



GENDER-BASED VIOLENCE PREVENTION

A ‘*Start Where You Are*’ Guide to
Measure and Evaluate GBV Prevention
Outcomes in Conflict Settings

A Companion Guide to the GBV PEF





ACKNOWLEDGEMENT

InterAction would like to thank Neil Dillon from Data Conscious, who helped to develop and test this companion guide for the GBV Prevention Evaluation Framework (GBV PEF). We would also like to thank the members of the GBV PEF Community of Practice for testing this guidance with their field teams and helping to ensure the options listed were practical and offered genuine support in navigating the GBV PEF. Finally, InterAction is grateful for the financial support received from the Swedish International Development Agency (Sida) and their partnership in supporting outcome-oriented approaches to GBV and protection.

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INTRODUCTION

The Gender-Based Violence Prevention Evaluation Framework (“GBV PEF”) was launched by InterAction and the Swedish International Development Agency in May 2021. The GBV PEF includes a series of tools for program teams and monitoring, evaluation, accountability, and learning (MEAL) teams to use. The tools cover:

- ▶ **GBV prevention:** what it is and how to take a results-based protection approach toward it.
- ▶ **GBV risk analysis:** how to apply the risk equation to GBV prevention work.
- ▶ **Program design:** how to build a context-specific theory of change from a GBV risk analysis.
- ▶ **Monitoring considerations:** how to think about outcome indicators, data management, and evaluability.
- ▶ **Evaluation approaches:** how to build outcome-oriented evaluation tools that capture the complexity of GBV risk reduction.

These tools help humanitarian organizations design context-specific GBV prevention programs grounded in the reality of community experiences of GBV risk. They also allow teams to measure the changes in the behaviors, attitudes, and practices of community members and perpetrators, which underly all GBV risk with the aim to measure GBV prevention outcomes.

Since the GBV PEF was launched, InterAction’s Members have begun to use the GBV PEF as a reference tool when designing new GBV prevention projects and programs, and when measuring their results.

RISK EQUATION



The context expressed in this Guidance does not necessarily reflect those of the IRC or the Swedish International Development Agency (SIDA).

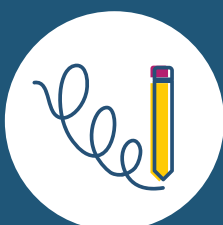
By consulting InterAction Members in 2022 and 2023, a series of critical barriers have been identified within the GBV PEF. The key barriers are:

KEY BARRIERS



BARRIERS TO **RISK ANALYSIS**

Not having enough time to do a GBV risk analysis for every project at the proposal stage.



BARRIERS TO **PROJECT DESIGN**

Not having the interest or capacity within the organization to build a context-specific theory of change for each GBV prevention program.



BARRIERS TO **INNOVATION IN MONITORING SYSTEMS**

Having pre-existing indicators defined at the organization or donor level.



BARRIERS TO **INNOVATION IN EVALUATION TOOLS**

Not having enough monitoring and evaluation resources to implement some of the evaluation tools in the GBV PEF.

Recognizing these barriers, this guide has been designed to help organizations make the best possible use of the GBV PEF, given where their organizations are right now. The guide is intended to help everyone involved in GBV prevention to “start where you are,” within the current constraints they currently face, rather than waiting for perfection.

SELF-ASSESSMENT TOOL

The self-assessment tool below will help you decide which of the tools and options to focus on first. It will help you identify where you are starting, what resources you do and do not have, and which challenges or opportunities you face. This will let you focus on the parts of the Guide that are most helpful to you and your organization right now—the things you can aim to start improving on over the next 12 months. It should also help you reflect on your progress by the end of the year, so you can see what has improved and what hasn't.




It is worth asking yourself what your role is in your organization and what this means for how you can bring about change in your organization's approach to GBV prevention. A country-based GBV specialist, for example, might identify weaknesses in the activity design process that they would like to address. This specialist is in a strong position to drive that change themselves. However, the same GBV specialist might equally like to improve the MEAL systems used to measure performance. That is entirely reasonable, and if you feel this is important, then you should say so when completing the self-assessment tool below. But for a GBV expert to drive this change, he or she would need to work with others, namely MEAL teams, to make it happen. So, try to complete the self-assessment tool below based on what you would like your organization to improve, regardless of your own role in bringing that about. Once you've identified which areas you want your organization to work on, then think through how you can bring about that change and who you need to work with to make it happen.

SELF-ASSESSMENT TOOL FOR GENDER-BASED VIOLENCE PREVENTION

Name of Organization:

Country Operation:

The table below lists four key elements of results-based GBV prevention. Comparing between these items, which one is your organization best at, which is it worst at, and which are ok?

