



A Methodology and Tools for Evaluating Risk and Protective Factors for Sexual and Gender-Based Violence Related to Gender Equality

Utilizing Approaches that are Gender-Transformative and Localized for Latin America and the Caribbean



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ABSTRACT

OVERVIEW & OBJECTIVE: Fòs Feminista and five local partners in Mexico, Ecuador, and Paraguay co-developed localized, gender-transformative surveys for Latin American contexts to evaluate risk and protective factors for sexual and gender-based violence (SGBV) related to gender equality.

METHODS: A literature review identified existing validated surveys measuring SGBV risk and protective factors that are linked to gender equality, which were adapted into three surveys that align with three populations: 1) participants in SGBV prevention activities, 2) people receiving SGBV services, and 3) members of civil society organizations conducting SGBV advocacy. A pilot was then conducted with partners to validate and localize the surveys to respond to specific country contexts in Latin America. Through five focus group discussions, local partners from Mexico, Ecuador, and Paraguay evaluated the surveys' appropriateness, acceptability, feasibility, and effectiveness.

RESULTS: Changes were made to each survey through the validation and localization process. Partners recommended changes to survey language to make it more feminist and gender-inclusive. This is important for the contexts of Mexico, Ecuador, and Paraguay, as existing SGBV survey tools in Spanish often utilize gender-binary or masculine language forms. Other gender-transformative changes were made to survey questions, such as adding clear references to gender-diverse people and adjusting wording to challenge local inequitable gender norms. Local partners also adapted survey items to ensure inclusion of the most marginalized populations. This included simplifying survey language and removing less relevant survey items. Flipped scales were also removed for scaled rating questions, as consistent scales facilitate more meaningful responses among young people, people with low literacy levels, and people whose first language is an indigenous dialect.

CONCLUSIONS: Many surveys measuring risk and protective factors for SGBV have not been contextualized for Latin American countries. These surveys often employ language that is gender-binary, can reinforce inequitable gender norms, and perpetuate exclusion of the most marginalized. We can and should be gender-transformative, inclusive, and feminist in our evaluation methodologies for Latin American contexts. By localizing these surveys to embrace gender diversity, shift gender norms, and ensure meaningful participation of marginalized populations, we are using evaluation to advance gender equality and inclusiveness.

IMPACT: This pilot study revealed the existing gender equality and inclusion gaps among validated surveys measuring risk and protective factors for SGBV for Latin American contexts. By localizing surveys with qualitative feedback from local partners and communities in Latin America, the tools to assess SGBV risk and protective factors can adequately include the experiences and perspectives of marginalized populations. This ensures that the findings of these tools are representative and usable for responding to violence affecting groups at the intersection of multiple forms of oppression and discrimination. Evaluation and research tools – not just programming – also have the power to advance gender equality. Localization is required to ensure that these tools are gender-transformative, as shifting local harmful gender norms is context-specific. In Latin American contexts, gender-

inclusive language and overt acknowledgement of gender-diverse people are key aspects of building gender-transformative and feminist survey tools for SGBV.

INTRODUCTION

This document presents the localized and gender-transformative methodology and tools for assessing the protective factors and risk factors that contribute to the likelihood of experiencing sexual and gender-based violence (SGBV) in Latin America and the Caribbean. These individual, interpersonal, community, and social factors for 3 countries are related to gender equality, influencing the risk of experiencing SGBV.

This evaluation was developed by the "Feminist Futures Free of Violence" project, which started in 2022 and with a duration of 3 years. The project is coordinated by Fòs Feminista and is carried out in collaboration with a global partner (Equimundo) and five local partners: Catholics for the Right to Decide/Mexico (CDD), the National Network of Shelters (RNR) and the National Citizen Observatory of Femicide (OCNF) in Mexico, Ecuadorian Center for the Promotion and Action of Women (CEPAM-Guayaquil) in Ecuador, and the Paraguayan Center for Population Studies (CEPEP) in Paraguay. The project has been made possible thanks to the collaboration of Global Affairs Canada.

The main objective of this evaluation is to evaluate the conditions of gender equality in which SGBV occurs in Latin American countries and to evaluate the improvements contributed by SGBV programming.

The specific objectives of this assessment include:

1. Identify key individual, family, community, organizational, and social determinants related to gender equality in Ecuador, Paraguay, and Mexico that protect against or increase the risk of SGBV.
2. Evaluate the impact of the work carried out under the project framework on the risk and protective factors of SGBV linked to gender equality in the intervention regions of Ecuador, Paraguay, and Mexico. Determine if the activities, outputs, and outcomes have enabled an improvement in SGBV risk and protective factors.
3. Provide recommendations for how a project or program can adapt to contextual changes in the intervention regions during its implementation.
4. Identify and validate lessons learned, best practices, challenges, and methodologies that have made possible or have hindered an improvement in SGBV-related risk and protective factors.

CONTEXTUAL ANALYSIS OF RISK AND PROTECTIVE FACTORS FOR SGBV

SGBV is the most widespread yet least visible human rights violation in the world. It continues to affect millions of women worldwide, resulting in devastating effects on their health, dignity, freedom, and autonomy. According to the WHO, one in three women (736 million) experience physical or sexual violence in the private sphere at the hands of their partner or sexual assault by others, and these figures have remained stable over the last decade.¹

In the region of Latin America and the Caribbean (LAC), it is estimated that between 60% and 76% of women have experienced GBV in some aspect of their lives. Moreover, the region has 14 of the 25 countries with the highest number of femicides in the world.² SGBV can occur in multiple settings including private or public settings, the workplace, community settings, public transport settings, on the street, in educational spaces, online, among others. This violence interacts with other forms of discrimination and inequalities, such as sexual orientation, gender identity, and age, among others, exacerbating the violence and creating differential needs for different groups.

There are many risk factors for and protective factors against SGBV, which vary depending on individual, family, community, organizational and social realities. Below is a list of risk factors for and protective factors against SGBV identified in the LAC region that are in line with those identified within the RESPECT framework designed by UN Women and the World Health Organization.³

RISK FACTORS

- **Unequal cultural gender norms:** norms that tolerate gender-based violence and power imbalances between men and women, and boys and girls, are risk factors for experiencing violence in a patriarchal culture. These norms can justify violence and hinder access to resources and services for SGBV survivors.⁴ Harmful and unequal gender norms are an important factor in the perpetuation of SGBV. The belief that men have the right to dominate women and the idea that women are inferior and should be submissive are examples

¹ WHO. (2021). Violence Against Women Prevalence Estimates, 2018. Retrieved March 21, 2023, from <https://www.who.int/publications/i/item/9789240022256>

² ECLAC. (2020). Enfrentar la violencia contra las mujeres y las niñas durante y después de la pandemia de COVID-19 requiere FINANCIAMIENTO, RESPUESTA, PREVENCIÓN Y RECOPIACIÓN DE DATOS. Retrieved March 21, 2023, from <https://www.cepal.org/es/publicaciones/46422-enfrentar-la-violencia-mujeres-ninas-durante-despues-la-pandemia-covid-19>

³ RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (WHO/RHR/18.19). License: CC BY-MC-SA 3.0 IGO.

⁴ Heise, L. L. (2011). What works to prevent partner violence?: An evidence overview. London School of Hygiene and Tropical Medicine. Retrieved March 21, 2023, from <http://strive.lshtm.ac.uk/resources/what-works-prevent-partner-violence-evidence-overview>

of harmful gender norms that perpetuate SGBV. These norms can also limit the autonomy and capacity of women, girls, and gender diverse individuals to make decisions about their own lives and bodies.^{5 6}

- **Gender-based discrimination:** Identifying as a woman, girl, or a gender diverse person is a risk factor; gender expectations and stereotypes can justify violence and increase vulnerability.^{7,8} Discrimination based on gender in institutional settings, including professional, educational, governmental, and religious, has been identified as a risk factor for experiencing SGBV, because they can create inequalities in power and decision-making; This, in turn, can increase the vulnerability of women and gender diverse people to experiencing violence.⁹
- **Misogynistic beliefs and attitudes in the community:** when a community tolerates or justifies SGBV, it can create a climate in the local or regional society where SGBV survivors are blamed or stigmatized, and perpetrators are not held accountable for their actions. Misogynistic beliefs, such as the idea that men have the right to dominate women or that women are inferior and should be submissive, can promote SGBV. Moreover, these beliefs can limit the autonomy and capacity of women, girls, and gender diverse individuals to make decisions about their own lives and bodies, which increases their vulnerability to violence.¹⁰
- **Attitudes that justify violence as acceptable:** When attitudes that justify violence are common in a society, it can create an environment in which SGBV is perceived as less serious, or even justified, in certain situations. This can make women, girls, or gender diverse people who are survivors of SGBV feel less empowered to report abuse and seek help, due to fear of social stigma and discrimination.¹¹
- **Age:** younger women and gender diverse people may be at greater risk of experiencing SGBV due to a range of factors, including lack of protective skills

⁵ Heise, L., & Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. *The Lancet Global Health*, 3(6), e332-e340. Retrieved March 21, 2023, from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00013-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00013-3/fulltext)

⁶ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality. Retrieved March 21, 2023, from <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

⁷ DeVries, K. M., Mak, J. Y. T., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., Lim, S., Bacchus, L. J., Engell, R. E., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N., & Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Science*, 340(6140), 1527-1528. Retrieved March 21, 2023, from <https://www.science.org/doi/10.1126/science.1240937>

⁸ Adamson, T., Lett, E., Glick, J., Garrison-Desany, H. M., & Restar, A. (2021). Experiences of violence and discrimination among LGBTQ+ individuals during the COVID-19 pandemic: a global cross-sectional analysis. *Journal of homosexuality*, 1-16. Retrieved March 21, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9494011/>

⁹ Smith, C. P., & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. *Journal of Traumatic Stress*, 26(1), 119-124. Retrieved March 21, 2023, from <https://dynamic.uoregon.edu/jjf/articles/sf2013.pdf>

¹⁰ WHO. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. World Health Organization. Retrieved March 21, 2023, from http://apps.who.int/iris/bitstream/handle/10665/44350/9789241564007_eng.pdf;jsessionid=BA111C631FEFD0F7FF775E1C7A896D4B?sequence=1

¹¹ DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior*, 19(4), 346-362. Retrieved March 21, 2023, from <https://doi.org/10.1016/j.avb.2014.05.004>

and tools, as well as economic dependence on their partners or parents. A lack of economic resources can make young women dependent on others for their livelihood, which can limit their ability to make independent decisions and protect themselves from violence. The lack of protective tools can also be a significant factor in increasing the risk of SGBV among young women.¹²

