

The Theory of Change Playbook:

Program Guidance for Integrated GBV
and Economic Recovery Programming with
Gender-transformative and Localized Approaches

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The Danish Refugee Council (DRC) is a leading international NGO that works in 40 countries to protect, advocate and build sustainable futures for refugees and other displacement affected people and communities. DRC works with affected communities, civil society, and governments to promote protection of rights, self-reliance and peaceful coexistence. To learn more, visit www.drc.ngo.

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. To learn more, visit www.womensrefugeecommission.org.

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Contents

| | |
|--|----|
| DEFINITIONS | 01 |
| INTRODUCTION | |
| The Program | 02 |
| Goals of the Playbook Guidance | 02 |
| The Problem | 03 |
| PART I. ASSESSMENT AND ANALYSIS | |
| A. Assessment | 05 |
| B. Analysis | 09 |
| Exercise 1 – Risk Equation Analysis | 11 |
| Exercise 2 – Insights | 13 |
| PART II: DESIGN | |
| A. Pathways of Change | 14 |
| Exercise 3 – Problem Statement and Impact | 14 |
| Exercise 4 – Backward Mapping | 15 |
| B. Program Design | |
| Exercise 5 - How might we? | 18 |
| Exercise 6 – Intervention Selection | 19 |
| C. Assembling your Theory of Change | 19 |
| Exercise 7 – Reviewing Assumptions | 21 |
| PART III. MONITORING AND EVALUATION | |
| A. Monitoring | 22 |
| Developing indicators based on your ToC | 22 |
| B. Evaluation | 25 |

Links to Additional Tools and Annexes

- [Blank Risk Equation Analysis diagram](#)
- [Blank Theory of Change diagram](#)
- [Blank Pathways of Change diagram](#)
- [Annex 1. Resources related to Integrated GBV and Economic Recovery Programming for Individuals with diverse SOGIESC](#)
- [Annex 2: Assessment Tools](#)
- [Annex 3: Recommendations on Implementing Integrated GBV and Economic Recovery Programming with Gender Transformative Approaches for Adult Women and Adolescent Girls](#)
- [Annex 4: Example Theories of Change](#)

Definitions

Economic recovery programming: interventions that contribute to ensuring immediate needs are covered with life-saving direct assistance, while supporting conflict- and displacement-affected people to meet their essential needs independently and sustainably (self-reliance), and restore their ability to mitigate impact of, adapt to and recover from future shocks and stresses in a way that reduces chronic vulnerability (resilience).¹ Economic recovery activities can include a breadth of programs and interventions, including, but not limited to food security, decent livelihoods and financial inclusion.

Gender-based violence (GBV) programming: interventions that seek to prevent, mitigate or respond to GBV.² GBV prevention focuses on addressing root causes of GBV. GBV mitigation aims to recognize and address contributing factors of GBV in programming. Both GBV prevention and mitigation are the responsibility of all humanitarian actors, though GBV prevention could necessitate the expertise of GBV specialists depending on the type of programming.

GBV response is concerned with addressing the specific needs that arise in the recovery from GBV. GBV response programs should incorporate a multisectoral approach and be led by GBV specialists in collaboration with sectoral specialists. Good practice for integrated GBV and economic recovery programming recommends the inclusion of response activities, such as GBV case management or GBV referral pathways, in order to provide adequate support to survivors and augment the outcomes of the program.³

Gender-transformative: refers to policies and interventions that seek to redress gender-based inequality and to transform harmful gender norms, roles and relations for both women and men. Gender-transformative approaches “aim to move beyond individual self-improvement among women and toward transforming the power dynamics and structures that serve to reinforce gendered inequalities.”⁴ Incorporating gender-transformative approaches in integrated GBV and economic recovery programming can work to dismantle the foundations of gender inequality that underly both GBV and women’s economic disempowerment.



¹Danish Refugee Council. The Transition Gap. <https://emergency.drc.ngo/recover/the-transition-gap/>.

²CARE (2020). Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners. https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium_FINAL_.pdf

³UNFPA (2019). The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. <https://www.unfpa.org/minimum-standards>

⁴Hillenbrand E, Karim N, Mohanraj P and Wu D (2015). Measuring gender- transformative change: A review of literature and promising practices. CARE USA. Working Paper.

Introduction

The Program

This playbook guidance document was developed within the scope of the project “Advancing Economic Empowerment of GBV Survivors in Humanitarian Settings through Evidence and Localized Action for Gender-Transformative Change” funded by BPRM. The project is implemented by The Danish Refugee Council (DRC) in partnership with Women’s Refugee Commission (WRC).

The project seeks to generate evidence on effective practices for integrating GBV and economic recovery programs for GBV survivors and women at risk of GBV in four countries: Jordan, Lebanon, Uganda, and Niger. Program outcomes will support the targets of the 2021-2022 Inter-Agency Standing Committee (IASC) Gender Equality and Empowerment of Women and Girls (GEEWG) Accountability Framework, which aim to: (i) have at least 80% of Humanitarian Response Plans support women’s economic empowerment through targeted livelihoods and employment interventions, and (ii) to have 100% of these address GBV mitigation and response.

Recognizing structural gender inequality as a key underlying cause of GBV, the program aims to generate evidence and guidance for organizations seeking to design integrated GBV and economic recovery programs to economically empower survivors or people at risk of GBV. Through research and pilot cases, the program will identify program models and practices that are proven to be effective in advancing the economic empowerment of GBV survivors and reduce risks of GBV.

Goals of the Playbook Guidance

The Playbook is a guidance document intended to support the members of the Local Anchor Groups (LAGs) in Jordan, Lebanon, Uganda, and Niger to develop a localized Theory of Change (ToC) for integrated GBV and economic recovery

programming. By developing localized ToC, organizations can better achieve and capture protection and economic recovery outcomes, with the goal of improving the uptake of evidence-based programming that ensures self-reliance and longer-term empowerment of GBV survivors.

The playbook also aims to be a useful tool for other organizations that want to design integrated GBV and Economic Recovery programs that employ a gender transformative approach in other contexts, including those with a focus on specific populations, such as adolescents, individuals with disabilities, individuals with diverse SOGIESC, and/or men and boys.

Informed by a global landscaping review conducted by WRC⁵ and adapted from InterAction’s Gender-based Violence Prevention Evaluation Framework⁶ and the Community Builder’s Approach to Theory of Change,⁷ this Playbook guidance is designed to support local organizations in developing ToCs to be used in program planning, implementation monitoring and learning. If a user of this guidance belongs to an organization at the international level, it is recommended to work with a local partner organization. Moreover, due to the integrated nature of this programming, multiple partners or actors across different sectors should be included in this process from the beginning, in accordance with evidence-based practice. The process outlined in the playbook also offers a starting point for programs to identify and prioritize indicators for measurement and recommendations for monitoring and evaluation of the ToC.

This guidance will assist users in developing a program with these aims using three modules:

- I. Assessment and Analysis** - Assess the needs and risks of affected populations to inform their ToC
- II. Design** - Develop and adapt an individualized and contextualized ToC based on the context-specific

⁵Adivi Bhanja (2022). A Way Forward: Landscaping Report on Integrated Gender-Based Violence and Economic Recovery Programming. <https://www.womensrefugeecommission.org/research-resources/a-way-forward-landscaping-report-on-integrated-gender-based-violence-and-economic-recovery-programming/>.

⁶InterAction (2021). Gender-Based Violence Prevention Evaluation Framework. <https://www.interaction.org/wp-content/uploads/2021/05/GBV-Prevention-Evaluation-Framework-05-26-21.pdf>.

