GBV IMS gender-based violence
information management system

Guidance Note: GBVIMS Do’s and Don’ts

Introduction

The global GBVIMS Steering Committee developed the GBVIMS to respond to the unique challenges of collecting, managing and sharing information related to incidents of gender-based violence (GBV). Such data is sensitive and requires special protections and procedures in addition to general information management tools. When GBV incident data is gathered, how it is stored and secured, and how and why it is shared with other actors, demands thoughtful and careful practices. Especially when first implementing the GBVIMS, it is challenging to meet the expected ethical and safety standards. This guidance note is meant to provide constructive direction for users of the GBVIMS to identify good practices and then work to replicate them.

Users should read through the list of “Do’s” along the left hand side. The text to the right of the box will provide guidance on what good practice looks like. References are provided to additional information. Users are also welcome to contact the GBVIMS Steering Committee at gbvims@gmail.com if particular questions or challenges are encountered.

Rollout Process & Implementation

DO conduct an assessment of the context ***before*** launching a rollout.

The Assessment Phase is a necessary part of the rollout process, as it helps ensure the context is appropriate for the GBVIMS (i.e. quality services are available to survivors; there is an interest in analysing GBV incident data; there is a coordination body working to address GBV issues) and that actors considering implementation of the GBVIMS are aware of the steps involved in the rollout, including strong engagement from organisations as well as buy-in and participation in the system.
➔ **See Rollout Guidelines, the section on the Assessment Phase, pages 9-15.**

DON’T *assume the GBVIMS is appropriate to every setting or context. Where quality GBV services are not available or where there is little interest from service providing organisations or coordinating agencies, the GBVIMS will not be effective or sustainable.*

DO consider rolling out the GBVIMS in a ***phased*** approach.

The Planning Phase gives user organisations time to identify and organise the staff and resources needed for a rollout. During this phase it may become clear to an organisation wanting to use the GBVIMS that there is insufficient capacity within the staff to utilise all of the system’s tools. In such a case, it may be more feasible to begin using the GBVIMS with a phased approach. As a first phase, an organisation may choose to do a “partial roll out”. This could mean a GBVIMS user organisation begins only using one or two tools, namely, the the Incident Classification Tool and the Intake and Assessment Form and Consent Form. An organisation may also decide during the Planning Phase to conduct a “full rollout” which includes all of the GBVIMS tools including the Incident Recorder. ➔ **See Rollout Guidelines, the section on the Planning Phase, pages 17-28.**

DON’T *require all organisations involved in an inter-agency rollout to begin using all of the tools at the same time. Within a phased approach, one organisation can begin using all of the tools, for example, while another begins with only implementing the Classification Tool and Intake and Consent Forms.*

DO implement the GBVIMS ***after*** quality services are available to survivors.

The ethics involved in documenting sexual and gender-based violence require that data only be collected from survivors when they can effectively and safely access quality services. The GBVIMS was designed to be a passive data collection system, meaning that data is collected *as part of the provision of services*, not as a separate and distinct activity. It was done this way to ensure assistance is provided to survivors at the moment data is collected from them about an incident of violence. The provision of quality services is the priority, not the collection of data.