	 Best	 Ok	 Needs improvement
Uses context-specific GBV risk analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses context-specific theories of change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses clear, relevant outcome-level indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates progress on GBV risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 Which aspects of your organization's work would you most like to improve in order to get better at delivering results-oriented GBV prevention? (*Tick all that apply*)

- ☐ Context-specific GBV risk analysis
- ☐ Context-specific theories of change
- ☐ Clear, relevant outcome-level indicators
- ☐ Evaluating progress on GBV risk reduction

2 Does your organization currently use GBV-specific risk analysis to inform project/program design?

- ☐ Yes ☐ No

3 Does your organization currently use context-specific theories of change to inform project/program design?

- ☐ Yes ☐ No

4 What is your current field-level data, monitoring, and evaluation capacity?
(Choose the one option that best fits your organization)

- ☐ We have no dedicated data, monitoring, and evaluation staff members for our GBV activities in my country of operation.
- ☐ We have at least one data, monitoring, and evaluation staff member in my country of operation, but none who are dedicated to GBV activities.
- ☐ We have at least one data, monitoring, and evaluation staff member dedicated to our GBV activities in my country of operation.
- ☐ We have at least one data, monitoring, and evaluation staff member dedicated to our GBV activities in each area of operation in my country of operation.

5 What type of data does your organization already collect for its GBV activities?
(Choose the one option that best fits your organization)

- ☐ Context-specific GBV risk analysis
- ☐ Context-specific theories of change
- ☐ Clear, relevant outcome-level indicators
- ☐ Evaluating progress on GBV risk reduction

6 What are the three best opportunities you see in the next year to introduce new practices in your GBV prevention work?

WHERE TO BEGIN

Once you have completed the self-assessment tool above, you should be able to identify which of the options in the Guide below are most useful to you. The following diagram is intended to help you do this. It groups the options according to your responses to the self-assessment tool. This means you can focus on implementing these options first and adding the rest when time allows.



Alternatively, you can review all the options below in one go and then identify which ones work best for you, using your answers to the self-assessment tool as background, rather than as determinants of your path to progress. There is nothing to stop you from working across several of the areas outlined above, depending on how it best fits with your organizational capacities.



BARRIERS TO RISK ANALYSIS

The key barrier here is time. Organizations often struggle to dedicate significant time to project design given the short timeframes presented by donor calls during emergency settings. But even beyond the project proposal stage, a lot of organizations struggle to find time for ongoing, continuous risk analysis as part of their program cycles. This limits the space for integration of findings from outcome-level monitoring into project design and adaption processes.

As a result, it is often not possible to conduct additional data collection or survey work to identify the specific details of GBV risks in the community to be served. When such data collection is not possible, there are several alternatives that can help to deepen the analysis of GBV risk as much as possible:

OPTION 1 SEARCH PRE-EXISTING COMMUNITY FEEDBACK, MONITORING REPORTS, AND SAFETY AUDITS FOR EXAMPLES OF GBV RISK

Where you don't have time to start from participatory data gathering options such as focus group discussions with community members, you can try instead to gather information about context-specific GBV risks from pre-existing data within your organization. This can mean reviewing community feedback mechanisms or monitoring reports and safety audits from other, non-GBV specific activities, searching for information about GBV threats, vulnerabilities, or community capacities. This option is especially useful in organizations with a strong culture of documenting community feedback or perceptions of safety. It is important to maintain a focus on GBV risks in the community itself, not just those occurring in relation to your organization's activities, when doing this review. Nevertheless, many organizations find that there are significant pointers toward GBV risks recorded in non-GBV specific documentation, which can be used as a starting point for describing elements of the GBV risk faced by communities your organization serves. In addition, it is also worth considering analysis provided by other actors. Clusters, local partners, and networks can all provide useful sources for risk analysis. There is always a risk in taking on analysis conducted by other organizations, especially when you do not know the methodology used to generate it, but it can nevertheless help to give you a starting point for your own analysis. In many contexts, it is preferable to do this so as to avoid duplication of work across multiple response actors.

OPTION 2 FOCUS ON THE COMPONENTS OF THE RISK EQUATION

The GBV PEF presents an in-depth approach to risk analysis, which is presented as a “risk canvas.” A good risk canvas will include a lot of detail. It will explain the background situation, the key elements of the GBV risk, the different scenarios for the evolution of that risk, and the approaches you intend to take to mitigate that risk. An example risk canvas is provided below:

Background

GBV Risk Profile

- ▶ IDP community living in camp settings, with basic needs met by humanitarian actors, excluding fuel for cooking food items.
- ▶ The armed group providing security in the surrounding area presents a known threat of violence and murder for any men and boys leaving the camp to collect firewood. So, women and girls (WAG) collect firewood in their place.
- ▶ WAG face GBV risks including sexual assault, rape, and physical violence inflicted by armed groups during firewood collection.

Analysis

Threat

Armed groups in the area sexually assault WAG during firewood collection.




Vulnerability

Young women and girls collecting firewood alone at daytime.

Capacity

Those IDPs with available resources purchase firewood from local markets.

