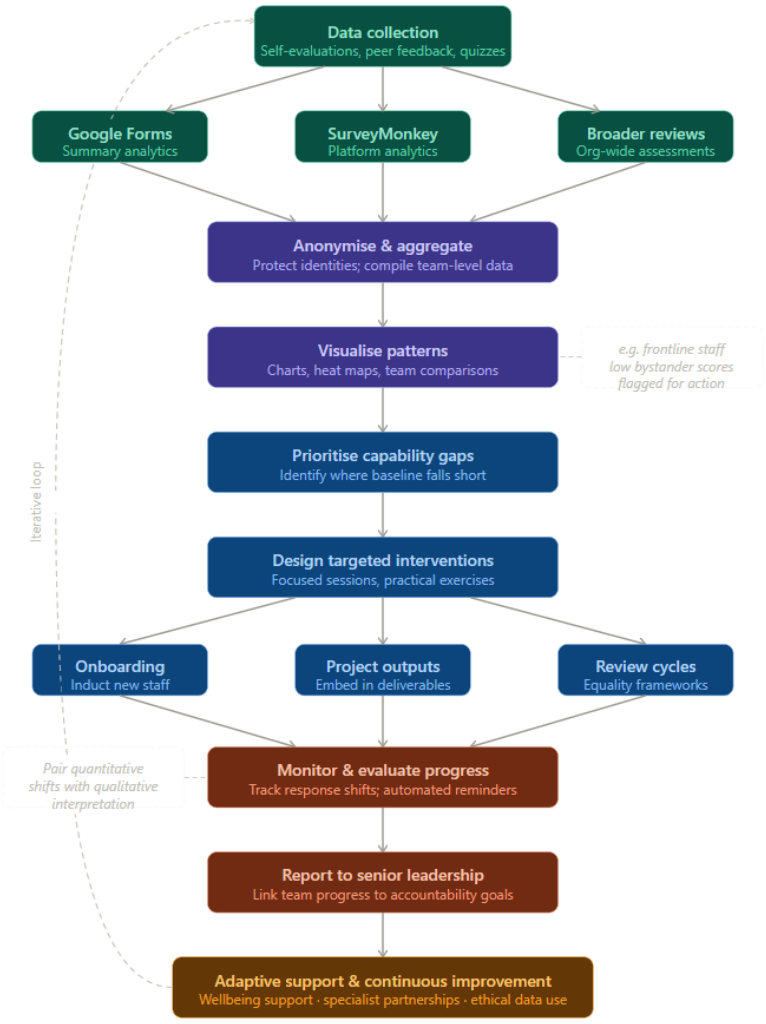
Chapter 6 – Tool 2: From assessment to action – A roadmap

HR managers and organizational leaders play a key role in turning anonymized GBV assessment data, collected through self-evaluations, peer feedback, quizzes, and reviews, into practical strategies that strengthen staff capacity and institutional effectiveness. The diagram below outlines a continuous eight-stage cycle for doing this: each step builds on the previous one, and insights from monitoring and evaluation feed back into new data collection, creating an increasingly responsive system over time.



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- **Stage 1 - Data collection:** The cycle begins with gathering information from multiple sources: self-evaluations, peer feedback, short quizzes, and broader organisational reviews, through accessible and easy to use platforms such as Google Forms or SurveyMonkey. Using several complementary methods, rather than relying on a single tool, produces a richer picture of where staff currently stand in their understanding and practice of GBV-related protocols.
- **Stage 2 - Anonymise and aggregate:** Before any analysis begins, all data must be anonymised. Staff need to trust that their individual responses cannot be traced back to them, particularly on sensitive topics. Once identities are protected, data is aggregated at team level, enabling meaningful comparison across roles and units while maintaining confidentiality.
- **Stage 3 - Visualise patterns:** Aggregated data can be translated into clear visuals, charts, heat maps, or team comparison tables, that make patterns easy to identify at a glance. These visuals are the primary tool for communicating findings to HR managers and team leads in a format that supports informed decision-making.
- **Stage 4 - Prioritise capability gaps:** Not all gaps carry equal weight. This stage involves identifying which areas fall furthest short of desired levels and which are most critical to the organisation's GBV response. Priority is shaped by the nature of the work, teams in direct contact with survivors, for instance, require a stronger baseline in survivor-centred approaches than teams in purely administrative roles. Disaggregating findings by team type, including comparisons between policy and field roles, helps ensure that prioritisation reflects real operational needs.
- **Stage 5 - Design targeted interventions:** Prioritised gaps are addressed through focused, practical interventions rather than generic training Findings are also embedded into staff onboarding, project outputs, and review cycles, ensuring learning is reinforced across multiple touchpoints in line with established equality frameworks.
- **Stage 6 - Monitor and evaluate progress:** Following interventions, straightforward analytical methods, such as tracking shifts along response scales over successive assessment rounds, can be used to gauge whether attitudes and practices are changing in the intended direction. Automated reminders support regular follow-up,

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enabling early identification of uneven progress. Sensitive operations may warrant closer attention and more frequent check-ins.

Importantly, quantitative shifts in survey scores are a useful indicator, but they do not capture the full complexity of behavioural change. These findings should always be read alongside qualitative input, team conversations, case reflections, and supervisor observations.

- **Stage 7 - Report to senior leadership:** Anonymised, aggregated findings are shared with senior leadership to link team-level progress to broader accountability goals, including preparedness for external reviews and institutional commitments to gender equality. Reporting at this level ensures that capability-building is treated as a strategic priority rather than an operational afterthought, and that resource allocation decisions are informed by evidence of where gaps persist.
- **Stage 8 - Adaptive support and continuous improvement:** The final stage, which feeds back into the beginning of the cycle, encompasses the broader support infrastructure that makes sustained improvement possible: confidential wellbeing, collaboration with specialised organisation, and ongoing commitment to ethical data use. Together, these measures ensure that the cycle remains adaptive: responsive to new challenges, respectful of staff wellbeing, and grounded in the GBV case management guidance that underpins the entire approach.

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