence happens)**, **boundaries (who matters)**, and **leverage points (where change can occur)**, the tool helps identify actionable, context-specific pathways for prevention that link individual well-being to collective accountability.

Domain	Purpose/ boundary explored	Example questions	Risk equation link
1. Purpose and value	Reveals assumptions about what relationships are “meant to achieve” and what family stability means in this context.	- What do men and women each believe a “good marriage” looks like? - What do people think violence in the home is meant to achieve or prevent? - What is seen as the right balance of authority and respect between partners?	Reveals threat rationales and competing social values underpinning IPV.
2. Decision power	Exposes who holds authority in household and community decision-making.	- Who decides how income is spent in the household? - Who can intervene if violence occurs? - Whose opinion matters most in resolving marital conflict — that of elders, religious leaders, or neighbors?	Maps power holders and potential leverage points for prevention.
3. Knowledge and expertise	Reveals whose understanding of conflict and well-being shapes responses to IPV.	- What do people believe causes violence in relationships? - Who is trusted to give advice about family conflict or stress? - How do men and women learn what a healthy marriage looks like?	Shows vulnerability through misinformation or silence and capacity for peer-led learning.
4. Beneficiaries and burdens	Examines who benefits from the status quo and who carries the costs.	- Who benefits when violence is used to “keep order” in the home? - Who is most harmed when conflict escalates? - How do children experience the effects of violence?	Distinguishes unequal power relations and intergenerational vulnerabilities .
5. Resources and means	Identifies control over income, services, and coping mechanisms.	- Who controls money, food, and shelter in the family? - How does lack of income or work affect stress and behavior? - What support is available for families under pressure — formal or informal?	Reveals economic stressors as threats and resources that strengthen capacity .
6. Norms and legitimacy	Examines what is considered acceptable in relationships and community life.	- How do community members view men who show anger or control their wives? - Is it ever acceptable to intervene in another family’s affairs? - What do religious or cultural teachings say about violence or forgiveness?	Identifies normative threats and entry points for norm transformation .

Domain	Purpose/ boundary explored	Example questions	Risk equation link
7. Justice and accountability	Explores existing mechanisms for safety and redress.	• What happens when a woman is injured or asks for help? • Who can she turn to? • How do local leaders or police respond to IPV complaints? • What happens to perpetrators — anything or nothing?	Highlights protection and accountability capacities or gaps.
8. External influence	Reveals how broader systems shape local risk and protection.	• How have displacement and loss of livelihoods affected family life? • How do aid agencies or CBOs talk about IPV? • Are there laws or services for survivors, and do people trust them? • How do military or militia experiences influence men's attitudes and coping?	Captures macro-level threats (e.g. militarization, law enforcement collapse) and capacities (e.g. NGO engagement).

Outputs and Use

After completing the session:

- ▶ **Map boundaries and leverage points** identified by participants.
Example 1: Economic pressure and diaspora demand were named as key outside forces, while family honor and food insecurity were named as inside pressures.
Example 2: Family elders, religious leaders, and women's groups are inside the current system of prevention and response, while law enforcement, mental health providers, displaced men's groups might be seen as outside.
- ▶ **Summarize assumptions** driving these pressures.
Example 1: Marriage protects girls from recruitment or hunger.
Example 2: IPV is seen as a form of discipline that maintains household order; men's authority is viewed as fragile without income or status.
- ▶ **Identify leverage points**, such as alternative livelihoods, religious reinterpretation, or cross-border advocacy, that can alter the system's dynamics.

The product is a **community-defined snapshot of the GBV risk system**, capturing how people understand what sustains early marriage and where influence can be applied.

Facilitation Tips

- ▶ Begin with less sensitive domains (purpose, resources) before addressing norms or justice.
- ▶ Keep group composition small and context-appropriate — separate sessions for adolescents, caregivers, or men may be necessary.
- ▶ Use visual aids (circles, arrows) to trace influence; this helps participants see boundaries and connections.

- ▶ Encourage reflection rather than consensus; multiple viewpoints reveal systemic diversity.
- ▶ Conclude by discussing, “Which of these boundaries could realistically be shifted — and by whom?”

4.2.5 SYSTEMS MAPPING

What It Is:

Systems mapping is a participatory tool for visualizing the network of relationships, feedback loops, and drivers that sustain or reduce GBV risk. It is designed to help communities and evaluators see **how multiple causes interact** (e.g., economic stress, social norms, displacement, legal barriers, and service access) to shape vulnerability and protection.

In GBV prevention, systems mapping can reveal **how behaviors are reinforced by structures** (e.g., institutions, livelihoods, power hierarchies) and **how interventions can create ripple effects** across the system. It provides a shared visual language for discussing complexity and identifying leverage points for collective action.

By mapping connections, stakeholders begin to recognize that GBV is not an isolated outcome of bad actors or cultural attitudes, but a product of **interdependent systems**, whether they be economic, social, political, or relational. The process builds systems literacy, enabling communities and implementers to design prevention strategies that work with rather than against local dynamics.

When to Use:

- ▶ During **initial context analysis**, to understand the ecosystem of risks, norms, and protective capacities surrounding GBV.
- ▶ At **midline or reflection points**, to assess whether interventions are shifting the wider system (e.g., new alliances, changing norms, altered incentives).
- ▶ Before **revising a ToC**, to visualize unintended effects or identify new leverage points for prevention.

How to Use It:

Step 1 – Define the Focal Issue

Identify a specific GBV risk (e.g., early marriage of adolescent girls). Ask participants, “*What are the main factors that make this happen or prevent it?*”

List all relevant elements: economic pressures, social expectations, laws, institutions, beliefs.

Step 2 – Map Relationships

Work with participants to draw causal connections between factors: what influences what? Use arrows to indicate direction and strength of influence.

Encourage participants to note **reinforcing loops** (that sustain risk) and **balancing loops** (that create resilience).

To deepen this step, facilitators can draw on systems thinking and feminist M&E tools for power and relationship mapping, such as causal loop diagrams, power spider maps, and rich pictures. These approaches help participants visualize both the visible and invisible power relations that drive GBV risk, showing how authority, norms, and resources flow between actors.

- ▶ Causal loop diagrams (Peter Senge, *The Fifth Discipline*, 1990) help identify reinforcing feedback that keeps unequal gender norms stable.
- ▶ Power spider maps (Kesby et al., *Participatory diagramming and feminist geographies of empowerment*. *Area*, 37 (3), 372–380, 2005; Vera, E., & Tanyag, M., *Feminist Systems Thinking for Gender Equality and Peacebuilding*. UN Women Discussion Paper, 2021) make visual the strength and direction of power relations among institutions, leaders, and community groups.
- ▶ Rich pictures (Peter Checkland, *Systems Thinking, Systems Practice*, 1981) allow participants to express emotional and relational dynamics that written lists often miss.

Used together, these methods connect the analytical mapping of systems thinking with feminist M&E's emphasis on relational power, helping teams see not only what influences what, but who shapes whose experience of safety and agency.

Step 3 – Identify Leverage Points

Once relationships are mapped, discuss where a small change could have a large impact.

Ask, “If this factor shifted, what else might change?”

This raises entry points for interventions that are systemic rather than symptomatic.

Step 4 – Analyze Power and Feedback

Overlay dimensions of **power, agency, and legitimacy**: who controls which parts of the system, who is excluded, and where do feedback loops reinforce inequality or silence.

This step translates mapping from a descriptive tool into a **transformative analytic lens**.

Step 5 – Synthesize and Use

Summarize the main pathways sustaining GBV risk and the points where interventions can alter system behavior.

Use the visual map as a shared reference for strategy development, monitoring, and advocacy.

Discussion Domains and Example Questions

Example 1: Early marriage of girls under 14 in conflict-affected areas

Systems mapping enables evaluators and communities to visualize the web of interacting drivers that sustain early marriage — from insecurity and poverty to dowry practices, gender norms, and weak legal

protection. It helps identify **assumptions about causality and influence**, such as the belief that improving education alone will reduce early marriage, while revealing **feedback loops** — for example, how conflict increases economic pressure, which strengthens norms linking marriage to family survival.

By making these connections explicit, systems mapping exposes the **boundaries of existing problem definitions** (e.g., focusing only on awareness-raising) and prompts reflection on **hidden leverage points**, such as remittance flows, women’s informal networks, or changing roles in displacement economies.

Ultimately, it supports evaluators in identifying where prevention efforts can catalyze systemic change rather than isolated outcomes.

Domain	Purpose/ boundary explored	Example questions	Risk analysis link
1. Purpose and value	Reveals competing goals shaping the system.	What are families trying to achieve through early marriage: protection, honor, survival?	Shows threat rationales and social value systems. SEM Level: Relational
2. Decision power	Highlights nodes of authority within the system.	- Who influences marriage decisions? - Whose opinions carry weight?	Maps leverage points for redistributing power. SEM Level: Relational + Community
3. Economic and resource flows	Traces material drivers and constraints.	How do income, remittances, or aid affect marriage choices?	Identifies economic threats and capacity gaps. SEM Level: Societal
4. Norms and legitimacy	Shows reinforcing social expectations.	- Which beliefs link marriage to safety or virtue? - Who can reinterpret these?	Reveals normative loops sustaining risk. SEM Level: Community + Societal
5. Feedback and learning	Surfaces how behavior is reinforced over time.	- When a girl marries early, what happens next? - What feedback reinforces the pattern?	Captures self-reinforcing vulnerabilities . SEM Level: Relational + Community
6. External systems	Links community practices to structural contexts.	How do laws, conflict, or aid programs affect family decisions?	Identifies cross-level threats and protective influences. SEM Level: Societal

Example 2: IPV among married women with children in IDP camps

Systems Mapping enables evaluators and communities to visualize how IPV emerges from the interplay of multiple interconnected forces: economic stress, displacement, shifting gender roles, social norms, and weak accountability structures. It helps participants trace **feedback loops** that sustain risk, such as how unemployment fuels stress and social isolation, which reinforce harmful masculinities and reduce women’s bargaining power.

By making these relationships visible, systems mapping exposes the **boundaries of conventional explanations** that treat IPV as a private or individual issue, revealing the structural and relational assumptions that keep it normalized.

It supports evaluators in identifying where **systemic leverage exists** — for instance, strengthening income security, peer norms, or protection mechanisms, so that prevention strategies can alter the underlying system behavior, not just its symptoms.