DON’T *implement the GBVIMS without providing quality services to survivors.*

DO plan on integrating GBVIMS resource allocation and staff time into programme planning.	Integrating resource allocation and staff time for the GBVIMS into GBV programme planning and fundraising will help ensure lasting and sustainable secure data storage, printing of intake forms, multiple training events and continual monitoring for quality control. While the GBVIMS does not require special computer programmes or servers, high quality collection and management of data does demand a minimum of staff time for follow up (coordinating and facilitating training, assisting in securing technical assistance when needed and conducting data analysis) and resources to keep data secure and enough forms to allow for data collection. It is recommended that during the planning phase of a rollout, there is development of a budgeted rollout action plan specifying who will ensure budgets and human resources for trainings, coordination and technical support. ➔ **See Rollout Guidelines, section 1.1.1.** ***DON'T*** *underestimate the time and resources needed to implement the system.*
DO train each type of staff on the tools and processes relevant to their role.	This may include training different groups of case management or psychosocial assistance, nursing and data management staff as well as GBV project officers on varying aspects of the system. Training topics will include classifying incident types, filling out an intake form, entering data into the Incident Recorder and producing statistics, graphs and charts for analysis. ***DON'T*** *assume a one-size-fits-all training approach will be effective and train all types of staff together on all aspects of the GBVIMS.*
Do divide training on the GBVIMS into phases.	The GBVIMS, like any information management system, has a lot of details. It is not possible for staff involved to learn every aspect of the system during just a few days of training. For example, data collection skills using the incident classification methodology and the intake form first need to be built over weeks or months to ensure high quality data. When quality data can be effectively compiled across actors and analysed, it can then be used to improve services for survivors. Focus on data collection and entry of data into the Incident Recorder first, and then at a later phase provide training or coaching on data analysis. ***DON'T*** *limit training to one workshop or training event and expect staff to effectively absorb the entire system and its tools and procedures all at once.*
DO implement the GBVIMS to manage GBV incident data collected in the context of service delivery.	When used properly, the GBVIMS is very effective at providing agencies and organisations with quality aggregate statistics about reported incident types, demographic profiles of survivors and alleged perpetrators, referrals made to other services, and gaps in service availability. When combined with thorough analysis, these statistics can be a powerful tool to motivate actors to adjust prevention and response programming, increase funding for certain activities, and advocate for changes to national or international policy. There are also limitations to the GBVIMS in that it is not a system designed for human rights monitoring or case management—it only captures a de-identified snapshot at the time an incident is first reported, and does not record detailed accounts of each individual incident. It is also not designed to provide real-time information on reported incidents for immediate action to be taken. It is highly advisable that GBVIMS users engage with relevant actors to find ways for different systems to interact and ensure the data being collected through the GBVIMS is used in the most effective way possible while maintaining the integrity of the system. ***DON'T*** *apply the GBVIMS to an activity it was not designed to do (i.e. protection monitoring, human rights monitoring, or directly for MRM or MARA uses).* ➔ **See Guidance Note on Intersections between the MARA and GBVIMS.**
DO consult with the GBVIMS Steering Committee as needed throughout implementation.	The Steering Committee exists to produce guidance on the GBVIMS, to advise on adherence to ethical and safety standards and to support all GBVIMS users in solving challenging problems during implementation. The website (www.gbvims.org) has many helpful guides and documents. Alternatively, one can contact the Steering Committee by email at gbvims@gmail.com or by Skype at *gbvimshelp* (in English) or gbvimsaide (in French). ***DON'T*** *go it alone and use the GBVIMS without technical guidance!*

Tools

DO use the minimum package of tools and recommended procedures.

To ensure quality data and the safety and security of the survivors who seek assistance, implement the full range in the package of recommended tools and procedures. Each one was designed to help service providers meet the ethical standards associated with collecting and managing sensitive GBV incident data. For example:

- The Incident Classification Tool is non-negotiable;
- Always implement the Intake Form together with the GBVIMS Consent Form to ensure survivors have control over their personal incident information;
- An Information Sharing Protocol (ISP) should be developed if information is going to be shared regardless of whether or not the Incident Recorder is in use;
- The Incident Recorder can assist an organisation with data management and ensure that data is shared only with a survivor's informed consent.

DON'T *pick and choose tools from the GBVIMS.*

DO adapt the tools to the context and service provider using them, while ensuring the integrity of the tools (standard data points and ethical standards).

Carefully consider whether adjustments need to be made that go beyond the usual customising of response options in the standardised data points included on the intake form. Consider that the tools are available on the website in various languages, but they may still need to be adapted to a local context for effective understanding by staff. Particular adaptations may be necessary, for example, in an emergency setting, when implementing the GBVIMS within community-based organisations or other low capacity contexts, or if expanding the use of the system to the national level.
➔ Check the GBVIMS website for guidance on adapting the tools to challenging contexts (emergency or low-resource).

DON'T *assume the tools will work in a context without adapting them first.*
DON'T *remove or change data points that are globally standardized.*

Data Security

DO store, use, and share GBVIMS data safely and securely.

