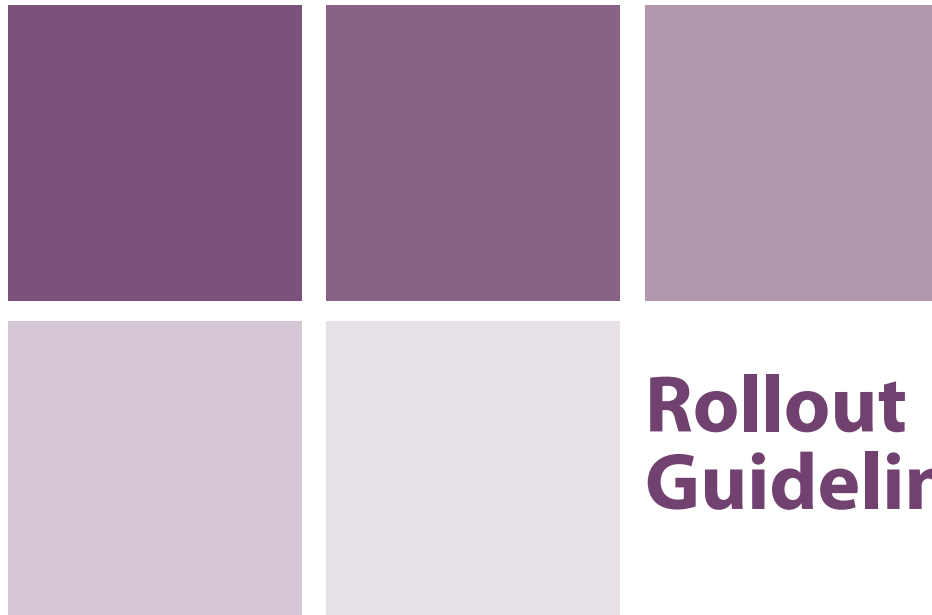


**Gender Based Violence
Information Management System**

**GBV
IMS**



●●● ACKNOWLEDGEMENTS

The Gender-Based Violence Information Management System (GBVIMS) is the culmination of six years of collaborative work between the International Rescue Committee (IRC), United Nations High Commission for Refugees (UNHCR), United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF) to improve GBV-related information management and sharing in humanitarian contexts.

The development of the GBVIMS Rollout Guidelines was led by the IRC and made possible by funding from UNFPA and the United States Bureau of Population, Refugees, and Migration (BPRM). Special thanks to Kate McCallister (IRC), Karin Wachter (IRC), Kristy Crabtree (IRC), Erin Kenny (UNFPA), Mendy Marsh (UNICEF), Emmanuelle Compingt (UNICEF), Maria Caterina Ciampi (UNFPA), and Margriet Veenma (UNHCR) for their significant contributions to the creation of the GBVIMS Rollout Guidelines and to Kendra Park Pasztor, an independent consultant, for drafting it. In addition to these aforementioned individuals, Claudia Garcia-Moreno (WHO) and Diana Arango (UNFPA) played a significant role in the development of the GBVIMS. Layout and design of the guide was provided by Jennifer Geib.

The Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action and the GBV Area of Responsibility (AoR) have provided technical input and support to the GBVIMS throughout its development.

Please send your questions and comments about the GBVIMS Rollout Guidelines to: GBVIMS@gmail.com.



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●●● INTRODUCTION

A. BRIEF INTRODUCTION TO THE GBVIMS

The Gender-Based Violence Information Management System (GBVIMS) was developed to address the absence of comparable gender-based violence (GBV) incident data in humanitarian settings as well as the existence of numerous problematic practices in information management. This situation was due to multiple challenges: no standardization in the definitions of incident types; lack of common data points resulting in organizations not talking about the same things; service providers without simple information management tools resulting in time-intensive calculation of statistics by hand, making them prone to errors; and a lack of training and resources for safe and ethical information management.

In 2006, work began on creating a simple, yet comprehensive information management system that would improve the way GBV service providers, coordinating agencies, and other interested actors use GBV incident data to conduct response and prevention programming, advocacy, and donor reporting. This Inter-agency initiative is overseen by a Steering Committee comprised of representatives from the United Nations Population Fund (UNFPA), the International Rescue Committee (IRC), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO).

The system, which has now been implemented in 14 countries, uses four distinct tools and procedures: 1) GBV Classification Tool, 2) Intake and Initial Assessment Form, which collects standardized data points¹, 3) Incident Recorder, which stores and analyzes GBVIMS data, and 4) Information Sharing Protocol (ISP) template, which regulates how data and information are shared. While the management of information about reported incidents is but one small part of overall efforts to prevent and respond to GBV, if done well it can inform and improve the quality of the work.



Further materials that provide a detailed and comprehensive overview of the GBVIMS can be accessed on the website: www.gbvims.org.

¹ A Consent for Release of Information Form accompanies the Intake and Initial Assessment Form.

B. PURPOSE AND TARGET AUDIENCE

These guidelines were developed to provide coordinating agencies and service providing organizations with instructions for implementing the GBVIMS in humanitarian settings. This may mean a rollout of the information management system across several actors collaborating in a refugee/IDP camp or other humanitarian situation, or within one organization providing psychosocial or medical services to GBV survivors in a post-conflict context.

The Rollout Guidelines are intended to be used primarily by:

- GBV Management Staff (during Phase 1) and GBVIMS Focal Points (during Phases 2, 3, and 4) for organizations² providing health and psychosocial services.
- Inter-Agency GBVIMS Liaisons.

See the box to the right for more guidance on user profiles.

The Rollout Guidelines are meant to provide a roadmap for organizations wishing to more effectively communicate about trends in reported cases of GBV with other service providers (including government-run or public medical and psychosocial services), UN agencies, the donor community, the media, and others – while upholding a high standard of safety and confidentiality, fully respecting the rights of survivors, their families and communities, and upholding the WHO's ethical and safety recommendations³ for documenting sexual violence in emergencies.

Implementation within individual organizations is the foundation on which the GBVIMS is built. This is because the majority of the information management process happens at the level of the organization providing direct services to GBV survivors. It is the service providers that collect the data about incidents reported; it is also the level at which the most detailed data is stored and compiled. The analysis and information sharing components of the rollout process can integrate other actors in the same humanitarian context working on GBV prevention and response. GBV information and statistics that are shared will not be of high quality

Rollout Guidelines User Profiles

Inter-Agency GBVIMS Liaison

An individual based in a United Nations agency that coordinates with organizations that provide direct services to GBV survivors. The Liaison is the primary point person for inter-agency rollouts and facilitates the rollout process. The Liaison may work in collaboration with others, including calling on outside expertise as needed. The Liaison guides organizations in establishing the GBVIMS within their existing service provision activities. Except in unique settings, the Liaison will receive, compile, and analyze aggregated statistics from service providing organizations. Normally, the Liaison does not directly manage the full data collected by organizations assisting survivors.

GBV Senior Management Staff

(Rollout Phase 1)

An individual (or individuals) based in an organization that provides direct services to GBV survivors (notably case management, psychosocial, or medical). These are staff who have authority to make decisions around funding, human resource allocation, and program restructuring. The GBV Management Staff would initiate assessment of the applicability of the GBVIMS to their situation, then normally select a colleague to act as the GBVIMS Focal Point.

GBVIMS Focal Point

(Rollout Phases 2, 3, 4)

The Focal Point leads the rollout within an organization and takes general responsibility for implementation and maintenance of the system once their organization's GBV Senior Management Staff and other decision-makers (as required) approve rolling out the GBVIMS.

² This may also include organizations with specific service provision expertise that provide technical support and accompaniment to local organizations providing direct services to survivors.

³ WHO Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies. http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf.

and may not be reliable if the participating organizations have not dedicated sufficient resources and attention, nor if they are inadequately trained. Therefore, any GBVIMS rollout must be based on sound implementation within individual organizations.