⁷Andrea A. Anderson, The Aspen Institute (2009). The Community Builder’s Approach to Theory of Change: A practical guide to theory development. https://developmenteducation.ie/media/documents/The_Community_Builders_Approach_to_Theory_of_Change.pdf.

What is a Theory of Change?

A Theory of Change (ToC) can be described as “a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.” The desired change in a ToC model is most often a long-term goal, the ultimate social change that a program or project is aiming to achieve. The process of developing a ToC provides a method to systematically outline the conditions necessary to achieving a long-term goal, and how these conditions relate to each other over time, essentially filling in the gaps between what a program or intervention does and its intended impact on people.

Like any logic model, a ToC can be beneficial to help organize the resources, activities, outputs, and outcomes of a project, as well as communicate the project goals and process to others. A ToC model also requires its designers to provide more specificity for each step of the process. Developing a theory of change will require substantial time and discussions among key stakeholders, but will result in a framework that:

- visually represents the changes expected in the specific context of the program/project
- documents complexities of the process
- evaluates the hypothesis generated by the model and the results therein

assessment of needs and risks as well as the foundational assumptions guided by best practice.

III. Monitoring and Evaluation - Identify key indicators and methods for monitoring and evaluation that are tied to the ToC.

The Problem

For this program, our problem is defined as such: Gender inequality, GBV risks, and barriers to economic empowerment activities become exacerbated in humanitarian crises, placing women and girls at greater GBV risk and a greater economic disadvantage. In order to improve gender equality and protection from GBV, humanitarian practitioners must address both protection and economic recovery needs of women and girls.

Gender inequality underlies the lack of economic self-reliance and resilience of women and girls as well as their

exposure to and risk of gender-based violence. Moreover, GBV and economic inopportunity influence each other cyclically, where exposure to or risk of GBV may decrease an individual’s economic capacity, and the lack of economic opportunity can increase risk of and exposure to GBV.

Access to safe, decent, and adapted economic empowerment opportunities can be difficult for GBV survivors, particularly in displacement settings. Economic recovery programs that do not systematically consider GBV risk mitigation, may unintentionally increase risk of GBV for women and survivors overall. Likewise, GBV programs that do not incorporate economic recovery components risk not generating long-lasting impact for GBV survivors, who may continue to be at risk due to lack of self-sufficiency and food insecurity. Increased participation in economic recovery activities can mitigate GBV risks and lead to increased economic resources and economic capacity among

⁹Center for Theory of Change (2023). What is Theory of Change? <https://www.theoryofchange.org/what-is-theory-of-change/>

survivors in humanitarian settings. Therefore, programs that integrate GBV and economic recovery have greater chances of addressing economic empowerment goals, including those related to self-reliance and/or resilience, and simultaneously prevent and respond to GBV.

The long-term outcome of integrated GBV and EcRec programming is that women and girls are self-reliant and free from all forms of GBV and threats of GBV, and safe to pursue their human rights and freedoms. Including programming that changes gender norms at the household, community, or institutional level, can improve both economic self-

reliance and resilience and protection from GBV. Therefore, gender transformative programming should when possible be included in this integrated approach as well.

As we outlined above, addressing economic recovery is integral to that change, and thus, the question we must consistently ask ourselves is:

How can we improve access to safe and decent economic empowerment for GBV survivors and women and girls at risk of GBV?

Diversity of women, girls, and GBV survivors

In this guidance, we provide recommendations for women and girls as those at risk and survivors of GBV broadly, which in humanitarian practice, largely focuses on cisgender, heterosexual women and girls. However, women and girls with diverse sexual orientations, gender identities and expressions, or sexual characteristics (SOGIESC), particularly transgender women, are often invisible populations in this work and at greater risk for GBV than cisgender, heterosexual women in humanitarian settings. Moreover, GBV survivors can also include men and boys, in regard to violence related to gender-inequitable norms of masculinity or norms of gender identity. Though we define the problem statement of this guidance for the application of this programming primarily for cisgender, heterosexual women and girls, the exercises and concepts presented here can be applied to programming for women and girls with diverse SOGIESC, and men and boys. In this effort, the ultimate end goal of your program would change to contextualize the issues around GBV for these populations. We strongly recommend that programs and interventions consider ways to actively include women and adolescent girls with diverse SOGIESC, as well as men and boys, in accordance with best practices, and alongside partnerships with local organizations working with these populations specifically. For further information on working with individuals with diverse SOGIESC, please refer to the recommendations and resources listed in [Annex 1](#).

Part I. Assessment and Analysis

A. Assessment

Before we begin designing the components of the integrated program, we need to collect information about both displaced and host communities of interest – their economic capacities, opportunities, and barriers, their GBV risks and exposures, their cultures, their beliefs, their norms, their social, legal, and physical environments. Taking this step is the first to select inputs that will allow us to design programs that are tailored to GBV survivors in the community.

Before we begin this process, we need to establish the intended recipients of our program, which are displaced and host community women, aged 18 and above, and adolescent girls, aged 10 to 17. Throughout the development of the ToC, it is imperative that the voices of women and adolescent girls from displaced and host communities are at the forefront of this work, which means engaging with them directly throughout this entire process. In best practice, displaced women and adolescent girls would join the LAG members, or program staff, in developing the ToC at every step outlined in this document, which requires a strong relationship with the community, trust, and their protection from harm or exploitation in their participation.

In the section below, we have outlined some broad questions that the assessment and analysis phase should capture, as depicted in the Venn Diagram on page 8. Because we are designing an integrated program, there are also specific details we need to know about the lives of women and girls in the community that pertain to more than one area of focus. Additionally, as adult women and adolescent girls have different needs and risks, these questions are separated and phrased according to each demographic.

The questions below are meant to guide the user and should be adapted to the specific context. When reviewing the diagrams, there are a few things to keep in mind:

- **Displaced and Host Communities:** It is important to understand how the answers to these questions differ for displaced women and girls and host women and girls, and to capture the dynamics between these two communities in the

assessment. For displaced women and girls, legal status and barriers to protection and documentation have significant impacts on how laws and policies affect them, their risks and exposure to GBV, and their ability to be economically self-reliant and resilient. The assessment should examine and highlight these differences. Moreover, the relationship and power imbalance between displaced and host communities can also impact displaced communities. For example, xenophobia or discrimination from the host community could exacerbate risks and exposure to GBV, such as child marriage of displaced girls to older host community men, or economic disempowerment, such as exploitation of legal and protection barriers of employment, for displaced communities.

- **Definition of Community:** In the questions in both diagrams, we reference “community” frequently, which is very broad term. In this instance, community primarily means the people who will benefit from this program directly, our population of interest. As we mentioned before, it is imperative to place at the forefront the voices of women and adolescent girls, and so the assessment should include and prioritize them. However, it is important to also understand the perspectives of men and boys, community leaders, government, businesses, and organizations working in these areas of focus with the community, as each of these groups in the community impact the lives of women and girls and the goals of this program.
- **Age, gender and diversity mainstreaming (AGDM):** When designing the assessment, we should apply ensure age, gender and diversity mainstreaming, in order to design an inclusive program, recognizing and including marginalized groups in the assessment, such as women and girls with disabilities, with diverse SOGIESC, older women aged 60 and above, or younger adolescent girls, aged 10 to 13. For adolescent girls, this also includes unaccompanied minors, child mothers, and child brides, who may be invisible in this type of programming as they might not be culturally considered as “children” or “adolescent girls.” As these groups are often the most vulnerable to GBV and economic disempowerment, and difficult to reach through targeted humanitarian aid programming, it is important to seek out these groups and include them in the assessment phase to ensure tailored and inclusive programming.