Do not assume data is safe; always check and double check. If the GBVIMS cannot be implemented in a safe and secure way, it should not be implemented.

- Assess data protection (based on the Data Protection Checklist) and ensure major identified gaps are filled before starting the GBVIMS implementation.
- Store case files in a locked cabinet.
- When handling the Incident Recorder, protect it with a password.
- Only send data to designated persons for clear, necessary reasons agreed upon in the Information Sharing Protocol.
- Take time to analyse and eventually review the information flow before implementing the GBVIMS tools.

➔ See Rollout Guidelines, Annex 5: Data Protection Checklist.
➔ See Data Security Guidance Note.

DON'T *assume that data is safe because there are no names on files or the data is only used within your organisation (for example, piling case files on a desk or asking a colleague to carry intake forms in an unsealed envelope to another office).*
DON'T *ignore the importance of creating a sound coding system.*

Use of GBVIMS Data

DO establish an Information Sharing Protocol with other GBVIMS users ***before*** data is shared.	➲	Establish an Information Sharing Protocol with other GBVIMS users to determine how data will be shared, protected, used and for what purpose before data is shared outside of your organisation. As outlined in the Information Sharing Protocol template, GBVIMS data and statistics can only be shared with actors external to the GBVIMS participating agencies and organisations when written authorisation is obtained from each participating actor. **➔ See Rollout Guidelines, Annexes 7 and 11.** **➔ See Information Sharing Protocol package.** ***DON'T*** *start sharing or asking for GBVIMS data unless proper and agreed upon protocols are in place.*
DO share GBVIMS data in the form of aggregated statistics for purposes of identifying trends in GBV incident reporting.	➲	When decided as part of an Information Sharing Protocol or when agreed upon with all service providing organisations, it is appropriate and encouraged to share GBVIMS data for purposes of identifying trends in GBV incident reporting, facilitating coordination, improving services and monitoring programmes. Be sure shared data is anonymised, meaning no names, addresses or other directly identifiable information is included. Also consider that just because such information is not shared, it does not mean data is safe and truly anonymous, respecting survivor confidentiality. For instance, sharing that a disabled male child in Block A of the camp reported an incident may be identifying information even though the name is not included. Each and every instance of data sharing should be scrutinised by users to ensure confidentiality and safety for survivors, their communities and the organisations assisting them. Information on individual survivors including their name and other identifiable information is often shared for inappropriate reasons and without survivor consent. GBVIMS data should not be used for individual case follow-up or as a basis to request identifiable information for individual case follow-up. ***DON'T*** *share or ask for identifiable data (such as name) as a regular practice.* ***DON'T*** *publish or share GBVIMS statistics if doing so will cause any security or safety issues for survivors, their communities, organisations or agencies.*
DO add context about any shared or published GBVIMS statistics, as appropriate.	➲	Caveats on what GBVIMS data represents must be issued with any analysis of GBVIMS data, including that the statistics are based on the reporting of incidents to a particular type of service provider. Users must emphasise that GBVIMS data cannot provide a clear understanding of incidence or prevalence in a given population. The analysis should also give perspective on the programmatic circumstances and relevant security, cultural and political context during the specified period concerned by the data. ***DON'T*** *publish or share GBVIMS statistics without accompanying contextual analysis.*
DO limit the sharing of individual case information to service provision referrals and only with the survivor's informed consent.	➲	There are times when it is necessary to share individual case information through a referral form to facilitate referral and access to a service without the survivor having to repeat the information about the incident already given to the first service provider. Using a survivor-centred approach means that the survivor has control at all times over the information related to the GBV incident. Detailed information about the specific case should only be shared outside the service provider to a specific actor for a determined purpose if the survivor consents. In rare situations it may be necessary to share a case file, for example, • if total care/support of a survivor is being transferred because an organisation is pulling out or the survivor is moving to a new location where another organization will provide support (with survivor consent); • if a case file or intake form is being shared for RSD purposes (with survivor consent). ***DON'T*** *mandate that service providers submit individual case files (i.e. intake or incident report form) as routine reporting.* ***DON'T*** *share case files without the consent of the survivor and only on extraordinary occasions according to the needs of the survivor.*