Domain	Purpose/ boundary explored	Example questions	Risk analysis link
1. Purpose and value	Reveals competing beliefs about what family relationships should achieve and how authority is maintained.	- What do men and women believe a “good marriage” looks like? - What purpose is violence seen to serve: discipline, respect, protection?	Reveals threat rationales and competing social values reinforcing IPV. SEM Level: Individual, Community, and Societal
2. Decision power	Identifies where authority and control sit within households and communities.	- Who decides on spending, mobility, or conflict resolution? - Who can intervene or mediate when violence occurs?	Maps leverage points for redistributing power and accountability. SEM Level: Relational + Community
3. Economic and resource flows	Traces material pressures and coping mechanisms influencing family dynamics.	- How does income loss or aid dependence affect household stress? - Who controls cash, food, and shelter?	Links economic vulnerability to heightened threat levels. SEM Level: Relational + Societal
4. Norms and legitimacy	Reveals how community expectations normalize or discourage intervention.	- How are men who control their wives perceived? - When is outside interference seen as acceptable?	Identifies normative feedback loops that sustain silence or tolerance of violence. SEM Level: Community + Societal
5. Feedback and learning	Shows how IPV patterns are reinforced through habit, social learning, or impunity.	- What happens after violence occurs: are there consequences, apologies, justifications? - How do others in the community learn from these events?	Captures self-reinforcing cycles of risk and weakened protective capacities . SEM Level: Relational + Community
6. External systems	Examines how wider systems shape family-level risk and protection.	- How do laws, aid programs, or militia activity affect gender relations and safety? - Are formal justice systems accessible or trusted?	Highlights macro-level threats (e.g., militarization, weak rule of law) and capacities (e.g., NGO or CBO support networks). SEM Level: Societal

Outputs and Use

After completing the session:

- ▶ **Map boundaries and leverage points** identified by participants.
Example 1: Economic pressure and diaspora demand were named as key outside forces, while family honor and food insecurity were named as inside pressures.
Example 2: Family elders, religious leaders, and women's groups are inside the current system of prevention and response, while law enforcement, mental health providers, and displaced men's groups might be seen as outside.
- ▶ **Summarize assumptions** driving these pressures.
Example 1: Marriage protects girls from recruitment or hunger.
Example 2: IPV is seen as a form of discipline that maintains household order; men's authority is viewed as fragile without income or status.
- ▶ **Identify leverage points**, such as alternative livelihoods, religious reinterpretation, or cross-border advocacy, that can alter the system's dynamics.

After completing a systems-mapping session:

- ▶ **Visual system map:** A collective diagram showing the key drivers, feedback loops, and reinforcing or balancing dynamics that shape GBV risk.
Example 1 (early marriage): Participants may highlight insecurity, displacement, and family honor as reinforcing loops that sustain early marriage, while education access and cash-for-work schemes appear as balancing loops that reduce pressure.
Example 2 (IPV): Participants may identify household stress and social isolation as reinforcing loops, while livelihood recovery or supportive men's groups emerge as balancing loops, strengthening protection.
- ▶ **Boundary insights:** Document the parts of the system participants see as inside or outside their influence.
Example 1: Community elders, parents, and aid agencies might be inside current influence, while national legal frameworks or diaspora expectations are outside.
Example 2: Women's groups and religious leaders may be inside, while police or justice systems remain outside, highlighting gaps in accountability.
- ▶ **Assumptions and leverage points:** Summarize how participants interpret causal relationships — for example, “poverty drives early marriage,” “conflict stress drives IPV” — and identify where interventions could shift the system's trajectory.
Example 1: Economic diversification or religious reinterpretation as leverage for changing norms.
Example 2: Income stability or men's peer support networks as entry points for shifting behavior and reducing violence.
- ▶ **Monitoring Implications:** The resulting system map acts as a **living baseline** — a visual reference that can be revisited during reflection workshops or evaluations.
Tracking how the web of relationships changes over time (new connections formed, old loops weakened) becomes a way to measure **system-level shifts in GBV risk**, complementing more traditional indicators.

The product is therefore not a static diagram but a **shared understanding of how GBV is produced and can be prevented**, grounded in community perspectives and anchored to real leverage points. It enables evaluators and program teams to align monitoring and reflection processes around the system's behavior — how power, norms, and resources interact — rather than around isolated variables.

Facilitation Tips

- ▶ Begin with broad concrete factors (economic, safety, norms) before drawing causal arrows.
- ▶ Use color coding or icons to distinguish threats, vulnerabilities, and capacities.
- ▶ Encourage multiple maps from different groups (adolescents, parents, leaders) to capture diverse perspectives.
- ▶ Discuss feedback openly: “What makes this problem come back again even after we try to fix it?”
- ▶ End by asking, “Where could the system behave differently — and what would it take to get there?”

4.2.6. 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 have already clearly observed an outcome-level change, 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.

When to Use:

- ▶ When an outcome-level change has already been clearly observed, and the open question is what role the program played in bringing it about.
- ▶ At the end of a program cycle, or at a major adaptation point, when teams need a credible account of their influence to inform redesign or communicate with donors.
- ▶ When attribution methods such as control groups are not feasible or ethical, but a transparent, evidence-based judgment of contribution is still needed.
- ▶ Do not use it when you need to prove that the program caused the change, or to quantify the size of its effect 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 ToC.
- ▶ **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 IPV ToC approach outlined in module 3, contribution analysis adds possible external

factors for each step of the program logframe. For example, for the causal pathway addressing the threat through improved income-generation for at-risk households, the following possible external factors can be identified:

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

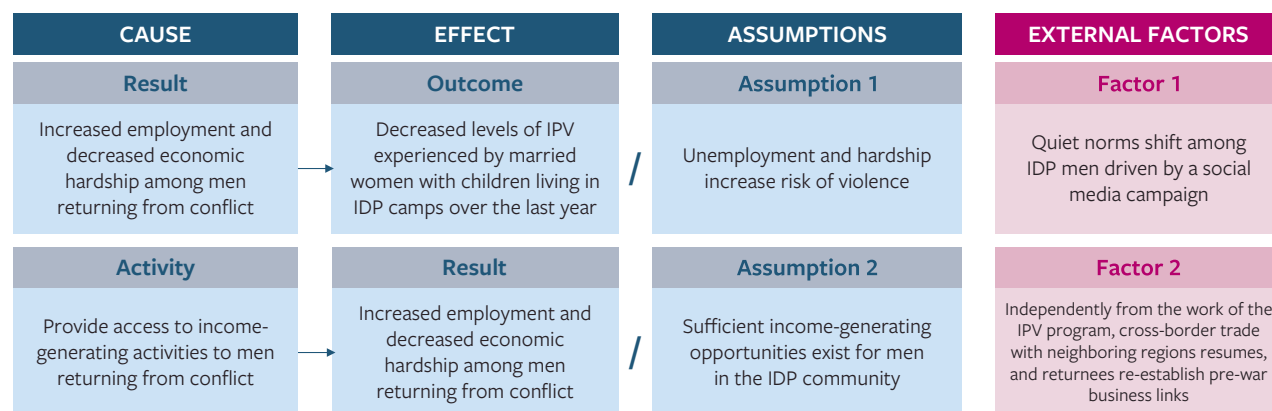


Diagram 10: External factors

In each case, the external factor presents one way that the effect might be brought about without the activity happening at all. For example, if the external social media campaign succeeds in encouraging male returnees to reject IPV and alcohol use as means of addressing their trauma, then the IPV rates may go down regardless of their levels of income or employment. Likewise, if the external economic environment changes (e.g., through improvements in cross-border trade), then the income and employment levels of male returnees may go up even without the assistance of the program's work on livelihoods. Thus, in each case, external factors to the program 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

Next, you will review existing data against the revised ToC. This step involves going through monitoring and program reports to identify evidence either for the claim that the program activity led to the change observed or for the claim that the external factor led to the change. 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 the program led 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? 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. It is also important to refer back to the reflexivity checklist presented at the top of this module to ensure that the team conducting this analysis properly understands their own position, bias, and blind spots.

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:

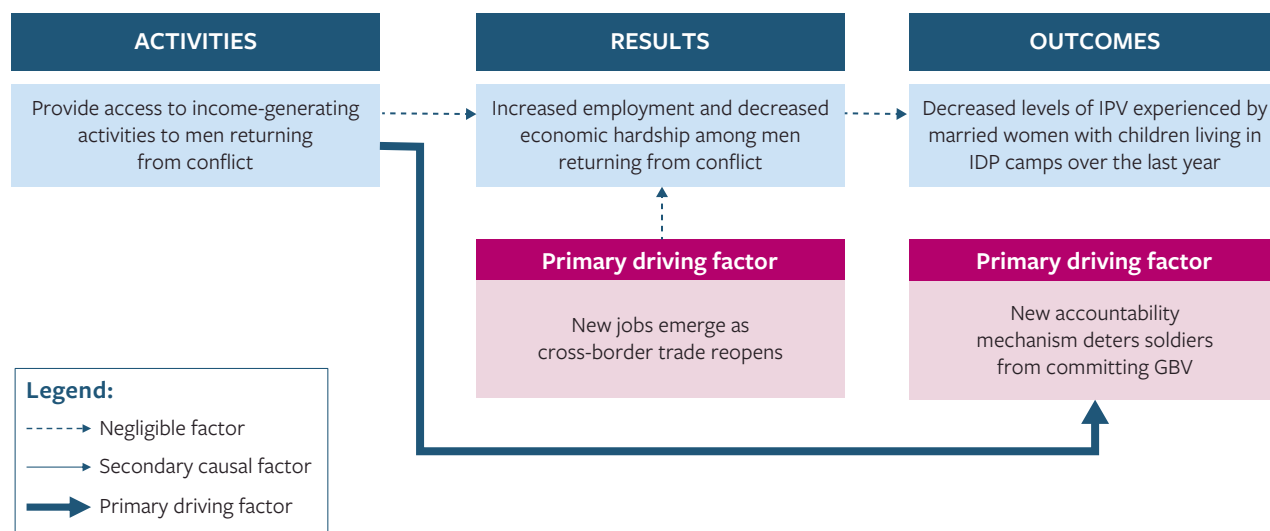


Diagram 11: Strengthening the contribution story

This diagram suggests that the program had some influence on the increased employment and decreased hardship among male returnees but that this influence was outmatched by the emergence of new jobs as cross-border trade reopened. It also shows that, while the increased employment and reduced hardship of male returnees influenced the reduction in IPV observed, it was the quiet norms shift among IDP men, driven by a social media campaign, that had the biggest impact.

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 reemergence of cross-border trade links. This type of information can help project teams adapt for future funding cycles and help communicate the rationale for project changes to donor organizations.