- **Socioeconomic status:** Socioeconomic status can be a risk factor for experiencing SGBV, as people with fewer economic resources, mostly women and gender diverse individuals, may have greater barriers to seeking help and accessing resources to protect themselves. Economic and social dependence can also increase vulnerability to violence, as individuals may feel trapped in abusive situations due to a lack of financial and housing options. Additionally, the lack of resources can limit the ability of individuals to leave situations of violence and to access medical care and support services.¹³
- **Unequal intimate relationships:** The power imbalance between men and women in intimate relationships has been identified as a significant risk factor for SGBV. In these relationships, power imbalance can manifest in various ways, such as the unequal distribution of responsibilities and roles in the home, the lack of joint decision-making, the imposition of restrictions and limitations on freedom of movement, and control over economic resources. The power imbalance and lack of gender equity in intimate relationships can increase the risk of SGBV because women may feel less capable of setting boundaries or making decisions in the relationship. Moreover, the fact that men have greater control over the relationship and economic resources can also make it difficult for women to seek help or leave the abusive relationship.¹⁴
- **Substance abuse:** Individuals who use or whose partner uses drugs or alcohol are at higher risk of experiencing SGBV due to increased aggressiveness and decreased risk perception. In unequal relationships, men may use force or coercion to obtain unwanted sexual relations. Additionally, in many cases, male partners' drug and alcohol use can be used as a justification for SGBV, blaming the substance for their violent behavior instead of taking responsibility for their actions. Women can also be subject to SGBV for gender-based reasons when under the influence of alcohol or drugs, as they may be considered easy targets by male perpetrators. In many cases, women who use drugs or alcohol may also be blamed for their own rape or sexual assault, increasing shame, and making it difficult for them to report.⁴
- **Conflicts and disasters:** Conflicts and disasters disproportionately affect women, girls, and gender diverse people by increasing the risk of SGBV due to the disruption of basic services such as healthcare, security and protection, and political and social instability. Additionally, armed conflicts and natural disasters can create an environment where SGBV is used as a weapon of war

¹² Jewkes, R., Fulu, E., Naved, R. T., & Chirwa, E. D. (2017). Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: a multicountry cross-sectional study in Asia and the Pacific. *PLoS medicine*, 14(9), e1002381. Retrieved March 21, 2023, from <https://pubmed.ncbi.nlm.nih.gov/28873087/>

¹³ Puente-Martínez, A., Ubillos-Landa, S., Echeburúa, E., & Páez-Rovira, D. (2016). Factores de riesgo asociados a la violencia sufrida por la mujer en la pareja: una revisión de meta-análisis y estudios recientes. *Anales de Psicología*, 32(1), 73-82. Retrieved March 21, 2023, from https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0212-97282016000100034

¹⁴ García-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses. Geneva, Switzerland: World Health Organization. Retrieved March 21, 2023, from <https://apps.who.int/iris/handle/10665/43309>

or a means of social control. Women, girls, and gender diverse people may also be at risk of being forcibly displaced from their homes, which can increase vulnerability to SGBV. Women and girls may face additional barriers to accessing protection and assistance services in crisis situations due to cultural norms, gender roles, and gender discrimination.¹⁵

PROTECTIVE FACTORS

- **Laws and policies:** Laws and policies can establish measures to ensure gender equality, such as equal pay between men and women, equal job opportunities, equal access to education, among others. In addition, laws and policies can provide protection and justice mechanisms for SGBV survivors, such as creating systems for the prevention and care of violence, establishing hotlines for reporting SGBV, and punishing aggressors. These measures not only protect survivors of violence, but also help prevent violence by creating a culture that does not tolerate violence and promotes gender equality. Furthermore, the existence of laws and policies that promote gender equality and respond to SGBV are important protective factors because they create a legal framework that recognizes the importance of preventing and addressing SGBV and establishes a political commitment to it. This commitment can foster a cultural change that promotes gender equality and respect towards women and gender diverse individuals.¹⁶
- **Egalitarian social norms:** The existence of social norms that support gender equity and non-violence can have a positive effect on preventing SGBV. These norms can promote the creation of environments where gender equality and mutual respect are valued and expected, which can contribute to reducing the incidence of SGBV. The lack of egalitarian social norms and the presence of norms that justify or tolerate SGBV, such as the myth of rape because of the survivor's sexual provocation, can act as risk factors for SGBV. These norms can normalize SGBV and make it difficult for survivors to report and seek help, as they fear being judged or stigmatized.¹⁷
- **Gender equity value socialization:** Gender equity value socialization has a protective effect against SGBV by promoting equal and respectful relationships between people of different genders from a young age. When girls and boys grow up in environments that promote gender equality and mutual respect, they are less likely to develop attitudes and behaviors that contribute to SGBV in their future relationships based on gender roles. In addition, these environments promote conflict resolution without violence, creating a safer and healthier environment, which reduces the risk of SGBV.⁶
- **Social support:** Social support is especially important for SGBV survivors because the social and cultural norms expected of women can make it difficult

¹⁵ United Nations Security Council. (2022). *Violencia sexual relacionada con los conflictos*. Retrieved March 21, 2023, from <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2022/04/report/violencia-sexual-relacionada-con-los-conflictos-informe-del-secretario-general/2022-UN-SG-annual-report-on-CRSV-Spanish.pdf>

¹⁶ Guedes, A., Bott, S., García-Moreno, C., & Colombini, M. (2018). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*, 11. Retrieved March 21, 2023, from <https://pubmed.ncbi.nlm.nih.gov/27329936/>

¹⁷ Raj, A., Silverman, J. G., & Amaro, H. (2004). Abused women report greater male partner risk and gender-based risk for HIV: findings from a community-based study with Hispanic women. *AIDS care*, 16(2), 519-529. Retrieved March 21, 2023, from <https://pubmed.ncbi.nlm.nih.gov/15203419/>

to seek help and support in situations of violence. These norms include the idea that women should be "strong" and "endure" violence in silence, as well as the idea that SGBV is a taboo topic that should not be openly discussed. Meaningful social support can help counteract these cultural obstacles and provide survivors with a safe environment to seek help and support. Support groups, counseling services, and community organizations can help survivors overcome isolation and shame and provide them with information about their rights and options for seeking help.¹⁸

- **Gender equity in intimate relationships:** In gender equitable relationships, open communication and mutual respect between both partners are encouraged, which can reduce tension and conflict in the relationship. Additionally, when both partners have an active role in decision-making and in household responsibilities, the possibility of one partner assuming a position of power over the other is reduced. This promotes gender equality in the relationship and, therefore, reduces the likelihood of SGBV situations.¹⁹
- **Economic and educational empowerment:** the economic and educational empowerment of women, as well as their access to the labor market, is a protective factor against SGBV. It reduces economic dependence and increases their ability to make informed decisions and exercise their rights, which decreases vulnerability to SGBV. Access to education and the labor market provides women with tools to improve their position in society and their financial independence, allowing them to make informed decisions and have more control over their lives and relationships. In addition, their economic empowerment can also challenge gender norms and stereotypes, promoting a culture of gender equality that can reduce social tolerance for SGBV.²⁰
- **Access to health and justice services:** Access to health and justice services is a protective factor for SGBV survivors. Women and girls are often blamed for their own sexual violence and stigmatized, which can make it difficult to access medical care and psychological support services. In addition, the lack of specialized services and trained personnel can prevent survivors from receiving the necessary support and attention. In many cases, women also face obstacles when seeking justice, such as lack of confidence in the judicial system, discrimination, and lack of resources. Therefore, it is important that justice services be accessible, gender-sensitive, and respectful, so that survivors feel supported and heard.⁹
- **Psychological and physical health:** Women who have good health may have a greater ability to make informed decisions and defend their rights in situations of SGBV. For example, a woman with good psychological health may be more able to identify patterns of abusive and manipulative behavior from an aggressor, which can lead to avoiding a violent situation or seeking help more effectively. In addition, good physical health can help women maintain

¹⁸ Plazaola-Castaño, J., Ruiz-Pérez, I., Montero-Piñar, M.I., & Grupo de Estudio para la Violencia de Género. (2008). Apoyo social como factor protector frente a la violencia contra la mujer en la pareja. *Gaceta Sanitaria*, 22(6). Retrieved March 21, 2023, from https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-91112008000600005

¹⁹ Plazaola-Castaño, J., Ruiz-Pérez, I., Montero-Piñar, M.I., & Grupo de Estudio para la Violencia de Género. (2008). Apoyo social como factor protector frente a la violencia contra la mujer en la pareja. *Gaceta Sanitaria*, 22(6). Retrieved March 21, 2023, from https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-91112008000600005

²⁰ PAHO. (2012). Violence Against Women in Latin America and the Caribbean: a comparative analysis of population-based data from 12 countries. Retrieved March 21, 2023, from https://oig.cepal.org/sites/default/files/violence1.24-web-25-febrero-2014_0.pdf

greater control over their body and environment, which can reduce vulnerability to SGBV.⁴

- **Prevention and response in crisis situations:** In crisis situations, such as natural disasters, armed conflicts, or health emergencies, people may be exposed to situations of violence and exploitation. In these contexts, women, girls, and gender-diverse individuals can be particularly vulnerable to SGBV due to lack of protection and security. Implementation of prevention and response measures in crisis situations, such as the provision of safe shelters and accommodation, distribution of food and basic supplies, medical and psychological assistance, education on rights, and coordination with local authorities, can help protect women, girls, and gender-diverse individuals from SGBV in these contexts.¹⁰

COUNTRY SPECIFIC RISK AND PROTECTIVE FACTORS OF SGBV

All the risk and protective factors are common in the LAC region and, therefore, are key factors in Ecuador, Paraguay, and Mexico. However, additional factors have been identified specific to each country context. A key risk factor in Ecuador is the high levels of violence at the national level, with the country having the highest number of violent deaths in Latin America in 2022. This increases the incidence and probability of normalizing SGBV.²¹ Regarding protective factors, the country has strengthened its legislation and justice systems to prevent and sanction SGBV, with initiatives such as the “Ley para Prevenir y Erradicar la Violencia contra las Mujeres.”²² Likewise, Ecuador has reinforced the promotion of egalitarian cultural norms and the empowerment of women through initiatives such as the “Política para la Igualdad de Género.”²³

A key risk factor in Paraguay is institutional violence, including corruption and lack of resources to address gender-based and sexual violence, contributing to the perpetuation of violence.²⁴ Regarding protective factors, Paraguay's legislation has undergone significant changes in recent years to protect women's rights and prevent SGBV.¹⁸ Additionally, various awareness campaigns have been developed that can help increase knowledge about gender and sexual violence, its prevention, and eradication.²⁵ Finally, there has been an increase in women's participation in political and social decision-making.²⁶

²¹ Primicias. (2023). Ecuador lidera el incremento de violencia criminal en Latinoamérica. Retrieved March 21, 2023, from <https://www.primicias.ec/noticias/en-exclusiva/ecuador-incremento-muertes-violentas-latinoamerica/>