The Rollout Guidelines include extensive considerations for rollouts led by Inter-Agency GBVIMS Liaisons in settings where several organizations are simultaneously implementing the system. The instructions and recommendations provided here can help GBVIMS Liaisons steer organizations rolling out the GBVIMS. In inter-agency rollouts, the role of a GBVIMS Liaison and involvement of members of the GBV coordination body (e.g. sub-cluster, area of responsibility, or working group) is essential and can ensure greater success.

In some settings, it may make sense for the GBV coordination body to create an inter-agency GBVIMS Sub-Working Group that can support the Liaison on specific tasks – to share time and effort spent on the rollout and to help build buy-in and engagement from various actors. The GBVIMS Sub-Working Group can designate an individual to act as the secondary GBVIMS Liaison when the regular Liaison is not available, as some GBVIMS-related needs are time-bound to ensure quality and momentum of the process. This can be included in the terms of reference for the GBVIMS Sub-Working Group.

C. USING THE GUIDELINES

As the GBVIMS is to be implemented within service providing organizations (NGO office, health clinic, or other structure), the Guidelines are in large part targeted to staff working for those organizations. Where additional considerations may be helpful in inter-agency rollouts, highlighted instructions to Inter-agency GBVIMS Liaisons will follow each relevant section. A checklist (one version for organizational staff and one for Inter-Agency GBVIMS Liaisons) can be found in **Annex 1**. The checklists mirror the action points included throughout the guidelines. The checklists are meant to aid the reader in tracking progress made and to keep the entire process on track and in perspective.

The Guidelines are accompanied by a **GBVIMS Facilitator Guide**, designed to provide Inter-Agency GBVIMS Liaisons and organizational managers with the tools to successfully train their colleagues on using the key components of the GBVIMS: the GBV Classification Tool, standard Intake Forms, and Incident Recorder, as well as ethically obtaining informed consent from survivors to share their de-identified information for statistical purposes. The scripted guide has a trainer's component meant to help ensure that staff can effectively explain the GBVIMS tools and their use to others.

It is also important to regularly consult the **GBVIMS User Guide**. The User Guide provides in-depth instructions on each of the tools of the GBVIMS, troubleshooting advice, and a glossary of terms. The User Guide will also be a useful tool long after the initial rollout phase and should be readily available to all those implementing any part of the GBVIMS.

Users of these GBVIMS support materials should note that the Rollout Guidelines, the Facilitator Guide, and the User Guide are only intended to assist on the GBV information management process. They *do not provide training or guidance on GBV service provision*; therefore all staff trained on the GBVIMS should previously have been trained on general case management or health service provision for GBV survivors as needed.

D. ROLLOUT OVERVIEW

The GBVIMS rollout process has been outlined in this document in order to lead GBV actors in humanitarian contexts (whether they are acting in an inter-agency coordination or service-provision role) from the initial assessments that help ensure the system is the right fit for a particular setting through the tasks that will be required to adequately maintain the GBVIMS over the medium- to long-term.

The rollout is organized into four phases:

1. **Assessment:** Ensure the GBVIMS is right for the setting and for each organization interested in rolling it out.
2. **Planning:** Decide how, when, and by which staff the GBVIMS will be implemented.
3. **Implementation:** Train staff, collect and compile data, and negotiate information-sharing protocol (if in an inter-agency GBVIMS setting).
4. **Maintenance:** Conduct refresher trainings for staff and review the information-sharing protocol.

Each setting is different, each with its own unique set of needs and challenges. These Rollout Guidelines offer a **framework from which actors can adapt** the recommended steps to fit their own distinct situation.

The Guidelines provide insight into the learning the GBVIMS Steering Committee has gained in the past years of implementing the GBVIMS in various countries and contexts to enable well-informed decisions and avoid unnecessary challenges. If there are questions at any point during the GBVIMS rollout process, the GBVIMS Steering Committee can be contacted at gbvims@gmail.com for additional support.

The graphics on the following page provide 1) an overview of the rollout process and 2) the suggested timeline for negotiating an Information Sharing Protocol. These overviews are good to keep in mind as you follow the steps outlined in these guidelines.

GBVIMS ROLLOUT OVERVIEW

PHASE 1	PHASE 2	PHASE 3	PHASE 4
ASSESSMENT	PLANNING	IMPLEMENTATION	MAINTENANCE
↓	↓	↓	↓
Analyze the context	Map organization & information flow	Train Staff	Maintain the Incident Recorder
Consultation Process	Identify Focal Point and Key Staff	Collect and compile data	Ensure data quality
	Assess data protection measures	Analyze data	Use GBVIMS-generated information
	Plan implementation	Develop Information Sharing Protocol	Maintain staff skills

Fig. 1: GBVIMS Rollout Overview highlights the steps that need to be undertaken in each of the four phases of the rollout.

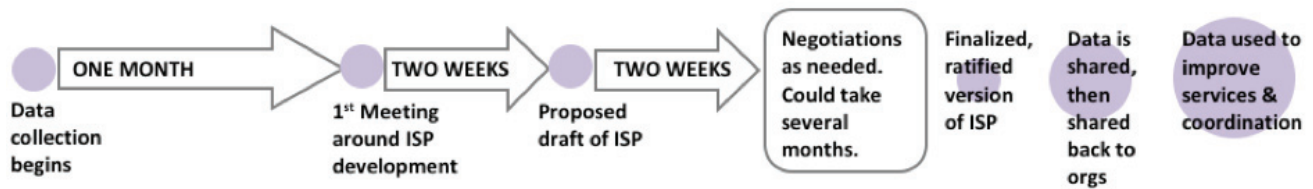


Fig. 2: Recommended Process & Timeline for Negotiating an Information Sharing Protocol.

PHASE ONE: Assessment

1.1 Conduct Context Analysis

1.2 Participate in Consultation Process

1.3 Confirm GBVIMS Participation



ACTION POINTS

ORGANIZATIONS

- ✓ Determine whether the organization meets the minimum criteria.
- ✓ Complete an organization assessment report.
- ✓ Participate in the consultation process.
- ✓ Decide: What (type of Intake Form; limited or full rollout) and When to rollout.

INTER-AGENCY LIAISON

- ✓ Determine whether the setting meets the minimum criteria.
- ✓ Host Coordination Meeting #1: Introduction to the GBVIMS.
- ✓ Host Coordination Meeting #2: Joint analysis and feedback.
- ✓ Hold one-on-one meetings with each interested organization to determine which will likely participate in the GBVIMS rollout.
- ✓ Complete a 1-2 page inter-agency assessment report.
- ✓ Participate in the consultation process on behalf of all organizations interested in using the GBVIMS in the setting.
- ✓ Host Coordination Meeting #3: Confirm GBVIMS Participants.
- ✓ Decide: Who (which organizations); What (type of Intake Forms; limited or full rollout); and When (training and start of data collection).
- ✓ Set dates for the Implementation Planning Workshop and Focal Point Training.
- ✓ Provide organizations with information management mapping instructions.
- ✓ Provide organizations with data protection protocol assessment and instructions.

1.1 CONDUCT CONTEXT ANALYSIS: WOULD THE GBVIMS BE APPROPRIATE?

Minimum Criteria for GBVIMS Implementation Within an Organization

1. Quality services provided directly to survivors
2. More than 50 survivors assisted every 3 months
3. Resources for data management
4. Staff with Excel skills

While an informal appraisal may already have been conducted, leading to the decision to explore use of the GBVIMS, the value of systematically considering the implications of the GBVIMS in each context and organization is extremely high.

The GBVIMS provides an opportunity for organizations to make important improvements to their collection, storage, and management of quality GBV data – and to improve UN agencies’ ability to coordinate efforts to address GBV. To do this and enable sustainable success, it will require substantial inputs in the short term by all organizations involved.