Facilitation Tips

- ▶ Brainstorm external factors with a wide group of program stakeholders, and resist the urge to dismiss alternative explanations early.
- ▶ Gather evidence for and against the program's contribution with equal seriousness; the credibility of the story depends on how the challenges to it are handled.
- ▶ Be transparent about how each judgment was reached; subjectivity is acceptable in this method, but opacity is not.
- ▶ Return to the reflexivity checklist at the top of this module before assembling the contribution story to evaluate the team's own position, bias, and blind spots.
- ▶ Treat the contribution story as iterative: where the evidence is weak, gather more before finalizing, rather than papering over the gaps.

4.2.7. PROCESS TRACING

What It Is:

Process tracing is a qualitative analysis approach that aims to determine the strength of the 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.

When to Use:

- ▶ As an add-on to contribution analysis, after completing steps 1 to 4, when key causal claims in the contribution story need more rigorous testing.
- ▶ When the change to be explained is discrete and traceable, such as a new policy, practice, or accountability mechanism adopted by an identified actor.
- ▶ When the available evidence is rich enough to assess whether an activity was necessary or sufficient for the change; thin evidence will not support these tests.

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, we suggest that you approach process tracing 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).

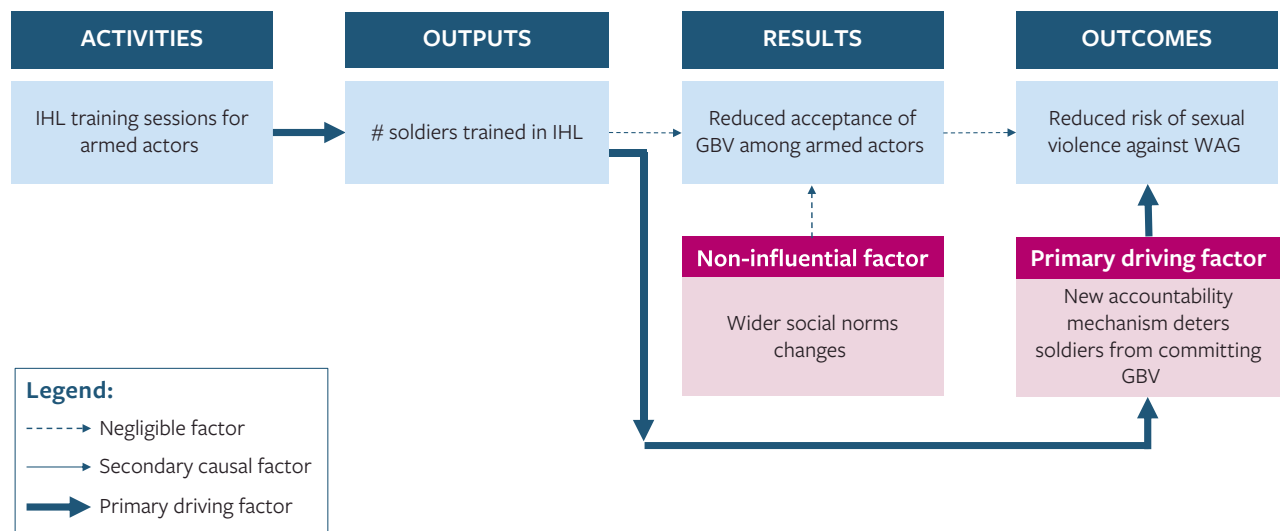
Instead of simply categorizing causal influence, evaluators can use process tracing to add greater rigor to the analysis of the causal claims. In particular, they can ask the following questions:

- ▶ 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?

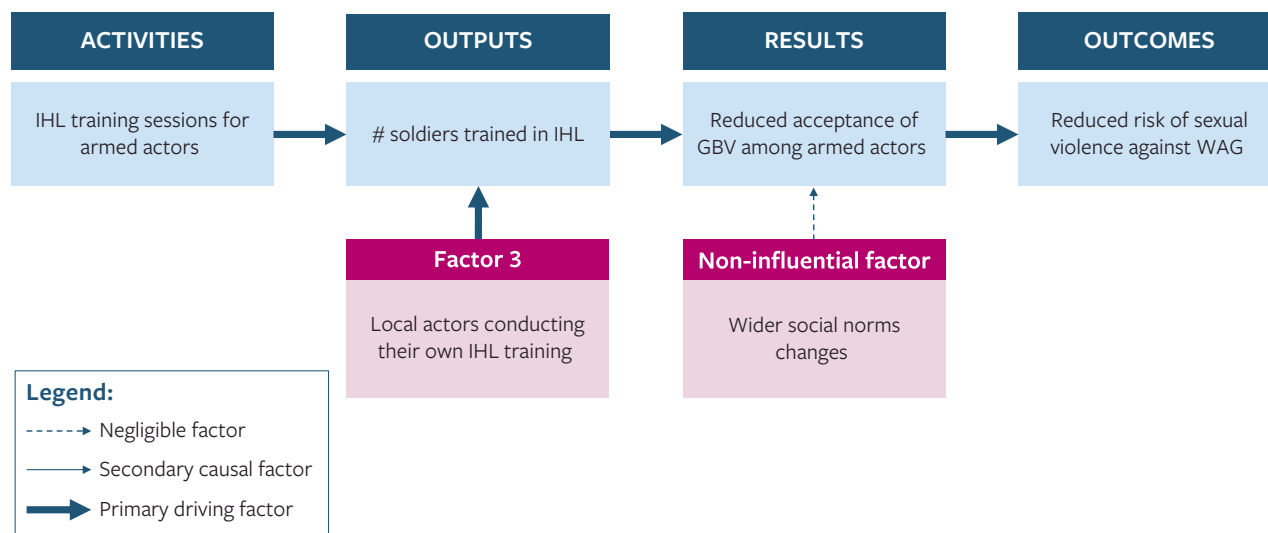
- Was the activity **sufficient** for the outcome? In other words, once the activity did go ahead, was anything else needed for the outcome to occur?

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

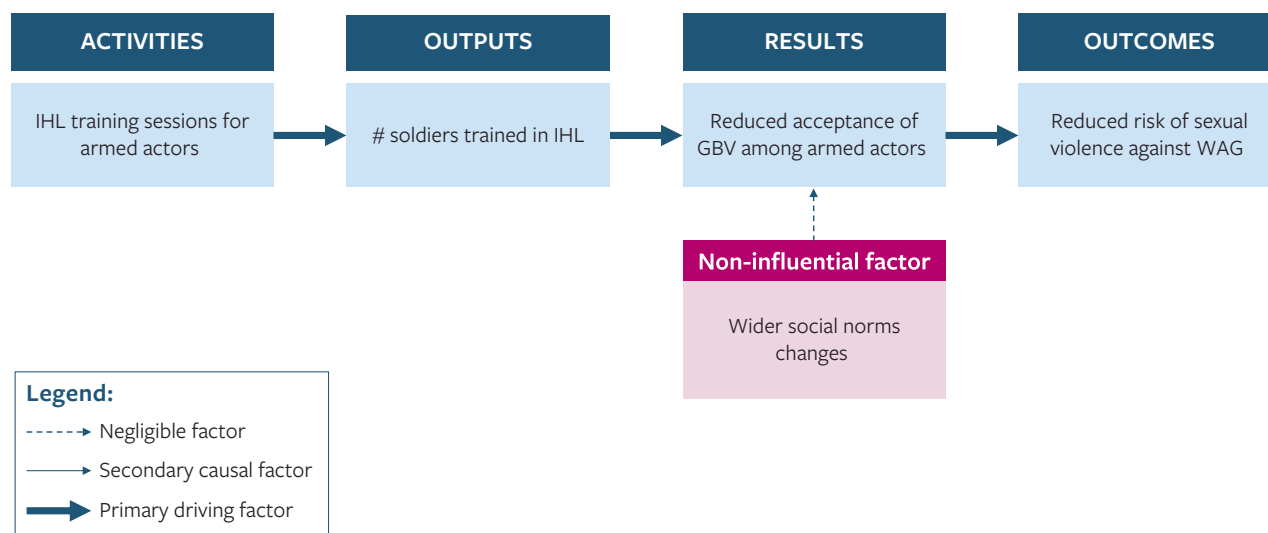
1. **A straw in the wind:** The activity was not necessary for the observed change, and it was not sufficient either. But it was potentially relevant to the change. An example here would be the IHL training and the GBV risk reduction outlined in diagram 10, above. The IHL training activity was not necessary 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 that 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 if the armed actors had attended the training but not established the accountability mechanism.



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 an accountability mechanism needing to be 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.



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 reduced 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.



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.

Facilitation Tips

- ▶ Frame the necessity and sufficiency questions concretely for each causal link: would the outcome have occurred without the activity, and was the activity enough on its own?
- ▶ Use the four evidence categories (straw in the wind, hoop factor, smoking gun, doubly decisive) to grade causal claims, rather than treating contribution as all or nothing.
- ▶ Test the credibility of pivotal pieces of evidence, such as stakeholder reports linking an activity to a decision, before resting a causal claim on them.
- ▶ Document the reasoning behind each categorization so that others can challenge or reproduce the analysis.
- ▶ Avoid overclaiming: most humanitarian activities will prove to be straws in the wind or hoop factors, and saying so honestly strengthens the evaluation, rather than weakening it.



MAKING SPACE FOR INNOVATION

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MAKING SPACE FOR INNOVATION

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. As noted, these constraints include a severe restriction on available time and resources 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 both 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 the source. But longer-term change, including the type of social-norm change that many organizations are targeting in humanitarian contexts, does take time to emerge. Therefore, it is a missed opportunity 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 one-on-one interviews with 104 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. We can specifically look at the SBC models that emphasize shifts in attitudes, relationships, and norms over time in the GBV community, such as SASA Together!, Communities Care, and ICRC's PSVP. Integrating these types of models into innovation agendas would allow donors and program teams to test and document how behavior and norm change emerge gradually across crisis and recovery phases. By providing a separate funding window for monitoring and evaluation of GBV prevention activities, untied to individual program cycles, this approach could enable NGOs and partner agencies to contribute to broader knowledge and learning on 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-to-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, used 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 means 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. Donor and implementing organizations wishing to advance our understanding of what works in this field and try out new and innovative approaches would be well placed to consider 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://alnap.org/help-library/resources/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/wp-content/uploads/2017/07/DE-201-EN.pdf>
- ▶ USAID (2017) Learning from practice: developmental evaluation in practice: tips, tools, and templates. Washington, DC: USAID <https://wdi.umich.edu/wp-content/uploads/USAID-DEPA-MERL-Developmental-Evaluation-in-Practice-Tips-Tools-and-Templates.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 taken lightly, come with significant ethical concerns, and involve serious engagement with the responsible data management paradigm, a careful engagement plan 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 improve the quality of evidence on what works for GBV prevention in humanitarian contexts, so that future programs can be designed on this basis. Combining technical and methodological innovation with feminist and power-aware models, future GBV prevention programming can generate stronger evidence and center the voices and realities of those most affected by GBV. 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.



