



**GBV PEF ADVISORY COMMITTEE MEETING
WORKSHOP REPORT**

**January 23 – 24, 2020
Washington, DC**

I. EXECUTIVE SUMMARY

InterAction hosted a two-day workshop with the GBV Prevention Evaluation Framework (PEF) Advisory Committee on January 23 and 24, 2020 in Washington, DC. This was the first face-to-face meeting of members of the Steering and Reference Groups. The overall purpose was to explore the findings of the 2019 GBV Prevention Scoping Exercise in more depth, work through critical issues, and determine next steps for the development of an evaluation framework. This workshop concludes the first phase of the GBV PEF project.

This report is not a detailed account of the two-day event. Rather, it examines core issues raised, critiques practical examples shared throughout the Roundtable, and highlights points of strength, opportunity, contention, and barriers that need to be addressed.

Over the course of the two days, it was recognized that arriving at an evaluation framework will require a lot of groundwork in terms of conducting risk analyses, understanding what – and via whom – is the change that is sought in a prevention program, designing intersectional programs in a participatory fashion, how not to alienate stakeholders with non-context-specific and exclusionary language, and how to promote cooperation across a variety of disciplines in the field that could collectively contribute to prevention outcomes. Already, some necessary elements – or building blocks – of a PEF were identified through reflection on the scoping study. A variety of field missions were proposed as next steps to test laying that groundwork and prototype a PEF.

II. BACKGROUND AND OBJECTIVES

In 2019, with the support of the Swedish International Development Cooperation Agency, InterAction launched a two-year project to develop a results-based evaluation framework for GBV prevention that could identify methods, approaches, and strategies used as a basis for program design, such that protection outcomes ultimately can be evaluated.¹

As a first step, an initial scoping exercise was conducted with a view to mapping out the full range of GBV risk patterns being addressed in crisis settings, the interventions undertaken, and the methods and tools used to track and measure prevention outcomes. The scoping exercise's key findings, as documented in a December 2019 white paper, revealed a need for an evaluation framework to consider 1) the degree to which programmatic interventions are fit for purpose; 2) the evaluability of a program; and 3) effective methods that support measuring GBV prevention in conflict. It was also clear that there was a need to come to a common understanding around definitions and concepts that underpin GBV risk analysis and prevention interventions in conflict. Finally, consultations also pointed to a need to consider building from and enhancing existing frameworks (e.g. ecological models) and/or developing an illustrative continuum or graphic that can depict levels of intervention, for different types of risk, to achieve GBV prevention outcomes.

Members of the steering group and the reference group convened in their first face-to-face to explore the critical issues highlighted throughout the scoping exercise and chart the next steps toward developing a PEF. The workshop's stated objectives were as follows:

¹ InterAction Concept Note: A Results-Based Evaluation Framework for GBV Prevention in Humanitarian Crises.

1. Establish Nomenclature

Agree, for the purposes of the framework, to the key terms and definitions critical to risk assessment, prevention intervention design, and analysis. This included S/GBV, the different components of Risk (Threat, Vulnerability, Capacity), the parameters of prevention interventions, and evaluation (outcome, impact, etc.).

2. Establish parameters for GBV prevention interventions' evaluability assessment.

Explore and agree on the components that need to be in place to support the evaluation of interventions aimed at preventing GBV in conflict. This included, for example, protection analysis with the use of the risk equation, the use of theories of change, and multi-disciplinary programming.

3. Explore diverse evaluation methods for measuring prevention programs in conflict.

This included exploring examples of alternative and emerging methods such as realist methods, iterative and adaptable M&E methods, and the use of proxy indicators.

4. Determine next steps.

This included looking at considerations for the elements of an evaluation framework and exploring how to undertake field level consultations to inform the development of the GBV PEF.

III. KEY THEMES EXPLORED

- 1. Scoping Exercise Reflections** highlighted the dearth of publicly-accessible and reliable information on GBV prevention interventions' program design and outcomes. A collective reflection on the key findings in plenary helped participants reacquaint themselves with the numerous obstacles to developing an evaluation framework based off of existing practice. It also prompted the need to 'go back to the basics' which set the tone for the two days; this helped participants see a need for subsequent sessions that were designed to tackle fundamentals, such as understanding/analyzing GBV risk in different contexts; identifying the desired outcome and the pathway to achieve that outcome; potential methods for monitoring and evaluating progress toward that desired outcome; and practical solutions to common obstacles in prevention work.
- 2. The Fundamentals, A Shared Vision** revisited a central challenge discovered during the scoping exercise – how can one evaluate, compare and/or contrast prevention interventions and outcomes in the absence of a shared understanding of the different manifestations of GBV, and a shared understanding of each element of risk *and* how to assess the risk? In other words, varying understandings and analyses of threats, capacities, vulnerabilities, drivers, root causes, etc. challenges our community from delivering effective prevention programs and evaluating their impact across the board. This session helped underscore the urgent need to create a shared language of definitions and methods for defining and measuring GBV and GBV risk (such as through the risk equation).