Within service providing organizations, needs include infrastructure such as computers and secure offices, human resources including supervision of GBV services, IT support⁴, and organizational commitment to implement the GBVIMS.

For the GBVIMS to be successful, it needs to be based on implementation within service providing organizations that have the capacity to effectively use the tools. Organizations must, therefore, carefully consider the substantial resources that will be needed.

The first step in deciding whether to roll out the GBVIMS is for organizations to assess whether they meet the minimum criteria to implement the system. A good candidate for the GBVIMS is one that:

1. Provides quality case management, psychosocial, and/or medical services to survivors of GBV.
2. Provides services to more than 50 survivors per three-month period, demonstrating that the organization works in help-seeking communities.
3. Has dedicated program monitoring staff or data entry/management staff; or the interest and resources to dedicate sufficient staff time to data entry and data management tasks.
4. Has a minimum of one staff who demonstrates at least a basic understanding of Microsoft Excel.



ACTION POINT: Determine whether the organization meets the minimum criteria.

⁴ Having information technology (IT) support is optional, but strongly recommended for success. If there is no in-house IT support, it is useful for service providers to have access to support from a partner.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Where rollouts of the GBVIMS are conducted in an inter-agency setting, the role of the Inter-Agency GBVIMS Liaison can be significant. The Inter-Agency GBVIMS Liaison is the person meant to guide individual organizations in their rollouts, helping to ensure—through technical support and training—greater quality of the data collected and managed, the facilitation of finding solutions to common challenges in the setting, as well as the coordination of information sharing.

At the coordination level, well-informed staff who understand the GBVIMS need to be present. They must have the capacity to provide quality training and follow up support to guide organizations through the rollout process.

Assess Inter-Agency setting: In collaboration with members of the GBV sub-cluster, the Inter-Agency Liaison will work through the below criteria, and assess whether the setting meets the criteria. It is recommended that findings be written, as they will later be used to draft a brief 1-2 page assessment report. This report will be part of the consultation process with the GBVIMS Steering Committee (this is further discussed in step 1.2). The minimum criteria for a GBVIMS-appropriate setting are the following:

1. There are quality case management,⁵ health, or psychosocial services available to GBV survivors.⁶
2. There is a demand or interest in the setting for compiled data regarding reported GBV incidents. Note from whom that demand is coming.
3. There are organizations that may be interested in updating their information management methods.
4. There is someone who could coordinate and lead the rollout process (possibly GBVIMS certified).⁷ The coordinating agency has the resources available to lead training and provide follow-up and technical support to potential participating organizations throughout the rollout process.
5. There is an established GBV coordination body at which the statistical findings coming from the GBVIMS could be discussed and used to improve programming and coordination.



ACTION POINT: Determine whether the setting meets the minimum criteria.

Minimum Criteria for GBVIMS Implementation in the Inter-Agency Setting:

1. Quality services are provided directly to survivors
2. Demand for GBV data exists
3. Organizations are interested in a new information management system
4. Capacity to lead an inter-agency process exists in coordinating agency
5. GBV coordination body is present

5 For guidance on services of quality, see the Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies. Geneva, Inter-Agency Standing Committee, 2005. http://www.humanitarianinfo.org/iasc/page-loader.aspx?page=content-subsidi-tf_gender-gbv (available in several languages).

6 The GBVIMS is appropriate only for organizations providing case management, health, or psychosocial (and in some cases legal) services to GBV survivors. The system is based on the principal that information is collected in the context of service delivery. If such services are not available to survivors in the setting, implementation of the GBVIMS should not proceed.

7 In an ideal situation, the rollout is led by someone who has previously been trained on the process and has experience with the GBVIMS. It is not, however, mandatory.

INTER-AGENCY ROLLOUT CONSIDERATIONS**Host Coordination Meeting #1: Introduction to the GBVIMS**

After concluding that the setting/context meets the minimum criteria, the GBVIMS Liaison (in collaboration with the GBVIMS Sub-Working Group, if one exists) will initiate a dialogue around the topic through a series of coordination meetings. The overall goal of these meetings will be informing organizations about the system and eventually identifying participants prepared to implement the GBVIMS. These meetings are essential to building buy-in and trust among organizations and implementing partners that are interested in using the GBVIMS now or in the future.

See the table in **Annex 2** for matters to take into consideration when planning and conducting the first coordination meeting during which the GBVIMS overview is presented to GBV actors.

Note that, although inter-agency sharing of GBV data may be a motivating factor for initiating implementation of this system, experience has shown that launching into a dialogue on what data will be shared, by whom, and when can easily derail this initial buy-in process. As a first step, organizations should have adequate time and space to begin using the GBVIMS within their own programs prior to any information sharing. This will build trust and help get the system off the ground.

✓ **ACTION POINT:** Host Coordination Meeting #1: Introduction to the GBVIMS.

1.1.1 ORGANIZATIONS ASSESS WHETHER THE GBVIMS IS APPROPRIATE

If the organization meets the minimum GBVIMS criteria, the next step will be to more thoroughly consider how appropriate and useful the system can be for the organization

The questionnaire in **Annex 3** will help organizations think through the GBVIMS' potential usefulness and feasibility. The box to the right highlights important resources necessary to a functioning use of the GBVIMS. It is not necessary that all resources be in place before the rollout begins. A plan for the acquisition or development of these inputs will, however, need to be outlined during the rollout planning. It is therefore important to keep these in mind and be certain the resources can be obtained and the systems established.

After working through the assessment questionnaire, ask: will it be useful – and feasible – to implement the GBVIMS? If yes, when? What would need to be done to successfully implement the system? What are the potential constraints for implementation?

Recommended Resources for GBVIMS Implementation**Hardware**

- Desk, filing cabinet, or other furniture that lock – to keep confidential documents safe
- One computer for each Incident Recorder
- External hard drive or cloud system for back up

Organizational Systems

- Methods for transferring GBV information are secure and confidential
- An information flow protocol exists
- Support and buy-in from management

Staff Capacity

- Staff who are competent in the following topics:
 - Obtaining informed consent
 - Completing an intake form
 - Using Microsoft Excel
 - Providing quality services to survivors (as appropriate)

✓ **ACTION POINT:** Complete an organization assessment report (or alternatively, detailed responses to all the questions in **Annex 3**).

INTER-AGENCY ROLLOUT CONSIDERATIONS

Host Coordination Meeting #2: Joint Assessment & Feedback

One to two weeks following the first coordination meeting during which the GBVIMS was introduced, convene a second meeting to discuss and assess the possibility of rolling out the GBVIMS within the inter-agency setting. Provide substantial time and space during the meeting for feedback, questions, and discussion from implementing partners and organizations. Use the questionnaire distributed at the first meeting as a discussion guide. As the basics of the system were presented during the first meeting, this meeting will provide an opportunity to help organizations understand in more detail how the GBVIMS can be integrated into their existing information management system and how it may best work for each organization. This meeting can also be used as an opportunity to discuss potential overlapping data management tools, such as the Child Protection Information Management System (CPIMS).

GBV management staff who regularly represent their organizations at coordination meetings should actively participate in this meeting, answer all the questions in the **Annex 3** questionnaire, and take the opportunity to fully understand how the GBVIMS would work in their specific setting and among existing GBV actors.