Figure 1: Guiding Questions Gender and Market Assessment - Adult Women

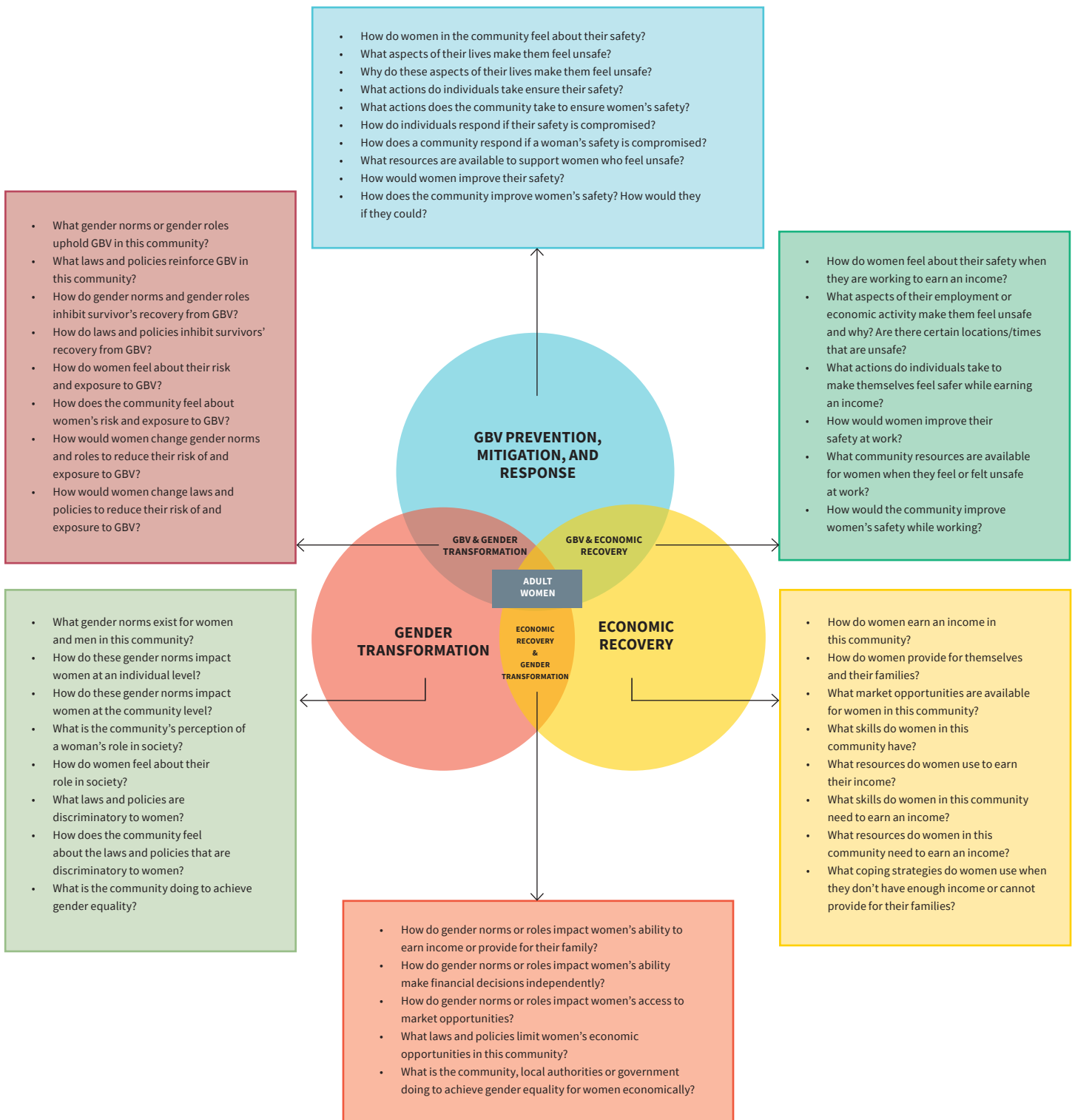


Figure 2: Guiding Questions Gender and Market Assessment - Adolescent Girls



How do you collect this information?

There are various ways to collect data to inform your ToC and the program design for target populations and there are several existing tools to help you do so. However, it is best to first complete a review of available secondary data before beginning data collection. With secondary data, we mean information that already exists about the target population and communities. This includes previous assessments that your organization or other organizations such as human rights or humanitarian organizations, have conducted, for example, needs assessments, market analyses, GBV risk analyses, monitoring reports. This can also include reports published by local national and local authorities and academic literature/studies. By reviewing secondary data, you can establish what information currently exists about your target population and identify what gaps exist in your understanding of the target populations and validate or triangulate your findings. By doing this you can establish if it is necessary to undertake primary data collection and it can save you both time and resources.

To address the gaps found in the secondary review, prepare to undertake primary data collection through an assessment. Depending on your information needs, the assessment can include both quantitative and qualitative data to capture both measurable, countable data, and descriptive, in-depth data. With any assessment in a humanitarian setting, it is important to apply age, gender and diversity mainstreaming to understand how GBV risks are affecting different groups and their ability to engage economic empowerment activities. For this reason, both host women and displaced women should be included in the assessment, as well as community leaders, local experts in economic recovery, GBV, or gender equality, and other individuals or groups that would be able to provide answers to the questions above.

To assist in this assessment and analysis step, you can make use of published tools and supporting materials online. Below you will find a few examples of resources that you can use:

Cohort Livelihoods and Risk Analysis Assessment Tool: Published by WRC in 2016, this second version of the toolkit above outlines a method to capture GBV risks associated with livelihoods and informing monitoring systems for program design and implementation.

Integrating Protection and GBV Mitigation into Livelihoods Programs: Developed by the WRC, this checklist of recommendations details how economic programmers can mitigate GBV risks and build protective elements in program design and implementation across multiple types of livelihoods programming, such as cash for work, vocational skills training, livestock, agriculture and crops, micro and small enterprise, and microfinance.

Rapid Gender Analysis: From their own work on conducting gender analyses in emergencies, CARE International developed series of guidance documents and data collection tools to identify key issues contributing to gender inequalities.

Gender and Market Development: In 2015, Mercy Corps published this document summarizing the findings from an analysis of the gender integration in a selection of programs. In addition Mercy Corps provide recommendations and a framework for better integrating gender into market systems development.

Labor Market Analysis in Humanitarian Contexts: A Practitioner’s Guide: Developed by Mercy Corps, Save the Children, and the International Rescue Committee, this guide, published in 2016, aims to help humanitarians conduct better labor market analyses (LMA) to inform the design and delivery of livelihoods and market strengthening programs in emergency crisis and post-crisis settings with recommendations on ways of im-proving the appropriateness, scope, precision and analysis of labor market assessments.

CARE Gender Marker: First published in 2016 and recently revised in 2021, CARE International’s Gender Mark-er is a set of tools and guidance documents designed to be used in combination with Monitoring, Evaluation and Accountability systems to help teams reflect on the integration of gender in order to learn from and im-prove the gendered approach of their work.

Minimum Standards for Protection, Gender and Inclusion in Emergencies: Published by the International Fed-eration of Red Cross and Red Crescent Societies in 2018, this document presents minimum standards, and practical guidance on how to mainstream gender, age, disability and other diversity factors in all sectors of humanitarian aid work.

Rapid Assessments For Markets – Guidelines for an initial market assessment: Developed by the International Committee of the Red Cross, and International Federation of Red Cross and Red Crescent Societies in 2014, this documents includes guidelines and 15 data collection tools to help practitioners assess markets after emergency shocks.