GLOSSARY AND ANNEX

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GLOSSARY

This glossary provides definitions of key GBV terminology, concepts drawn from feminist frameworks, and M&E terms and methods used throughout the GBV PEF. It aims to ensure consistent understanding across program, monitoring, and evaluation teams applying the framework. All terms are defined in relation to the results-based, feminist, and systems-informed approaches promoted by the GBV PEF. Definitions are aligned with primary sources such as the IASC GBV Guidelines (2015), Inter-Agency GBV Case Management Guidelines (2017), GBV in Emergencies Minimum Standards (2019), and related feminist prevention literature, learning, and guidance.

Term	Definition	Citation
Adolescent	Any person between the ages of 10 and 19 years old.	Inter-Agency GBV Case Management Guidelines (2017), p. 243.
Adult	Any person 18 years and older.	Inter-Agency GBV Case Management Guidelines (2017), p. 243.
Assessment	Assessments can be defined as the set of activities necessary to understand a given situation. They include the collection, updating, and analysis of data pertaining to the population of concern (needs, capacities, resources, etc.) as well as the state of infrastructure and general socio-economic conditions in a given location/area. In humanitarian settings, NGOs and United Nations agencies often carry out assessments to identify community needs and gaps in coordination and then use this information to design effective interventions.	IASC GBV Guidelines (2015), p. 324.
Assumption (background)	A condition that must exist for an activity to be implemented as planned (e.g., security, functioning logistics).	OECD-DAC Glossary (2023), “Assumption”
Assumption (causal)	A statement describing the mechanisms that must hold true for an activity or output to produce its intended result or outcome.	Vogel (2012), Review of the use of ‘Theory of Change’ in international development, DFID
Attitude	An opinion, feeling, or position about people, events, and/or things that is formed as a result of one’s beliefs. Attitudes influence behavior.	Inter-Agency GBV Case Management Guidelines (2017), p. 243.
Attribution	The extent to which a change can be credibly linked to a program’s intervention. The GBV PEF focuses on contribution rather than attribution.	OECD-DAC Glossary (2023)
Baseline	The initial measurement or qualitative description of key conditions used as a reference point for later comparison.	OECD-DAC Glossary (2023)

Term	Definition	Citation
Behavior	Observable actions or practices that can change as a result of influence, motivation, or opportunity, and that are shaped by social and structural factors. Often distinguished from attitudes or beliefs.	UNICEF (2020) Behavioral Drivers Model (BDM) p. 7.
Belief	An idea that is accepted as true. It may or may not be supported by facts. Beliefs may stem from or be influenced by religion, education, culture, and personal experience.	Inter-Agency GBV Case Management Guidelines (2017), p. 243.
Boundary partners	Individuals, groups, or institutions whose behaviors are expected to change as a result of the program (outcome mapping concept).	Earl, Carden & Smutylo (2001), Outcome Mapping, IDRC, p. 1
Capacity	The ability of individuals or communities to mitigate or reduce exposure to GBV threats. A key component of the risk equation.	InterAction; Risk Equation https://protection.interaction.org/focus-areas/gbvpef/module-1-risk-analysis/
Causal pathway	The sequence of linked results showing how activities and outputs lead to desired outcomes.	OECD-DAC Glossary (2023)
Child	Article 1 of the Convention on the Rights of the Child (CRC) defines a child as ‘every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.’ The Committee on the Rights of the Child has encouraged states to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.	IASC GBV Guidelines (2015), p. 324. ; Convention on the Rights of the Child [CRC] ; Article 1
Child sexual abuse	“Any form of sexual activity with a child by an adult or by another child who has power over the child. Child sexual abuse often involves body contact, including sexual kissing, touching, and oral, anal, or vaginal sex. Not all sexual abuse involves body contact; forcing a child to witness rape, forcing children to watch pornography or show their private parts, verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography are also acts of sexual abuse.” – Interagency GBV Case Management “Any deliberate, unwanted and non-essential act of a sexual nature, either completed or attempted, that is perpetrated against a child, including for exploitative purposes, and that results in or has a high likelihood of resulting in injury, pain or psychological suffering.” - UNICEF	Inter-Agency GBV Case Management Guidelines (2017), p. 244. United Nations Children’s Fund, International Classification of Violence against Children, UNICEF, New York, 2023.

Term	Definition	Citation
Child/early and forced marriage (CEFM)	A child or early child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, early marriage is also a form of forced marriage as children are not legally competent to agree to such unions.	Inter-Agency GBV Case Management Guidelines (2017), p. 244
Confidentiality (GBV core principle)	An ethical principle associated with medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client's case with their explicit permission. All written information is maintained in a confidential place in locked files, and only non-identifying information is written down on case files. There are limits to confidentiality while working with children.	Inter-Agency GBV Case Management Guidelines (2017), p. 244.
Contribution analysis	An approach assessing whether observed changes can reasonably be said to result from program actions.	Mayne (2008), Contribution analysis: An approach to exploring cause and effect, ILAC Brief 16
Critical systems heuristics (CSH)	A reflective method for bringing to light the boundaries, assumptions, and power relations within systems influencing GBV risk.	Ulrich & Reynolds (2010/2020), "Critical systems heuristics: The idea and practice of boundary critique"
Data disaggregation	The separation of data by relevant identity factors (sex, age, disability, etc.) to understand intersecting vulnerabilities.	IASC GBV Guidelines (2015)
Denial of resources, opportunities, or services	Denial of rightful access to economic resources/assets or livelihoods opportunities, education, health, or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school. "Economic abuse" is included in this category.	IASC GBV Guidelines (2015), p. 321.

Term	Definition	Citation
Dignity (GBV core principle)	GBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in restoring dignity and self-determination. Survivors have the right to decline case management services or choose whether or not to access legal and other support services. Failing to respect survivors' dignity, wishes and rights can increase feelings of helplessness and shame, reduce the effectiveness of interventions, and cause re-victimization.	Inter-Agency GBV Case Management Guidelines (2017), p. 20.
Disability	An evolving concept that results from the interactions between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.	Convention on the Rights of Persons with Disabilities, Preamble.
Economic violence/abuse	An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working, or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence. It is one form of intimate partner violence.	Inter-Agency GBV Case Management Guidelines (2017), p. 245.
Emotional abuse (also referred to as psychological abuse)	Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things. "Sexual harassment" is included in this category of GBV.	IASC GBV Guidelines (2015), p. 321; Inter-Agency GBV Case Management Guidelines (2017), p. 245.
Ethical M&E	All GBV data must be collected in a manner that meets ethical and safety recommendations, is survivor-centered, preserves confidentiality, and, where possible, is based on participatory approaches.	Murphy, Potts & Shanahan n.d., GBV Minimum Standard 16
Evaluability	The degree to which a program can be realistically and ethically evaluated given data, design, and context constraints.	OECD-DAC Glossary (2023)
Evaluation	A systematic assessment of an ongoing or completed project to determine its relevance, effectiveness, and contribution to GBV risk reduction.	OECD-DAC Glossary (2023)
Forced marriage and child (also referred to as early) marriage	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. International human rights standards classify these as forced marriages because those under age 18 are unable to give informed consent. Child marriage is a form of forced marriage, as children are not legally competent to agree to such unions.	IASC GBV Guidelines (2015), p. 321; https://www.unicef.org/protection/child-marriage

Term	Definition	Citation
Gender	Refers to the social attributes and opportunities associated with being male and female, and the relationships between women and men, and girls and boys, as well as the relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialization processes. They are context- and time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context.	IASC GBV Guidelines (2015), p. 325.
Gender equality	Refers to fairness and justice in the distribution of benefits and responsibilities between women and men, according to their respective needs. It is considered part of the process of achieving gender equality and may include equal treatment (or treatment that is different but considered equivalent) in terms of rights, benefits, obligations, and opportunities.	IASC GBV Guidelines (2015), p. 325.
Harmful traditional practices	Cultural, social, and religious customs and traditions that can be harmful to a person's mental or physical health. Harmful traditional practices include female genital mutilation, forced feeding of women, child marriage, taboos or practices that prevent women from controlling their own fertility, nutritional taboos and traditional birth practices, son preference, female infanticide, early pregnancy, and dowry price. Other harmful traditional practices affecting children include binding, scarring, burning, violent initiation rites, forced marriage, so-called honor crimes, and dowry-related violence.	IASC GBV Guidelines (2015), p. 322.
Indicator (direct)	A measurable variable providing evidence of change directly linked to an outcome.	OECD-DAC Glossary (2023)
Indicator (proxy)	An indirect measure used when direct observation of a sensitive change (e.g., GBV incidence) is unsafe or infeasible.	OECD-DAC Glossary (2023)
Informed consent/assent	Approval or assent, particularly after thoughtful consideration. Free and informed consent is given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. The individual must have all adequate relevant facts at the time consent is given and be able to evaluate and understand the consequences. They must also be aware of and have the power to exercise their right to refuse and not be coerced. Children are generally considered unable to provide informed consent.	IASC GBV Guidelines (2015), p. 324.

Term	Definition	Citation
Interim results [see also Results]	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.	InterAction website; GBV PEF: Measurement Considerations: https://protection.interaction.org/focus-areas/gbvpef/module-3-measurement-considerations/
Intimate partner violence (and domestic violence)	Intimate partner violence applies specifically to violence occurring between intimate partners and is defined as behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. ‘Domestic violence’ describes violence that takes place within the home or family between intimate partners, as well as between other family members.	Inter-Agency GBV Case Management Guidelines (2017), p. 245; IASC GBV Guidelines (2015), p. 321.
Learning loop	A structured process of reviewing evidence to adapt programming and refine theories of change.	Argyris, C., & Schön, D. A. (1978). Organizational Learning: A Theory of Action Perspective. Reading, MA: Addison-Wesley.
Logframe (logical framework)	A results matrix showing linkages among activities, outputs, outcomes, and goals.	OECD-DAC Glossary (2023)
Most significant change (MSC)	A participatory evaluation method using stories to identify and analyze significant changes in norms or empowerment.	Davies & Dart (2005), The ‘Most Significant Change’ (MSC) Technique: A Guide to Its Use.
Non-discrimination (GBV core principle)	All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, or social class.	Inter-Agency GBV Case Management Guidelines (2017), p. 20.
Norms (social norms)	The unwritten rules about how people are expected to behave in a community; they powerfully shape women’s and men’s roles and relationships.	Raising Voices, SASA! Together Set up Guide (2020), p. 52.
Outcome	A change in behavior, attitudes, or practices contributing to reduced GBV risk (e.g., reduced threat or vulnerability, increased capacity).	OECD-DAC Glossary (2023)
Outcome harvesting (OH)	An evaluation method identifying and verifying outcomes that have already occurred to assess program contribution.	Wilson-Grau & Britt (2012), Outcome Harvesting, Ford Foundation; cf. Wilson-Grau (2018).