ACTION POINT: Host Coordination Meeting #2: Joint Analysis and Feedback.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Compile Inter-Agency Assessment Report

Following the second coordination meeting, the GBVIMS Liaison will discuss the assessment with organizations, in a one-on-one and highly interactive manner, to determine which are best suited to implement the GBVIMS. There are the minimum criteria (as listed in section 1.1) that an organization must meet to participate. Beyond that, other factors should be considered by the GBVIMS Liaison, some of which may limit the number of organizations that can participate in the inter-agency rollout. GBVIMS Liaisons may want to consider the following:

- Resources available to implement. If budget or time available for quality training is limited, the scope will need to be limited to ensure that adequate attention can be given to each organization.
- Complexity of the setting. It may be better to use a staggered approach and pilot the system with a few qualified organizations in a single location or area before expanding to additional entities or a broader geographical scope.
- Organizational buy-in and interest. Some organizations may not want to participate at first and prefer to see the results others achieve before committing to the GBVIMS. The rollout may also simply come at a difficult time for an organization, thus requiring postponement of implementation of the system.

The Inter-agency GBVIMS Liaison will draft a 1-2 page assessment report. This brief report will summarize the context and the GBVIMS Liaison will have the opportunity to recommend which organizations are prepared to participate in the GBVIMS. This report will be revisited during the consultation process with the GBVIMS Steering Committee, which is necessary for the rollout to be recognized by the Steering Committee. This is important, as ongoing, limited technical support from the Steering Committee will be available to the participants of a recognized rollout.



ACTION POINT: Hold one-on-one meetings with each interested organization to determine which will likely participate in the GBVIMS rollout.



ACTION POINT: Compile a 1-2 page inter-agency assessment report.

1.2 PARTICIPATE IN THE CONSULTATION PROCESS

Organizations looking to implement the GBVIMS will participate in a consultation process with the GBVIMS Steering Committee. This is one of the last steps before the planning phase begins. Conducting a rollout of the GBVIMS that is registered with – and recognized by – the Steering Committee means that ongoing, limited technical support will be available as particular challenges arise. Because the Steering Committee is in contact with actors in multiple settings, they can also act as a clearinghouse for experience sharing and troubleshooting. The Steering Committee can be contacted at: gbvims@gmail.com.

The consultation process generally consists of submitting the 1-2 page assessment report to the Steering Committee so they are aware of the feasibility of the rollout in each setting and with the participating organizations. There will then normally be a discussion by telephone. The Steering Committee calls for organizations to participate in a consultation process prior to implementation of the system to ensure the integrity of the GBVIMS is upheld and that it is used as intended. This consultation should not hold up the in-country process; rather it is a means to improve international communication around the use of the GBVIMS, which can lead to eventual improvements or updates to the system, occasional assistance with problems, and the bringing together of a community of GBV practitioners.

✓ **ACTION POINT:** Participate in the consultation process.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Organizations implementing the GBVIMS as part of an inter-agency rollout will participate in the consultation with the Steering Committee as well, however the Inter-agency GBVIMS Liaison will interact with the Steering Committee on behalf of the ensemble of organizations working in that setting. The Liaison will contact the Steering Committee at: gbvims@gmail.com.

✓ **ACTION POINT:** Participate in a consultation process on behalf of all organizations interested in using the GBVIMS in the setting.

1.3 CONFIRM GBVIMS PARTICIPATION

At this point, the organization’s management staff have determined that the organization meets the minimum criteria for use of the GBVIMS, they have assessed in further detail the implications of the system and decided it is appropriate and feasible based on available organizational resources, and finally they have participated in a consultation process with the GBVIMS Steering Committee.

When the Steering Committee recognizes the rollout, the organization’s staff will proceed with determining components of the rollout that are specific to the organization and its needs:

- The type of Intake Form(s) to be used.
- The type of rollout: *limited* (a portion of sites/offices), *partial* (not all tools are implemented⁸), or *full* (all sites/offices).
- Approximately when the implementation phase will begin (meaning required resources will be in place).

⁸ A partial rollout may be necessary for an organization that has low literacy and resource capacity, for example. If there is already minimal data collection taking place, the organization may choose to train caseworkers and/or health workers only on incident classification (GBVIMS Tool 1) and the basic Intake and Assessment Form (GBVIMS Tool 2).

Who the staff are that will make these decisions will vary depending on the organization. GBV management staff will likely be among them, and in general the individuals making key decisions about GBVIMS implementation planning should have authority to make budgetary and human resources decisions within the organization's GBV program or project.

- ✓ **ACTION POINT:** Decide: What (type of Intake Form; limited or full rollout) and when to start implementation

INTER-AGENCY ROLLOUT CONSIDERATIONS

Discuss with Individual Organizations; Host Coordination Meeting #3

During the first and second meetings, the Inter-Agency GBVIMS Liaison introduced the GBVIMS and then assessed how the system may work within the setting. The Inter-Agency GBVIMS Liaison will hold a third coordination meeting, and invite all GBV actors in the setting for a discussion about which actors will be implementing the GBVIMS. This discussion will help maintain an environment of transparency. Information about who will participate and why should be communicated to all interested organizations to allow discussion, an opportunity for feedback, and to allow the GBVIMS Liaison to explain what options there may be for a later rollout for those not immediately participating. See **Annex 2** for guidance on what should be addressed during the third coordination meeting.

- ✓ **ACTION POINT:** Decide: Who (which organizations); What (type of Intake Form; limited or full rollout); and When (general start date).
- ✓ **ACTION POINT:** Host Coordination Meeting #3: Confirm GBVIMS Participants.
- ✓ **ACTION POINT:** Set dates for the Implementation Planning Workshop and Focal Point Training.
- ✓ **ACTION POINT:** Provide organizations with information management mapping instructions.
- ✓ **ACTION POINT:** Provide organizations with data protection protocol assessment and instructions to all organizations.

PHASE TWO: Planning

2.1 Map Information Management Procedures

2.2 Identify GBVIMS Focal Point & Key Staff

2.3 Assess Data Protection Measures

2.4 Plan Implementation



ACTION POINTS

ORGANIZATIONS

- ✓ Complete the information management mapping exercise.
- ✓ Determine who are the GBVIMS Focal Point and Key Staff.
- ✓ Complete the data protection checklist.
- ✓ Modify the intake form.
- ✓ Establish a coding system.
- ✓ Begin internal discussion around information sharing.
- ✓ Create a rollout action plan and timeline.



INTER-AGENCY LIAISON

- ✓ Complete the data protection checklist and guide organizations in completing their checklist.
- ✓ Organize an Implementation Planning Workshop.
- ✓ Begin dialogue around information sharing.

Once it has been determined that the organization will proceed with the GBVIMS rollout, create an implementation strategy; implementation may take up to a month. The steps below provide detailed instructions.

In planning the strategy for implementation of the GBVIMS, the organization will need to accomplish the following:

- 2.1. Map the organization and its GBV information management procedures
- 2.2. Identify a GBVIMS Focal Point and other Key Staff
- 2.3. Assess data protection measures within the organization
- 2.4. Conduct Implementation Planning
 - 2.4.1. Modify the Intake Form
 - 2.4.2. Modify the Incident Recorder
 - 2.4.3. Establish coding system(s)
 - 2.4.4. Create an implementation plan and timeline
 - 2.4.5. Begin internal discussion around information sharing

2.1 MAP THE ORGANIZATION AND ITS GBV INFORMATION MANAGEMENT PROCEDURES

Each organization already has an existing information collection process. Even if there is no official system in place, organizations use methods to make sense of their work and to be able to create aggregate reports for internal program and financial management purposes, donor reporting, sharing statistics with the existing coordination body or government, or for advocacy efforts. Methods can include tracking a set of monthly activities or indicators⁹ that staff then add up across the program – in paper or electronic form; with a calculator or by hand; transferred by vehicle, email, on foot, or with a telephone call. These methods may be systematic and happen regularly, or they may depend on the situation and specific information needs.

Each organization will have a different starting point when preparing to implement the GBVIMS. It is important to know how information related to caseload (or service provision) is currently managed and what may need to be modified to most effectively implement the GBVIMS. Draw on a piece of large flip chart paper how the organization’s staff and offices are organized. Only map staff (and their locations) that are directly involved in the provision of case management, psychosocial, or medical services to GBV survivors, and their direct line of supervisors, as well as any staff involved in managing or monitoring data and information coming from those activities (could be monitoring and evaluation staff or data management staff).