To explore the different understandings and language used for GBV, Dale Buscher, Vice President of Programs-Women's Refugee Commission (WRC) and member of the Steering Group of the GBV PEF, challenged us to consider how debate around GBV nomenclature has polarized humanitarians, and how different language choices for defining gender-related violence can be inclusive or exclusive

of different people with different vulnerabilities that affect their risk. Participants discussed the difficulties with GBV vs SGBV. The Steering Group emphasized the need to be forward leaning, inclusive, and out-front in its understanding and use of language for the PEF.

Jessica Lenz, Senior Advisor-Protection at InterAction and managing the GBV PEF project, and Brennan Webert, Protection Advisor-Danish Refugee Council (DRC) and member of the Reference group of the GBV PEF, shared their experience with the utility of the risk equation in their work. Participants were encouraged to think through the utility of the risk equation and various practical examples were shared from specific countries. It was noted how risk components (threat, vulnerability vis-à-vis the threat, and capacity vis-à-vis the threat) can be unpacked to understand the causal agent behind the risk and how changes occur over time. This session facilitated a wider plenary dialogue on the key elements needed to make good use of the risk equation, and some of the challenges that hold the humanitarian community back from using it to its potential.

3. **Exploring Alternative Evaluation Methods: Realist Evaluation** was headlined by Dr. Geoff Wong, Clinical Research Fellow at the University of Oxford, who introduced one of multiple evaluation methodologies – realist evaluation. This helped participants learn how this theory-based form of evaluation looks for answers to how data supports causal explanations; It seeks to answer How? Why? For whom? To what extent? In what circumstances? via the equation Context + Mechanism = Outcome. His presentation was followed by a plenary discussion in which participants reflected on how the humanitarian community’s theories of change often lack contextualization. Participants agreed that parts of this methodology where “Context is King” would be helpful for adapting programming along the course of its life cycle, but to be aware that this is but one of a multitude of evaluation methodologies that deserve equal weight in consideration before putting any of them forth in a PEF. Some concern with realist evaluation was also introduced – who gets left out with this analysis?; are all vulnerable groups captured in this type of evaluation?
4. **The Fundamentals, GBV Prevention** challenged participants to go back to the fundamental components of problem analysis and achieving the outcome of reduced risk through reducing vulnerability and threats, while increasing capacities. How? One could use, for example, the ecological framework alongside the risk equation to consider how the problem manifests at different levels, and consider how the threats, vulnerabilities, and capacities in relation to risk can be influenced with policy, knowledge, attitude, behavior, and practice changes at each level (international, national, sub-national, community, family, individual). Such an analysis would invite different types of interventions at different levels when designing an intervention(s). One hybrid model was introduced and exemplified with some concrete examples, but the key message is to consider enhancing or adapting existing frameworks to design a context-specific theory of change and design the right interventions that address every angle of the risk equation. A coordinated approach to multisectoral interventions (and evaluations) featured in this discussion as a holistic response to risk, where interventions target each level. This would likely require a multitude of actors with different capacities. The model, ‘pathway to change’ was very well received although key concerns were duly noted. These included (but are not limited to) the fact that at times there is only one humanitarian actor intervening in a locale; humanitarian actors have challenges coordinating interventions amongst each other even in the best of times; in complex emergencies, there are competing priorities and limited resources; and it is tricky to capture drivers as they evolve.