Term	Definition	Citation
Outcome mapping (OM)	A monitoring and evaluation approach tracking behavioral change among boundary partners using progress markers.	Earl, Carden & Smutylo (2001), Outcome Mapping, IDRC.
Outputs	The immediate deliverables of project activities (e.g., training sessions conducted, safe spaces established).	OECD-DAC Glossary (2023)
Participation (meaningful)	Active and safe involvement of affected groups in shaping analysis, ToCs, and interpretations, not just consultation. Under the Grand Bargain, it acknowledges participation as a Core Humanitarian Standard, describing the essential elements of principled, accountable, and high-quality humanitarian action that puts affected people at its heart. This means that: - The people affected by humanitarian crises and their communities are part of decisions to ensure that the humanitarian response is relevant, timely, effective, and efficient. - Humanitarians must provide accessible information, ensure that an effective process for participation and feedback is in place, and that design and management decisions are responsive to the views of affected communities and people. - Donors and aid organizations should work to ensure that the voices of the most vulnerable groups, considering gender, age, ethnicity, language, and special needs, are heard and acted upon. This will create an environment of greater trust, transparency, and accountability.	Grand Bargain, 2017 https://interagencystandingcommittee.org/sites/default/files/migrated/2017-05/participation_revolution_-_definition_of_participation.pdf
Perpetrator	A person who directly inflicts or supports violence or other abuse inflicted on another against his/her will.	Inter-Agency GBV Case Management Guidelines (2017), p. 246.
Physical assault	An act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks, or any other act that results in pain, discomfort, or injury.	ASC GBV Guidelines (2015), p. 322.
Power	The ability to influence or control people, resources, and decisions. Feminist frameworks distinguish between power over (control/domination), power with (collective strength), power to (agency and decision-making), and power within (self-worth and confidence).	Jo Rowlands (1997). Questioning Empowerment: Working with Women in Honduras. Oxford: Oxfam.

Term	Definition	Citation
Prevention	Prevention generally refers to action to stop GBV from first occurring (e.g., scaling up activities that promote gender equality or working with communities to address practices that contribute to GBV).	IASC GBV Guidelines (2015), p. 1.
Primary prevention	Primary prevention includes strategies that focus on preventing GBV before it occurs by tackling its root cause: gender inequality. These approaches focus on behavior modification and attitudinal change and require long-term resources. Long-term social norms change is possible in the protracted and recovery stages of humanitarian crises and should be embedded in efforts to build national systems after a crisis. A GBV prevention strategy is incomplete and unsafe unless it includes specific measures and resources to support women and girls, including survivors, to recover and build support and solidarity. Primary prevention also includes holding perpetrators to account through legal and justice systems and enhancing women's and girls' agency through economic, political, and social empowerment.	GBViE Minimum Standards (2019), p. 101-102.
Proxy measure	A stand-in variable providing indirect evidence of a sensitive or hard-to-measure outcome.	OECD-DAC Glossary (2023)
Rape	Physically forced or otherwise coerced penetration — even if slight — of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.	IASC GBV Guidelines (2015), p. 322.
Reflexivity	The process of evaluators examining how their positionality and biases influence data collection and interpretation. For GBV, reflexivity is the ongoing practice of examining how an individual's own identity, position, and assumptions shape the questions they ask, the data they collect, and the conclusions they draw. This definition draws on feminist evaluation principles as applied to GBV M&E contexts.	Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. <i>Qualitative Research</i> , 2(2), 209-230 See The Global Women's Institute 2021, pp. 13–15; Section 1.4: Using Gender and Participatory Approaches (pp. 13–15), which examines the researcher's positionality in relation to power and gender norms.

Term	Definition	Citation
Response (GBV response)	Response refers to immediate interventions that address survivors' physical safety, health concerns, psychosocial needs, and access to justice, in line with the survivor-centered approach and the GBV Guiding Principles. The provision of multisectoral services and assistance to all GBV survivors contributes to ensuring people's safety, improving physical, mental, sexual, and reproductive health, and facilitating access to justice.	GBV AOR SOPs, p. 36.
Results [also interim results]	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.	InterAction website; GBV PEF: Measurement Considerations: https://protection.interaction.org/focus-areas/gbvpef/module-3-measurement-considerations/
Results-based protection (RBP)	Results-Based Protection (RBP) is a problem-solving approach to address the complex and ever-changing environment that surrounds protection issues in humanitarian action. It emphasizes starting from the perspective of the affected community while encouraging learning and adapting, investing in relationships, and strategic collaboration to achieve protection outcomes. In RBP, protection outcomes are defined as "reduction in risk." In other words, a reduction in violence, coercion, and deliberate deprivation that people face in crises. RBP proactively reduces protection risks rather than addressing them as they emerge.	https://protection.interaction.org/
Risk equation	A conceptual model for analyzing GBV risk: Risk = Threat x Vulnerability/Capacity.	https://protection.interaction.org/what-is-rbp/key-elements/continuous-context-specific-protection-analysis/
Safety (GBV core principle)	"Safety" refers to both physical safety and security, as well as to a sense of psychological and emotional safety for people who are highly distressed. It is important to consider the safety and security needs of each survivor, her family members, and those providing care and support.	Inter-Agency GBV Case Management Guidelines (2017), p. 20.

Term	Definition	Citation
Secondary prevention	Secondary prevention includes strategies that focus on response for survivors and consequences for perpetrators. This includes addressing the consequences of various forms of violence, mitigating the harm this violence can cause, and taking steps to prevent the violence from happening again. Healthcare for GBV survivors, case management, and psychosocial support are examples of secondary prevention.	GBViE Minimum Standards (2019), p. 102.
Sexual abuse	The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.	IASC GBV Guidelines (2015), p. 322.
Sexual assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.	IASC GBV Guidelines (2015), p. 322.
Sexual exploitation	Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.	IASC GBV Guidelines (2015), p. 322.
Sexual exploitation and abuse (SEA)	A common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by United Nations, NGO and intergovernmental personnel against the affected population.	IASC GBV Guidelines (2015), p. 322.
Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence includes, at least, rape/ attempted rape, sexual abuse, and sexual exploitation.	IASC GBV Guidelines (2015), p. 322.
Survivor (see also "victim")	A person who has experienced gender-based violence. The terms "victim" and "survivor" can be used interchangeably. "Victim" is a term often used in the legal and medical sectors. "Survivor" is the term generally preferred in the psychological and social support sectors because it implies resiliency.	IASC GBV Guidelines (2015), p. 326.

Term	Definition	Citation
Survivor-centered	The survivor-centered approach is based on a set of principles and skills designed to guide professionals — regardless of their role — in their engagement with survivors. It aims to create a supportive environment in which the survivor’s rights are respected. The approach requires that the survivor is at the center of any intervention, and that their right to dignity, privacy, non-discrimination, safety, and self-determination are prioritized.	GBViE Minimum Standards (2019), p. 12; Inter-Agency GBV Case Management Guidelines (2017), p. 23.
System mapping	A visual method for representing how actors, institutions, and feedback loops interact to create or mitigate GBV risk.	Williams & Hummelbrunner (2011), Systems Concepts in Action.
Theory of change (ToC)	A visual or narrative description of how and why desired change is expected to occur in a specific context.	OECD-DAC Glossary (2023)
Tertiary Prevention	Tertiary prevention includes actions that focus on the long-term impact of violence when untreated, such as community reintegration and acceptance, addressing trauma, and the long-term medical and psychosocial needs a survivor may have.	GBViE Minimum Standards (2019), p. 102.
Threat	The source of GBV risk; the perpetrator. Threat is one of three components of GBV risk [Risk = Threat x Vulnerability/Capacity]	InterAction RBP Website; GBV PEF: https://protection.interaction.org/focus-areas/gbvpef/module-1-risk-analysis/
Triangulation	Validation of findings by comparing multiple data sources, methods, or perspectives to enhance credibility.	OECD-DAC Glossary (2023)
Violence against men and boys	The term “gender-based violence” is also increasingly used to highlight the gendered dimensions of certain forms of violence against men and boys — particularly forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity. This violence against males is based on socially constructed ideas of what it means to be a man. As with VAWG, this violence is often under-reported due to stigma associated with norms of masculinity.	IASC GBV Guidelines (2015), p. 5.
Vulnerability	The factors that make some people susceptible to GBV risk. For example, the social, economic, or institutional factors that increase exposure to GBV threats. Another core component of the risk equation.	InterAction RBP Website; GBV PEF: https://protection.interaction.org/focus-areas/gbvpef/module-1-risk-analysis/

SOURCES:

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10. United Nations Children’s Fund. Behavioral Drivers Model (BDM). New York: UNICEF, 2020.

ANNEX A: ILLUSTRATIVE EXAMPLES OF FOUR FEMINIST MODELS

This annex provides illustrative examples of how each of the four feminist models (socio-ecological model, social and behavior change models, gender-transformative life course model, and power framework) apply to GBV risk analysis, program design, and measurement within the PEF.

A.1 SOCIO-ECOLOGICAL MODEL (SEM): APPLICATION EXAMPLES

The SEM pushes teams to account for how GBV risks are shaped at multiple interacting levels. The examples below illustrate how a single risk requires different interventions and measures when analyzed across individual, relational, community, and societal levels. While humanitarian programs may not specifically engage all levels, understanding the way these layers interact can help tailor GBV prevention programs and monitoring to account for the complexities that influence GBV risks. Overlaying SEM on the risk equation also highlights where multi-disciplinary or multi-actor partnerships may be needed.

EXAMPLE 1: INTIMATE PARTNER VIOLENCE (IPV) IN DISPLACED HOUSEHOLDS (PROTRACTED DISPLACEMENT)

Each row highlights a level of the SEM. The three columns (threat, vulnerability, and capacity) correspond to the components of the PEF risk equation. Teams can use this structure to map risk across all levels and identify which program strategies or measurement approaches are most relevant at each level.

