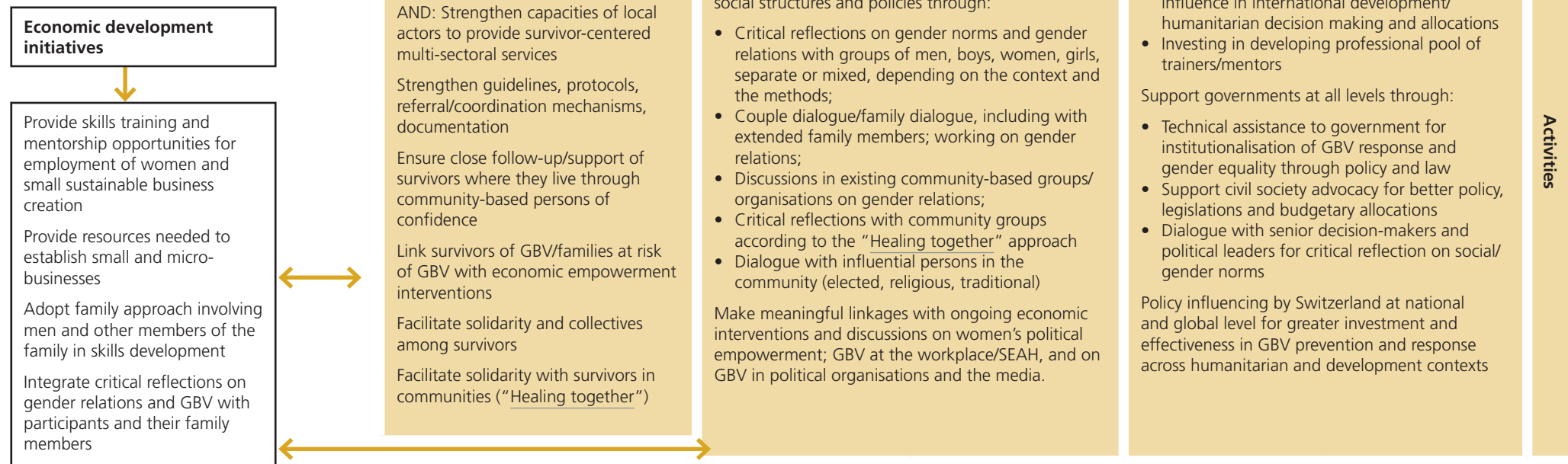


The SDC's theory of change on ending GBV

This results framework can be used as a guide for SDC-supported GBV projects and programmes. It is however important that a context-specific theory of change is created. GBV interventions must be linked with other initiatives on the ground and specifically with projects/initiatives for women's economic empowerment and any kind of livelihood initiatives, but also women's political empowerment or health.



Monitoring

Indicators must be context specific. How do local service providers and survivors define safety and well-being? Which norms should be changed and how do community members define the change?

An often used indicator for the quality of services is the survivors' satisfaction or lack of it. Do not use the perception of survivors as the only indicator for the quality of services. Survivors are usually not aware of how a quality service should look like.

Research and Learning

- Ensure regular critical reflections on what works/what does not work and the reasons for it. Encourage partner organisations to report failures and help them analyse them thoroughly.
- Collaborate with research institutes/local universities for a regular analysis of the indicators and the effect of specific activities. Ensure that the intervention strategy is adjusted to the findings.

Include research about the effectiveness of the intervention in your budget.

Outcome 1: GBV survivors are safe, with improved agency and well-being

The SDC's theory of change

When capable GBV service providers provide timely, gender-transformative, coordinated and survivor-centred services, including case management and psycho-social care, as well as medical, legal, shelter/safety and financial support services as required, AND

if empowering spaces and solidarity collectives are created in the communities that also ensure a strong link between services and communities AND

if survivors acquire knowledge, skills, and confidence to claim their rights and participate in decision making in their homes and communities,

then safety, agency and well-being of survivors can be improved.

What results should look like

Every adult, adolescent and child survivor who comes into contact with SDC-supported GBV response services must ideally experience (as relevant to their age):

- **Safety:** As a minimum, survivors should experience no repeated acts of violence and a self-reported sense of improved safety. Safety refers to both physical safety and security and to a sense of psychological and emotional safety. It refers to safety and security of the survivor, her/their children and other family members, and those assisting her/them.
- **Improved agency:** Survivors begin to experience more control over their bodies and lives, are able to make strategic choices and decisions; they feel heard and that their wishes are respected by GBV service providers; they experience increased participation in decision-making in their homes.
- **Well-being:** can be defined in terms of material well-being (e.g. cash, food, shelter), relational well-being (e.g. love, trust, respect, dignity) and subjective well-being (extent to which a person believes or feels that her/their life is going well). Subjective well-being is a critical component of well-being and allows survivors to determine how they define their well-being and how they measure it.