5. **Evaluability of GBV Prevention Interventions** was critical to discerning between evaluation and evaluability. Neil Dillon, Research Fellow from ALNAP and member of the Steering Group of the GBV PEF, introduced the requirements of an evaluability assessment, which includes an examination of theoretical and practical evaluability, the utility of the evaluation – whether or not it will have consequences for evaluation design, a wider M&E framework, and the project’s design. An ‘evaluability checklist’ was reviewed and relevant challenges were discussed in plenary such as legal and ethical questions around data management and how to go about an evaluation without creating unintended consequences for the populations. Overall participants agreed that evaluability should be a fundamental component of the PEF.
6. **Context-Specific & Proxy Indicators** was an opportunity to learn from each other’s reflections on prevention indicators and consider the use of alternative and context-specific methods that might capture GBV risk changes that result from other sectors’ interventions. For example, an empowerment program that builds girls’ social capital might have a seemingly unrelated but positive impact on increasing capacities or on reducing GBV risk overall, which could go unnoticed. There was a palpable interest in further exploring proxy indicators and including them in some iteration in the PEF. However, there was fair warning as well not to conflate proxy indicators with global indicators or confuse results arising from the use of proxy indicators with unintended consequences. For example, an intervention to decrease the risk of GBV for women and girls around latrine usage in a camp, such as the installation of lighting in/around latrines in a camp, might have the unintended positive consequence of increasing a sense of security for all and allowing for more circulation of people, market activity at night, etc. But that is an unintended consequence that is not a proxy for an actual decreased GBV risk reduction. Further, an increased sense of safety does not equate a reduction in violence. It is important to determine what are the most appropriate proxy indicators in relation to the specific threat and vulnerability in a given context.
7. **Prevention Evaluation Frameworks**, split into two sessions across the two days, started off with an exploration of the concept of a framework and a presentation of several different evaluation framework examples. The sessions included examples of proposed components of an GBV PEF that arose out of bilateral conversations from members of the Reference and Steering Group following the scoping exercise. Draft elements of a PEF framework were introduced for participants to initially consider and generate some brainstorming. Participants later split into two groups to identify fundamental components and considerations of a PEF. Additionally, a critical objective of this project is to ensure the development of an GBV evaluation framework was supported by a results-based approach to protection; therefore, these sessions included an exploration of the three basic elements of the [Results-Based Protection](#) framework.

IV. KEY DISCUSSIONS / QUESTIONS RAISED

After a thorough analysis of all the discussions, this section highlights key issues and concerns that arose repeatedly.

1. PEF Parameters

Ample discussions on the parameters of various elements of the PEF were intentionally designed into the workshop. This included, for example, discussions around the parameters of GBV, and the parameters of prevention (level of prevention – risk mitigation, mainstreaming, specific outcome where risk was reduced

or eliminated). It became clear, however, that some of these questions were fundamentally challenged by a lack of a unified understanding on the objectives of the PEF; some lacked clarity around the goal statement, the form and purpose of the framework, and its audience. The overall goal and descriptors in the PEF program documentation were reintroduced to help frame a discussion and move forward with key questions.

***Project goal:** To develop a results-based evaluation framework for GBV prevention and catalyze methods, approaches, and strategies to achieve GBV prevention as a measurable protection outcome.*

The development of a results-based evaluation framework for GBV prevention would allow for the methods, approaches, and strategies being used to prevent of GBV to be identified and used as a basis for program design, such that protection outcomes can ultimately be evaluated. The availability of such a framework, borne out of practical programming experience, would also encourage more systematic investment in the evaluation of GBV prevention outcomes and enhance overall learning to inform GBV prevention strategies. The collaborative process of documenting field-based case studies and developing an evaluation framework for GBV prevention is additionally expected to expand the cadre of individuals and organizations experienced with results-based approaches to GBV prevention. It is expected that this will, in turn, support system-wide uptake of methods essential to achieving GBV prevention as a protection outcome.

InterAction staff added that the audience is comprised of organizations and individuals who have expressed a desired outcome of their interventions as a reduction of GBV risk. It can eventually be used in a variety of ways – to evaluate program design, to engage in conversations with donors, to influence other sectors, to name a few. These are all options at the moment and it would be wise not to get overly prescriptive at this stage.

To move the conversation forward and ensure consensus, it was agreed to quickly discuss the basic underpinnings of the PEF.

- **WHO?** The primary audience is INGO/NGO practitioners: field, or HQ-level protection advisors; individuals who have declared GBV reduction as an outcome. By field, we mean the gamut – from country-level managers to those implicated in program design to those overseeing the operation in the field.
- **WHAT?** The envisioned product is a toolkit/framework that allows people to evaluate their progress in preventing acts of GBV.
- **WHEN (which phase of displacement cycle or crises)?** The framework is to address GBV prevention in conflict and programs serving conflict-affected peoples.
- **WHERE?** The outcome level is at the individual and community level where a pattern of GBV is prevented/disrupted. *This does not mean that actions or interventions do not or cannot happen at other levels such as the systems or national level.*

- **HOW?** By introducing components of the framework that will help the audience distinguish and analyze different risk patterns, define the context-specific change sought, and monitor and evaluate the interventions.