SEM Level	Threat (Perpetrator/Source)	Vulnerability (Factors Increasing Risk)	Capacity (Protective Factors)
Individual	Male husband perpetrating IPV	Loss of livelihoods or shelter in displacement; disability; limited knowledge of rights	Coping skills; access to information on rights/ services; personal agency
Relational / Interpersonal	Household/family dynamics reinforcing partner control; increased stress from inability to meet basic family needs	Unequal decision-making in household; accepted male authority; lack of family support	Supportive family members and friends; trusted leaders who promote gender equality
Community	Community tolerance of IPV; weak services and referral	Stigma; fear of retaliation; barriers to services; lack of trained staff	Women's groups; GBV services; referral pathways; community leaders speaking against IPV
Societal	Social norms reinforcing men's control over women and deprioritizing accountability for domestic violence	Breakdown of protective structures; lack of enforcement of existing laws; protracted displacement reducing services and opportunities	Trained social work cadre; national human rights/GBV frameworks

EXAMPLE 2: CHILD, EARLY, AND FORCED MARRIAGE (CEFM) IN HUMANITARIAN SETTINGS

SEM Level	Threat (Perpetrator/Source)	Vulnerability (Factors Increasing Risk)	Capacity (Protective Factors)
Individual	Male spouse/older man/armed actor arranging marriage	Adolescent girl's age; heightened exposure to violence in transit or displacement; lack of education	Informal/temporary education opportunities; life skills; supportive peer groups or mentors
Relational/ Interpersonal	Parents/guardians arranging marriage; family pressure to relieve economic burden; armed actors leveraging relationships	Reduced or no family income; inadequate food/basic resources; family belief that marriage protects girls; dowry/bride price incentives	Caregivers prioritizing girls' education; family members opposing early marriage; access to cash or food assistance
Community	Community leaders who support or view CEFM as protective; armed actors pressuring to take wives; neighbors encouraging practice	Community control by armed group; norms that marriage protects girls; peer pressure; absent schooling; lack of basic services	Community support to meet basic needs; girls' groups; accessible schooling; community leaders speaking out against CEFM
Societal	Norms reinforcing early marriage; laws or policies enabling or failing to deter CEFM	Discriminatory laws; protracted displacement; lack of economic opportunities	Age of marriage laws enforced; national campaigns; child protection systems

A.2 SOCIAL AND BEHAVIOR CHANGE (SBC) MODELS: APPLICATION EXAMPLES

SBC models are not limited to stable or development contexts. In acute humanitarian settings, SBC approaches can focus on immediate, risk-mitigating behavior change, including influencing the behavior of weapon bearers, civilian authorities, and community gatekeepers. When thinking about GBV prevention, social behavior change models ask teams to analyze what informs and drives individual and collective decision-making, looking beyond the assumption that people do not change their practice because they are not aware and do not know.¹

Notable SBC Models Relevant to GBV Prevention with documented evidence in humanitarian contexts:

- SASA! Together²: A community mobilization approach that works with community activists to shift power and norms around IPV and HIV. Primarily used in more stable humanitarian and development contexts; evidence base focuses on normative change in attitudes and behaviors toward gender and power.

1. UNICEF, Behavioral Drivers Model, pg 7. https://www.unicef.org/mena/media/5586/file/The_Behavioural_Drivers_Model_0.pdf%20.pdf

2. <https://raisingvoices.org/women/sasa-approach/sasa-together>

- **Communities Care**³: Engages community members and leaders as agents of change to address sexual violence. Evidence comes primarily from conflict-affected and post-conflict settings. Focuses on social norm change at the community level.
- **ICRC PSVP**⁴: Focuses on immediate behavior change among weapon bearers and civilian authorities in active conflict settings; a distinct application of SBC principles that is applied to individual behaviors.

Example: ICRC Prevention of Sexual Violence Program (PSVP) — Sexual Violence by Arms Bearers

The ICRC PSVP targets the behavior of weapon bearers, civilian authorities, and communities to prevent sexual violence in armed conflict. This example shows how SBC analysis is applied to a non-traditional target group (armed actors) rather than survivors or community members alone.

Risk: Sexual violence perpetrated by arms bearers against women and girls during armed conflict	
Threats: Weapon bearers (e.g., soldiers, militia members, armed group affiliates); individuals with the capacity and motivation to perpetrate sexual violence	
Vulnerabilities driving this risk: • Norms within armed groups that tolerate or trivialize sexual violence. • Beliefs that sexual violence is a legitimate tactic, entitlement, or consequence of war. • Power asymmetries between weapon bearers and civilians, especially women and girls. • Weak command control, lack of discipline, or impunity for violations. • Civilian fear, stigma, or inability to report abuses safely.	Capacities that can decrease risk: • Clear orders from commanders prohibiting sexual violence, backed by credible consequences. • Internal discipline systems with accountability for violations. • Training that reinforces civilian protection obligations and legal accountability. • Peer norms among fighters that reject sexual violence. • Community and civilian mechanisms that increase visibility and accountability without increasing risk to civilians.

A.3 POWER FRAMEWORK AND ANALYSIS: APPLICATION EXAMPLES

A power analysis maps how the four types of power (power within, power over, power with, and power to) operate in a specific context. This typology highlights that power is not only coercive or controlling but can also be positive and transformative. It provides an entry point for teams to analyze how unequal power relations influence GBV, while also identifying opportunities for collective action to build support systems, challenge norms, and shift power to marginalized groups.

3. <https://www.unicef.org/documents/communities-care>

4. <https://www.icrc.org/en/article/influencing-behavioural-change-sexual-violence-armed-conflict>

Overlaying a power lens on the PEF risk equation prompts teams to interrogate the unequal structures that underpin violence and exclusion and provide opportunities for empowerment and collective action. This means looking beyond surface behaviors to ask critical questions:

- ▶ Who holds power in this setting — over resources, decision-making, bodies, and knowledge?
- ▶ How is that power exercised — to silence, exclude, exploit, or alternatively to protect, enable, and uplift?
- ▶ Who is systematically excluded from decision-making, visibility, and control — such as women, girls, people with diverse SOGIESC, or people with disabilities?
- ▶ And finally, what practical pathways exist to redistribute power — through meaningful participation, equitable leadership roles, direct funding to marginalized groups, and accountability mechanisms that ensure their voices shape outcomes?

APPLYING THE POWER FRAMEWORK TO THE RISK EQUATION

Risk Component	Power Analysis Questions	Illustrative Examples
Threats	Who holds power over this population, and what gives them that power? How do they use it, for example, to control, silence, exclude, or exploit? Who enforces their authority, and are there accountability mechanisms?	Armed group commander (power over through force and impunity); camp committee chair (power over through control of aid lists and information); mother-in-law (power over through social authority over daughter-in-law's mobility and decisions); clinic gatekeeper (power over access to services)
Vulnerabilities	What characteristics, situations, or identities expose people to harm because they have limited power or only certain types of power that cannot counter existing threats?	Young adolescent girls with little household decision-making authority (limited power to); new arrivals in displacement settings without social networks (limited power with); people with disabilities facing mobility or communication barriers (limited power to)
Capacities	Where does protective power already exist? What forms of power within, with, or to can be strengthened to prevent or interrupt harm?	Women's groups with influence on community decision-making (power with and power to); community-based protection networks linking individuals to resources (power to); religious or traditional leaders willing to speak against violence (power over used protectively)

Power Analysis: Illustrative Example — Displacement Camp Context

- ▶ **Power over:** Camp leadership committee, primarily male, controls registration, food distribution, and shelter allocation. Women who report GBV risk being removed from beneficiary lists or experiencing retaliation from the accused's family. The committee's authority is reinforced by its prioritized role in humanitarian programs by NGOs.
- ▶ **Power within:** Some women demonstrate strong personal agency and have self-organized informal information-sharing networks; however, threats to their safety and dependence on aid constrain their ability to act on that agency.
- ▶ **Power with:** A nascent women's group meets weekly but lacks recognition from the camp committee and has no formal role in camp governance. There is potential to strengthen this group as a collective power base.
- ▶ **Power to:** A few women community health workers have been trained by a health partner; their community standing and information access create an entry point for expanding women's collective power to access and share information and referral pathways.

A program informed by this analysis may seek to shift the power dynamics in camp governance to increase influence of women, enabling them to advocate and prioritize their needs and safety. This could take place through support and advocacy for women's representation on camp committees, formal recognition of the women's group and partnerships to inform sectoral service delivery, and accountability mechanisms and engagement strategies that seek to shift attitudes and behaviors of the camp committee and reduce their gatekeeping power.

A.4 GENDER-TRANSFORMATIVE LIFE COURSE MODEL: APPLICATION EXAMPLES

The life course model recognizes that GBV risk, including threats, vulnerabilities, and capacities, shifts across developmental stages. These stages are defined not only by biological development but by culturally rooted gender norms and expectations. The model is most useful when teams have assessed how the local context defines gender roles and responsibilities at each stage before applying the framework.

LIFE STAGE OVERVIEW AND GBV RISK RELEVANCE

Life Stage ⁵	Key Developmental Characteristics	Typical GBV Vulnerabilities	Typical Protective Capacities
Children (0–9)	Rapid physical growth; language, problem-solving, and emotional development; internalization of gender norms	Dependence on adult caregivers; early absorption of harmful gender norms; limited self-advocacy	Caregiver protection; positive peer socialization; access to safe spaces and early education
Adolescents (10–19)	Puberty onset; strengthened identity and peer sensitivity; emerging decision-making capacity	Heightened risk of CEFM, sexual violence, and exploitation; peer pressure reinforcing harmful norms; displacement-related risks	Critical thinking skills; peer networks as protective influence; access to education and life-skills programming
Adults (20–49)	Physical and cognitive maturity; expanded social responsibilities; childbearing and childrearing	IPV risk shaped by household power dynamics; economic dependence; caregiving responsibilities limiting mobility and disclosure	Social networks; income-generating capacity; community leadership roles
Older Persons (50+)	Physical decline; sensory changes; deepening or diminishing social roles	Isolation; economic dependence on adult children; physical vulnerability; neglect and abandonment as forms of GBV	Social status and community authority (context dependent); family and community support networks

5. Age categories are based on the GBViE Minimum Standards M&E Framework, pp. 52–53, 61.

LIFE COURSE: ILLUSTRATIVE EXAMPLE — CEFM IN CONFLICT-AFFECTED DISPLACEMENT

How the life course stages shape risk analysis and program design:

Life Stage	How CEFM Risk Manifests at This Stage	Norm/Gender Role Driver	Program Design Implication
Children (0–9)	Girls internalizing norms that subordinate their value to family honor and economic utility; early removal from education framed as protection or preparation for marriage	Communities transmit norms that girls' worth is tied to marriage prospects; boys and girls are socialized into different futures from early childhood	Engage caregivers and community-based child protection structures; invest in norm-change with parents, not only children; support access to and retention in early education; work with boys on gender-equitable values
Adolescents (10–19)	Highest direct CEFM risk; families arranging or concluding marriages; girls' consent is rarely sought	Communities view marriage as conferring protection on girls; puberty is a trigger for increased family control over girls' mobility; peer norms may reinforce marriage as normal transition	Life skills and girl empowerment programming; adolescent-responsive safe spaces; engage parents and caregivers on risks and alternatives; economic support to reduce families' financial motivation; link to legal age of marriage information
Adults (20–49)	Women who were themselves married young are now the primary caregivers making marriage decisions for their daughters; they may view early marriage as protective, not harmful	Intergenerational norm transmission; women's own experience of marriage as normal and protective shapes decisions for daughters; economic vulnerability of displaced households exacerbates family pressure	Engage women as norm-changers; structured group dialogue approaches; economic strengthening for households with gender-transformative discussion components
Older Persons (50+)	Elders and extended family members hold social authority over marriage decisions; in some contexts, grandmothers and older female relatives are the primary enforcers of CEFM norms	Social authority and traditional gender roles may center decision-making power in elders; their endorsement of early marriage legitimizes it for the larger community	Identify and engage elder community leaders (particularly women) as potential norm-change champions; work with male elders through existing community structures

ANNEX B: POST MEAL ACTION—LEARNING, ADAPTATION, ITERATION

Purpose

This annex guides program and M&E teams on what to do after monitoring and evaluation (M&E) activities have produced analysis or findings. It explains how to translate evidence into adaptive programming, improved theories of change (ToCs), and organizational learning that enhances GBV prevention outcomes.

1. Principles for Post-M&E Action

11. Collective reflection: M&E data is interpreted jointly by program, community, and partner representatives.
12. Power-aware learning: Surface whose knowledge is prioritized, whose voices are absent, and how this affects conclusions.
13. Ethical use of evidence: Disseminate findings safely, preserving confidentiality and avoiding stigmatization.
14. Action-orientation: Every finding should inform a concrete decision—on design, partnerships, or measurement.
15. Documentation and transparency: Adaptations must be recorded and justified to ensure accountability.

2. From Analysis to Action

After each evaluation or significant M&E milestone, program teams should follow this structured process:

Stage	Objective	Key Actions	Output
Step 1: Synthesis	Translate M&E data into clear, usable insights.	• Convene joint reflection session (Program + M&E + community). • Identify 3–5 most significant findings on outcomes, assumptions, or unintended effects.	Findings summary brief (max 2 pages).
Step 2: Interpretation	Understand why changes occurred or not.	• Revisit ToC causal and background assumptions. • Identify which pathways held true and which were weak. • Map contextual shifts influencing results.	Revised assumption log.
Step 3: Adaptation	Adjust program logic, partnerships, and activities.	• Amend ToC to reflect new evidence. • Identify what to scale, modify, or phase out. • Update M&E plan accordingly.	Updated ToC + M&E plan.
Step 4: Validation	Ensure adaptations reflect community perspectives.	• Conduct short validation dialogues with women, girls, and vulnerable groups. • Document feedback and consent for changes.	Community-validated ToC summary.

Stage	Objective	Key Actions	Output
Step 5: Dissemination & Institutional Learning	Integrate lessons into organizational systems.	• Share concise learning notes within country and HQ teams. • Present findings in GBV AoR or protection cluster meetings where safe. • Feed insights into training and donor reporting.	Learning note & dissemination record.

3. Suggest Tools for Iterative Improvement

- ▶ **ToC Revision Log:** living document tracking each causal assumption tested, evidence status (confirmed/uncertain/refuted), and resulting action.
- ▶ **Outcome Learning Workshops:** quarterly sessions mapping progress against 'expect to see / like to see / love to see' changes.
- ▶ **Adaptation Tracker:** spreadsheet linking evaluation findings to specific management decisions.
- ▶ **Cross-Project Learning Reviews:** annual internal review synthesizing recurring patterns across projects.

4. Accountability and Governance

1. **Responsibility:** Program managers own implementation of post-M&E actions; M&E officers document evidence and adaptations; GBV advisors review for consistency and ethics.
2. **Timing:** Reviews occur within six weeks of completing an evaluation or reflection exercise, and as part of annual planning.
3. **Record-keeping:** Updated ToCs, learning notes, and trackers are archived securely and shared with donors when relevant.
4. **Feedback loops:** Establish community mechanisms to ensure adaptations do not increase risk.

5. Expected Benefits

- ▶ Stronger, evidence-informed ToCs that evolve with context.
- ▶ Programs better aligned with lived experiences of women, girls, and marginalized groups.
- ▶ A culture of reflection and adaptive management across GBV teams.
- ▶ Improved evaluability of future programming and clearer contributions to GBV risk reduction.

ANNEX C: OVERVIEW OF CORE METHODS IN THE GBV PREVENTION EVALUATION FRAMEWORK

This annex provides a concise overview of the core analytical and evaluation methods contained within the GBV Prevention Evaluation Framework (GBV PEF). It outlines when to use each method, the type of insights it generates, the level of effort required, and links to further guidance. Teams can use this matrix as a quick reference when selecting tools during design, monitoring, and evaluation.

Method / Tool	Purpose & When to Use	Key Outputs / Inputs	Resources & Capacities Required	Recommended Further Resources
GBV Risk Equation (Threat × Vulnerability ÷ Capacity = Risk)	Use during risk analysis (Module 1) to unpack the drivers of GBV risk in a given context. Visualises how threats, vulnerabilities, and community capacities interact.	Context-specific GBV Risk Canvas summarising key risk patterns and mitigation levers.	1–2 days participatory analysis by program + community staff; safe facilitation skills.	InterAction (2019) Results-Based Protection Cheat Sheet; ACAPS (2020) Protection Analysis Canvas – protection.interaction.org
GBV Risk Canvas / Protection Analysis Canvas	Use at design inception or review points to document threats, vulnerabilities, and capacities per GBV risk type.	Structured risk profiles supporting Theory of Change (ToC) development.	Word/Excel template; ½–1 day per risk pattern.	ACAPS (2020) Protection Analysis Canvas
Context-Specific Theory of Change (ToC)	Use during program design (Module 2) to define how activities reduce GBV risk.	Diagram or narrative linking activities → outputs → results → outcomes, plus explicit causal assumptions.	–3 half-day design sessions with program + M&E + community representatives.	DFID (2012) ToC Guidelines; ALNAP (2016) Evaluating Humanitarian Action
Outcome Mapping (OM)	Use during implementation and monitoring (Modules 3–4) to track behavioural change among boundary partners.	Progress markers (‘expect / like / love to see’) and learning journals.	Short OM training; reflection sessions every 3 months.	Earl et al. (2001) Outcome Mapping Manual – IDRC.ca/om
Outcome Harvesting (OH)	Use for mid-term or end-line evaluations where change pathways are non-linear or unknown.	Verified Outcome Statements describing what changed, who changed, and contribution of the program.	Facilitator (3–5 days per review); stakeholder validation sessions.	Wilson-Grau (2018) Outcome Harvesting Principles and Practice – BetterEvaluation.org

Method / Tool	Purpose & When to Use	Key Outputs / Inputs	Resources & Capacities Required	Recommended Further Resources
Critical Systems Heuristics (CSH)	Use to surface assumptions, boundaries, and power dynamics in risk analysis, ToC design, or evaluation framing.	Boundary map and reflective question set revealing leverage points and blind spots.	Experienced facilitator (1–2 days workshop); 6–12 participants.	Williams & Hummelbrunner (2011) Systems Concepts in Action
Systems Mapping	Use alongside CSH or ToC development (Module 4) to visualise how threats, vulnerabilities, actors, and institutions interconnect. Helps identify entry points and unintended feedback loops.	Causal or influence map showing system relationships around GBV risk.	Miro/Kumu/whiteboard tools; 1–2 days of facilitated sessions.	Hummelbrunner & Williams (2020) Systems Thinking in Evaluation; InterAction (2021) Systems Mapping for Protection
Most Significant Change (MSC)	Use for participatory qualitative outcome evaluation when story-based evidence can illuminate norm change or empowerment.	Thematic stories of significant change, selected through participatory review.	2–3 facilitators trained in story collection; 4–6 weeks per round.	Davies & Dart (2005) The Most Significant Change Technique – BetterEvaluation.org
Proxy Indicators for Risk Reduction	Use where direct GBV measurement is unsafe or unethical, to monitor observable protective or risk behaviours.	Indicator matrix across threat, vulnerability, and capacity domains.	Routine monitoring + M&E analyst; desk-based updates.	Vigaud-Walsh (2020) GBV PEF Scoping Study; GBV AoR Safe Indicators Guidance

Using the Matrix

1. Select methods by project phase and analytical need.
2. Combine approaches (e.g., Risk Equation + ToC + Outcome Harvesting) for holistic prevention analysis.
3. Adapt scale: use quick, light-touch versions in emergencies; full approaches for strategic reviews.
4. Always ensure ethical and safe practice following GBV IMS and WHO guidelines.