This is the first step in designing the flow of a functional information system and will help in later planning.

Annex 4 presents an example information mapping exercise for a hypothetical organization.

 **ACTION POINT:** Complete information management mapping exercise.

2.2 IDENTIFY A GBVIMS FOCAL POINT AND KEY STAFF

Each organization’s existing structure has now been mapped (to highlight points for service provision and the staff who provide them) along with the flow of information. From that mapping, the GBV Management Staff of the organizations will identify their GBVIMS **Focal Points**. The GBVIMS Focal Point will have the following profile:

⁹ By “indicator,” it is meant a measurement that gives a snapshot of a situation or of results. Examples of indicators that GBV programs may track are: number of GBV cases reported; percentage of GBV cases reported that were rape; percentage of reported rape cases that were referred for medical services.

- Works within a GBVIMS implementing organization.
- Responsible for understanding the entire GBVIMS and how it should be implemented and maintained.
- The point person for their organization regarding the GBVIMS.
- Responsible for day-to-day implementation, maintenance, and quality control.
- Trains the Key Staff within their organization on the aspects of the GBVIMS that are relevant to their duties.

The Focal Point is essentially the person who is accountable for the day-to-day management of the GBVIMS *within* their organization. Normally, they are not responsible for directly assisting survivors or data entry, rather they oversee that data is being properly collected and entered, as well as ensure the quality of data through on-going training, technical support to staff, and quality assessments. In general, this person should not be the high-level manager of a program, rather he or she should be someone that will be flexible enough in their schedule and location to make site visits on an as-needed basis and have time to dedicate to the GBVIMS.

Using the organization mapping, GBV Management Staff will also identify the **Key Staff** who will need to be trained on various aspects of the GBVIMS. These Key Staff have the following profiles:

- Those engaged in data collection (psychosocial officers, nurses, case managers, etc.).
- Those engaged in data entry, data compilation, and data analysis.
- Trained by their organization's Focal Point (to whom they also go for ongoing technical support).

The manner in which the GBVIMS is implemented by an organization will depend a great deal on the structure, resources, and staff in place prior to implementation. It is ideal to use a strategy that will apply to the existing staffing structure, and not require the addition of GBVIMS staff; not relying on short-term staff helps ensure the sustainability of the GBVIMS beyond short-term funding opportunities. Conversely, a situation in which existing staff are expected to adopt all of the responsibilities of the GBVIMS beyond their capacity or workload can be destabilizing. The GBVIMS is meant to standardize and streamline several aspects of information management. If done well, it can save staff time and effort while greatly improving data quality.

The *Table of GBVIMS Staff Responsibilities*, to the left, shows that staff involved in the GBVIMS will either

TABLE OF GBVIMS STAFF RESPONSIBILITIES

GBVIMS-Related Responsibilities	GBVIMS Designation
Installation of Incident Recorder	Focal Point
Data collection (as part of service provision)	Key Staff
Data entry	Key Staff
Data analysis	Key Staff or Focal Point
Quality control	Focal Point


be the "Focal Point" or a member of "Key Staff." In Phase 3 of the rollout process, the Focal Point may be trained by a colleague from their organization on the entire set of GBVIMS tools and procedures. If formal training for the Focal Point is not possible, the Focal Point will need to rely on the GBVIMS resources available to learn about the system. Focal Points will then train all their organization's Key Staff on the aspects of the system pertinent to them. For example, caseworkers will be trained on data collection, but not data entry (unless

caseworkers will be entering the data they collect into the Incident Recorder).

Answer the following questions: Who is the GBVIMS Focal Point? Who are the Key Staff who will use components of the GBVIMS as part of their regular duties? Make a table formatted in a similar manner to the example below. This will aid in planning the rollout strategy and identifying staff to be trained.

From the point when the organization’s Focal Point is identified, she or he should be associated – or, depending on capacity and availability – lead the rest of the rollout process (further planning, then implementation and maintenance phases). In some instances, identifying a back up Focal Point to be trained simultaneously can be useful to increase institutional capacity on the GBVIMS in case of staff turnover and spread the burden of initial Key Staff training.

GBVIMS FOCAL POINT & KEY STAFF			
Name First & last name	Position Focal Point, Case-worker, Psychosocial officer, Health staff, or Data entry staff	GBVIMS Responsibility Data collection, data entry, data analysis, or quality control (some staff may have multiple responsibilities)	Location/Office Note in which geographical location each is located, and what type of office (HQ, field site, etc.)
<i>Jimena Atkins</i>	<i>Psychosocial Officer</i>	<i>-Data collection -Data analysis</i>	<i>Town X, Sub-office 1</i>

 **ACTION POINT:** Determine who are the GBVIMS Focal Point and Key Staff.

2.3 ASSESS DATA PROTECTION MEASURES

Conduct an assessment of the organization’s existing GBV data protection measures. Creating and implementing new and improved security protocols is essential to increased professionalism among service providing organizations and coordinating agencies alike. This is necessary to ensure the highest possible standards of confidentiality and security.

There is a data protection checklist in **Annex 5** of these guidelines. Additional instructions for the checklist are below. There are three columns of boxes on the left side of the checklist.

1. Mark the first column, labeled “Status”, with a check (✓), meaning the item or system is already in place; an ‘X’ (✗) meaning it is not at all in place; and a dash (–) meaning it is partially in place, but needs further attention and improvement.
2. In the second column, labeled “Ease”, mark the three that seem the easiest to implement with a check (✓).
3. In the third column, labeled “Priority”, mark the three that are organizational priorities with a check (✓).

Once the situation is known for protecting and securing GBV incident data within the organization, use the points on the checklist to create a new—or update the existing—data protection protocol. The checklist can be adapted to match the specifics of the protocol, and then be used by site managers and GBV supervisory staff to regularly monitor how well the protocol is being respected and allow for timely improvements to be made as necessary. The protocol should be assessed and updated as the context changes.

✓ **ACTION POINT:** Complete the data protection checklist.

INTER-AGENCY ROLLOUT CONSIDERATIONS

The GBVIMS Liaison and GBVIMS Sub-Working Group members have an opportunity to lead on this issue by conducting (and sharing) their own assessments, and by guiding implementing partners and other organizations participating in the GBVIMS to do so as well. We recommend, however, that this data protection checklist not simply be circulated by email and handed out during a meeting, but that technical support is provided to help avoid misunderstandings.

1. Conduct a data protection assessment within the agency among personnel and departments that handle compiled GBV information. Note that only service providing organizations should manage original data (data which has not been compiled, and is in the form of the Intake Form or case file, for example), unless there is explicit informed consent from each survivor to share that level of information with a coordinating agency/agencies and for a specific reason. This assessment will again be useful during the development of the Information Sharing Protocol, as the GBVIMS Liaison and Sub-Working Group will need to provide details to participating organizations about how they protect data.
2. During a meeting of the GBV Sub-Cluster/coordination body, discuss with representatives of participating organizations each point on the checklist, addressing questions and ensuring a strong common understanding of the checklist items.
3. Guide the managers of organizations and implementing partners in the inter-agency context to conduct their own assessment of their existing data security measures.

✓ **ACTION POINT:** Complete the data protection checklist and guide organizations to complete the checklist.