Scenario

	Projected Evolution	Triggers
 Worst Case	Sexual assaults worsen; IDPs unable to safely access fuel for food leading to food insecurity.	Continuing absence of IHL awareness or accountability mechanisms among armed actors, combined with no alternative to firewood collection for IDPs.
 Best Case	Sexual assaults stop; IDPs meet basic needs without fear of sexual assault.	Widespread acceptance of IHL obligations by armed group; effective accountability mechanism established; IDPs find firewood alternatives.
 Most Likely	Sexual assaults reduce somewhat.	Sensitization of armed actors to IHL; IDPs find firewood alternatives.

Prevention

Reduce Threat ↓

Reduce acceptance of sexual violence among armed groups.

Reduce Vulnerability ↓

Changed firewood collection habits (e.g., large groups of mixed ages; collection at dawn).

Increase Capacity ↑

Provision of cash to purchase firewood on local markets.

To complete this risk canvas well, it is advised to take a participatory approach that prioritizes discussions with community members to identify threats, vulnerabilities, and capacities, and anticipates how they expect these to evolve over time, *before* discussing what action is needed by different stakeholders to reduce or mitigate the risks identified.

Where this is simply not possible, you can still get value from the risk analysis process, while progressively reducing the time requirements. For example:

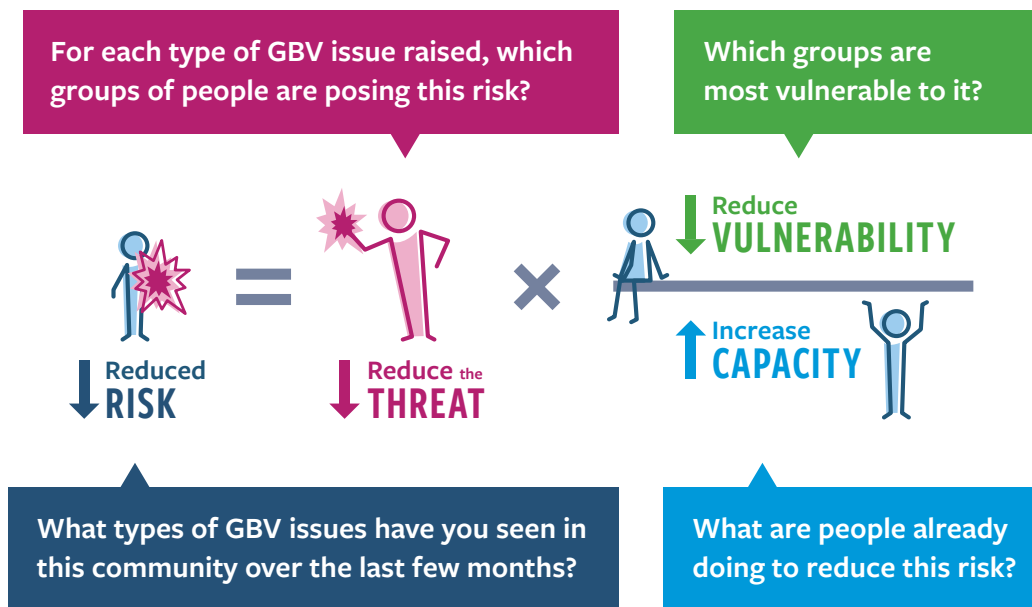
- ▶ Try dropping the mitigation strategies from your risk canvas, instead focusing your efforts on understanding the risk and then taking this away to design the project approach yourself.
- ▶ Try dropping the scenario evolution level, instead focusing on the components of the GBV risk—the threat, vulnerabilities, and capacities identified.
- ▶ Try dropping the background context from your risk analysis, and instead simply refer to other sources for this information.

In each case, you are stripping back the risk analysis to focus more on the core elements of the risk equation: **threat**, **vulnerability** to the threat, and **capacity** to overcome the threat. If you have a good grasp of these, then it can still help to design a context-specific program approach, and moreover, it can help you identify proxy indicators and evaluation questions later.

Alternatively, you could consider doing a comprehensive risk analysis using the full risk canvas, but only doing this on a periodic basis, such as once per year with an update every three or six months. By doing this, you can focus the time investment in a moment when your organization is best placed to meet it, and then use the most recent risk analysis to build a context-specific theory of change at the project level during the project proposal and planning stage.

OPTION 3 SPEAK WITH FRONTLINE STAFF, COMMUNITY OUTREACH WORKERS, OR OTHER COMMUNITY PARTNERS TO ADD GRANULARITY TO THE RISKS IDENTIFIED IN YOUR PROPOSAL

Lastly, when participatory approaches with wider community members are not an option, you can consider reaching out informally to frontline staff, community outreach workers, or other community partners your organization has. This can be as simple as a phone call or brief conversation, as long as you find a way to discuss the threats, vulnerabilities, and community capacities themselves so you can break these down in your risk analysis. Simple questions to ask here—when ethical and appropriate to ask—might include:



(Note: It is important to ask questions pertaining to each individual risk separately and not group all GBV risks together. GBV risks manifest differently and how you respond depends on different factors driving the threat, vulnerability to that threat, and capacity of people to overcome the threat.)