²² Asamblea Nacional de la República de Ecuador. (2021). Ley para Prevenir y Erradicar la Violencia contra las Mujeres. Retrieved March 21, 2023, from https://www.igualdad.gob.ec/wp-content/uploads/downloads/2018/05/ley_prevenir_y_erradicar_violencia_mujeres.pdf

²³ Ministerio de Relaciones Exteriores y Movilidad Humana. (2018). Política para la Igualdad de Género. Retrieved March 21, 2023, from https://www.cancilleria.gob.ec/wp-content/uploads/2018/02/politica_para_la_igualdad_de_genero_2018.pdf

²⁴ ONU Mujeres. (2016). Violencia contra las mujeres en Paraguay: avances y desafíos. Retrieved March 21, 2023, from <https://www.cde.org.py/wp-content/uploads/2017/08/2016-ONU-Mujeres-Estudio-violencia-Paraguay.pdf>

²⁵ Ministerio de la Mujer. (2023). Campañas 2021. Retrieved March 21, 2023, from <http://www.mujer.gov.py/index.php/campanas>

²⁶ CDE. (2014). Las mujeres y la política en Paraguay. Retrieved March 21, 2023, from <https://www.cde.org.py/wp-content/uploads/2015/10/libro-mujeres-politica-web.pdf>

In the case of Mexico, the high incidence of violence at the national level is identified as a specific risk factor in the country, which increases the incidence and probability of normalizing SGBV.²⁷ On the other hand, the emergence of feminist and human rights movements has been identified as protective factors, which have driven legal and social changes to prevent and address SGBV in Mexico.²⁸ Furthermore, the implementation of government programs, such as the “Ley General de Acceso de las Mujeres a una Vida Libre de Violencia”, can help prevent and respond to SGBV in Mexico.²⁹ Finally, it is determined that the increase in awareness about SGBV and the reporting of these crimes in recent years can help prevent and respond to violence in Mexico.³⁰

RISK AND PROTECTIVE FACTORS INFLUENCED BY THE PROJECT

The "Feminist Futures Free of Violence" project aims to enhance gender equality and the empowerment of women, girls, and gender-diverse people in LAC to ultimately reduce the prevalence of SGBV. This ultimate outcome will be achieved through three intermediate outcomes:

1. Strengthened SGBV primary prevention at individual, relational, community, and institutional levels in Ecuador, Paraguay, and Mexico
2. Strengthened health response to SGBV for women, girls, and those who have other gender identities by Fòs Feminista partners in Ecuador, Paraguay, and Mexico.
3. Increased government commitment and accountability to prevent and respond effectively to SGBV in the region.

We do not anticipate that all risk and protective factors identified in the previous section will be directly affected by this project. It is more likely that this project will have an indirect effect on many of the risk and protective factors for SGBV. For evaluation purposes, we selected factors to assess that meet the following requirements:

- Be modifiable by the "Feminist Futures Free of Violence" project and its activities.
- Be linked to gender equity and the empowerment of women, girls, and people with diverse gender identities.
- Potential changes to risk or protective factors must be observable within the project's implementation period, which is 3 years or less.

²⁷ SESNSP. (2023). Incidencia delictiva nacional. Retrieved March 21, 2023, from <https://www.gob.mx/sesnsp/acciones-y-programas/incidencia-delictiva-299891?state=published>

²⁸ Álvarez Enríquez, L. (2020). El movimiento feminista en México en el siglo XXI: juventud, radicalidad y violencia. *Revista Mexicana de Ciencias Políticas y Sociales*, 65(240), 105-126. Retrieved March 21, 2023, from https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0185-19182020000300147

²⁹ Secretaría General. (2015). *Ley General de Acceso de las Mujeres a una Vida Libre de Violencia*. Retrieved March 21, 2023, from https://www.gob.mx/cms/uploads/attachment/file/209278/Ley_General_de_Acceso_de_las_Mujeres_a_una_Vida_Libre_de_Violencia.pdf

³⁰ INEGI. (2022). Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (ENDIREH) 2021. Retrieved March 21, 2023, from <https://www.inegi.org.mx/programas/endireh/2021/>

Below is a short list of the risk and protective factors included vs. those excluded from this evaluation. For a full breakdown, please see Annex VI.

| Risk Factors | |
|--|---|
| <i>Included</i> | <i>Excluded</i> |
| <ul style="list-style-type: none"> • Unequal cultural gender norms • Gender-based discrimination • Misogynistic beliefs and attitudes in the community • Attitudes that justify violence as acceptable • Unequal intimate relationships | <ul style="list-style-type: none"> • Age • Socioeconomic status • Substance abuse • Conflicts and disasters • Region-Specific Risk Factor: High levels of interpersonal and institutional violence |
| Protective Factors | |
| <i>Included</i> | <i>Excluded</i> |
| <ul style="list-style-type: none"> • Egalitarian social norms • Gender equity value socialization • Gender equity in intimate relationships • Equitable access to health and justice services | <ul style="list-style-type: none"> • Social support • Laws and policies • Economic and educational empowerment • Psychological and physical health • Prevention and response in crisis situations |

METHODOLOGICAL FRAMEWORK OF THE EVALUATION

Considering the purpose and objective of the evaluation of indicator 1000-1, three surveys were developed, localized, and validated by partner organizations. The survey module for individuals participating in SGBV prevention activities consisted of 15 items, the survey module for people receiving services was 9 items long, and the survey module for members of local partners and participating organizations/groups was 19 items long. Results for all three surveys will be disaggregated by country, gender identity, and age. Except for a few survey items, they are all measured on a 4-point Likert scale (1/strongly disagree, 2/disagree, 3/agree, 4/strongly agree), where higher scores indicate greater agreement with factors that reduce the likelihood of SGBV.

The survey modules for participants in SGBV prevention activities and service users will measure the percentage of people who report having improved in at least one risk or protective factor for SGBV. The organizational advocacy capacity survey module will measure improvement in at least one marker of advocacy capacity from baseline to follow-up. Improved advocacy capacity is a protective factor against SGBV, meaning the markers of advocacy capacity included in this survey can also be conceived of as protective factors.

From baseline to follow-up, we expect that the project will achieve the following results:

- Overall average (unweighted): 36% of people across all three subgroups (program participants, service users, and organizational members) report improvement in at least 1 risk or protective factor.
- Paraguay (CEPEP): 25% of people across all three subgroups (program participants, service users, and organizational members) report improvement in at least 1 risk or protective factor.
- Ecuador (CEPAM-G): 30% of people across all three subgroups (program participants, service users, and organizational members) report improvement in at least 1 risk or protective factor.
- Mexico (CDD): 40% of people across all three subgroups (program participants, service users, and organizational members) report improvement in at least 1 risk or protective factor.
- Mexico (RNR): 50% of people across all three subgroups (program participants, service users, and organizational members) report improvement in at least 1 risk or protective factor.

VALIDATION PROCESS

Most of the survey items were adapted from validated surveys and scales that have been implemented globally including the International Men and Gender Equity Survey (IMAGES), the Gender Equitable Men (GEM) scale, and the G-NORM scale to name a few. Fòs Feminista also consulted local partners (CEPEP, CEPAM-G, CDD, RNR, ONCF) to localize, contextualize, and validate the surveys to meet the specific country contexts. Localization and contextualization are essential processes, especially for surveys translated from English into different languages, for improving data reliability. This process was achieved through individual meetings with each partner. On these calls partners were asked to share their feedback on the relevance, clarity, length, feasibility, and the overall structure of the surveys. Focus group discussion guides for each of the three surveys were drafted beforehand. Each survey was reviewed by two partners.

Several key changes were made to each survey as a result of this process. First, we added gender-inclusive language to several survey items from the participants survey and the survey for service users. For example, on survey item read “It is important that sons and daughters have the same educational opportunities.” We changed this statement to include the addition of “gender non-binary children.” We also incorporated a more feminist language to several survey items. For example, one statement originally read “Most families that I know believe that men and women should be responsible for earning money for the family.” To make this language more empowerment-focused this statement was changed to “Most families I know believe that men and women should have the opportunity to earn money for the family.” Lastly, we removed items that were deemed irrelevant and added items about themes that were not captured initially. For example, a question about femicide was added to the service users survey since femicide is a problem in LAC. As the measurement and evaluation field moves toward developing feminist-informed evaluation frameworks, measurement tools should also reflect this framing. By including language that acknowledges the diversity of gender and is empowerment-focused, we are using measurement and evaluation as a tool for advancing gender equality and inclusiveness.

MODULE FOR PARTICIPANTS IN SGBV PREVENTION ACTIVITIES

SURVEY ADMINISTRATION

Partner organizations for this project suggested that a pre/post survey design would be most effective and feasible method for measuring changes in risk and protective factors for SGBV from baseline to follow-up among participants in the SGBV prevention activities. Partner organizations will collect baseline data from participants before the intervention begins. Each organization will have 1 month to survey at least 100 participants. Organizations have the option to use an online Google form or a paper survey to survey participants. We encouraged them to use one modality, if feasible, to avoid instrumentation bias.

Once the intervention is complete, partner organizations will administer the post-survey to the same group of participants that completed the pre-survey. The length of time between the pre- and post-surveys will vary based on the length of each intervention activity performed by partner organizations. Once both surveys are complete, a unique code will be assigned to each participant and their data will be matched using their names and emails. A version of this data without any identifiable information will be shared with Fòs Feminista.

SURVEY DESCRIPTION

The survey aims to measure the percentage of people who report having improved in each of the identified protective and risk factors. It consists of a total of 14 items where survey respondents indicate their agreement or disagreement using a Likert-type scale from 1 to 4 (1/strongly disagree, 2/disagree, 3/agree, 4/strongly agree), where a higher score on the item indicates greater protection and lower risk of experiencing or perpetrating SGBV. The last question asks participants to list four types of gender-based violence. One point will be awarded for each correct answer, with a maximum score of 4. Correct answers include emotional/psychological, physical, sexual, and economic violence. Several demographic questions about their age (≤ 24 , ≥ 25) and gender identity (woman, man, transgender person, other gender identity, unknown/prefers not to identify) will also be asked. An informed consent question is included at the beginning of the survey.