2.4 PLAN IMPLEMENTATION

Dedicate 1-2 days solely to planning for the implementation of the GBVIMS. The GBV Senior Management Staff and GBVIMS Focal Point (selection of this staff is discussed above in step 2.2) should participate in this planning session(s). The following five steps outline the actions and decisions to be taken. If done well, this will set the organization up to successfully put in place the GBVIMS.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Organize an Implementation Planning Workshop

This 1-2 day workshop will be key in successfully implementing the GBVIMS. The planning workshop brings together decision-makers from the participating organizations to work through important inter-agency questions and establish a common understanding of how the rollout will occur. The Inter-agency GBVIMS Liaison should emphasize to the participating organizations that their engagement in this workshop is necessary, and highlight the importance of completing the preparatory work. As mentioned in Step 1.2.1, the GBVIMS Liaison will have distributed to organizational representatives the explanatory documents for:

1. Mapping organizational information management
2. Assessing organizational data protection

Complete these exercises within the coordinating GBV agency/agencies as well. The agency/agencies should present, along with the service providing organizations, how it compiles GBV incident and other data and how confidentiality and safety are respected (and perhaps what improvement measures are being taken).

Building on the preparatory work – results of which will be discussed during the workshop – participants should come away from the Implementation Planning Workshop with five significant outcomes. These will facilitate the rest of the rollout:

1. Modify Intake Form: To meet the needs of the context and the implementing organizations.
2. Modify Incident Recorder: The changes to the Intake Form will be reflected in the database.
3. Coding system.
4. Initiate discussion around information sharing and development of a protocol.
5. Create a rollout plan and timeline.

Steps 2.4.1 through 2.4.5 provide guidance on achieving the suggested outcomes for the workshop.



ACTION POINT: Organize an Implementation Planning Workshop.

2.4.1 MODIFY THE INTAKE FORM

The GBVIMS tools will need to be adapted to fit the context. Remember, however, that the Incident Classification Tool that defines the six core incident types and the process for attributing them *cannot be modified* – it is a component that is standardized worldwide to ensure all actors use the same basic language and method of classification when discussing GBV incidents they assist.

The Intake Form is intended to be a template for GBV service providers to modify and use according to their organizational needs. As such, some fields can be removed or modified. Other fields, however, must remain unchanged to ensure that comparable data is collected. While modifying or removing certain fields is acceptable, it is *not* advisable to rearrange the order of the questions, as they have been specifically ordered to correspond with the Incident Recorder. Changing the order may lead to confusion, error, and delays when entering the data into the Incident Recorder.

INTER-AGENCY ROLLOUT CONSIDERATIONS

If the GBVIMS is being implemented as part of an inter-agency rollout where information will be shared among participating organizations and agencies, coordinate modification of these customizable fields at the inter-agency level so that all fields are the same for all participating organizations.

During the Implementation Planning Workshop, the Inter-agency GBVIMS Liaison will work with the organizational representatives to modify the Intake Form. It is important to note that this is not the time to train them on using the Intake Form, nor is it necessary to work through the form in depth. This is an opportunity for management staff from the organizations rolling out the GBVIMS to provide input and agree upon the six customizable information fields that must be harmonized among GBVIMS participating organizations for the specific context. These fields are:

1. Country of origin
2. Incident location/Where the incident took place
3. Area where incident occurred
4. Sub-Area where incident occurred
5. Was this incident a Harmful Traditional Practice?
6. Main occupation of alleged perpetrator

There are three types of fields on the Intake Form:

1. Fields followed by an **asterisk** (*) should remain on the Intake Form, *unchanged*. All fields with an asterisk will be later entered into the Incident Recorder.
2. Fields followed by a **circle** (°) are *customizable*. Italicized text indicates which part of the customizable fields should be adapted. Each organization will customize the field to meet that organization's case management needs. Some fields will have both an asterisk and a circle. This means that the data field is mandatory (and will be included in the Incident Recorder), but needs to be modified to match the context. For example, the 'Country of Origin' field is followed by a circle (°) and is intended to be modified to match a specific context and beneficiary profile. A service provider based in northern Uganda might provide services primarily to survivors coming from Uganda and neighboring countries such as Democratic Republic of Congo, Sudan, Rwanda, and Kenya. Therefore, that organization might adapt the form to include those options in the 'Country of Origin' field; they likely would not include a country from West Africa, for example.¹⁰ The category 'Other' is not italicized; it is therefore *not* customizable and should be left on the form as is.
3. Fields that are **unmarked** are *completely modifiable* to the organization's needs and context. The responses to these fields will not be entered in to the Incident Recorder. They may be removed if they are not necessary for the program and/or for case management.

¹⁰ The Incident Recorder is able to register any country from which a survivor comes if the caseworker notes the country in the space next to the "Other" category.

It is not always necessary for organizations to make further changes to the Intake Form at the organizational level, but it is an option if additional information is sought for case management purposes or if some data fields are inappropriate in the setting (an example in some situations may be the field for noting the survivor’s ethnicity). If an organization chooses to modify the Intake Form beyond adapting it to the context as required, it should make sure to respect the following:

- Only make changes to data fields with no asterisk or circle next to them.
- Remain consistent with the inter-agency modifications (if it is an inter-agency rollout).
- Finalize the Intake Form that will be used prior to the training for key staff.

NEVER include directly **identifiable information** on the Intake Form.

In addition, remember that identifiable information must **NEVER** be included on the Intake Form. If the organization is to stay in accordance with the overall objectives of the GBVIMS, never add the following fields to the Intake Form:

- Survivor’s name, address, and contact number
- Staff member’s name, address, and contact number
- Alleged perpetrator’s name, address, and contact number
- Consent form (while the survivor should sign a consent form, this should always be kept separately from the Intake Form)

Once organizations’ Focal Points are trained¹¹ (see section 3.2), they will then be able to work with their organizations’ GBV Senior Management Staff to modify the Intake Form data fields that are optional at the organizational level – before training Key Staff on using the Intake Form. The organization’s GBVIMS Focal Point will make all changes to the Intake Form electronically at the organizational level rather than individual case managers or staff at specific field sites doing so. This ensures that case managers at all field sites within the organization will be using the same Intake Form, and that this Intake Form will remain consistent with the Incident Recorder.

✓ **ACTION POINT:** Modify the Intake Form.

INTER-AGENCY ROLLOUT CONSIDERATIONS

For inter-agency rollouts, it is still useful for changes to the unmarked fields of the Intake Form to be made at the organizational level (and not by the Inter-agency GBVIMS Liaison), as each organization may wish to modify those fields in varying ways. This allows key data fields for the GBVIMS to be harmonized across actors and will allow for effective information sharing and analysis, while enabling each individual organization to include additional fields as desired to support their service provision. Thus, although several data points will be collected in the same way across multiple organizations, each organization’s Intake Form may be slightly different from another organization’s Intake Form.

11 As discussed below in section 3.2, in an inter-agency rollout the Inter-agency GBVIMS Liaison coordinating the rollout of the GBVIMS will train organizations’ Focal Points on using the system and planning for its implementation. In situations where an organization is independently rolling out the GBVIMS, an organization representative can contact the Steering Committee through the website for targeted guidance as needed: www.gbvims.org.

2.4.2 MODIFY THE INCIDENT RECORDER

If an organization is rolling out the GBVIMS independently, the Incident Recorder will need to be adjusted by the Focal Point, based on decisions made about the Intake Form. For the information fields with customizable response options (such as Survivor Country of Origin or Location of Incident), the options of the drop-down menu in the database must match what is on the form (in the same order). The Focal Point can refer to Chapter 5 (*Incident Recorder and Data Entry*) of the GBVIMS User Guide for further guidance in setting up and modifying the Incident Recorder. The User Guide is available for download from the GBVIMS website (log-in required): www.gbvims.org. The Steering Committee can also be contacted to support on this component of the rollout.

 **ACTION POINT:** Modify the Incident Recorder.

INTER-AGENCY ROLLOUT CONSIDERATIONS

In inter-agency rollouts, the Inter-agency GBVIMS Liaison will adjust the Incident Recorder so it includes modifications adopted by the participating organizations. The GBVIMS Liaison will likely be the best-suited person to modify the Incident Recorders and distribute blank versions to the organizations. The options of the drop-down menus in the database must match the data field response options the participating organizations agreed to use.