This doesn't need to be conducted like a representative survey. When full survey options are not available, reaching out to those who you know in the community is still better than doing nothing to consult community members at all. Even if this means phoning, emailing, or speaking face-to-face with just one or two trusted sources from the community.



BARRIERS TO PROJECT DESIGN

The major barrier to project design relates to the interest of management and organizational structures in developing new theories of change for each program and project at the field-level. There are legitimate reasons for this lack of interest and engagement:

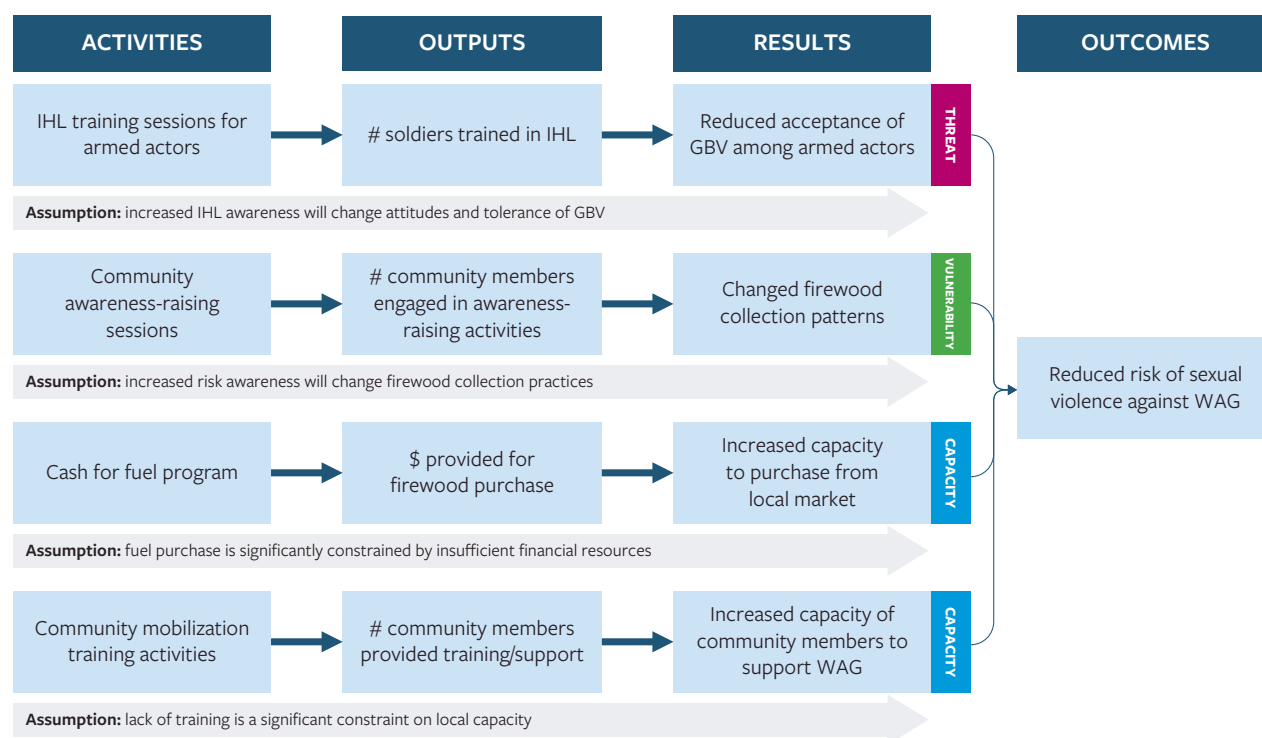
1. Developing a new theory of change for each project makes it hard to feed into multi-annual or country-wide learning and reflection. Instead, some organizations prefer to think of theories of change at a wider level, identifying key changes they hope to achieve across a country setting, or over a period of one to two years or more. Others seek to integrate GBV risk reduction in protection or other sectoral or area-based theories of change.
2. Across the sector, our knowledge of what works in preventing gender-based violence in conflict and crisis settings is limited. So, building a specific theory of change for each program will always involve admitting what we don't know, which can be difficult to do in a competitive bidding process.
3. When resources are limited, there is some value in simplifying and replicating activities and approaches between country offices and program contexts.

The following present some options to pursue, when interest and capacity for project-specific theories of change are limited:

OPTION 4 CONTEXTUALIZE A COUNTRY-WIDE OR GLOBAL THEORY OF CHANGE FOR A SPECIFIC PROJECT OR COMMUNITY

The first option is to start with what you already have. Many organizations build country-level theories of change for sector-specific work. This can mean having a protection theory of change for country X, or having a GBV-specific theory of change for country Y. Others have global theories of change for gender-based violence prevention, which provide analytical frameworks for how GBV can be prevented worldwide. These theories of change might refer to long-term planning horizons, with outcomes that are not intended to be achieved for several years.