The survey module is presented below:

| Statement | Completely Disagree | Disagree | Agree | Completely Agree | Category |
|---|---------------------|----------|-------|------------------|--------------------------------------|
| 1. Women should be able to make their own health care | 1 | 2 | 3 | 4 | Risk Factor: Unequal gender norms |

| | | | | | |
|--|---|---|---|---|---|
| decisions for themselves. ³¹ | | | | | |
| 2. Women should be able to decide on the use of contraceptives for themselves. ³² | 1 | 2 | 3 | 4 | Risk Factor: Unequal gender norms |
| 3. Women should be able to say no to sex if they do not want to have sex, even if they are married or in a relationship. ³³ | 1 | 2 | 3 | 4 | Risk Factor: Unequal gender norms |
| 4. I am able to question or challenge the violent behavior of a friend. ³⁴ | 1 | 2 | 3 | 4 | Risk Factor: Gender-based discrimination |
| 5. Most families that I know believe that childcare should not be the sole responsibility of women. ³⁵ | 1 | 2 | 3 | 4 | Risk Factor: Misogynistic beliefs and attitudes in the community |
| 6. Most families I know believe that men and women should have the opportunity to earn money for the family. ³⁶ | 1 | 2 | 3 | 4 | Risk Factor: Misogynistic beliefs and attitudes in the community |
| 7. There are no circumstances under which a woman deserves to be beaten, assaulted, insulted, or killed. ³⁷ | 1 | 2 | 3 | 4 | Risk Factor: Attitudes that justify violence as acceptable |

³¹ United Nations. (March, 2022). SDG Indicator Metadata. Retrieved July 17, 2023, from <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-01.pdf> (Adapted from indicator 5.6.1).

³² Ibid.

³³ Ibid. United Nations, 2022.

³⁴ El Colegio de México. Encuesta Internacional sobre Hombres y Equidad de Género (IMAGES). Retrieved July 17, 2023, from <https://www.icrw.org/wp-content/uploads/2016/10/International-Men-and-Gender-Equality-Survey-IMAGES.pdf> (Adapted from IMAGES question 8.6/8.7).

³⁵ Sedlander, E., Bingenheimer, J. B., Long, M. W., Swain, M., & Rimal, R. N. (2022). The G-NORM Scale: Development and validation of a theory-based gender norms scale. *Sex Roles*. <https://doi.org/10.1007/s11199-022-01319-9>. (Adapted from item 10).

³⁶ Ibid. (Adapted from item 11).

³⁷ Pulerwitz, J. & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale. *Men and Masculinities*, 10(3), 322-338. doi:10.1177/1097184X06298778. (Adapted from violence sub-scale).

| | | | | | |
|---|---|---|---|---|---|
| 8. Nothing justifies the use of aggression against transgender and gender non-binary people. ³⁸ | 1 | 2 | 3 | 4 | Risk Factor: Attitudes that justify violence as acceptable |
| 9. A woman should not have to tolerate her partner beating her, to keep her family together. ³⁹ | 1 | 2 | 3 | 4 | Risk Factor: Attitudes that justify violence as acceptable |
| 10. A man and a woman should have shared decision-making power in their relationship or marriage. ⁴⁰ | 1 | 2 | 3 | 4 | Protective factor: Gender equality in romantic relationships |
| 11. Members of my community ask for women's opinions on important matters. ⁴¹ | 1 | 2 | 3 | 4 | Protective Factor: Egalitarian social norms |
| 12. Members of my community value women's opinions on important matters. ⁴² | 1 | 2 | 3 | 4 | Protective Factor: Egalitarian social norms |
| 13. It is important that sons, daughters, and gender non-binary children have the same | 1 | 2 | 3 | 4 | Protective Factor: Socialization of the value of gender equality |

³⁸ Ibid. (Adapted).

³⁹ Ibid. (Adapted); Starr, L. (March, 2013). CARE Pathways Project–Global Baseline Report. TANGO Internacional. Accessed on July 17, 2023 from https://www.careevaluations.org/wp-content/uploads/CARE_Pathways_Global_synthesis_FINAL.3.27.13.pdf (Adapted from the Attitudes on Household Gender-Based Violence questions, p. 49).

⁴⁰ El Colegio de México. Encuesta Internacional sobre Hombres y Equidad de Género (IMAGES). Accessed March 23, 2023 from <https://www.icrw.org/publications/international-men-and-gender-equality-survey-images/> (Adapted from question 3.14 from IMAGES.); Hill, A. L., Miller, E., Switzer, G. E., Yu, L., Heilman, B., Levkov, R. G., ... y Coulter, R. W. (2020). Harmful masculinities among younger men in three countries: Psychometric study of the Man Box Scale. *Preventive Medicine* 139, 106185. (Adapted from item 15).

⁴¹ UN Women and Social Development Direct. (2020). RESPECT Framework Monitoring and Evaluation (M&E) Guidance. Retrieved July 17, 2023 from, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Monitoring-and-evaluation-guidance-en.pdf>. (Adapted from guidance to measure indicator T2.3).

⁴² Ibid.

| | | | | | |
|--|---|---|---|---|---|
| educational opportunities. ⁴³ | | | | | |
| 14. Daughters and gender non-binary children should have just the same opportunity to work outside the home as sons. ⁴⁴ | 1 | 2 | 3 | 4 | Protective factor: Socialization of the value of gender equality |
| 15. Please name four types of violence that you know of. ⁴⁵ | | | | | Protective factor: Knowledge of access to health and justice services |

SCORING PROCEDURES AND INTERPRETATION

The outcome of interest for this survey is the percentage of participants who report having improved in at least one of the risk or protective factors for SGBV after completing the intervention. Data analysts will obtain this information by comparing each participant's response from baseline to follow-up and indicating whether there was an increase or decrease in their level of agreement with each survey item. The number of participants who indicated improvement in at least one of the 15 survey items (numerator) will be divided by the total number of participants (denominator) and multiplied by 100 to calculate the percentage of participants who report having improved in at least one of the risk or protective factors. This process will be completed for each sub-group: Paraguay (CEPEP), Ecuador (CEPAM-G), Mexico (CDD) and Mexico (RNR) and then aggregated to determine the total percentage. Additional analyses may be performed to determine differences in improvement by age and gender identity.

MODULE FOR SERVICE USERS

SURVEY ADMINISTRATION

Partner organizations will administer this survey to a representative group of SGBV survivors who receive services from partner organizations (i.e., service users) at two different time-points. The pre-survey data collection period will last one month. Organizations are encouraged to sample at least 100 people during this timeframe who have received at least one service and are 18 years old or older. Given the sensitive nature of this survey, it will only be administered via paper and in-person. Approximately six months after the pre-survey is completed, organizations will have

⁴³ Waszak, C, JL Severy, L Kafafi y I Badawi. 2000. Fertility behavior and psychological stress: The mediating influence of gender norm beliefs among Egyptian women. *Psychology of Women Quarterly* 25:197–208. (Adapted from items from the Equity for Girls subscale).

⁴⁴ Ibid.

⁴⁵ Mtaita, C., Likindikoki, S., McGowan, M., Mpembeni, R., Safary, E., & Jahn, A. (2021). Knowledge, Experience and Perception of Gender-Based Violence Health Services: A Mixed Methods Study on Adolescent Girls and Young Women in Tanzania. *International journal of environmental research and public health*, 18(16), 8575. <https://doi.org/10.3390/ijerph18168575>. (Adapted from survey methods to measure knowledge of gender-based violence).

another month to collect post-survey responses from a representative sample of at least 100 services users using the same eligibility criteria. It is possible that organizations will sample from the same respondents during the post-survey depending on the length of their care cycle, which is fine. Four sample subgroups will be generated in the project: Paraguay (CEPEP), Ecuador (CEPAM-G), Mexico (CDD), and Mexico (RNR).

SURVEY DESCRIPTION

This survey module is an adapted and shortened version of the survey module for participants in SGBV prevention activities. We shortened the survey for service users to reduce respondent burden. Several items were added that were not included in the participant survey that were deemed important by partner organizations (items 6-9). For instance, it was deemed important by local partners to ask service users about femicide since femicide rates are high in LAC. It was also decided that asking whether they know how to access support for someone who is currently experiencing or has experienced some form of violence is a better way to assess their knowledge than asking if they know how to access these services for themselves. Lastly, we added some questions about autonomy and access to economic resources given that they are protective factors against SGBV. During the creation and adaptation of this survey module, Fòs Feminista and partner organizations considered SGBV survivors' vulnerability to ensure that survey participants will not experience re-victimization or re-traumatization.

The survey aims to measure the percentage of people who report having improved in the identified risk and protective factors for SGBV. Survey respondents will indicate their agreement or disagreement for each of the 9 items using a Likert-type scale from 1 to 4 (1/strongly disagree, 2/disagree, 3/agree, 4/strongly agree), where a higher score on the item indicates greater protection and lower risk of experiencing or perpetrating SGBV. Several demographic questions about their age (≤ 24 , ≥ 25) and gender identity (woman, man, transgender person, other gender identity, unknown/prefers not to identify) will also be asked. An informed consent question is included at the beginning of the survey.

The survey module is presented below:

| Statement | Completely Disagree | Disagree | Agree | Completely Agree | Category |
|---|---------------------|----------|-------|------------------|--------------------------|
| 1. I make my own decisions about my health care and use of birth control. ⁴⁶ | 1 | 2 | 3 | 4 | Decision-making autonomy |
| 2. All people who live in the same space should | 1 | 2 | 3 | 4 | Unequal gender roles |

⁴⁶ United Nations. (March, 2022). SDG Indicator Metadata. Accessed July 17, 2023 from <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-01.pdf> (Adapted from indicator 5.6.1)

| | | | | | |
|--|---|---|---|---|---|
| share household chores. ⁴⁷ | | | | | |
| 3. I make decisions together with my partner, as they relate to the emotional, sexual, and cohabitation aspects of our relationship. ⁴⁸ | 1 | 2 | 3 | 4 | Decision-making autonomy |
| 4. There are no circumstances under which a woman deserves to be beaten, assaulted, insulted, or killed. ⁴⁹ | 1 | 2 | 3 | 4 | Attitudes that justify violence as acceptable |
| 5. Nothing justifies the use of aggression against transgender and gender non-binary people. ⁵⁰ | 1 | 2 | 3 | 4 | Attitudes that justify violence as acceptable |
| 6. The maximum expression of sexual and gender violence is femicide. | 1 | 2 | 3 | 4 | Attitudes that justify violence as acceptable |
| 7. I feel that I have opportunities to access economic resources. ⁵¹ | 1 | 2 | 3 | 4 | Unequal gender roles |
| 8. I make decisions freely about my body, my recreational activities, and other aspects of my life. | 1 | 2 | 3 | 4 | Decision-making autonomy |
| 9. I know where and how to receive support and care for someone who is currently experiencing or has experienced some form of violence. | 1 | 2 | 3 | 4 | Access to health and justice services |

⁴⁷ Pulerwitz, J. & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale. *Men and Masculinities*, 10(3), 322-338. doi:10.1177/1097184X06298778. (Adapted from violence sub-scale).