The levels of intervention, specifically were the subject of repeated reflection. Jenny McAvoy, Director of Protection at InterAction, offered the following reflections regarding whether a PEF should be designed for programmatic-level or larger systems-level interventions:

We are never going to prevent all violence. We are working in a situation of armed conflict, where sexual violence is rife and a part of conflict dynamics. What are the patterns of sexual violence and how do we interrupt them? What is our strategy on how to come to aid of people in crisis? We may be able to achieve some systemic change – an example might be sustainable changes to policy, attitudes, beliefs in institutions that have roles in relation to that pattern of violence. Some might be more about interrupting specific patterns of violence. I think it is both. When we talk about results-based protection, the answer to any question is, it's context specific. How do we make those choices? Where do we put our resources to be most helpful? If we are targeting interventions at a smaller, more immediate level, can we knit them together to get into more systemic impact?

2. The Risk Equation: Honoring Diversity and Capacities

It was generally agreed that the risk equation is a useful tool for unpacking risk to understand the different manifestations of violence, coercion, and deliberative deprivations, as well as for understanding the frequency, prevalence and way risk is perceived by the affected population. The equation has helped to distinguish between the external environment and the threat, and what is internal to an individual; it helps understand how threat and vulnerability and capacity interact together to produce risk. A framework of questions that helps get at understanding and analyzing threat, vulnerability and capacity was reviewed. Participants reflected on the myriad challenges to conducting comprehensive assessments at the onset of emergencies and how to generate continuous analysis amidst limited resources, short timelines for program submissions to donors, and a myriad of competing priorities.

But throughout the workshop, participants repeatedly noted that in addition to a glaring lack of consistent contextual risk analysis, there seems to be minimal investment in analyzing the threat and the capacities to overcome that threat, particularly leveraging communities' and individuals' capacities in the intervention design stage. It was agreed, for example, that risk is important because we need to understand what we are looking at, and that threat is important to understand the immediate source of the danger. However, **it was agreed that it is important to place equal weight on all elements of the equation while calculating risk and while designing interventions.** Understanding and addressing risk is as much about understanding and addressing the drivers of a threat as it is about leveraging and building capacities. Guidance for how to analyze all three components of the risk equation, in relation to each other, will need to figure prominently in the PEF.

In the same vein, it was agreed that there is limited attention to matters of intersectionality, or the various identities a person may have and how different inequalities interact to produce different risk patterns. For example, a woman may be at risk because she is a woman *and* she is transgender. An adolescent girl may be at risk because she is an adolescent girl *and* she has a disability. It was agreed that the PEF's audience should be helped to conduct analyses of the multiple layers of vulnerabilities that contribute to their risk, in order to inform the design of appropriate interventions.

3. Multisectoral & multi-disciplinary contributions to achieve GBV prevention outcomes

The scoping exercise evidenced the need for a multi-disciplinary approach to prevent GBV and this arose repeatedly during the workshop as well. The question raised was how can we get there (prevention outcome) as a collective? It was noted that in a perfect world humanitarian organizations would have a collective strategy, but realities of the field hinder those possibilities. It was agreed that the PEF should serve a role in encouraging the entire humanitarian community to think about prevention as all sectors play a role in addressing different angles of threats, vulnerabilities, and/or capacities. Organizations should consider the *leverage* they have over minimizing exposure to a threat.

4. Participatory Approach

Concerns over how to prioritize engaging with the affected population was raised in nearly every discussion. The need to involve the affected population from the onset of every aspect of the program cycle was highlighted as key to ensuring contextualization. It was noted that commitments to a survivor-center approach are not often honored, and the practice does not often reflect what we preach. The hurdles to beneficiary engagement weren't precisely discussed, and workshop attendees struggled with the idea of how to bring participatory approaches into the framework without making it a box-checking exercise. But it was agreed that beneficiary engagement needed to figure prominently in the PEF, either housed within a set of principles at the beginning of the document and/or streamlined throughout.

The 'starting point' of each step, each activity, should be the people and communities experiencing or at risk of GBV. Via participant engagement, risks should be identified, desired outcomes conformed, and indicators for each element of the risk equation and the prevention outcome selected.

The question remains how to incorporate it into the framework and force ourselves to develop more rigor around that? What does a participatory approach to all of these elements – indicators, typologies, etc. look like among each of these pieces? It was noted that results-based protection emphasizes the perspective of the affected population. Risks must be identified through community engagement and secondary sources. It was further noted that language can be an impediment, in particular, where organizations do not do language mapping and context-appropriate translations. It is fundamental to understand the nuances in the language that is used by populations to describe threats.