But you can still start with these theories of change and contextualize them for your project timeframe and community-focus. For example, you might have a country-wide theory of change like the following:



The results and outcomes here may be intended for three or four years down the line. From this starting point, try to identify some of the shorter-term steps along the path to change, such as:

- **Threat:** Increased awareness of international humanitarian law (IHL) among armed actors.
- **Threat:** Reduction in recorded instances of negative gender stereotypes being shared by armed actors at training sessions.
- **Vulnerability:** Increased discussions of firewood collection patterns within community groups.
- **Capacity:** Increased awareness of fuel availability at local markets.

The key is to keep the focus at the results level, without dropping back to thinking about outputs. Results are the changes in behaviour, attitude, practice, or policy of threat actors or those vulnerable to the threat or capacity to overcome the threat. Whilst these steps along the path to change are not as big as the overarching results in the country-wide theory of change, they are still changes in the behavior, attitudes, and practices of perpetrators and community members. Therefore, focusing on these results can help you design activities that will be implementable in your own planning timeframe.

In addition, you can now start thinking about the assumptions you have about how to achieve these shorter-term changes in the community. Doing so will allow you to design indicators or progress markers to test them. Ultimately, when the project is closed, you'll be able to feed back the learning about those assumptions to the people in charge of the country-wide theory of change, which will help them to better understand where and how their objectives are being met, and where they are facing hurdles to progress.

OPTION 5 IDENTIFY INFORMATION GAPS IN COUNTRY-WIDE OR GLOBAL THEORIES OF CHANGE, OR IN COLLECTIVE MULTI-AGENCY ONES, WHICH YOUR INDIVIDUAL PROJECT COULD HELP FILL

It is often the case that country-wide and global theories of change become out-of-date fast. This may be because the context has changed or because your organization's understanding of what works has changed. Likewise, multi-agency theories of change might exist in your country of operation, such as within the Humanitarian Response Plan, the GBV Cluster strategy, or the HCT protection strategy. In either case, if you are not able to design a theory of change for your individual project and must start from the country-level analysis, you can still critically reflect on what is currently assumed about the current context and how change happens within it, as understood in these types of sources.

You might start with the example above but adapt it to fit your current understanding by adding other types of community groups that you now know are helpful to mobilize in support of GBV risk reduction. The country-wide example above focuses only on women's groups, but you might now realize that men and boys also meet in communal groups, perhaps organized around religious practice, and share their thoughts about the GBV risks their community is facing. These groups could be a useful target for your mobilization activities, so you could adapt the theory of change to include activities and data collection about how these groups can be brought on board as part of the change process. Another example could be where an organization recognizes that it is not well-placed to tackle the threat component, but you are aware of organizations that could. In a case like this, you might try identifying who would be best placed to negotiate with armed groups and then build a theory of change that includes working with them to include GBV risk in their ongoing negotiations with armed actors.

OPTION 6 FOCUS ON BUILDING THE LIST OF CAUSAL ASSUMPTIONS YOUR PROJECT DESIGN IS MAKING TO IDENTIFY EVIDENCE NEEDS FOR YOUR MONITORING AND EVALUATION SYSTEM

In some instances, you might not be able to design a project-specific theory of change at all because you have to stick to the same results and outcomes as the country or organization-wide ones provided. In these cases, it is still possible to critically reflect on the causal assumptions in the theory of change and to try developing more context-specific ones for your community.

If the country-wide theory of change aims to change firewood collection practices through GBV risk awareness raising of community members, you can think through the ways in which those practices manifest in the community you are working with on the project. You might, for example, think about the role of different members of that particular community in communal decision-making: does the community rely on community leaders to make decisions about things like firewood collection, or is it decided household by household? If the former, you might think about the causal assumptions you are making about how the awareness-raising activities can influence community leaders, and then design monitoring tools that can capture changes in the attitudes of those leaders (such as outcome harvesting or results journals, as presented in the GBV Prevention Evaluation Framework). If the latter, your assumptions will be more about how community awareness-raising can influence decisions within the household, and therefore the monitoring tools will target household-level decision-making instead of community-wide ones.

Again, by focusing on the causal assumptions at project level, you should be able to generate evidence from your monitoring and evaluation system that feeds into the wider understanding of how change is happening at country-level. This will help both you, your project team, and the country-wide team as they seek to adapt their theory of change over time.



BARRIERS TO INNOVATION IN MONITORING SYSTEMS

The biggest obstacle seen here is the need to fulfill pre-existing monitoring requirements. Most organizations already have sets of standardized indicators against which their GBV prevention programs have to report. These indicators may be helpful for management and donor reporting, but it rarely helps to identify the changes in community knowledge, attitudes, and practices that underpin GBV risk. Adding monitoring tools and indicators to this set can make monitoring teams concerned about the resource burden entailed, especially when such systems include qualitative data collection tools like outcome harvesting or results journals.