⁴⁸ El Colegio de México. Encuesta Internacional sobre Hombres y Equidad de Género (IMAGES). Retrieved March 21, 2023, from <https://www.icrw.org/wp-content/uploads/2016/10/International-Men-and-Gender-Equality-Survey-IMAGES.pdf> (Adapted from IMAGES question 3.14); Hill, A. L., Miller, E., Switzer, G. E., Yu, L., Heilman, B., Levto, R. G., ... & Coulter, R. W. (2020). Harmful masculinities among younger men in three countries: Psychometric study of the Man Box Scale. *Preventive medicine*, 139, 106185. (Adapted from item 15).

⁴⁹ Pulerwitz, J. & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale. *Men and Masculinities*, 10(3), 322-338. doi:10.1177/1097184X06298778. (Adapted from violence sub-scale).

⁵⁰ Ibid. (Adapted).

⁵¹ Sedlander, E., Bingenheimer, J. B., Long, M. W., Swain, M., & Rimal, R. N. (2022). The G-NORM Scale: Development and validation of a theory-based gender norms scale. *Sex Roles*. Accessed on July 17, 2023 from <https://doi.org/10.1007/s11199-022-01319-9>. (Adapted from item 11).

SCORING PROCEDURES AND INTERPRETATION

The outcome of interest for this survey is the percentage of service users who report having improved in at least one of the risk or protective factors for SGBV after receiving SGBV services. Data analysts will obtain this information by matching respondents from the pre-survey to the respondents from the post-survey who have similar characteristics. The goal is for the two people surveyed to match one another on as many meaningful characteristics as possible so that their responses are comparable. The matching methodology will be unique to each partner administering this survey. We recommend that partners identify the features that are relevant in their context and match respondents based on those characteristics. At a minimum, respondents must be matched in terms of gender identity and age.

Once the matching is complete, they will indicate whether there was an increase or decrease in the level of agreement with each survey item. The number of service users who indicated improvement in at least one of the 9 survey items (numerator) will be divided by the total number of service users who completed the survey (denominator) and multiplied by 100 to calculate the percentage of service users who report having improved in at least one of the risk or protective factors. This process will be completed for each sub-group: Paraguay (CEPEP), Ecuador (CEPAM-G), Mexico (CDD) and Mexico (RNR) and then aggregated to determine the total percentage. Additional analyses may be performed to determine differences in improvement by age and gender identity.

MODULE FOR ORGANIZATIONS

QUANTITATIVE SURVEY ADMINISTRATION

The organizational advocacy capacity survey will be administered at two time-points to a sample of employees of local partners (CEPEP, CEPAM-G, CDD, RNR) and members of civil society organizations or groups that are linked to the project and/or have participated in project activities for a significant period. The distribution and collection of surveys will be the responsibility of local partners who have the option of sharing the survey via google form or paper. They are encouraged to sample from as many people as possible during the two-week pre-survey data collection period. Approximately six months after completion of the pre-survey, local partners will administer the post-survey to respondents who consented to being contacted again to complete a follow-up survey. They will similarly have two weeks to carry out the post survey.

SURVEY DESCRIPTION

This survey module has been adapted from the Advocacy Capacity Tool (ACT) and the Advocacy Capacity Assessment Tool.^{52,53} The following module will help participating civil society organizations and groups assess their current level of functioning in various aspects of advocacy including creating and sharing advocacy goals, plans, and strategies, conducting advocacy, identifying advocacy avenues, and improving organizational operations for sustaining advocacy. Through this tool, our hope is for local partners participating organizations to identify areas for improvement and strengthen their capacity to advocate for gender equity and the elimination of SGBV in their country.

There are a total of 19 survey questions. Eleven questions ask respondents to indicate their level of agreement or disagreement with statements about their organization or group using a Likert-type scale from 1 to 4 (1/strongly disagree, 2/disagree, 3/agree, 4/strongly agree). An additional four questions ask respondents to indicate their level of agreement or disagreement with statements about their personal advocacy capacity using the same Likert scale. Higher scores reflect a stronger advocacy capacity. Several demographic questions about respondents' age (≤ 24 , ≥ 25) and gender identity (woman, man, transgender person, other gender identity, unknown/prefers not to identify) are also included. An informed consent question is also included at the beginning of the survey.

The survey module is presented below:

| Time Period | My organization or group: | Completely Disagree | Disagree | Agree | Completely Agree | Category |
|-------------------------------|---|---------------------|----------|-------|------------------|--|
| In the last 12 months of work | Understands the overall policy environment related to gender equality and/or sexual and gender-based violence in my country including trends, possible allies, and opponents. | 1 | 2 | 3 | 4 | Presence of basic elements to engage in advocacy |
| In the last 6 months of work | Has knowledge of the political/legislative process (including budgeting and appropriations) and knows how to influence this process. | 1 | 2 | 3 | 4 | Legislative advocacy |
| In the last 12 months of work | Understands the regulatory and | 1 | 2 | 3 | 4 | Administrative advocacy |

⁵² Boulder Advocacy. (2012). ACT! Advocacy Capacity Tool. Accessed on August 24, 2023 from <https://bolderadvocacy.org/resource-library/tools-for-effective-advocacy/evaluating-advocacy/advocacy-capacity-tool-act/>.

⁵³ Initiatives Inc. and PATH. (2017). Advocacy Capacity Assessment Tool Facilitator's Guide. Accessed on August 24, 2023 from https://media.path.org/documents/ABH_aca_tool20guide.pdf.

| | | | | | | |
|-------------------------------|--|---|---|---|---|-------------------------------------|
| | enforcement processes of agencies that implement policies and programs and knows how to influence these processes. | | | | | |
| In the last quarter of work | Effectively incorporates the perspectives and voices of women, girls, and gender-diverse people in our advocacy work. | 1 | 2 | 3 | 4 | Women, Youth, and MARPs |
| In the last quarter of work | Members identify potential opportunities and risks for women, girls, and gender-diverse people related to advocacy activities. | 1 | 2 | 3 | 4 | Decision-making process |
| In the last 6 months of work | Works with partners from an intersectional approach to strengthen gender equality and/or the prevention of and response to sexual and gender-based violence. | 1 | 2 | 3 | 4 | Intersectional approach |
| In the last 12 months of work | Has a written advocacy agenda, approved by members, that identifies its goals and priorities. | 1 | 2 | 3 | 4 | Agenda development |
| In the last 12 months of work | Shares its strategy, or parts of it, with decision-makers, constituents, partners, and media, as appropriate. | 1 | 2 | 3 | 4 | Agenda development |
| In the last 12 months of work | Analyzes what it will take to accomplish each item on its advocacy strategy, including who has the power to make decisions. | 1 | 2 | 3 | 4 | Plans, Strategies, and Adaptability |
| In the last 3 months of work | Identifies and collaborates with other stakeholders that have similar goals, including those | 1 | 2 | 3 | 4 | Advocacy Partners and Coalitions |

| | | | | | | |
|------------------------------|--|----------------------------|-----------------|--------------|-------------------------|---|
| | with complementary knowledge and skills. | | | | | |
| In the last 3 months of work | Develops clear, compelling, and concise messages tailored to its target audiences. | 1 | 2 | 3 | 4 | Messaging |
| In the last 6 months of work | Shares information, analyses, and supporting materials with decision-makers, the public, and partners, as appropriate. | 1 | 2 | 3 | 4 | Research and analysis |
| In the last 6 months of work | Engages in meaningful contact with our target decision-makers. | 1 | 2 | 3 | 4 | Networking and Negotiation with Decision-Makers |
| In the last 6 months of work | Monitors the actions of decision-makers related to gender equality and/or sexual and gender-based violence. | 1 | 2 | 3 | 4 | Influencing decision makers |
| In the last 6 months of work | Participates in the following assembly spaces with governments and/or other allies to promote gender equality and/or the response to sexual and gender-based violence. (Select the types of spaces that apply.) | 1 | 2 | 3 | 4 | Advocacy levels |
| | I am... | Completely Disagree | Disagree | Agree | Completely Agree | Category |
| In the last 6 months of work | Very familiar with how policies and budgets are formulated in this country. | 1 | 2 | 3 | 4 | Policy and Budget Analysis and Development |
| In the last 6 months of work | Very comfortable approaching decisionmakers for advocacy purposes. | 1 | 2 | 3 | 4 | Networking and Negotiation with Decision-Makers |
| In the last 6 months of work | Very comfortable approaching members of the media for advocacy purposes. | 1 | 2 | 3 | 4 | Advocacy Communications and Outreach |

| | | | | | | |
|------------------------------|--|---|---|---|---|--------------------------------------|
| In the last 6 months of work | Very confident I deliver strong and compelling messages to my advocacy targets when I approach them. | 1 | 2 | 3 | 4 | Advocacy Communications and Outreach |
|------------------------------|--|---|---|---|---|--------------------------------------|

SCORING PROCEDURES AND INTERPRETATION

The outcome of interest for this survey is the percentage of respondents who report personal or organizational improvement in at least one of the markers of advocacy capacity. Data analysts will obtain this information by matching and then comparing responses from the pre-survey to the post survey and indicating whether there was an increase or decrease in the level of agreement with each survey item. The number of respondents who indicated improvement in at least one of the 19 survey items (numerator) will be divided by the total number of respondents who completed the survey (denominator) and multiplied by 100 to calculate the percentage of respondents who reported having improved in at least one of markers of advocacy capacity. This process will be completed for each local partner and participating organizations and then aggregated to determine the total percentage.

QUALITATIVE DISCUSSION

In addition to completing the surveys, we are asking local partners to facilitate focus group discussions with a sub-set of survey respondents after the pre-survey and the post-survey. Each of the four local partners and additional participating organizations should have their own focus group discussion about where their group or organization stands on a 4-point advocacy capacity scale (provided below). Ideally, Fòs Feminista would like to see an increase in their advocacy capacity score from the start of the project to the end of the project. However, we recognize that the organizations' advocacy capacity will continue to grow even beyond the completion of this project. We have asked organizations to record these discussions. Responses originating from these discussions will supplement the results from the quantitative survey.