ANNEX D: ADDITIONAL EXAMPLE: GBV RISK CANVAS AND TOC—EARLY MARRIAGE

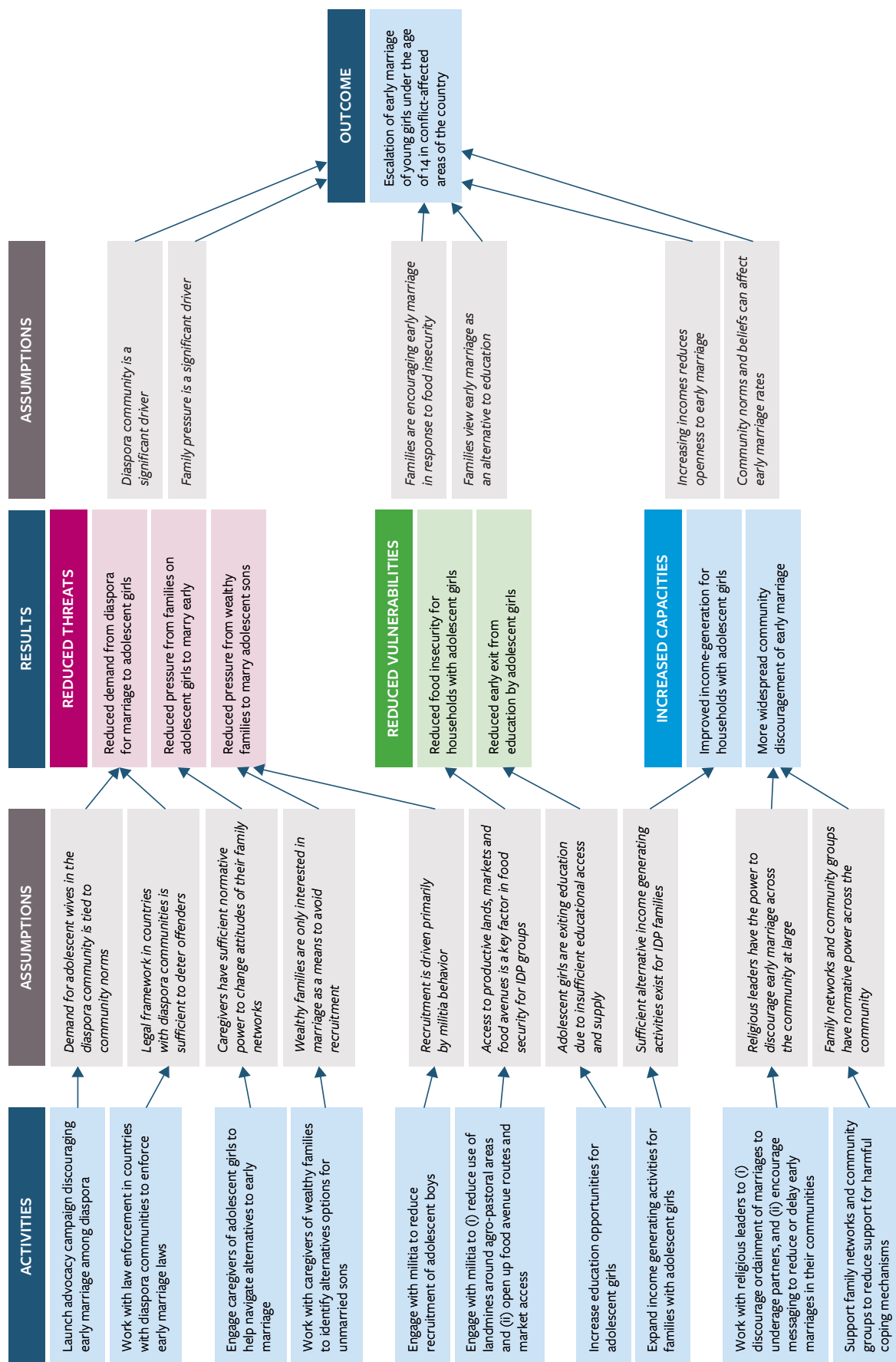
Risk	In one bullet point, identify one prioritized protection risk (violence, coercion, or deliberate deprivation) that is occurring in this crisis. (For example, recruitment of child soldiers, sexual assault at checkpoints, indiscriminate bombing, kidnapping of men, denial of aid to ethnic minorities in the country). <i>Be as specific as possible.</i> Escalation of early marriage of young girls under the age of 14 in conflict-affected areas of the country.
Population	Describe the key characteristics of the population(s) at risk (Please choose a location and/or a community to focus the discussion) - Families living in conflict-affected communities or in IDP settlements in the north of the country who have decreased access to economic opportunities and experience food insecurity - Family size on average is between 3 and 5 children per household; extended families often reside together, although the crisis has forced families to separate, frequently sending unmarried adolescent boys and young male adults to the front line to join the resistance. - Adolescent girls under 16 yrs unable to continue school - Growing concern of families about their children's future; seeking opportunities outside of the country
Context	What are the 3-5 most important contextual issues for the analysis (previous issues, current events, historical background) - Discriminatory political practices against the ethnic population group in the north over many years by the current political party have increased tensions across the country. Armed militia in the north, supported by diaspora and neighboring countries, have formed, leading to heavy fighting between the militia and government-aligned security forces. - The conflict has contributed to internal displacement, economic hardship, including the loss of wealth and employment opportunities. - Food security is becoming more challenging as the war destroys agricultural lands, and landmines and unexploded ordnance are used in rural areas, including farming and pastoral lands. Limited movement of goods and services means diminished food products within the markets. - Early marriage is a prevalent practice within the country among both girls and boys, with the average age of marriage being 16 years old. The practice is prevalent at all levels of society, regardless of wealth or status. - Normal arrangements/matches are done between families and include several factors or considerations: a family's social status and financial standing within the community, dowry, astrological calendar, same caste and religious affiliation, and physical appearance. - The conflict is impacting marriage arrangements, introducing new factors for consideration, including matching younger girls with elderly men outside the country among the diaspora communities

Analysis	Threat (perpetrator) Who is the threat? What are the drivers/motivations/resources of this threat that is creating the risk? If there is more than one threat actor perpetrating this risk, separate these out. There are four perpetrators of this risk: • Caretakers/parents of adolescent girls ▷ Increased pressure from maternal grandparents to wed their young daughters ▷ Increased economic hardship because of the conflict ▷ The new husband's family pays bride-price—an incentive ▷ Uncertainty and feeling the burden of many children in the household to feed and provide for ▷ Connections to diaspora community outside the country • Family of Adolescent boys ▷ A wealthy family's incentive to match with a family with an adolescent girl to avoid their son being sent to the resistance. ▷ Willing to pay a high bride price • Diaspora Communities ▷ Acceptance of matches between diaspora families with older men and young adolescent girls ▷ Willing to pay high bride price ▷ See themselves as protecting or “saving” adolescent girls There are no legal restrictions on the age of marriage	Vulnerability What makes the population at risk vulnerable to this threat? • Adolescent girls in the north under age 16 living in families with many children and experiencing economic hardship and food insecurity • Adolescent girls in the north under the age 16 living in IDP camps that have limited opportunities to attend school or engage in income-generating activities • Caretakers/parents of adolescent girls who experience family and community pressure to find matches earlier to reduce financial constraints on the family • Adolescent girls internalizing messages about their duty to ease economic hardships on the family and “voluntarily deciding” to marry • A family's incentive to match with a family with an adolescent girl to avoid their son being sent to the resistance • Adolescent girls' caretakers and the community who support a girl's “voluntary” decision to marry • Families that have connections with diaspora outside the country and see marrying their younger girls to older men as a means of ensuring their protection from the war and their prospects • Religious leaders who are willing to ordain/marry adolescents under the age of 16 (pre-conflict average age)	Capacity What are the capacities the population at risk have that help them overcome this threat? • Community and religious leaders who can discourage or delay marriage arrangements of adolescents • Families who are able to meet food security needs • Families who are able to find alternative income-generating activities to increase household economic stability • Families with no ties to diaspora outside the country • Strong community and family networks
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Scenario	Scenario	Triggers
	Worst case: Describe 3-5 bullets the worst way in which the situation could evolve • Significant increase in the practice of early marriage between young girls (under 14) with older men • Consequential intimate partner violence among these marriages	What are the events that <i>might</i> make this happen? • Conflict escalates, limiting or denying access to food and other services • Significant increase in the use of landmines on agricultural lands • Countries where there are diasporas turn a blind eye to the practice of early marriage
	Best case: Describe with 3-5 bullets the most positive way in which the situation could evolve • Marriage arrangements return to pre-conflict patterns • Families and communities move towards later marriages after girls and boys complete their education and are above 18 years • The country adopts a legal age for marriage of 18 and above	What are the events that <i>might</i> make this happen? • Families have access to their agricultural land, can sell/buy in the markets, and have options for income-generating activities • Community and religious leaders are supportive of new policies/laws that set the legal age of marriage at 18+ • Border control and law enforcement of the legal age to marry in other countries where there are diasporas are upheld
	Most likely: Describe with 3-5 bullets the most likely way in which the situation could evolve • Reduction in early marriage cases due to increased economic opportunities and improved food security • Establishment of community/religious commitments by leaders to discourage early marriage • Improved border control and law enforcement in countries where the diaspora reside to curb the flow of young girls into these areas for marriage.	What are the events that <i>might</i> make this happen? • Families have increased options for income-generating activities and have access to food sources—either through increased humanitarian aid (food delivery) or access to farmlands • Negotiations with the militia reduce the use of landmines on agricultural and pastoral lands • International advocacy campaigns targeting diaspora and States that have set a legal age of marriage

Mitigation	Reduce Threat What can we do to reduce the threat (3-5 bullets) • (Humanitarians) Engaging with caretakers with decision-making power to help navigate alternative options when considering early marriage arrangements • (Development, Community Leaders/Local CBOs, Humanitarians) Work with wealthy families to identify alternative options for their unmarried sons. • (Local CBOs, Development, Humanitarian) Target religious leaders who perform marriage ceremonies to discourage their participation/ordination where children are underage • (Human Rights) Launch an advocacy campaign in countries where diasporas are located to discourage the practice of early marriage and to reinforce the legal status of marriage (if it exists in these countries). • (Legal, Development, Government) Work with law enforcement from other countries where there is a diaspora to enforce laws regarding early marriage	Reduce Vulnerability What can we do to reduce the vulnerability (3-5 bullets) • (Humanitarians/education /livelihood sectors) Target adolescent girls 16 and under with personal growth opportunities, education, and economic opportunities • (Humanitarians, livelihood sectors) Identify and expand income-generating activities for families with adolescent girls under age 16 who are living in IDP camps or experiencing economic hardship because of the conflict • (CivMil, Humanitarians, MineAction, Human Rights) Engage with militia groups to reduce their use of landmines in and around agricultural and pastoral areas to minimize food insecurity and open up land for farming and agricultural income • (CivMil, Humanitarians) Engage with militia groups to open up access for increased food supplies and other materials into the markets • (CivMil, CP, Humanitarian, Human Rights) Engage with militia groups to stop recruitment of adolescent boys • (Development, Education, Humanitarian) Increase education opportunities for adolescent girls • (CBOs, Religious Leaders, Livelihoods) Identifying alternative support networks/ opportunities to increase options for families experiencing economic hardships and food insecurity • (Government, Law enforcement, Human Rights) Weak border control; lack of implementation of laws in diaspora countries where the legal marriage age is above 18.	Increase Capacity How do we increase the capacity of the population at risk (3-5 bullets) • (Religious Leaders, Humanitarians, CBOs) Engage with religious and community leaders to understand how their messages can reduce/delay early arranged marriages—identify opportunities for bringing together these leaders with other community leaders to grow this level of support • (CBOs, humanitarians) Enhance family networks and community coherence for collaboration and support to avoid harmful coping mechanisms
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THEORY OF CHANGE—EARLY MARRIAGE





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