In such situations, it is always important to consider discussing the value of the pre-defined indicators with management, external donors, and partners. Before doing so, or in the event that this is not possible, the following options can help to identify duplications and reduce the resource burden where needed:

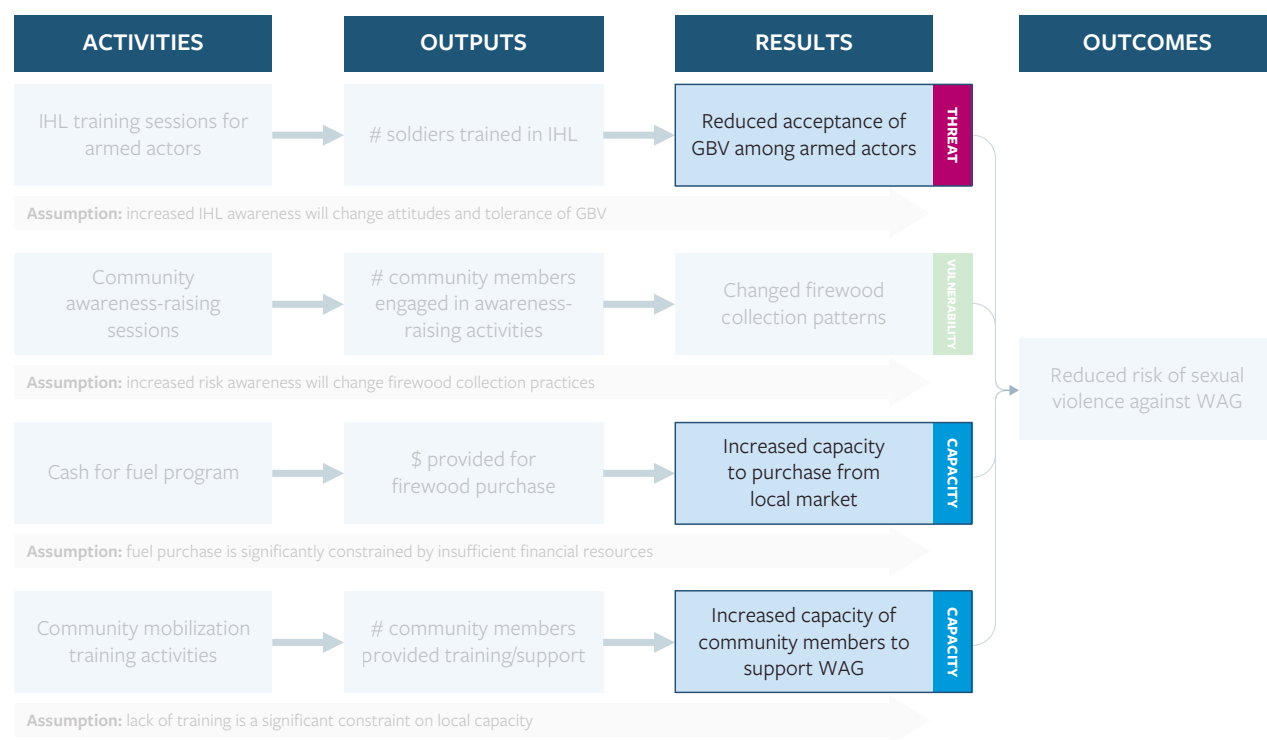
OPTION 7 DRAW AN EVIDENCE GAP MAP

Start by reviewing the indicators you already have, or already have an obligation toward, and draw an evidence gap map to identify where you expect to be missing information about outcome-level change. For example, using the example theory of change from above, you might have a country-wide indicator list that focuses on the following items:

OUTPUTS	INDICATORS		RESULTS	INDICATORS	
# soldiers trained in IHL	# soldiers recorded as present in IHL training sessions conducted by your organization between start and end date	→	Reduced acceptance of GBV among armed actors	% improvement in post-training assessment scores	THREAT
# community members engaged in awareness-raising activities	# community members recorded as present in GBV awareness-raising activities designed and run by your organization between start and end date	→	Changed firewood collection patterns	% reduction in self-reported instances of single-person firewood collection at night	VULNERABILITY
\$ provided for firewood purchase	\$ received post-distribution by community households	→	Increased capacity to purchase from local market	% increase in firewood sales reported by local market sellers between start and end date	CAPACITY
# women's groups provided training or support	# women's groups within the community recorded as present during training sessions implemented by your organization between start and end date				

There are gaps here. Reviewing the list of results indicators shows that some of the results-level theory of change is not going to be measured. For example, you can see from the start that there are no indicators relating to the increased capacity of community members to support women and girls in the community. Likewise, while there is an indicator on post-training assessment scores from armed actors, there is nothing regarding observed behavior, attitudes, and beliefs, either during the workshops themselves or through community or armed actor reports outside the training sessions. And while there is an indicator on how much firewood is being sold according to market sellers themselves, there is nothing about how much is being purchased by the community of concern, which raises the possibility that increased sales won't translate into increased firewood availability within the community you serve.