For your convenience, we have also included these tools in [Annex 2](#). As is best practice, we strongly urge users to modify these tools to the context and crisis setting in which you are working

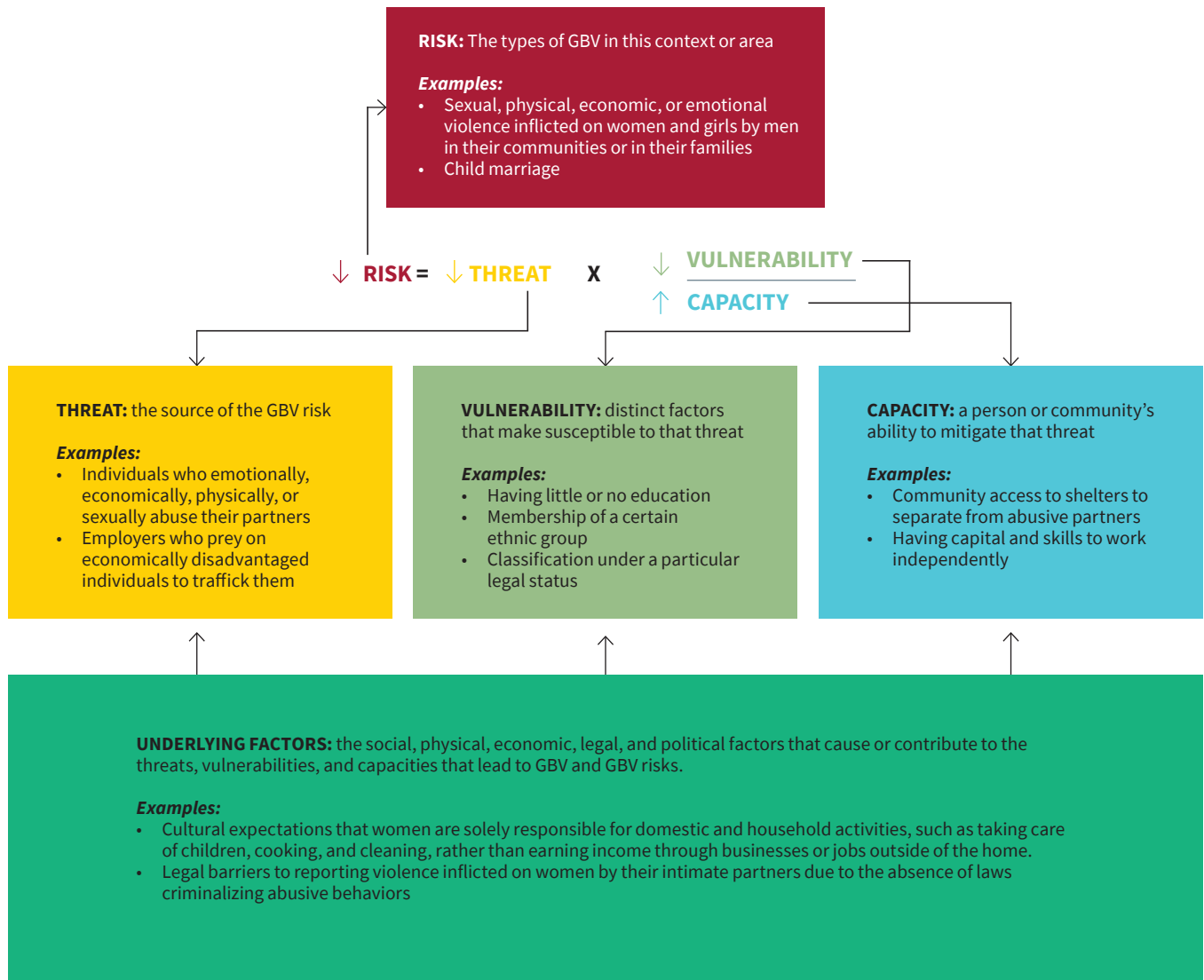
B. Analysis

Now, with the information gathered in our assessment, we need to identify the key insights about the experience of our target population (GBV survivors and women and girls at risk of GBV) in improving economic empowerment and protection from GBV. Knowing that our goal, our long-term impact, is the protection of women and girls from all forms of GBV and their safety to exercise their human

rights and freedoms, we will use the GBV Risk Equation to analyze what we need to know to build this program.⁹ The GBV risk equation is an analytical tool, that allows us to analyze how we can reduce GBV risks by looking at three distinct factors, threats, vulnerabilities, and capacities, which are described in Figure 3 below:

⁹The GBV risk equation has been adapted from InterAction’s GBV prevention evaluation framework. InterAction (2021). Gender-Based Violence Prevention Evaluation Framework. <https://www.interaction.org/wp-content/uploads/2021/05/GBV-Prevention-Evaluation-Framework-05-26-21.pdf>.

Figure 3. Risk Equation



Exercise 1 – Risk Equation Analysis

Once you have completed our data collection, we will analyze the information from the assessment by grouping it into the three focus areas of the program (GBV, Economic Recovery and Gender Transformation) and identify the intersections between them. Remember that the fundamental assumption that we are making about reducing GBV risks and exposure for women and girls is that it cannot be done holistically and sustainably without improving economic recovery for women and girls as well. Use the guiding questions in the Venn diagram below to analyze your findings and write down the main findings using this [blank Risk Equation Analysis diagram](#) (see Figure 4). You can choose to split the group into teams by area of focus or type of community (refugee/displaced, host community) and have each team sort the observations or findings for that section. After you answered the questions, ask the team to present the themes to the rest of the group and together, review the answers and using the following questions:

- Are there findings that seem misplaced? If so, where should they go?
- Are we missing any information/Do we need any additional information?

Figure 4: Analysis using the Risk Equation



Exercise 2 – Insights

After completing the Figure 4 diagram, ask the group to reflect on the following questions:

- What patterns are emerging? As you identify these patterns, write down the key insights on a different colored post-it and group those findings around that theme.
- What new information have you learned about the community or target population?
- What insights have you uncovered?
- What conclusions we can draw from our analysis? Are there any unanswered questions?

Record the group's answers by listing them out for everyone to see, either on a board, using post-it notes, or in a shared word document.

PART II: DESIGN

A. Pathways of Change

🗨 Exercise 3 – Problem Statement and Impact

Now that we have analyzed our findings, we will formulate a contextualized problem statement and intended long-term impact for your program. For this section, we will be using the *Theory of change diagram* (Figure 5).

Step 1: Using your analysis from [Exercise 1](#) and [Exercise 2](#) use these guiding questions to come up with your problem statement:

- What types of GBV will the program prevent/respond to?
- What barriers to economic empowerment for the target population are you addressing?
- What gender norms are you tackling?

When you have formulated your problem statement insert it into the [blank Theory of Change diagram](#).

Step 2: Envision that the program is completed and imagine how program participant has changed because of this program. Ultimately, what we are aiming for is this change to occur in their lifetimes. Some questions to consider, as you define long-term goals are:

- What are the ultimate goals of the project?
- What are the expectations of the target population?
- What does success mean in this program?
- What will be different in your community in the long-term as a result of successfully reaching your goal?

Once the group has agreed on the long-term impact, insert it into the Theory of Change Diagram.



Exercise 4 – Backward Mapping

Next, we need to create the pathways of change, meaning we need to examine how our long-term impact for the program might come about. In order to do this, we will use a process called “Backwards Mapping.” Starting with our long-term impact, our ultimate goal, we will identify “preconditions” of our ultimate goal.

PRECONDITION: An outcome that needs to be true or a change that needs to occur in order to reach our ultimate program goal.