In order to facilitate these 3 results for survivors, SDC-funded GBV projects must ensure that:

1.1. Quality multisectoral, survivor-centred services are accessed by GBV survivors

Types of interventions:

- Establish and provide gender-specific survivor-centred, quality case management and psychosocial (PSS) services as well as shelter, legal, medical services to survivors; provide cash and voucher assistance when appropriate; support for survivor's or their children's education.
- Ensure close follow-up/support of survivors where they live through community-based persons of confidence
- Facilitate integration of GBV survivors and families with livelihood/ economic support interventions
- Create safe spaces, solidarity, empowerment and leadership among survivors; create community groups for healing together (see [Tip sheet 2](#) for "Healing together" and Women and Girls Safe Spaces)
- Strengthen capacities and capacity-building system of local actors (state and non-state)
 - to provide survivor-centred, quality multi-sectoral services (strengthen knowledge, skills and capacities through training, mentoring and supervision)
 - on gender transformative approaches to service provision (including critical reflection with service providers)
- Strengthen guidelines, protocols, referral/coordination mechanisms, documentation.

See [Tip sheet 1: Multisectoral GBV response](#) for more information and tips.

Outcome 2: Men, women, boys and girls take action to promote gender equality and prevent GBV in private and public spaces

The SDC's theory of change

If gender inequality as the root cause of GBV and other contributing factors to the violence are understood and values of compassion and equal/shared power in interpersonal relationships are appreciated, AND

if girls and women are empowered to stand up for themselves

then individuals, families and communities will not engage in violent behaviours towards women, girls and members of the LGBTIQ+ community and will take action to protect at-risk persons and GBV survivors from violence at home and in public spaces and will support more equal gender relations.

What results should look like

Participants in SDC projects must take action on and/or demonstrate the ability to take individual and collective action for:

- **Prevention of GBV at home, in the public spaces (including at the workplace¹):** men and women demonstrate ability for critical examination of gender relations at home and in public (actions, language and beliefs); men and women both break the silence on GBV; women and men both become allies and offer support to women and girls who resist oppressive norms; women and men both seek help.
- **Greater gender equality at home and in the public spaces:** for example, men and boys take on more responsibility for unpaid care work (household and childcare responsibilities); more equality in education of boys and girls; greater decision-making by women in personal and household matters; greater representation of women in community matters and in political and economic processes, etc.

¹ For sexual exploitation, abuse and sexual harassment, see [Tip sheet 6](#).

In order to facilitate these two results for survivors, SDC-supported interventions must deliver the following:

2.1 Women and girls, men and boys have critically reflected on gender relations and causes and consequences of GBV

Types of interventions:

- Gender transformative critical reflections in group discussion/reflection sessions with men, boys, women, girls
- Family dialogue, including with extended family members, for a transformation of gender relations
- Dialogue with influential persons in the community (elected, religious, traditional)
- Dialogue with media and political organisations
- Discussions on gender relations and GBV in existing community-based groups/organisations
- “Healing together” – the psychosocial approach for community groups (see box in [Tip sheet 2](#))
- Integration of critical reflection on gender norms with trainings in other sectors, e.g. on economic empowerment/livelihood, health, etc.
- Critical reflections in organisations and at the workplace (see tip sheet on [PSEAH](#))

See [Tip sheet 2: GBV prevention – critical reflection and collective action](#), for examples and tips.

2.2 Women and girls acquire knowledge, skills and confidence to claim their rights and participate in decision-making

Types of interventions:

- Create safe spaces for women and girls to gather, facilitate women/girls in determining activities, provide them with information and opportunities for recreation.
- Facilitate solidarity/collectives of women, girls, LGBTIQ+ communities where feasible, facilitate women and girls in identifying their primary concerns and developing collective action plans and executing them.
- Provide opportunities for building self-confidence, self-esteem, e.g. by gaining life skills, leadership skills and so on. Link women with other service providers, support as needed, including for GBV.
- Integrate with other interventions to promote critical reflections on social/gender norms.

Outcome 3: Governments at all levels adopt and implement policies and budgets for GBV prevention and response and the promotion of gender equality

The SDC's theory of change

If national and sub-national women's organisations lead advocacy for GBV prevention and response and hold their governments and the development and humanitarian organisations to account for the implementation of measures to promote gender equality, AND

if national and sub-national governments have the will and the capacity to implement policies and services for the prevention of and response to GBV and the promotion of gender equality and non-discrimination.

then GBV prevention and response as well as women's and girl's equitable access to social-political and economic resources and opportunities will be institutionalised through appropriate policy, legislative and budgetary measures.