5. Context-sensitivity

There was clear concern that oftentimes, contextualization is seemingly missing from each element of the prevention programming cycle. In other words, that prevention interventions are too often designed without concerted efforts to understand the risk in context, to develop a theory of change rooted in the specific risk patterns of the context, and indicators are not built to context, program assessment, or design. Key questions that arose include the following:

- *If we now know that programs are developed without data on risk patterns, how can those programs be effective? We do not know the data on which they are built.*
- *On which assumptions are we building our prevention programming? We are northerners and westerners, making assumptions on contexts which are very different from ours.*

While it was not immediately evident how to overcome these challenges, participants underscored that the PEF must help contextualization by considering/including how the risk equation can be adapted as

conditions change quickly, or as people gain confidence in sharing more information on how their threats and vulnerabilities interact. It was considered that there are different methodologies for learning and programming adaptation that exist, and these could be introduced or referenced within the PEF. Further, ongoing contextual monitoring via context indicators, is a possible option to explore in the PEF.

V. FURTHER OPPORTUNITIES & CHALLENGES

While the workshop created a rich discussion on the fundamental elements of an GBV PEF, time was too short to fully explore how to overcome some of the challenges. Some outstanding questions remain:

- **Selecting and Designing Evaluation Methods:** there was a clear desire to explore further evaluation methodologies to determine which one/s should be incorporated into the PEF, beyond elements of the realist evaluation methodology. The PEF should provide guidance for considerations on evaluation options given the context, limitations, and/or opportunities available to evaluate an GBV prevention program.
- **M&E capacity limitations:** At the time of emergencies, many organization's emergency teams deploy armed with toolkits that include standardized indicators to use, but there is limited time and resources to contextualize them, and little to no M&E staff that can support field protection teams. One participant shared that in their organization, a MEAL staff member is assigned to each project, but the focus on his/her work is on monitoring program indicators (rather than evaluation or learning). Unfortunately, monitoring often does not involve measuring risk reduction, but rather focuses on program activities and logframes.
- It was noted that humanitarians are challenged by attributions in evaluation. If our program design is multi-sectoral, with many organizations delivering different interventions in parallel, how do we attribute a change or series of actions by/to a particular actor?
- **Calculating Risk:** How can the language in risk equations and assessment be made more accessible? How could the risk equation be explained in the framework without it looking like a mathematical equation?

On the other hand, some opportunities were already identified. On **multi-disciplinary approaches** toward an outcome, the development of an interagency/wider theory of change in a particular location was identified as potentially useful. It could help agencies collectively identify risks and each agency's capacity/leverage over reducing that risk, with a view to a coordinated intervention that tackles the risk from all angles. Challenges with such coordination in the field were raised, and an opportunity identified: A proposal for a field mission was made to undertake a theory of change/ecological model workshop to explore one risk in one country, as an opportunity to explore what the challenges and opportunities are and how agencies might develop a collective strategy. Significant learning could be had from a workshop of this kind that could help influence key components within the PEF.

Finally, after careful deliberation over the workshop's key discussions, participants saw the opportunity to identify initial draft elements of a PEF. They proposed that the PEF include a preamble that introduces a **shared language** by defining all relevant terms, is forward leaning when defining GBV, defines the audience, explores the parameters of prevention employed in this PEF, and unpacks how to do a risk analysis. The PEF should be **outcome-oriented**, and must clearly chart the way a causal pathway gets

PEF users to a measurable outcome. It must have an **M&E component** that focuses on **context-specific participant-driven indicators** that deal with the components of risk (threat, vulnerability, and capacity), and can count on the support of M&E technical experts. It should include guidance on how to contextualize and incorporate **indicators** from other sectors, and how to tailor indicators to each element of risk equation – vulnerability, threats AND capacities. The PEF needs to consider the myriad ways that **safety can be measured**—particularly going beyond common indicators or questions that ask, “do you feel safe?”. In terms of evaluability, the PEF should include the four components of evaluability, but with caution to ensure a **participatory approach** to data collection, manage expectations and reduce unintended consequences. It should include **ethical considerations** in measuring GBV prevention, such as understanding what threats could be engendered by unpacking risk in communities. It must consider how to measure results from **multi-disciplinary strategies** and provide guidance on selecting and designing **appropriate evaluation methods**. The PEF should deliver guidance on selecting and designing **contextualized theories of change** and avoid typologies that could lead to a cookie-cutter approach. It should also include a component on participatory approaches to all prevention work, from assessment to evaluation.