By reviewing the results indicators—and staying focused on these rather than the output indicators—we can identify areas where we can improve understanding and measurement of GBV risk reduction, beyond the pre-existing indicators available:



By identifying these gaps, you can focus additional monitoring resources on those areas, leaving the rest to be collected as part of your standard monitoring efforts.

OPTION 8 **DIVIDE THE LABOR**

Following on from the point above, you may identify some project-specific result-level indicators that go beyond the “standard” indicators you are already measuring. One option is to divide up the monitoring effort between data to be collected and analyzed by your monitoring team, on the one hand, and data to be collected and analyzed by your program teams, on the other. In many cases, data collection about GBV-level outcomes—such as instances of GBV themselves or experiences of stigmatization—will need to be collected by program teams anyway. In such cases, empowering your program teams to do this, while asking your monitoring teams to collect the “standard” indicator data for reporting purposes, can help to share the burden of effort across the monitoring system. To do this well, it may be helpful to first build a complete list of tasks required for the additional data collection, along with time estimates for each task. This can then help divide up and assign tasks and sub-tasks according to available capacity within each team and unit.



BARRIERS TO INNOVATION IN EVALUATION TOOLS

The primary challenge seen here concerns the resources required to implement some of the monitoring and evaluation tools in the GBV PEF. Process-tracing, outcome harvesting, and most significant change are all resource-intensive tools. The GBV PEF cuts each tool down to the minimum possible requirements to ensure quality data collection and analysis. Nevertheless, some teams will still struggle to complete a full outcome harvest, for example, within the resource constraints they face.

As a result, the following options are presented to help teams get the most out of the available M&E resources:

OPTION 9 EMBED THE EVALUATION WORK WITHIN PRE-EXISTING ACTIVITIES

If you don't have the time or resources to dedicate staff to conducting an outcome harvest or most significant change activity, try to embed some of this work into your pre-existing project work. A question on most significant change, for example, could be adapted to fit within pre-existing community feedback mechanisms. This could mean adding a question for community members, such as: "What have been the most significant changes you have seen over the last month when it comes to the way community leaders have been talking about sexual violence survivors?" The key steps of outcome harvesting, on the other hand, can be threaded through project management and standard MEAL practices. For example, you could ask project managers and officers to prepare their own outcome statements (short sentences describing who in the community has changed what, where, and when) before coming to their regular weekly planning meeting. Some indicators on GBV knowledge attitudes and practice can be measured in part by observing the language and behavior of community members during awareness-raising sessions. Results journals could also be provided to program team members to complete on a weekly basis, capturing any changes they have seen in the communities they have worked with during the implementation of their activities. Although it should be noted that this tool does require careful resource-planning before work assignments are made to project teams.

Being creative about how and when these efforts are made can enhance the type of analysis your teams are able to generate. And it can create the space needed for continuous GBV risk analysis throughout program implementation.

OPTION 10 COMMISSION AN EXTERNAL CONSULTANT TO COMBINE APPROACHES

If you don't have the resources to commission and manage a consult just to provide an outcome harvest, try to combine the services provided by mixing the most useful tools in the GBV PEF. Instead of just conducting an outcome harvest, combine this with a contribution analysis or process-tracing approach. Or try working with an external consultant on the risk analysis and theory of change. In some cases, this can be combined with work that can help your project teams, thereby saving labor in other places. For example, you may be able to hire a consultant to conduct an outcome harvest and deliver your standard community feedback mechanism services. Or you could draft terms of reference that includes risk analysis and technical assistance on project design and implementation. Here, again, creativity can be the key to overcome resource challenges you face while still gathering the result-level data you need.

The specific request you put to an external consultant will always need to be tailored to your needs and resources. But the following present some ideas on reasonable requests for an external consultant in this space:

Option 10A: Project Design

► **Develop a GBV risk analysis for our program:**

- ▷ Review pre-existing risk analyses from our partner organizations in country, identifying critical GBV risks for the communities we serve.
- ▷ Conduct around 20 key informant interviews and six community focus group discussions on the critical GBV risk identified above, gathering community and local actor perceptions of the risk drivers and possible prevention options.
- ▷ Complete a GBV PEF Risk Canvas for our team to feed into a GBV prevention program design.

► **Develop a context-specific theory of change:**

- ▷ Identify key activities our organization can take to respond to the risks identified in the Risk Canvas.
- ▷ Outline proposed outputs, results, and contributions to GBV risk reduction, along with key causal assumptions for each step.
- ▷ Map these against the risk equation and identify areas where partner organizations can help amplify our impact.