2.4.3 ESTABLISH A CODING SYSTEM

Given the highly sensitive nature of GBV-related data, when GBV incident data is collected, the identity of both the survivor and the caseworker or health worker must be protected. Their identities can be protected by “de-identifying” the individuals in the documentation of the case, e.g. by using codes that both protect identity and safeguard confidentiality. Codes also assist in organizing incident data to facilitate analysis.

INTER-AGENCY ROLLOUT CONSIDERATIONS

For this part of the Implementation Planning Workshop, the Inter-agency GBVIMS Liaison will work with the organizations’ GBV Management Staff to guide them in designing the coding systems they will use (and which codes). The organization mapping exercise will be used to help determine how coding will work at each organization. Below is information explaining the different types of codes and why they are used, then specific guidance for the Inter-agency GBVIMS Liaison to consider in the inter-agency rollout.

There are three types of codes that organizations have the opportunity to use: Incident ID, Caseworker Code, and Survivor Code. These codes are included on the Intake Forms and can be integrated in to the Incident Recorder to provide organizations with further information analysis possibilities.

- **Incident ID:** This code is **required** for the GBVIMS as it provides the basis for the organization of information in the Incident Recorder. A unique code will be assigned to every incident reported and will allow the system to distinguish between incidents. If an Incident ID is not assigned to an incident, it will not be counted in the GBVIMS Incident Recorder.

- **Caseworker Code:** This code is *optional*, but *highly recommended*. It is a code assigned to each caseworker or health worker to protect them from being directly linked to specific cases (for the purposes of these Rollout Guidelines, we will refer to this code as Caseworker Code). Each individual person providing services to survivors should be assigned a unique code that is not easily identifiable.
- **Survivor Code:** This code is *optional*. It is a code that can be assigned to each survivor, to keep clients' identities protected, while allowing multiple incidents reported by the same survivor to be linked and tracked for case management purposes. If staff have not used coding before, nor collected very much caseload data and thus their capacity may need strengthening, this is an element that could be dropped, or saved until a later implementation period.

The GBVIMS does not pre-determine the format of the codes to be used. The GBVIMS Steering Committee, has, however, learned useful lessons through past rollouts about what works and what does not work in ensuring maximum confidentiality and reducing risk of error in assigning codes. A few suggestions follow in **Annex 6** for staff deciding on which codes to use and how they should work.

INTER-AGENCY ROLLOUT CONSIDERATIONS

When GBVIMS implementation is occurring in an inter-agency setting, the Inter-agency GBVIMS Liaison may want to consider the following as they guide organizations' representatives in designing their coding systems:


- **Separate and secret:** In situations where there is limited trust among actors, it may be preferable for each organization to develop their coding systems, specifically the incident ID, completely separately from others. In this situation, there is a small possibility that organizations could assign the same code to different incidents, if two organizations selected the same identifier for their organization and happened to develop the same coding format. If there is little to no chance that line data (data for individual incidents) will be shared, however, this is not too concerning as long as each organization assigns a unique code to each incident they assist.
- **Incident attribution:** Where the referral network functions and referral forms are used on which the incident code can be noted, the participating organizations can agree on a system of incident attribution – or “who counts the incident.” The GBVIMS takes into account whether the survivor reported somewhere else first and can therefore exclude those incidents from those “reported” (but will still count the number and type of service(s) provided by the organization). The idea behind coordinating when to attribute, or count, an incident is that if a referral form is received with an incident code assigned by another service provider, that code is used to identify the incident in the Incident Recorder, and it is straightforward to see which incidents were reported first to each organization when data is compiled (especially if line data may be shared at some point). This can help avoid double counting of reported incidents at the inter-agency level. The implementation-planning workshop is one place where incident attribution can be discussed, but it is also something that can be addressed at a later point, once data collection begins.

In general, the Incident ID coding system should be standardized and simple, and anyone at the organization responsible for filling out Intake Forms (and anyone monitoring for quality) will need to be trained on how to use them as part of the *Training on GBVIMS Tools and Procedures*. If the organization has multiple sites, keep in mind that line data will need to be compiled. Therefore, the incident code format will need to ensure no doubling of incident codes by any two service provider sites (within the organization, identifiers for sites need to be different).

 **ACTION POINT:** Establish a coding system.

2.4.4 INFORMATION SHARING: BEGIN DISCUSSION AROUND GOOD PRACTICE AND THE TEMPLATE FOR AN INFORMATION SHARING PROTOCOL

Organizations' GBVIMS Focal Points will begin an internal discussion among their organizations' GBV management staff about information sharing. Information sharing is an essential component of inter-agency coordination and collaboration. Due to the sensitive nature of GBV incident data¹², the conditions of sharing must be carefully considered, as there can be a lack of consensus between organizations and agencies about what information should be shared, under which circumstances, and amongst which actors. Organizations wanting to share information with any entity outside of their own should therefore develop an inter-agency Information Sharing Protocol to help them share information effectively and ethically. Use **Annex 7: Introduction to the Information Sharing Protocol Template** as a discussion guide.

 **ACTION POINT:** Begin internal discussion around information sharing.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Inter-agency GBVIMS Liaisons are encouraged to begin engaging organizations in a dialogue about information sharing before the GBVIMS is installed within implementing organizations. The Implementation Planning Workshop is a good place to start. At the workshop, present and share with the participants the template for an Information Sharing Protocol. The objective of the Information Sharing Protocol is to help agencies overcome challenges related to information sharing, set clear guidelines for any sharing of GBV incident information, and to protect survivors while promoting improved GBV coordination.

At the Implementation Planning Workshop, provide participants with the handout of **Annex 7: Introduction to the Information Sharing Protocol Template**. Ask participants to begin thinking about what their organizations would be willing to share, with which actors, for what purposes, and with what regularity.

 **ACTION POINT:** Begin dialogue around information sharing.

¹² Service providers must protect their clients' right to confidentiality and not risk drawing undue attention to themselves, their clients, or their communities.

2.4.5 CREATE ROLLOUT PLAN AND TIMELINE

To create the rollout plan and timeline (templates are **Annex 8** and **Annex 9**), consider the following questions about the different aspects of the system.

<p>Intake Forms</p>	<p>Which form will be used (psychosocial, health, or emergency/simplified)?</p> <p>Do the Intake Forms need to be translated into another language? If yes, which one(s)?</p>
<p>Incident Recorder</p>	<p>Where will the Incident Recorder be physically kept (computers will be needed for each Incident Recorder)?</p>
<p>Data Compilation</p>	<p>How often will Incident Recorder line data be compiled to a central Incident Recorder? Every two weeks? Monthly?</p> <p>How will data be compiled?</p> <ul style="list-style-type: none"> • Email • Transfer with USB key or external hard drive <p>How will Incident Recorder data be backed up?</p> <ul style="list-style-type: none"> • External hard drive
<p>Quality Control</p>	<p>How often will the GBVIMS Focal Point (or possibly another trained staff) monitor for data quality in each site? Every two weeks? Monthly?</p> <ul style="list-style-type: none"> • If the program is large with several sites, the Focal Point may need to train a supervisor to do initial quality checks on a regular basis such as every two weeks. The Focal Point can then support on the more challenging issues and do less frequent and possibly random spot checks.