Then, we will identify preconditions of those preconditions, and so on, until we reach a point where no other preconditions exist. In this exercise, every piece of the pathway is a precondition, which you can see as illustrated in Figure 5 – Pathways of Change. Mapping the pathway of change can be a time-consuming process so be sure to allocate sufficient time for this exercise. You can fill in the [blank Pathways of Change diagram here](#).

For this exercise, return to the insights generated from [Exercise 1](#) and [Exercise 2](#). Using that information, brainstorm with the whole group the preconditions for our goal, the long-term impact from [Exercise 3](#), and aim to generate as many as you can. Ask yourselves:

- What are the necessary and sufficient preconditions for you to achieve your intended impact?
- Over what time period will this happen?
- What is the level of change we are expecting?
- What do we know from the assessment, best practices from the evidence-base, or our institutional knowledge about what needs to change for our target population in order to achieve this long-term impact?

Remember that the fundamental assumption we are making is that GBV cannot be reduced without improving economic recovery as well.

For example, a precondition may be that **women and girls are able to independently access and control economic resources**. A precondition of that precondition may be that **women and girls have more autonomy and decision-making control in their household**.

Another precondition to achieve our ultimate goal may be that **communities deem any type of GBV under any circumstance as unacceptable**. For this to happen, a precondition of this idea may be that **communities criminalize GBV and that women are able to seek justice for GBV legally through criminal processes**.

Write each precondition on a post-it note, and place it on a wall in front of the group. As a group, sort and narrow down the list to 4-6 of the most important outcomes or preconditions of the long-term impact that are necessary to achieve it. Ask yourselves:

- Are these preconditions the penultimate outcomes before reaching our ultimate goal or do they occur earlier in the change process?

Once you have finalized the penultimate outcomes, you will take one more step backward and ask yourselves:

- What are the necessary and sufficient preconditions for these penultimate outcomes or preconditions to occur?

Focus on generating again 4-6 important preconditions at this level. Once you have finalized the preconditions at this step, repeat the process, generating as many preconditions as possible and narrowing them down to the most important ones (around 4-6 at every level). At the end of the exercise, the group should have between 3-5 levels of preconditions, with the final level being the first outcomes to occur on the pathway of change.

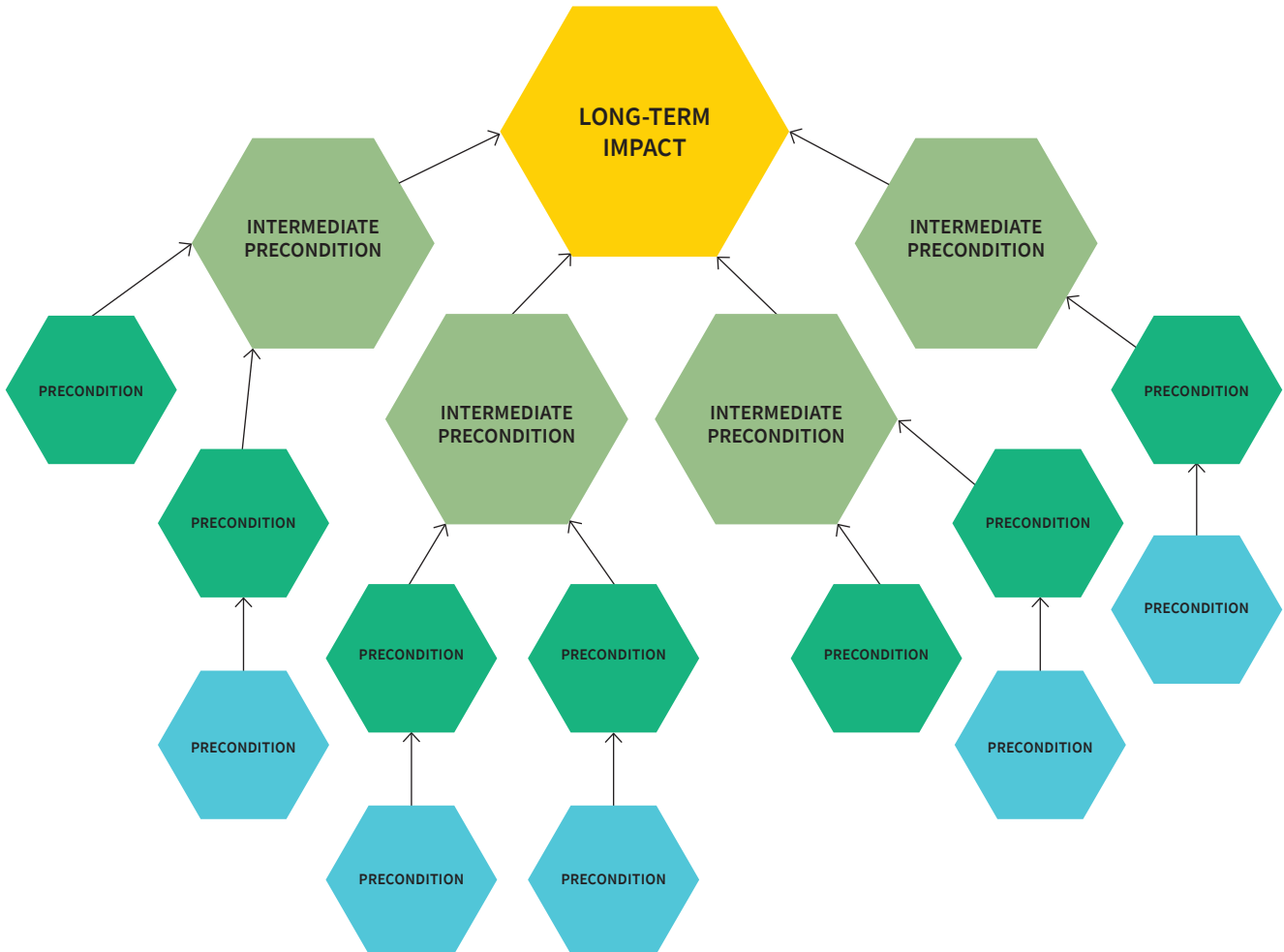
As you are building these pathways, it is important to ensure that your group is designing feasible and realistic theories of change. When narrowing down your preconditions, include or exclude outcomes based on the insights and observations collected earlier. Additionally, ask yourselves:

- Is this outcome or precondition feasible within the timeline of the project?
- Are there conditions outside of our control that will impact our ability to produce these preconditions?
- Can we get real community-level change toward this outcome?
- Are these really the only required outcomes to reach our ultimate goal?
- Are these preconditions measurable? What evidence do we need to show that this has been achieved?

The results of this exercise will eventually fill in the boxes for outputs, outcomes and impacts in *Figure 5: Theory of Change Diagram*. However, we need to complete a few more steps before filling in these sections.



Figure 5: Pathways of Change



B. Program Design

The next step in our ToC journey is developing the interventions our integrated program. At this stage in the ToC process, we highly recommend that all the actors to be included on the project contribute to achieve a multidisciplinary approach.

Exercise 5 - How might we?

Once you have completed [Exercise 4](#) and the pathway of change has been outlined, we you should come up with the interventions needed to make these changes. Looking at the pathway of change, start brainstorming interventions by asking yourselves “how might we” for each of the preconditions or outcomes. Feel free to return to the analysis and insights from [Exercise 1](#) and [Exercise 2](#) to inform questions generated at this step. Make these questions specific as possible to the precondition.