Organizational Advocacy Capacity Qualitative Discussion

| Instructions: Please discuss together where your feel your organization/group falls on the following advocacy capacity scale. | | | |
|--|---|--|--|
| 1 | 2 | 3 | 4 |
| <p>The organization/group has:</p> <ul style="list-style-type: none"> • No advocacy strategy or an outdated advocacy strategy. | <p>The organization/group has:</p> <ul style="list-style-type: none"> • A current strategy, but it has not defined priority issues or SMART goals and objectives that are clearly linked to policy change/implementation. | <p>The organization/group has:</p> <ul style="list-style-type: none"> • A current strategy that defines priority issues and SMART goals and objectives, is based on a thorough assessment and/or policy/mapping, and | <p>The organization/group has:</p> <ul style="list-style-type: none"> • A process for regularly consulting its strategy when making new programmatic decisions |

| | | | |
|--|---|---|---|
| | <ul style="list-style-type: none"> • A current strategy, but it is not based on a community needs assessment and/or policy/stakeholder mapping. • A current strategy, but it does not include a detailed work plan that outlines targets, activities, partners, resource needs, and time frame. | <p>includes a detailed work plan.</p> <ul style="list-style-type: none"> • Implemented its current Advocacy program/activities in accordance with its strategy. • A monitoring and evaluation (M&E) plan to measure program effectiveness and progress toward goals and objectives. | <p>and updating its strategy to reflect changes in the political environment.</p> <ul style="list-style-type: none"> • A systematic process for collecting data that measures the strategy's effectiveness and progress toward goals and objectives. • A process for regularly adjusting its strategy and advocacy activities given M&E data and learning |
|--|---|---|---|

ULTIMATE OUTCOME ANALYSIS

For reporting purposes, the ultimate outcome analysis must report on the percentage of people across all three sub-samples (program participants, service users, and organizational members) who reported improvement in at least 1 risk or protective factor. This analysis will be repeated for each local partner (CEPEP, CEPAM-G, CDD, RNR) and then aggregated across all partners. To ensure an evenly weighted representation of the three sub-samples, data analysis will calculate weighted averages for each sub-sample. Calculating weighted averages will help account for the different sample sizes of each sub-sample.

The weights can be easily calculated using a spreadsheet or with a calculator. In this instance, we will be applying different weights to each sub-sample. Since we want each sub-sample to account for 1/3 of the entire sample, our target for each sub-sample is 33%. Once all the sample sizes are calculated, the data analyst will determine what percentage of the entire sample each sub-sample accounts for. Then they will divide that percentage by the target percentage (33%) to determine the weight for each sub-sample. These weights will be applied to any subsequent tabulation or analyses to compensate for differences between the sample and the target profile.

ANNEX 1. APPLICATION PROTOCOLS FOR ALL THREE SURVEYS

ANNEX 1.1. APPLICATION PROTOCOL FOR THE PARTICIPANTS SURVEY

SURVEY DESIGN: PRE/POST DESIGN

You will survey the same participants for the pre- and post-surveys and link their data at the end of the intervention. This will require you to collect the names and email addresses of all survey participants. There is a question within the google form and paper survey that asks for participants to share their name. For the google form, participants will be required to share a valid email address when they click the survey link. As for the paper survey, there is a question asking them to share their preferred email address. Once all the pre-survey responses are collected, you will use the emails they provided to reach out to the same individuals.

SURVEY MODALITY

You have the option to share the survey via google form or paper. We recommend that you ask people to complete the survey via Google Forms only to make data complication less time consuming. However, surveys can be administered via paper, if needed.

SURVEY SAMPLE

- Participants in the Feminists Futures Free from Violence project.
- Ideal Sample Size: 100 or more people.
 - It may take longer to reach the ideal number of pre-survey participants, since the program is just getting started. We ask you to collect data from all available and consenting program participants at that time, including new participants added to the sample as they join the project, until a sample size of 100 is reached. If you survey 100 people before the data collection period ends, please continue to survey program participants.
 - Post-survey: Due to attrition, not all survey participants from the pre-survey may be able to complete the post-survey. If participants are lost from baseline to follow-up, they can be substituted with new participants that match the demographic characteristics of those who were lost to follow-up.

DATA COLLECTION TIMELINE

- Pre-Survey: 1 month for pre-survey data collection
- Post-Survey: 1 month for post-survey data collection to be completed at the end of the intervention.

INFORMED CONSENT

Informed consent is an essential process to ensure that participating individuals are fully informed about the purpose, procedures, and potential risks and benefits of the survey, and that they agree to participate voluntarily. The following language is included in the paper survey and Google Form.

Your participation in this survey is optional. You can stop the survey or revoke your consent at any time. Do you agree to participate in this survey?

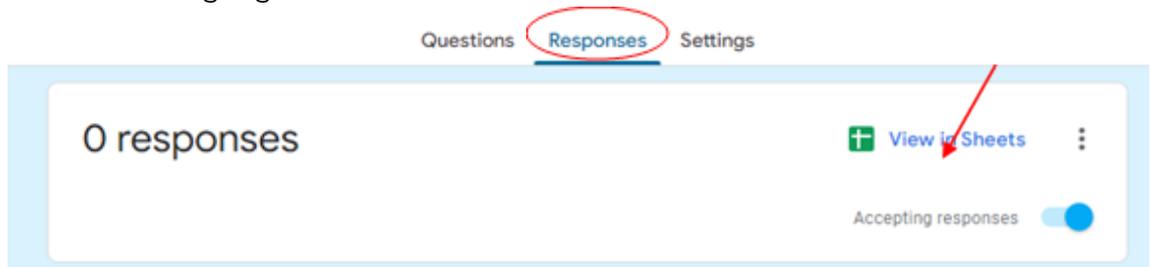
Each respondent must give their consent before proceeding with the survey. If they do not consent on the Google Form, they are automatically taken to the end of the survey. However, if the survey is administered via paper, please ask participants to return the survey if they do not consent to participate.

DATA SHARING

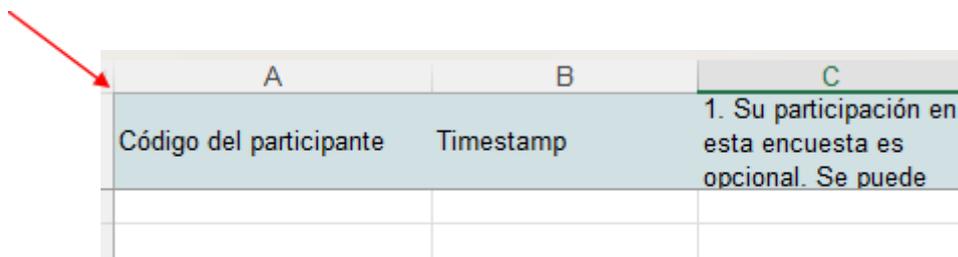
Google Form Option

Please follow the following steps for downloading and sharing your survey data from the google forms.

1. Go to the responses tab in Google Forms and click "View in Sheets." Then download the google sheets into an excel file and use that instead.



2. If some surveys were administered via paper, manually add those responses into the excel file with the rest of the Google Form responses, following the same format.
3. Add a column for the participant code and assign a unique number to each respondent to maintain their anonymity once all the responses have been added. Either use the coding system that you currently use or start with 01 and continue the pattern until all responses have an assigned code (e.g., 01, 02, 03 ...).



| A | B | C |
|-------------------------|-----------|--|
| Código del participante | Timestamp | 1. Su participación en esta encuesta es opcional. Se puede |
| | | |

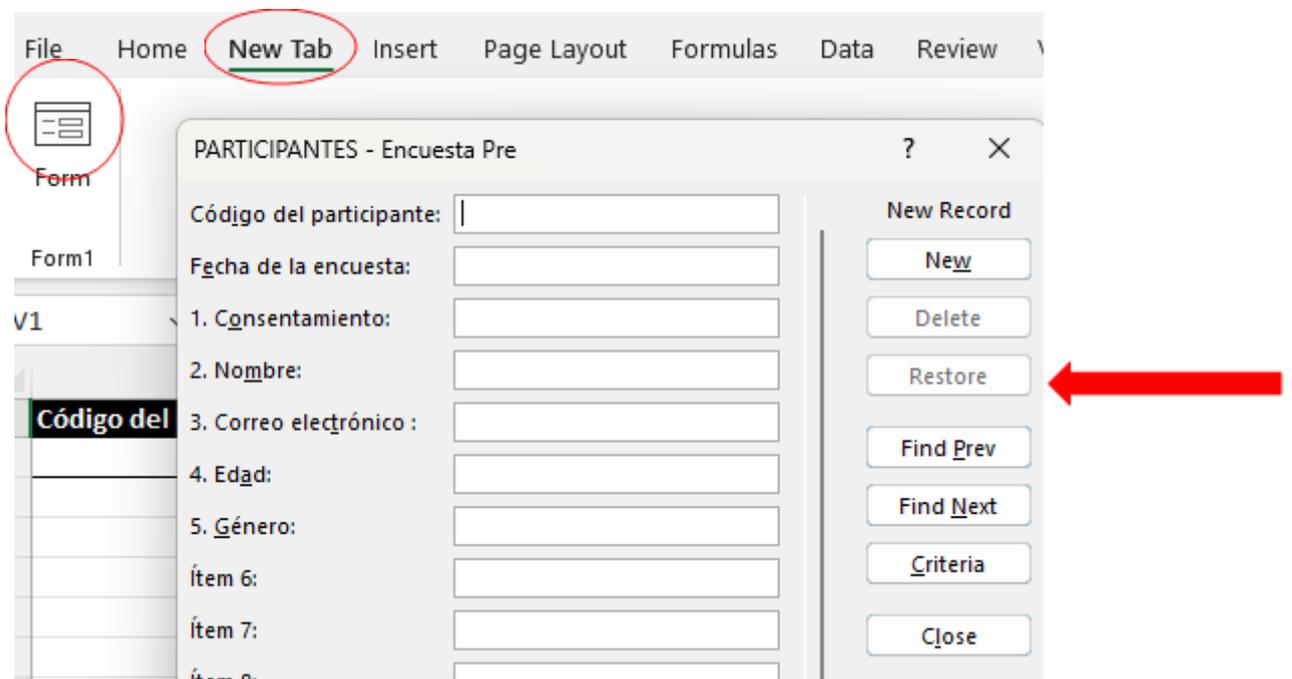
4. Once the post-survey is administered, you will need to match the post-survey responses to the pre-survey responses using survey respondents' names. To do so, follow these steps:
 1. Open the pre-survey and the post survey excel files and sort the column with their names alphabetically.
 2. Have each excel open on your computer side-by-side.
 3. Take the participant codes from the pre-survey excel file and copy the corresponding codes to the post-survey excel file using the participants' names and emails. You will have to do this line-by-line,

since the pre-survey responses will likely not exactly match the post-survey responses.

- Once the matching is complete make a copy of the excel files with the participants' names and store the originals somewhere secure. In the copies, remove the names and emails, leaving only the unique participant codes. The files without the names and emails will be shared with Fòs Feminista to protect the respondents' anonymity. **It is very pertinent that no names or other identifiable information from survey participants are sent to Fòs Feminista.**

Paper Survey Option:

- Open the data sharing template in excel shared by Fos Feminista. Go to the "Participantes-Encuesta Pre tab"
- Manually enter survey responses by clicking "New Tab" in excel and then pressing "Form." A form will pop up where you will manually enter the data.