** Please see in annex the full PEF components session notes for detailed information on the proposed components.*

VI. NEXT STEPS

This InterAction-led project has concluded its first phase and will now consider what are the next steps toward realizing a PEF and how the ‘field’ should be engaged moving forward.

Questions put to participants were: What are the logical next steps? When a PEF is in draft or final form, how/who/when/where should the field be engaged? And for what purpose – is it for buy-in, for piloting and feedback of a PEF, for roll out? How can we engage field staff positively, while being sensitive to the never-ending burden they shoulder with rotating visitors?

Workshop participants determined that field missions were critical to conduct some field testing and **prototyping** for soliciting input into the PEF as well as revising draft versions of the PEF. Such a mission could include learning about **multi-stakeholder engagement** in the field (and how to garner buy in from multiple sectors); a **workshop to pilot unpacking different GBV risk patterns** with the use of the risk equation, and taking that information to design a **contextualized theory of change**; and/or a visit to existing prevention programs to learn how risk is measured and **risk fluctuations tracked, and programs adapted**.

Understanding the likelihood that three different sites could be targeted for field missions, different site profiles were proposed for the Steering Group’s consideration. They included **1) a context where there are no prevention programs of any kind to address GBV from occurring; 2) a context where an organization/s has declared that GBV prevention is their desired outcome; 3) a context whereby prevention programs are implemented entirely by local actors; 4) a context where typical programming for at risk individuals focuses on building up capacities or reduces vulnerabilities, but the desired outcome of GBV prevention has not been articulated or being measured; and 5) a context where traditional GBV prevention and mitigation activities are happening.**

In closing, the group agreed that priorities lay with unpacking a prevention program in the field and holding a working session to elaborate a GBV risk analysis and prototype a PEF in the field and referred final decisions to the Steering Group. Several provisional commitments were also made in hosting/facilitating an in-country mission, including by the Danish Refugee Council (DRC), Non-Violent Peace Force (NVP) in South Sudan, War Child in Afghanistan and the Women's Refugee Commission (WRC) in Lebanon or Uganda. Other Reference Group members, including Mercy Corps, HelpAge, Relief International to name a few noted their interest in being part of field level engagement where they are operational.

Annex A: Agenda

GBV PEF ADVISORY COMMITTEE MEETING AGENDA

January 23 – 24, 2020

DAY 1

8:30 am to 9:00 am	Registration and Breakfast
9:00 am to 9:45 am	Welcome Introductions, Agenda Review
9:45am to 10:30 am	Session I: GBV PEF Scoping Exercise Reflections Recap of salient Scoping Exercise Findings; Collective reflection on findings' implications for PEF
10:30 am to 11:00 am	Session II: Prevention Evaluation Framework Components Initial brainstorming on draft PEF component for measuring GBV in conflict settings. Components will be reconsidered and reviewed throughout course of workshop.
11:00 am to 12:30 pm	Session III: The Fundamentals, A Shared Vision Reconciling our language, understanding and analysis of GBV risk and prevention in order to harmonize our approach to the development of a PEF.
12:30 pm to 1:15 pm	Lunch
1:15 pm to 2:45 pm	Session IV: Exploring Alternative Methods for Evaluation: Realist Evaluation An introduction to realist evaluation and its potential utility to GBV prevention evaluation. <i>Guest Speaker: Dr. Geoff Wong, Oxford University;</i>
2:45 pm to 3:45pm	Session V: The Fundamentals, GBV Prevention An exploration of multidisciplinary prevention interventions that are informed by risk analysis; Adapting the ecological model to GBV prevention.
3:45 pm to 4:00 pm	Break
4:00 pm to 5:00 pm	Session VI: The Evaluability of Interventions for GBV Prevention The conditions of evaluability, and its implications for GBV prevention intervention design and the PEF.