For example, if the precondition is – **Women and survivors have increased autonomy and decision-making control in their household and over themselves** – some “how might we’s” could be:

- How might we increase women’s ability to manage financial resources without their partner?
- How might we improve gender equitable attitudes between partners to encourage more equitable decision-making processes?
- How might we improve women and survivors’ ability to identify and mitigate partners’ controlling behaviors?

The insights from [Exercise 2](#) of this process will inform the specificity of the “how might we.”

Ask each participant to come up with 7-10 “how might we’s” for each precondition or outcome.

Ask the group to share their “how might we” that has not been shared before. After the group can no longer generate new “how might we’s” for each precondition or outcome in the pathways of change, start brainstorming solutions for, or answers to, the “how might we’s.” Consider:

- For each of the outcomes, review the “how might we’s” on our map and determine, what type of intervention would we need to implement in order to bring it about the change we want?
- Will policy changes or institutional practices be required to bring about this outcome?
If so, what type of change is required?

In this step, refer to best and good practices from the areas of focus for the integrated program, which can be drawn from technical expertise. WRC and DRC published “[A Way Forward: Landscaping Report on Integrated Gender-Based Violence and Economic Ecovery Programming](#),” which outlines good practices to consider when implementing this type of programming. You can read a summary of the main findings in [Annex 3](#) of this guidance.

🗨 Exercise 6 – Intervention Selection

Now, it is time to select the strategies we will use to enact these changes. In [Exercise 5](#), we generated a wealth of ideas, but we must narrow it down.

- To begin narrowing down your strategies, ask yourselves:
- Is this intervention feasible to accomplish within the timeline?
- Can any of the programs/interventions that we currently offer bring about an outcome on this map?
- Are we able to implement this intervention with the resources we currently have?
Are we reasonably able to acquire resources that we do not have?
- What interventions could work together to enhance outcomes for the participants in the program?
- How can we as a LAG (group of organizations) combine efforts, share existing resources, and build capacity to be able to implement these interventions?
- What assumptions are being made for this intervention? Are these assumptions reasonable to make?

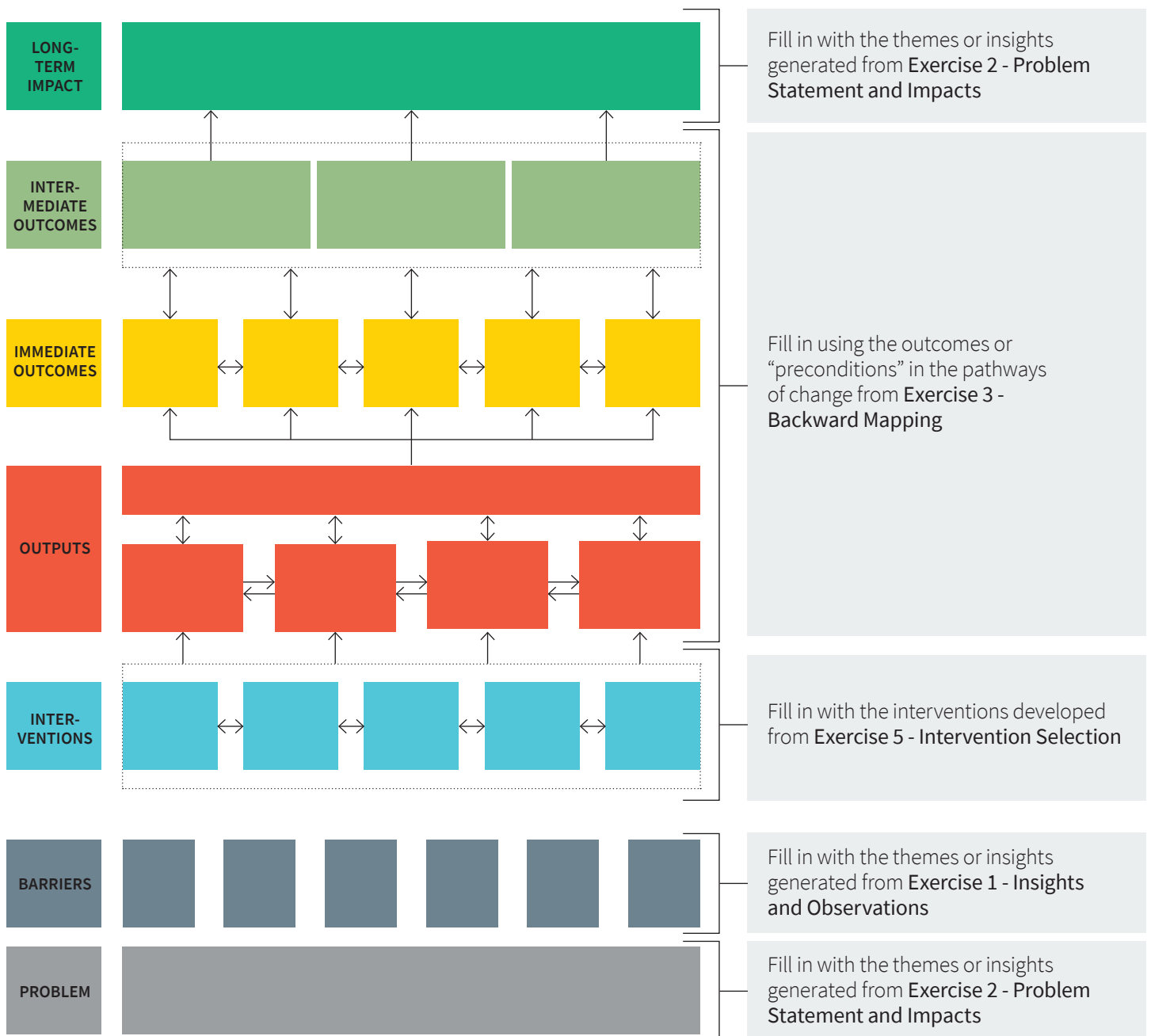
Together, decide what the interventions for the program will be and make sure that your selections address all three areas of focus for the program, GBV prevention, mitigation, and response, economic recovery, and gender transformation. The results of [Exercise 5](#) and [Exercise 6](#) will be used to fill in the interventions section on the theory of change diagram, which we will complete in the next section.

C. Assembling your Theory of Change

Now that we have completed our intervention development exercises, we need to put all the pieces of our ToC into one visual model (see Figure 6). As you may recall, we started off with the long-term impact and problem statement defined, but throughout the exercises, we developed the other components of the ToC model; we simply need to fill in the boxes.

In Figure 6, we have indicated how to populate each section with the information and ideas generated throughout this guidance:

Figure 6: Filling in the Theory of Change



In the diagram, these arrows demonstrate the relationships between the concepts in the boxes. When filling out your own ToC diagram, ensure that the arrows appropriately convey the relationships defined here after you have filled in the diagram.

In [Annex 4](#) of this guidance, you can find examples of ToC models from other projects working to end forms of GBV to reach the same long-term impact.

🗨️ Exercise 7 – Reviewing Assumptions

After we have completed our ToC diagram, there is one more step that we need to take and that is reviewing our assumptions. Throughout the process of building our theory change, we have drawn connections from observations to insights and then, to pathways of change and to interventions. These connections have been built on certain assumptions. In best practice, these assumptions are based on evidence that tested these connections. We need to ensure that each of the connections we have made, the assumptions from which the theory of change is based, are tested before moving forward on the project.