What results should look like

SDC-funded projects addressing GBV should work towards empowering local systems such that:

- **Sub-national and national women's organisations and networks** are leading design and delivery of GBV prevention and response projects; advocating with governments at different levels and influencing development/humanitarian/peace sector at sub-national and national levels. Where possible, include LGBTIQ+ organisations in the advocacy drive.
- **Policy, laws and budgets are developed** for prevention and response to GBV, if possible linked with the change of gender-discriminatory civil and criminal laws and the promotion of gender equitable outcomes for women, girls and members of LGBTIQ+ communities.

In order to facilitate Outcome 3, SDC-funded interventions must deliver the following:

3.1 Organisations of women/girls/GBV survivors have improved capacities to advocate for GBV prevention and response and for gender equality

Types of interventions:

- Provide core funding support to and share technical skills with local women's/ survivors' organisations to increase their influence and ability to advocate with governments and in international development and humanitarian action.
- Contract women's organisations as direct/indirect fund recipients for both prevention and response components; where possible extend the support to LGBTIQ+ organisations
- Advocate for and support women's organisations in increased influence in international development/humanitarian decision-making and allocations.
- Invest in developing a professional pool of trainers/mentors for GBV response services and individual/community interventions.

See [Tip sheet 4: Supporting women's organisations](#) for examples and tips.

3.2 Government's resolve and capacities strengthened to develop policies, allocate resources for GBV prevention and response

Types of interventions:

- Offer technical assistance to government agencies for institutionalisation of GBV prevention and response services through appropriate policy and legislative measures.
- Link with other initiatives that offer technical assistance to government agencies on policy and budget allocations promoting gender equality through policies, legislation and budget allocations.
- Support existing advocacy initiatives of local civil society in demanding better policy, legislation and budgetary allocations.
- Dialogue with senior decision-makers and political leaders at all levels of governments and government agencies for critical reflection on social/ gender norms.
- Switzerland engages in policy influencing at national and global level for greater investment and effectiveness in GBV prevention and response across humanitarian and development contexts.

Engagement with the *Call to Action on Protection from GBV in emergencies*

One example of how Switzerland promotes stronger programming on GBV prevention and response is through the Call to Action on Protection from GBV in Emergencies. This global initiative, currently comprising 100 members – governments and donors, international organisations (IOs) and non-governmental organisations (NGOs) – aims to foster accountability from the humanitarian system to address GBV from the earliest phases of a crisis. Switzerland has been a member of the platform since the beginning in 2013 and was a member of the steering committee 2019–2021.

The objective of the Call to Action is to ensure that specialised GBV services and programmes are accessible to GBV survivors at all stages of an emergency, that GBV risk mitigation is integrated in all sectors of the humanitarian response, and that gender equality and empowerment of women and girls is mainstreamed throughout humanitarian action.

Every five years, the Call to Action decides on a Road Map on how to achieve its objectives. The members make commitments and report on those commitments every year. The Swiss commitments for 2021–2025 are as follows:

- Switzerland commits to continue implementing its policies and guidance on gender equality and gender-based violence and to firmly anchor PSEAH systems in the organisation.
 - 80% of bilateral humanitarian programmes are gender significant.
 - PSEAH systems are in place in Swiss representations with an international cooperation mandate.
- Switzerland will increase annual funding allocations to GBV prevention and response in humanitarian contexts.
 - Annually until to 2025, CHF 10–12 million allocated for GBV programming in humanitarian contexts.
- Switzerland will invest in the strengthening of locally owned systems to address GBV and provide funding to national and local actors, particularly women-led organisations.
 - At least 10% of SDC/HA GBV programme funding is channelled directly to local actors (without any intermediary) and at least 50% with only one intermediary.
 - 60% of GBV projects funded by the SDC/HA invest in institutional capacity-building for local actors, particularly women-led organisations and government agencies.
 - 80% of GBV projects/programmes receiving SDC/HA funds are of a duration of 2 years or more.
- Switzerland will advocate for sufficient, flexible, multi-year funding for GBV and gender equality work during every phase of a humanitarian response.
 - Advocacy interventions vis-a-vis multilateral partners at global, regional and country level.

- Multilateral partners supported to strengthen gender equality and GBV programming.
- Switzerland will support the integration of GBV risk mitigation actions as a standard component of humanitarian programme design and implementation across all sectors.
 - Partner organisations supported to integrate GBV risk mitigation as a standard component of programming.
 - Advocacy for and funding of technical support for GBV risk mitigation in CVA programming intensified.