DAY 2

8:30 am to 9:00 am	Continental Breakfast
9:00 am to 9:15 am	Recap Day 1
9:15 am to 9:45 am	Session VII: Context-Specific and Proxy Indicators Brainstorming on the concept and utility of proxy indicators to GBV prevention evaluations, and their possible inclusion in the PEF.
9:45 – 11:45	Session VIII: Prevention Evaluation Framework Components, Take Two Revisiting and amending the components of the PEF
11:45 am to 12:00 pm	BREAK
12:00 pm to 1:00 pm	Session IX: Charting the Path Forward What are the next steps toward realizing a PEF? What are the components to be developed, how should the field be engaged, and how do members of the Advisory Committee support each other?
1:00 pm to 1:15 pm	Closing & Evaluation
1:15 pm to 2:00 pm	LUNCH
2:00 pm to 4:00 pm	Steering Group Meeting

Annex B: Participant's List

#	Name	Organization	Position
1	Dale Buscher*	Women's Refugee Commission	VP, Programs
2	Neil Dillon*	ALNAP	Research Fellow
3	Tiffany Easthom*	Nonviolent Peace Force	Executive Director
4	Alice Castillejo	Translators without Borders	Program Advisor, Crisis Response
5	Brennan Werbert	DRC	Protection Advisor
6	Brett Collins	War Child-Canada	Sr. Program Quality, Accountability, & Learning Manager
7	Colleen Gallagher-Thomas	Relief International	Global Health Coordination, Health Technical Team
8	Georgina Veitch	HelpAge	Gender Advisor
9	Kelsey Simmons	International Rescue Committee	Measurement Advisor, Violence Prevention and Response Unit
10	Kevin McNulty	Mercy Corps	Sr. Protection Advisor
11	Lee Sutton	CIVIC	Sr. MEL Advisor
Participating Remotely			
12	Jocelyn Kelly*	Harvard Humanitarian Initiative	Director, Women in War Program
13	Lindsay Stark*	Washington University	Associate Professor
14	Mary Werntz*	ICRC	Deputy Director, Operations
15	Chris Dolan	Refugee Law Project	Director
16	Devota Nuwe	Refugee Law Project	Head of Programs
17	Marie de Cenival	Heartland Alliance	Senior Gender Advisor
18	May Maloney	ICRC	Addressing Sexual Violence Advisor
19	Sandra Krahenmann	Geneva Call	Thematic Legal Advisor
20	Veronique Ossohou	Action Against Hunger (ACF)	GBV Advisor

*Steering Group Member

Annex C: Overall Reflections and Breakout Discussion Notes

(Workshop Participant Reflections)

Participants convened in small groups to reflect on impressions and takeaways of the previous day.

Following is the commentary:

Appreciations

- Session on pathways for change helped see the bigger picture of what we are trying to accomplish.
- $C+M = O$ is a helpful framework. Those things are not in place in protection programming.
- A causal logic is so essential to understand how we can change patterns of behavior.
- Collective action & multi-disciplinary approaches.
- Realist perspective; interested in pulling some elements of that and combining with other evaluation elements.

Curiosities

- The example of DRC protection analysis using the risk equation is great but what does it actually entail in practice?
- Thinking through how these different components might require/rely on funding. Thinking about investments, esp. with limited evaluation capacity.
- Considering how tackling GBV risks might influence other sectors/actors' actions on other risks. Considering how to include them moving forward.
- How will what we develop be accessible? To whom do we intend to address it?
- How helpful is the risk equation as starting point? Questions - do we start with the risk or population group, and then unpack risk by population group and delineate further? That might be an easier starting place.
- Thinking through the risk equations, perhaps the starting point is not risk but who and what risks they face.
- How is realist evaluation a useful way to break off the various theories of change?
- What is our ultimate outcome with this framework? Are we working at the individual intervention level, or creating safer community?
- Interested to explore other evaluation methodologies; worth looking at dynamics and system thinking.

Worries

- How will this succeed? We need to secure buy-in; how will we overcome the coordination divide and address this from a multisectoral approach?
- What will indicators look like and how practical will this be when taken to the field?
- If this framework tries to be everything and do everything for everyone, it will become so broad it will cease to be useful.

Discussions on PEF Components

Participants split into two groups to re-consider the previously identified components critical to a PEF. Their task was to evaluate whether those components still hold, whether/how they need to be merged, and what is missing. Following is a debrief of the group work, as group representatives shared in plenary.

Shared Language

- The PEF must include a preamble that:
 - introduces a shared language/defines all the terms, including but not limited to [inclusive] GBV, risk, threat, causal logic, drivers, gender equality, prevention, safety, etc.
 - defines the primary and secondary audience for this – both who they are and who they are not
 - explores the parameters of prevention employed in this PEF.
 - defines what the PEF is and what the PEF is not
 - explains the distinction between Good Programming/Risk Mitigation and Prevention, and how that distinction matters in this PEF.
- There should be a component unpacking how to do a risk assessment, including:
 - The starting point being the affected population
 - Capturing what the environment looked like before violence (for comparative purposes/exploring drivers)
- Consider buy-in

Outputs vs. Outcomes

- The framework should address that:
 - We are working towards outcomes, not outputs.
 - Every prevention program should have a GBV prevention-focused outcome.
 - Some programs will also have outputs, but we need to be vigilant as outputs can be misused.
 - Must be clear about the causal pathway that gets PEF users to a measurable outcome.