As a group, review the ToC Model, starting from the problem statement and ending at the long-term impact. For each section or connection, state the assumptions that are being made to move from one piece to the next. Discuss these items together and revise the theory if necessary. Before the group gives their approval of the ToC, ensure that it meets the following standards of quality:

- **Is this theory of change PLAUSIBLE?** Have we created a compelling story about the pathway of change that would lead to the long-term goal in this community? When you look at the total picture, do you believe that the ToC makes sense? Do the preconditions make sense as the logical steps toward the long-term outcome?
- **Is this theory of change FEASIBLE?** Do we have the capacities and resources to implement the strategies that would be required to produce the outcomes in the pathway of change? How will we be able to bring about the outcomes at the levels we have predicted? Is there anything in the communities where you work that may make it difficult to get this theory off the ground the way we have planned it?
- **Is this theory TESTABLE?** Have we examined how success will be measured clearly enough that we can recognize progress toward our goal when we see it?



Part III. Monitoring And Evaluation

This section provides guidance for developing indicators tied to a ToC and monitoring changes in the program, as well as methods for evaluation. Monitoring and evaluating a program through its cycle is critical not only to the program implementation but to the continued learning and development of programming in humanitarian contexts, overall. One of the main benefits of developing a ToC is that it can help programs to identify clear, measurable indicators for monitoring and evaluation, which ultimately enables the ‘testing’ of the ToC.¹⁰ In best practice, Monitoring, Evaluation, Accountability and Learning (MEAL) experts should lead this process in conjunction with LAG members, or the program partners. Before beginning this step of the guidance, we strongly recommend that MEAL experts are included in the discussion to ensure the development of a robust monitoring and evaluation framework.

A. Monitoring

The monitoring framework should be tied to your ToC Model and should examine it in its entirety. For each output, outcome, and impact identified in the theory of change, there should be an associated indicator(s), or way to measure it in the program cycle. Indicators can be quantitative and/or qualitative, and good monitoring frameworks include both; utilizing quantitative and qualitative data can offer valuable insight into what, why, and how much program activities are impacting intended outcomes.¹¹

Developing indicators based on your ToC

For our purposes in this guidance, we defined three categories of indicators as related to three parts of our ToC model in Table 1 below:

Table 1: Type of Indicators for a Theory of Change Model

| Indicator Category | Definition |
|--------------------|---|
| Output Indicator | A measure of the quantity or quality of the products, goods, and services resulting from an “input” activity. These should measure the output sections of the ToC model. |
| Outcome Indicator | A measure of the changes demonstrated by the participants in the program or other targeted populations of the interventions or “inputs.” These indicators should relate to the outcomes established in the ToC model. |
| Impact Indicator | A measure of the change in economic recovery, GBV risk and exposure, gender-transformation, among displaced women and girls and their community. These indicators should relate to the impact or goal of the ToC model. |

When selecting indicators for our theory of change, we need to ask:

- What indicator(s) will we use to measure success for this output, outcome, or impact?
- Who or what do we expect to change?
- What is the current status of our target population on the indicator(s)?
- How much does our target population have to change in order for us to feel that we have successfully reached the indicator(s)?
- How long will it take the target population to reach our threshold of change on the indicator(s)?

¹⁰Better Evaluation (2022). Describe the Theory of Change. https://www.betterevaluation.org/en/managers_guide/step_2/describe_theory_of_change

¹¹Breakthrough Research (2022). *How to Use a Theory of Change to Monitor and Evaluate Social and Behavior Change Programs*. https://breakthroughactionandresearch.org/wp-content/uploads/2022/03/BR_HowTo_ME_SBC_Brief.pdf

As you go through this process, it is important to ask - is this indicator feasible to measure? You can use the following checklist to determine an indicator's feasibility¹²:

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

Risks and Challenges

When choosing indicators, LAG members, or program staff, should take into consideration the ability of the indicator to reflect both positive and negative impacts over time in a nuanced way. It is well-documented in the evidence-base that positive changes in gender equity and relations can be accompanied by a 'backlash' effect.¹³ Therefore, it is important that monitoring and evaluation systems be sensitive to this risk and design systems in such a way to be able to monitor and measure such 'negative' changes. Pay careful attention to monitoring these indicators and be ready to act quickly should there be indications of increased risks to the target population.

Measuring impact and change for programs seeking to address issues of GBV also presents additional challenges, which can include¹⁴:

1. harm risks to vulnerable populations during data collection around GBV issues;
2. high levels of trust required for accurate data collection and reporting on GBV issues;
3. sensitivity of GBV related topics impacting reliability of data collection;
4. high burden of privacy and data management for GBV related data; and
5. prohibitive costs of measuring changes over time for GBV interventions.

Measuring Gender Transformative Change

The dynamic nature of gender transformative approaches can introduce challenges in measuring and choosing appropriate indicators. It is critical that programs identify a diverse set of quantitative and qualitative indicators that can measure gender-transformative change in a holistic, multidisciplinary, and multi-level way. In seeking to measure gender transformative change, many programs tend to focus on quantifiable individual-level changes, such as income and livelihoods-related measurements and individual exposure to GBV. However, it is equally important to measure changes at both the household and community level, as well. Similarly, programs often measure changes in formal structures, such as laws and policies related to women and gender relations, but should also aim to capture qualitative changes in social norms and dynamics.¹⁵

¹²InterAction (2021). *Gender-Based Violence Prevention Evaluation Framework*.

<https://www.interaction.org/wp-content/uploads/2021/05/GBV-Prevention-Evaluation-Framework-05-26-21.pdf>.

¹³Martinez (2006). *The courage to change: Confronting the limits and unleashing the potential of CARE's programming for women*. CARE International Strategic Impact Inquiry on Women's Empowerment. Atlanta: CARE.

¹⁴InterAction (2021). *Gender-Based Violence Prevention Evaluation Framework*.

<https://www.interaction.org/wp-content/uploads/2021/05/GBV-Prevention-Evaluation-Framework-05-26-21.pdf>.

¹⁵Hillenbrand E, Karim N, Mohanraj P and Wu D (2015). *Measuring gender- transformative change: A review of literature and promising practices*. CARE USA. Working Paper.

Proxy Indicators

Given these risks and challenges, there are changes that may be inappropriate or impossible to measure directly. In these instances, you can use proxy indicators, or indicators that are indirect measurements, that are either correlated or inversely correlated to the change you want to observe. For example, you may not be able to directly assess child marriage or ask community members about their attitudes toward child marriage, as it may be too sensitive. In that instance, you could use a proxy indicator that would not require direct report from community members. For example, if your assessment, or other known data about the context, shows that child marriage results in increased school absences for adolescent girls, then a proxy indicator for measuring rates of child marriage could be adolescent girls' school attendance rates. In this instance, adolescent girls' school attendance rates and child marriage would be inversely correlated – if adolescent girls' school attendance rates increase, it may reflect a decrease in child marriage; if adolescent girls' school attendance rates decrease or remain the same, it may reflect an increase or a continuation of child marriage practices in the community.

Examples of Indicators

In this section, we provide examples of indicators that could reflect outputs, outcomes, and impacts for an integrated GBV and Economic Recovery program. Please note that the indicators shown here are meant to serve as examples of the differences between output, outcome, and impact indicators, and are not required indicators for the program.