► **Deliver training to project teams on how to build participatory projects:**

- ▷ Design and deliver two half-day training sessions for GBV experts on how to conduct participatory project design, including key issues and approaches to consider.
- ▷ Provide guidance and pointers for project designs based on the theory of change identified above, with suggestions of how project teams can maximize community participation in the design process.

Option 10B: Outcome Evaluation

► **Conduct an outcome harvest for our program:**

- ▷ Review project documentation to identify key outcome statements for our GBV prevention activities.
- ▷ Nuance and develop each outcome statement through KII and workshop approaches.
- ▷ Verify the outcome statements using community KIIs and focus group discussions.
- ▷ Map the outcomes against the risk equation and our theory of change.
- ▷ Present findings to the project team.

► **Provide an assessment of how we have contributed to change:**

- ▷ Review project documentation and monitoring data to construct a contribution story for the results identified in the outcome harvest.
- ▷ Outline key evidence expected for each step of the contribution story.
- ▷ Construct an alternative hypothesis for the changes observed and the key evidence expected if true.
- ▷ Conduct key informant interviews and literature review to assess, on the balance of evidence, which contribution story is most likely to be true.
- ▷ Present final analysis to project teams, highlighting strength of evidence for our contribution across each step of the contribution story and the role of external factors in bringing about the changes observed.

OPTION 11 BE STRATEGIC

It should always be remembered that the GBV PEF provides many tools which don't all need to be used for every project. In truth, it would be duplicative to do this, with both a contribution analysis and a process tracing exercise, or a most significant change collection and an outcome harvest. These tools overlap, so it wouldn't make sense to do both for the same project.

Instead, it is important to be strategic about when you use the more advanced tools in the GBV PEF. They don't all need to be used for every project cycle. You might instead think about doing an outcome harvest across multiple projects at the country-level, instead of doing it for every short project-cycle. Or you could try contribution analysis across a collection of different projects to gather information about what works in different contexts.

This type of analysis can sometimes provide much more meaningful evidence about what drives change precisely because it spans several projects or communities. And it can help you refine and adapt any country or multi-year theories of change your organization has for GBV prevention.

In addition, it is also possible to be strategic in your approach to applying the GBV PEF tools, even within the context of a single project or program. Taking a pragmatic approach to sampling population groups can greatly enhance the feasibility of implementing a tool like results journals. If you do not have enough resources to collect results journals from all members of all communities, you can develop a sample of respondents to complete journals for you and then analyze those. It is always important to think carefully about the impact sampling will have on the data you collect as it will always run the risk of introducing bias through selection. There are lots of sampling approaches available for you to use, including:

- ▶ **Simple random samples:** Researchers choose participants at random to complete a journal.
- ▶ **Stratified random samples:** Researchers divide the population into relevant categories, such as gender or age, and then seek a certain number of randomly selected respondents for each category.
- ▶ **Purposive sampling:** Researchers select the respondents themselves based on who is in the best position to provide information.
- ▶ **Convenience sampling:** Researchers select people on the basis of who can be reached.

Which technique is best for you will depend on the type of information you are trying to gather. Do you want to draw generalizations about the whole population from your data (this will require a random or stratified random sample)? Or do you just want to highlight changes that are occurring wherever they occur (this could be achieved with any of the approaches above)? The [ALNAP Evaluation of Humanitarian Action Guide](#) provides a useful free-to-use introduction to the techniques most often applied in humanitarian contexts.

THE WAY FORWARD

The options highlighted above are provided to help you pick and choose elements of the GBV PEF to suit the current structure and capacities of your organization. For most, the best place to start is to gather a rough assessment of your own organization's capacities and constraints using the self-assessment tool above. This can help guide you through the options above and reach the most appropriate combination of GBV PEF tools for you.

Once you have a clear idea of what you want to achieve, the next question becomes how to drive it forward. To make this happen, you will need to overcome barriers like the ones described above. Different organizational cultures, resources, and systems can all present challenges for change, but when harnessed, can also be your ally. Conversations with senior management and staff in other areas of work—such as MEAL, GBV, community-feedback teams, wider protection teams, and sectoral response services—as well as partner organizations and donors, may all be necessary.

The approaches presented in the GBV PEF are new and therefore may take time to gather buy-in and be adopted. But having conversations about the need for participatory design and results measurement, as well as the benefits it can bring for delivery teams, can help build momentum. A key resource to help you in this task is the [Results-Based Protection Enablers](#) pack, which outlines the role that culture, systems, and resources can have in moving an organization toward a results-based mindset.

When having these conversations, it is vital to remember that GBV prevention is always enhanced by community ownership. The tools in the GBV PEF are designed to help you design programs in a participatory way, maximizing the community's own capacities for preventing GBV, before focusing measurement efforts on the changes in community relations, norms, and attitudes that underpin GBV risk. While this may sound difficult, it doesn't need to be. At its most basic, it is about opening spaces for dialogue and reflection and it's only through such dialogue that we can reduce the risk of gender-based violence during crises.