Monitoring & Evaluation (initially labeled Context-Specific and Proxy Indicators but conversation expanded, and M&E identified as a PEF component)

- Discussed need for a PEF that has an M&E component
- PEF needs to focus on indicators that deal with risk, threat, vulnerability, etc.
- Quantitative & Qualitative indicators should be developed in conjunction with the affected communities.
- Include that the programs cannot rely exclusively on GBV experts; M&E technical folks must be deployed as well.
- Indicators must be context-specific; our vision may run contrary to what donors push for – not a global list of indicators. We need participant-informed indicators.
- Regarding proxy indicators, if they are included in the PEF:
 - They must be proxies for each element of risk equation – vulnerability, threats AND capacities.

- We must confront challenge that proxies produce: how can we know that the intervention is really contributing towards that outcome?
- We must exercise caution in not conflating proxy indicators with unintended consequences.
- The PEF needs to unpack how safety is measured and ensure that safety is not equated with violence reduction
- Measuring reduction in GBV is challenging although we should try.

Elements to Support Evaluability of GBV Prevention Interventions

- Struggling with assessment of evaluability vs evaluation. We want PEF to push people to use the four components of evaluability.
- Must consider reducing unintended consequences
- Participatory approach to data collection
- Managing expectations
- Risk Analysis influencing Program Design
- Evaluability – Alignment of Expectations
- Adaptability of program team to modify intervention as risk pattern changes
- How to consider information that might be missing from a sub-groups.

Practical Issues in Data Collection and Ethical Considerations for Measuring GBV Prevention

- There are risks in response programs, but it is unclear what the safety concerns are in prevention; unpacking risk in communities and who/what are the threats will surely engender some safety issues.
- How does one capture the engagement and product of multisectoral efforts in evaluation?
- WHO has guidance on collecting data from survivors; we should include/adapt to prevention in PEF.
- In collecting data to inform risk, there are methodology implications for different types of data collection.

Measuring Results from Multidisciplinary Strategies

- Propose bringing in other data sets; for e.g. food security data as it relates to transactional sex. What other data sets can we incorporate?
- How do we aggregate data for multiple programs?
- Need to link to national and local level prevention interventions.
- We discussed multi-disciplinary strategies, but in reality, we operate in a field where perhaps one to two organizations already have a mandate or a focus, how do we shift towards more strategic engagement vs lists of what everyone is doing?
- We cannot solve issues on our own. Need to map actors and develop a strategy for getting them involved.

Guidance Selecting & Designing an Appropriate Evaluation Method

- We should scan different methodologies and select commonalities; pull out different components for a lean/lighter touch.

- Evaluate off the back of the context analysis
- Include use of middle range theories
- Is there a possibility of harm with the Realist Methodology? ...with the inputs needed for enumerators.
- $C+M=O$ and the risk equation complement each other.
- ODI has conducted research on at how to measure policy/systemic level influence/how we know the outcome is due to the intervention.

Typology of Theories of Change per Risk Type of GBV

- Potentially risky; could lead to a cookie cutter approach to TOCs.
- Donors are interested in this.
- Challenge: Typology vs. Contextual Approach
- Consider Intersectionality
- Typology should be linked to the ecological model/institutional level + societal level are critical to develop.
- Typologies will be the ‘meat’ of the framework. The framework should deliver guidance on selecting/designing TOCs. In the spirit of not reinventing the wheel, there should be space in the framework for referencing other resources.

Other Components/Issues

- How to address capacity gaps?
- What factors enable prevention work?
- The participatory approach should be its own component.
- What do we mean by the ‘genuine engagement’ of the affected populations?
- Capacity to evaluate?
- Component: Overlaying risk examples with ecological model. Then unpack and measure it.

Finally, there was a discussion in plenary on what is a framework, as some struggle with the concept and what it should entail. It was suggested that the framework be a guide to unpacking threats, vulnerabilities, and capacities, as well as an identification of the what should be monitored and evaluated, and how. Another suggested framing was to consider what are the prerequisites [for a prevention program] and then the monitoring and evaluation of said program.