Output

- Number of program participants, (adult women) who entered the integrated GBV and economic recovery program
- Number of program participants who participated in the GBV prevention activities
- Number of program participants (adult women or adolescent girls) who participated in financial planning workshops within the program period

- Number of program participants (adult women or adolescent girls) who completed a livelihoods course within the program period
- Number of program participants (adult women) and partners/families who participated in gender discussion groups

Outcome

- Percentage of program participants who reported emotional, economic, physical or sexual abuse from their partner in the last 3 months
- Proportion of women who reported reductions in experience of abuse and attributed that change to the program activities
- Percentage of program participants (adult women or adolescent girls) who reported knowing what resources to utilize if they are at risk of or exposed to GBV
- Percentage of partners/family members who report agreeing that they believe that women are solely responsible for domestic tasks, that men are solely responsible for earning income, that there are times when women deserve to be beaten, or that men need to be tough after participating in gender discussion groups
- Frequency of program participants who use negative coping strategies, such as borrowing money from others, reducing food consumption, or sending children to other homes to receive meals in the past seven days
- Percentage of program participants (adult women) who earned income in the last 30 days

Impact

- Percentage or number of program participants (adult women or adolescent girls) who reported an improved sense of safety
- Percentage or number of program participants (adult women or adolescent girls) who reported feeling more financial autonomy
- Percentage or number of program participants (adult women) who reported feeling more self-reliant

- Percentage or number of program participants (adult women or adolescent girls) who reported more equitable attitudes from partners/families in their household
- Percentage or number of program participants who reported increased mobility in their community

B. Evaluation

The final step in the development of the ToC is the evaluation, where we collect and analyze data from the program, using the monitoring framework, to understand its effect or impact on our program participants. As mentioned before, this section of the guidance is an introduction to monitoring and evaluation, and any framework designed for your ToC should be completed by MEAL experts.

At the simplest level, we will use our indicators for each output, output, and impact in our ToC and hypothesize, or predict, how it will change over the course of the program. Once we have made our hypotheses, we will collect baseline data to understand what the outputs, outcomes, or impacts were like before the program or intervention. During the program cycle, we will collect more data using these indicators until we reach the end of the program, which point, we will collect our endline data, and compare this to the data we collected at the beginning, our baseline data. Once we observe how these indicators have changed over the program, we see if our hypotheses were right.

For this step, it is important to recognize that some evaluation designs will only tell you if the program efforts and changes observed are correlated with one another but cannot tell you if the changes observed from the program were a direct result of the program efforts. To assess if the program is correlated to certain changes, we could collect our data at baseline and endline with our program participants and measure that change. However, since we did not measure how people outside of the program changed over that time, we do not know if these changes we observed were caused by something other than the program. This is called a **correlational study design**. To assess if the program caused the observed changes to occur, we would need a comparison group of individuals,

who are similar to our program participants, to check that, without the program, the observed changes would not occur at the same magnitude or at all. This is called an **experimental study design**.

Using an experimental study design is more rigorous and preferred over a correlational study design when examining the relationship between program efforts and changes that we are measuring. However, experimental designs require more time, effort, money, and technical expertise compared to correlational designs. Therefore, it may not be possible to implement an experimental design. Regardless of which study design is used, it is still necessary to collect data on the program in order to learn from the experience.

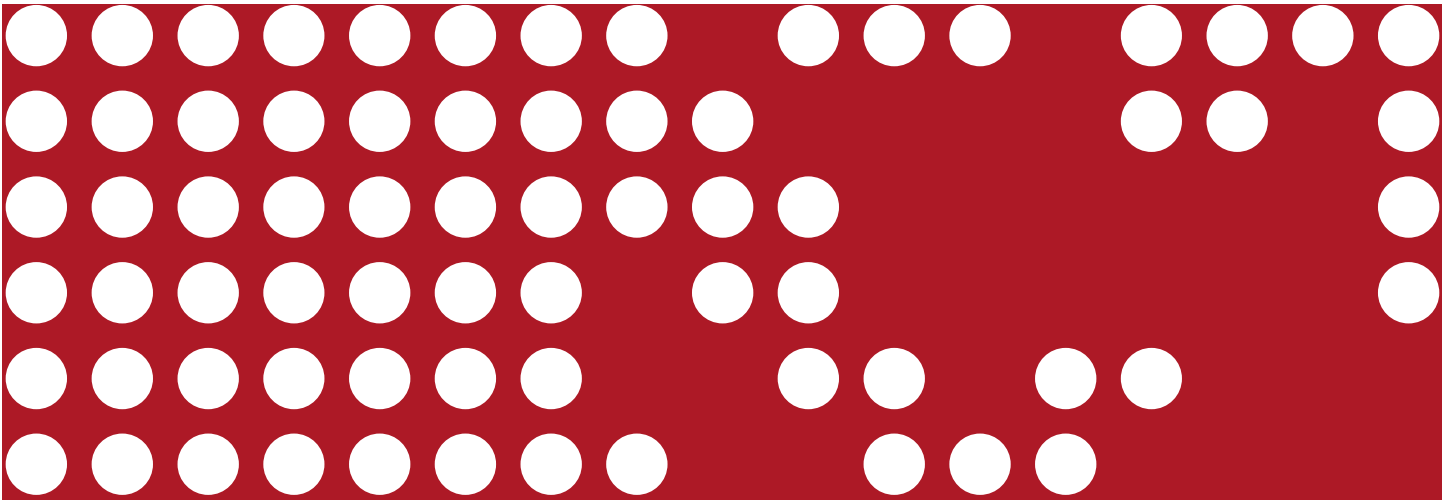
To evaluate the changes for the program, it is recommended both quantitative and qualitative data are used in order to understand the impact of the program and how well the theory change maps the pathways of change. Use quantitative methods to capture measurable changes, and initial impacts – essentially “what has changed.” For example, whether a participant has savings can be easily assessed in one “yes-or-no” question in a survey and can include a follow-up question of how much has been saved at this time. Reserve qualitative methods, in-depth interviews or focus group discussions, for “harder-to-measure” ideas, such as how perceptions of gender norms changed to allow for participants to retain savings independently, or why a participant was able to save more money over the program implementation period than before.

Based on the monitoring framework developed in Part III, Section A, your document can document the evaluation process, using Table 2 below and outlining the output, outcome or impact, the associated indicator(s), and the data collection tools used to measure the indicator. As mentioned earlier, before collecting any data, you should hypothesize the expected changes over the evaluation period for each indicator in the monitoring framework. Over the course of the program, you can fill in Table 2 to document and describe the changes observed.

Table 2: Tracking Indicators

| Output, Outcome, or Impact | Indicator | Measurement Tool | Hypothesized Change | Baseline Observation | Midline Observation | Baseline Observation |
|--|--|--|---|---|--|--|
| What are you measuring? | What is the associated indicator? | What data collection tool, or method are you using? | What do you predict the change will be? | What is the output, outcome or impact like before the program? | What is the observed change during the program | What is the observed change at the end of the program? |
| Ex. Decreased Emotional, Economic, Physical and Sexual Abuse | <i>Reported Emotional, Economic, Physical and Sexual Abuse from a partner in the past 3 months</i> | <i>Quantitative Assessment using a scale reporting frequency or Qualitative Interview discussing GBV impacts of the program</i> | <i>Decrease in reported abuse in the past 3 months</i> | 100% of program participants reporting any abuse in the past 3 months | 50% of program participants reporting any abuse in the past 3 months | 20% of program participants reporting any abuse in the past 3 months |
| Ex. Increased Economic Self-Reliance and Resilience | <i>Use of Negative Coping Strategies</i> | <i>Quantitative Assessment: Food Security and Nutrition Network Coping Strategies Index, measuring the use of negative coping strategies, such as borrowing money from others, reducing food consumption, or sending children to other homes to receive meals in the past seven days</i> | <i>Decrease in the use of negative coping strategies in the past 7 days</i> | Mean Score for program participants = 35.7 | Mean Score for program participants = 21.4 | Mean Score for program participants = 12.6 |

Finally, since the evaluation process will likely require collecting data from program participants, we need to ensure that data collection and analysis follows ethical guidelines, especially when collecting information about sensitive topics like GBV. Similar to other humanitarian work, we need to follow principles of Do No Harm throughout the entire evaluation process.



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