- Reference the code book as needed to assist with completing the form. It is in the first tab of the excel sheet. For the codes, either use the coding system that you currently use, or start with 01 and continue the pattern until all responses have an assigned code (e.g., 01, 02, 03 ...).

| Category | Options/Descriptions |
|-------------------|--|
| Participant Codes | Unique identification number for each participant (e.g., 001, 002, 003 ...) |
| Survey Date | YYY-MM-DD |
| Consent | Yes, No |
| Name | Participant Name |
| E-mail | Participant e-mail |
| Gender | W (Woman); M (Man), T (Transgender Person), O (Other gender identity), D (I don't know/Prefer not to answer) |

| | |
|------------|---|
| Age | 0-24, 25+ |
| Items 1-14 | Answer options for each item: 1, 2, 3, 4 |
| Item 15 | Correct responses: Sexual, fiscal, emotional, and economic violence. Assign one point for each correct response (Lowest score = 0, highest score = 4) |

4. Repeat this process for the post-survey in the same excel file in the "Participantes-Encuesta Post" tab.
5. Once the post-survey data has been entered, you will need to match the pre-survey responses to the post-survey responses. To do so, follow these steps:
 1. Sort the columns with their names alphabetically in the pre-survey and post-survey tabs of the excel file.
 2. Take the participant codes from the pre-survey excel file and copy the corresponding codes to the post-survey excel file using the participants' names and emails. You will have to do this line-by-line, since the pre-survey responses will likely not exactly match the post-survey responses.
6. Once the matching is complete make a copy of the excel and store the original file somewhere secure. In the copy, remove the names and emails, leaving only the unique participant codes. This version will be shared with Fòs Feminista to protect the respondents' anonymity. **It is very pertinent that no names or other identifiable information from survey participants are sent to Fòs Feminista.**

ANNEX 1.2. APPLICATION PROTOCOL FOR THE SERVICE USERS SURVEY

SURVEY ADMINISTRATION

This survey module can be applied longitudinally to the same people before and after receiving SGBV services or the survey can be applied to two representative and paired samples of users before and after the receipt of services.

SURVEY DESIGN: REPRESENTATIVE SAMPLE

For the administration of the survey to two different representative sample, it is necessary to apply a matching methodology to balance the differences between the respondents from the pre-survey sample and those from the post-survey sample. For each person who responded to the previous survey, you must match them with someone who has similar characteristics. The goal is for the two respondents to coincide in as many characteristics as possible so that their answers are as comparable as possible. However, the more dimensions that are compared, the harder it will be to match people from the pre- and post-survey. We recommend that you identify the features that are relevant in your context and match respondents accordingly. At a minimum, service users should be matched in terms of gender identity and age, among other important characteristics.

It is possible to administer the survey longitudinally to the same people who were surveyed during the pre-survey depending on the length of their care cycle. To ensure a sample size of sufficient size, we recommend that you ask each user if they would be willing to participate in the survey after receiving at least one service.

It is important to administer the survey to people who have given informed consent in a confidential space. Only ask the service user to participate if they appear emotionally stable and are not in a particularly unsafe or vulnerable situation. You must share the purpose of the survey, its duration, and emphasize that it is voluntary and completely confidential. Here is an example of what can be said.

Hello! We invite you to complete a short survey that is completely voluntary and anonymous. This survey will allow us to evaluate the services that people like you receive from our organization. It takes approximately 10 minutes to complete. If you agree to participate, please remember that there are no right or wrong answers. You can stop the survey or revoke your consent at any time. Do you have any questions? Do you agree to participate in this survey?

SURVEY MODALITY

Given the sensitive nature of this survey, we ask that you only administer the paper survey in person. It is essential that respondents complete this survey in a private and comfortable space.

SAMPLE SURVEY

- Sample: All service users who have received at least one service and who voluntarily choose to participate. They must also be at least 18 years old to participate in the survey.
- Ideal sample size: We recommend that you sample at least 100 people. If you can survey a larger sample to make it more representative of the target population (service users), it would be even better.

DATA COLLECTION SCHEDULE

- Pre-survey: 1-month data collection period
- Post-Survey: Approximately 6 months after the pre-survey is completed, you will have 1 month to collect post-survey responses.

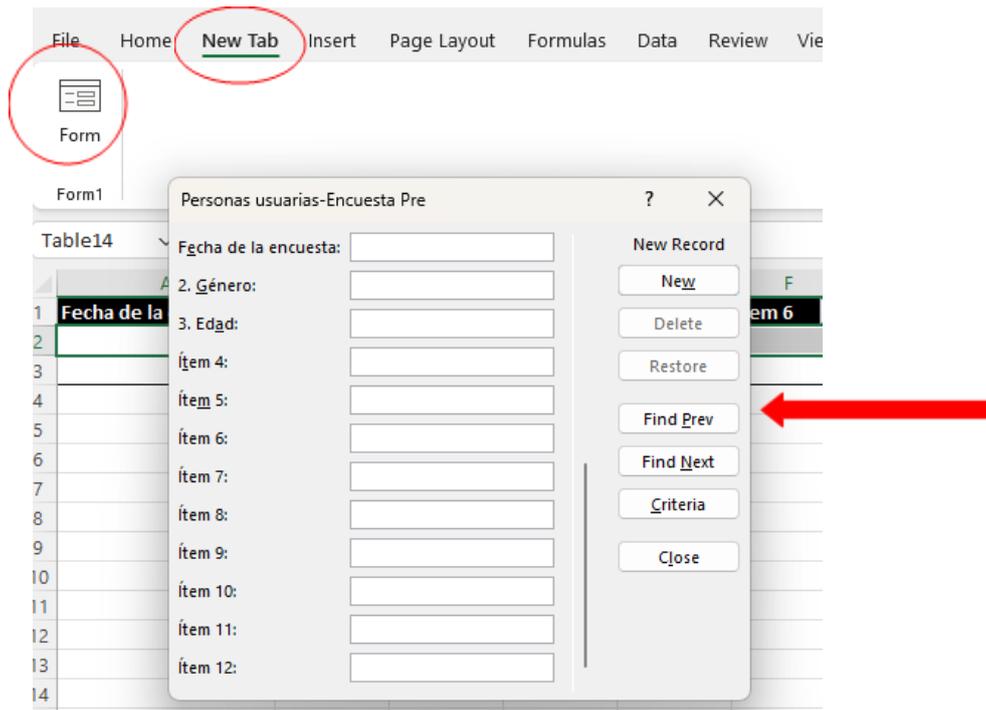
INFORMED CONSENT

Informed consent is an essential process to ensure that participating individuals are fully informed about the purpose, procedures, and potential risks and benefits of the survey, and that they agree to participate voluntarily. The following language is included in the paper survey.

Your participation in this survey is optional. You can stop the survey or revoke your consent at any time. Do you agree to participate in this survey?

DATA SHARING

1. Open the data sharing template in excel shared by Fos Feminista. Go to the "Personas usuarias-Encuesta Pre tab."
2. Manually enter survey responses by clicking "New Tab" in excel and then pressing "Form." A form will pop up where you will manually enter the data.



3. Reference the code book as needed to assist with completing the form. It is in the first tab of the excel sheet.

| Category | Options/Description |
|-------------|--|
| Survey Date | YYYY-MM-DD |
| Consent | Yes, No |
| Gender | W (Woman); M (Man), T (Transgender Person), O (Other gender identity), D (I don't know/Prefer not to answer) |
| Age | 0-24, 25+ |
| Items 4-12 | Answer options for each item: 1, 2, 3, 4 |

4. Repeat this process for the post-survey in the same excel file in the "Personas usuarias-Encuesta Post" tab.
5. Send this excel file to Fos Feminista.

ANNEX 1.3. APPLICATION PROTOCOL FOR THE ORGANIZATIONAL ADVOCACY CAPACITY SURVEY

SURVEY DESIGN: PRE/POST & QUALITATIVE DISCUSSION

PRE/POST

You will survey the same participants for the pre- and post-surveys and link their data at the end of the program. This will require you to collect the names and contact information of all survey participants and ask for their permission to follow up in 6 months. There is a question within the google form and paper survey that asks for participants to share their name. In addition, participants will be required to share a valid email address when they click the survey link.

For the post survey, you will send the survey to people who agreed to be contacted again using the emails they provided. It is likely that not everyone will respond, which is normal. Do your best to survey as many pre-survey respondents as possible.

Qualitative Discussion

Once the pre-survey responses have been collected, reach out to the respondents, and ask who would be willing to participate in a group discussion. This discussion will focus on where you think your group/organization stands on an advocacy scale. We would also appreciate it if you could record your discussion and take notes. You will repeat this process once the post survey has been administered.

SURVEY MODALITY: ONLINE VIA GOOGLE FORM

You have the option to share the survey via google form or paper. We recommend that you ask people to complete the survey via Google Forms. If some surveys must be administered via paper, that is also an option. Please do not make additional edits to the Google Form or paper survey once they are shared with you.

Please send the survey to all your partner organizations participating in this project and encourage them to share it with all their employees/members at the junior and senior levels. You will also share the qualitative discussion guide and instructions for its completion once you have received the survey responses (for the pre- and post-surveys).

SURVEY SAMPLE

- Sample population: Members of partners of the local implementing organizations participating in the Feminist Futures Free from Violence project.
- Sample Size: As many people as possible

DATA COLLECTION TIMELINE

- Pre-Survey: When sending the survey to your employees/group members and your partner organizations, please remind them that they have **2 weeks** to complete the survey. Send a reminder after one week.
- Post-Survey: Send this survey to participants who consented to being contacted again to complete the post-survey **6 months** after initial survey completion. Remind respondents that they will have **2 weeks** to complete the post survey.

INFORMED CONSENT

Informed consent is an essential process to ensure that participating individuals are fully informed about the purpose, procedures, and potential risks and benefits of the survey, and that they agree to participate voluntarily. The following language is included in the paper survey and Google Form.

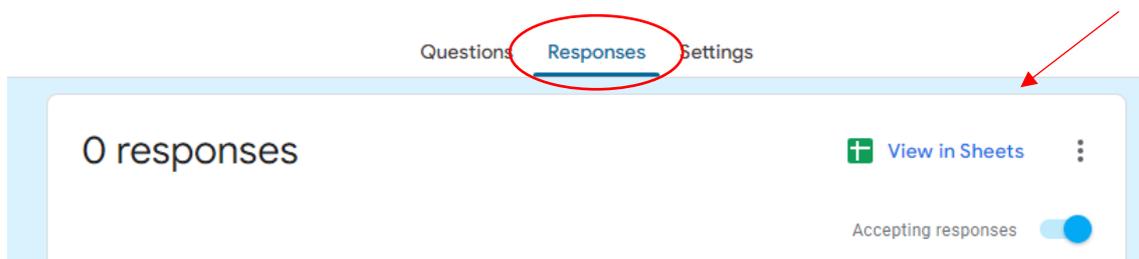
Your participation in this survey is optional. You can stop the survey or revoke your consent at any time. Do you agree to participate in this survey?

Each respondent must give their consent before proceeding with the survey. If they do not consent on the Google Form, they are automatically taken to the end of the survey. However, if the survey is administered via paper, please ask participants to return the survey if they do not consent to participate.

DATA SHARING

Please follow the following steps for downloading and sharing your survey data.

1. Go to the responses tab in Google Forms and click “View in Sheets.” Then download the google sheets into an excel file and use that instead.



2. If some surveys were administered via paper, manually add those responses into the excel file with the rest of the Google Form responses, following the same format.
3. Add a column for the participant code and assign a unique number to each respondent to maintain their anonymity once all the responses have been added. Either use the coding system that you currently use or start with 01 and continue the pattern until all responses have an assigned code (e.g., 01, 02, 03 ...).

| A | B | C |
|-------------------------|-----------|--|
| Código del participante | Timestamp | 1. Su participación en esta encuesta es opcional. Se puede |
| | | |

4. Once the post-survey is administered to the same sample of participants, you will need to match their post-survey responses to their pre-survey responses using their names. To do so, follow these steps:
 - a. Open the pre-survey and the post survey excel files and sort the column with their names alphabetically.
 - b. Have each excel open on your computer side-by-side.
 - c. Take the participant codes from the pre-survey excel file and copy the corresponding codes to the post-survey excel file using the participants' names and email addresses. You will have to do this line-by-line, since the pre-survey responses will likely not exactly match the post-survey responses.
5. Once the matching is complete make a copy of the excel files with the participants' names and store the originals somewhere secure. In the copies, remove the names and emails, leaving only the unique participant codes. These two excel sheets will be shared with Fòs Feminista to protect the respondents' anonymity. **It is very pertinent that no names or other identifiable information from survey participants are sent to Fòs Feminista.**

Follow the steps below to share the data from the qualitative discussion.

1. Ask organizations to share the recording of their discussion (if they have one), their notes, and the discussion guide with their response circled.
2. Then, send all this information to Fòs Feminista.
3. Repeat this process after the pre and post surveys.

ANNEX 2. RISK AND PROTECTIVE FACTORS FOR SGBV INCLUDED VS. NOT INCLUDED IN THE EVALUATION

| Risk factors | | |
|---|----------------------------|---|
| Factor | Included in the evaluation | Relationship with the project "Feminist Futures Free from Violence" |
| Unequal cultural gender norms | YES | One of the objectives of the "Feminist Futures Free from Violence " project is to combat and transform the cultural and social norms that perpetuate gender-based violence and power inequalities between men and women and children. Some activities that will help achieve this include the development of values-based narratives to counter harmful arguments that minimize, blame, or normalize sexual and gender-based violence; the implementation of online and offline communication strategies to engage diverse stakeholders and pressure governments to improve SGBV prevention and response efforts; strengthening the civil society ecosystem for SGBV prevention and response; and the development and implementation of politically appropriate advocacy plans. |
| Gender-based discrimination | YES | The project aims to create gender-based value narratives to counter harmful arguments, as well as online and offline communication strategies to pressure governments and develop coordinated regional communication campaigns that can help change society's and institutions' perception of gender discrimination. In addition, activity 1111.1, which involves the adaptation and implementation of Comprehensive Sexuality Education (CSE) interventions based in schools and communities, could influence gender discrimination. Recent operational research findings have found that CSE interventions may modify attitudes and behaviors that reproduce harmful gender norms. |
| Misogynistic beliefs and attitudes in the community | YES | The project aims, through the training of facilitators in transformative gender approaches, to identify and question harmful gender norms and mobilize the public to demand for the prevention of and the response to SGBV. The training and adoption of gender transformative approaches in SGBV prevention programming is expected to achieve a transformation in attitudes, beliefs, and gender norms in local and regional communities, thus reducing the risk of experiencing SGBV and other forms of gender-based violence. |
| Attitudes that justify violence as acceptable | YES | The project focuses on changing attitudes and beliefs that justify sexual and gender-based violence. Project activities include developing values-based narratives to counter harmful arguments that |

| | | |
|--------------------------------|-----|--|
| | | <p>minimize, blame, or normalize SGBV, and implementing a regional communication campaign that puts forth new narratives about SGBV in Latin America. In addition, the project will strengthen the civil society ecosystem for SGBV prevention and response and provide evidence-based policy proposals and recommendations to improve government commitment to eradicating SGBV. Partner organizations' participation in existing or to-be-created accountability mechanisms to monitor government commitment to eradicating SGBV will also be increased. These activities will contribute to reducing social acceptance of SGBV and empower women, girls, and gender-diverse individuals who are SGBV survivors to report abuse and seek help without fear of social stigma or discrimination.</p> |
| Unequal intimate relationships | YES | <p>The strengthening of primary prevention of SGBV at individual, relational, community, and institutional levels in Ecuador, Paraguay, and Mexico aims to change individual and relational attitudes and beliefs to recognize SGBV as unacceptable, including addressing power inequalities in intimate relationships. Specific activities include the training of CSE facilitators in gender transformative education curriculums, the adoption and implementation of school and community-based CSE interventions, the training of facilitators in evidence-based interventions focused on transforming harmful gender-related beliefs, attitudes, and behaviors, and the training of local partner organizations and allied NGOs in incorporating gender transformative approaches in SGBV programming and prevention, among others.</p> |
| Age | NO | <p>The implementation of all the project activities and outputs could generate greater awareness about SGBV, engage a wider ecosystem of civil society, and pressure governments to improve prevention and response efforts to SGBV, which could help reduce the risk of sexual and gender-based violence for younger women and gender-diverse people. However, the project will not be capable of modifying one's age and therefore it is not expected to be a risk factor that is changed by this project.</p> |
| Socioeconomic status | NO | <p>The project's initiatives can indirectly help people with fewer economic resources access resources to protect themselves from sexual and gender-based violence and to leave violent situations. Additionally, by involving a broader ecosystem of civil society, pressure on governments can be increased to improve efforts to prevent and respond to SGBV. The project could have a positive impact on reducing the risk factor associated with socioeconomic status, however, this would be passive and indirect, and therefore will not be measured for this evaluation.</p> |

| | | |
|---|-----|--|
| Substance abuse | NO | The project could have a positive effect on the prevention of SGBV related to drug and alcohol use. Education initiatives that promote healthier attitudes and behaviors surrounding sexual relationships may decrease drug and alcohol use and increase risk perception. In addition, strengthening local partner organizations and allied NGOs in the incorporation of gender transformative approaches in SGBV programming and prevention could promote positive messages about drug and alcohol use and SGBV prevention in the community. However, none of these effects would be direct and therefore this factor will not be included in the evaluation. |
| Conflicts and disasters | NO | Conflict and disaster situations are limited to certain situations. This project does not specifically focus on these contexts. Thus, this factor will not be included in the evaluation. |
| Protective factors | | |
| Egalitarian social norms | YES | The project activities related to gender transformative education, training of CSE facilitators, and training of local partner organizations and allied CSOs in incorporating gender transformative approaches in SGBV programming and prevention of could strengthen egalitarian social norms and reduce tolerance for SGBV. |
| Gender equity value socialization | YES | The strengthening of primary prevention of SGBV at the individual, relational, community, and institutional levels, and the training of CSE facilitators in evidence-based gender transformative education can contribute to promoting equal and respectful relationships between genders from an early age. Doing so will help modify attitudes and behaviors that reproduce harmful gender norms. In this way, gender equality and mutual respect are promoted in the environments where children and young people develop, reducing the risk of SGBV in their future relationships. |
| Gender equity in intimate relationships | YES | The strengthening of primary prevention of SGBV at the individual, relational, community, and institutional levels in Ecuador, Paraguay, and Mexico aims to change individual and relational attitudes and beliefs to recognize SGBV as unacceptable, which includes ensuring gender equality in intimate relationships. Specific activities include the training of CSE facilitators in gender transformative education curriculums, the adoption and implementation of school and community-based CSE interventions, the training of facilitators in evidence-based interventions focused on transforming harmful gender-related beliefs, attitudes, and behaviors, and the training of local partner organizations and allied NGOs in |

| | | |
|--|-----|--|
| | | incorporating gender transformative approaches in SGBV programming and prevention, among others. |
| Access to health and justice services | YES | Intermediate outcome 1200 focuses on strengthening the health response to SGBV for women, girls, and gender diverse individuals in the three target countries of the project. The provision of key services can support the achievement of equitable access to health and justice services for female and gender-diverse populations, and therefore it is included as a key component in this evaluation. |
| Social support | NO | Although community activities and interventions can help SGBV survivors overcome isolation, this is not a direct objective of the project and therefore will not be evaluated. |
| Laws and policies | NO | Intermediate Result 1300 aims to increase government commitment and responsibility to prevent and respond to SGBV in the region, which can lead to the creation and implementation of laws and policies to address SGBV. Specific activities include the development of value-based narratives to counter harmful arguments that minimize, blame, or normalize SGBV and the application of online and offline communication strategies to engage diverse stakeholders and pressure governments to improve SGBV prevention and response efforts, among others. Nonetheless, the effects of enhanced laws and policies are a lagging indicator that would not create observable changes within the 3-year project period and are therefore excluded from this evaluation as it would need to be assessed over a longer time horizon. |
| Economic and educational empowerment | NO | The project could help improve women's access to the labor market by providing them with tools to enhance their position in society and their financial independence, enabling them to make informed decisions and have more control over their lives and relationships. However, this effect is indirect and therefore will not be evaluated. |
| Psychological and physical health | NO | The project will have an impact on the psychological and physical health of people through access to health services. However, improvements in health status are a lagging indicator that we would not expect to observe a change in during the short project period. This project also focuses on sexual and reproductive health, with a specific focus on SGBV, and therefore changes in non-sexual and reproductive health status cannot be attributed to this project. |
| Prevention and response in crisis situations | NO | Prevention and response during conflicts and disasters are limited to specific situations. This project does not have a specific focus on these contexts. Thus, this factor will not be included in the evaluation. |

Region-Specific Risk Factors

| | | |
|---|----|---|
| High levels of interpersonal and institutional violence | NO | Specific risk factors have been identified in each country, including high levels of violence in Ecuador and Mexico, and institutional violence in Paraguay. While activities that aim to transform harmful gender norms, beliefs, and behaviors could have a positive indirect impact on reducing nationwide levels of violence in project countries, it is unlikely that the high degree of national violence will be impacted by this project and measurable during its 3-year implementation period, nor can nationwide violence rates be solely attributable to this project. Additionally, this project cannot be expected to change any past exposure to violence, so this risk factor is excluded from this evaluation. |
|---|----|---|