 **ACTION POINT:** Create a rollout action plan and timeline.

PHASE THREE: Implementation

3.1 Prepare Training

3.2 Conduct Training

3.3 Collect and Compile Data

3.4 Develop an Information Sharing Protocol



ACTION POINTS

ORGANIZATIONS

- ✓ Create training budget.
- ✓ Invite training participants at least two weeks in advance.
- ✓ Ensure key GBVIMS materials are in place.
- ✓ Train relevant staff (notably caseworkers and health staff) in Part 1 of the Tools and Procedures training.
- ✓ Train relevant staff (notably staff with data entry and data management responsibilities) in Part 2 of the Tools and Procedures Training.
- ✓ Collect data on GBVIMS Intake Forms.
- ✓ Enter data in to the Incident Recorder.
- ✓ Compile data within the organization.
- ✓ Analyze and use GBVIMS data.
- ✓ When an Information Sharing Protocol is negotiated, share information accordingly.

INTER-AGENCY LIAISON

- ✓ Create training budget.
- ✓ Invite training participants at least two weeks in advance.
- ✓ Train organizations' GBVIMS Focal Points in Parts 1 and 2 of the Tools and Procedures Training.
- ✓ Provide technical support to organizations, as needed, as they begin to compile data.
- ✓ Lead meeting around ISP development.
- ✓ Propose a draft ISP and negotiate it.
- ✓ Compile, analyze and share back information to participating organizations.
- ✓ Analyze information and use it for programming and coordination.

Phase 3 is the implementation of the GBVIMS within organizations. At this point, organizations' Focal Points should take time to review the rollout checklist and confirm their organizations are well prepared for the implementation phase. When ready to move to this phase, Focal Points will take the following steps:

1. Prepare for the GBVIMS Tools and Procedures Training for Key Staff.
2. Conduct the training.
3. Support their organizations' Key Staff as they put the system in place and begin to collect and compile data.
4. Participate in inter-agency negotiations around an Information Sharing Protocol, if sharing of GBVIMS information is foreseen in the setting.

3.1 PREPARE TRAINING

INTER-AGENCY ROLLOUT CONSIDERATIONS

In inter-agency rollouts, it is recommended that the Training on the GBVIMS tools and procedures happens using a cascade approach. The Inter-agency GBVIMS Liaison and Sub-Working Group members (as applicable) will train organizations' Focal Points, and they in turn will train their colleagues identified as GBVIMS Key Staff.

Following training, the GBVIMS Liaison will provide technical guidance and help organizations troubleshoot on an as-needed basis as they put the system in place and begin to collect and compile data. The final aspect of the implementation phase is to coordinate negotiations around an Information Sharing Protocol.

- ✓ **ACTION POINT:** Create training budget.
- ✓ **ACTION POINT:** Invite training participants at least two weeks in advance.
- ✓ **ACTION POINT:** Train organizations' GBVIMS Focal Points in Parts 1 and 2 of the Tools and Procedures Training.
- ✓ **ACTION POINT:** Provide technical support to organizations, as needed, as they begin to collect and compile data.

3.1.1 DETERMINE TRAINING PARTICIPANTS AND BUDGET

This section provides key points to consider when planning for the training and designing the training budget. A training size of 30 participants is the maximum recommended and two facilitators should be on hand (if possible within the organization's, or a partner's expertise) to help participants with questions and exercises. Adequate time and resources should be allocated to this training, which has the possibility to provide essential knowledge and skills to these staff. It is in large part what will enable success of the GBVIMS in the organization.

INTER-AGENCY ROLLOUT CONSIDERATIONS

The GBVIMS Liaison/ Sub-Working Group is responsible for training the Focal Points on all six sessions. The GBVIMS Liaison may also call on an outside consultant with specific expertise or a staff of a service providing organization already using the GBVIMS to lead the training, availability and budget permitting. The GBVIMS Liaison can reach out to the GBVIMS Steering Committee to investigate the support options available by writing to gbvims@gmail.com.

Organizations' GBVIMS Focal Points will need to conduct a training with two parts. It is important to note that while some organizations' staff with data entry responsibilities may only be directly responsible for data entry, they should participate to the extent possible in Part 1 of the training (essentially, it is ideal if data entry staff are trained in all six sessions). This is especially true where data entry staff are not also GBV staff (or not previously trained in GBV programming principles). This is because any staff handling GBV incident data must have exposure to the appropriate ethical and safety considerations for survivor confidentiality and protection of data.

Exactly how the training(s) occurs will depend on a couple of things:

- **How the organization is structured.** If there are two program sites with a large distance between them, it may make more sense for the Focal Point to give the Part 1 training twice, one at each location. Another option is to bring the Key Staff together for the training.
- **How large the organization is.** If there are large numbers of staff, it may be necessary for the Focal Point to train a few lead Key Staff and they will then train their smaller teams. This should be avoided if possible, however, as the more the material cascades down, the more likely for error and omissions of important technical information.

More guidance for planning the training – and notably, who participates in which sessions – can be found in the ***GBVIMS Facilitator Guide***.

When planning for training logistics and creating the budget, first determine the number of participants, who the participants will be, from where they will travel, and where the training will take place. Then consider whether the following costs need to be included in the training budget (it is not an exhaustive list):

- Meeting room rental
- Meals
- Coffee breaks
- Bottled water
- Transport of participants (plane, bus, vehicle)
- Hotel
- Training supplies (flip chart, markers, photocopies, notebooks, pens)
- Generator rental

See **Annex 10** for a budget template and sample budget that can be used to build the GBVIMS training budget.

 **ACTION POINT:** Create training budget.

3.1.2 INVITE TRAINING PARTICIPANTS

It is important to invite Key Staff participating in the training far enough in advance to allow them to harmonize it with their schedules.

✓ **ACTION POINT:** Invite training participants at least two weeks in advance.

3.1.3 ENSURE GBVIMS MATERIALS ARE IN PLACE

The organizations implementing the GBVIMS should spend this time between the Implementation Planning Workshop and the start of implementation to get all necessary materials in place so that after training, staff can immediately begin implementation. Use the action plan as a guide, but make sure to have the following in place, at a minimum:

- Locked cabinets (or a secure equivalent) for sensitive information like case files and consent forms.
- Computers at sites where the Incident Recorder will hold data.

✓ **ACTION POINT:** Ensure key GBVIMS materials are in place.

3.2 CONDUCT TRAINING ON THE GBVIMS TOOLS AND PROCEDURES

3.2.1 CONDUCT KEY STAFF TRAINING PART 1

Please see the Facilitator Guide for guidance on the GBVIMS Tools and Procedures training, including scripted sessions.

✓ **ACTION POINT:** Train relevant staff (notably caseworkers and health staff) in Part 1 of the Tools and Procedures Training.

3.2.2 CONDUCT KEY STAFF TRAINING PART 2

Please see the Facilitator Guide for guidance on the GBVIMS Tools and Procedures training, including scripted sessions.

✓ **ACTION POINT:** Train relevant staff (notably staff with data entry and data management responsibilities) in Part 2 of the Tools and Procedures Training.

3.3 COLLECT AND COMPILE DATA


3.3.1 COLLECT DATA ON THE INTAKE FORM

Following completion of the Key Staff training for staff that provide services directly to survivors, those staff should be collecting and inputting data to the GBVIMS Intake Form. The Intake Forms should be securely stored in an organized manner and kept separately from the consent forms.¹³

 **ACTION POINT:** Collect data on GBVIMS Intake Forms.

3.3.2 ENTER DATA IN TO THE INCIDENT RECORDER

According to the schedule established in the implementation action plan and timeline, once data is being collected, it should soon begin to be entered in to the Incident Recorder. Follow the timeline to ensure regular entering of data. Data entry may initially be slow going, so it is important not to get behind at the start. Once staff become familiar with the tools, the process will become much more efficient.

 **ACTION POINT:** Enter data in to the Incident Recorder.

3.3.3 COMPILE DATA WITHIN ORGANIZATIONS

Most organizations will likely use more than one Incident Recorder if they have multiple sites or offices. Once data has been entered in to site-level Incident Recorders, it then needs to be compiled at the organizational level to facilitate analysis. In other words, data from all the organization's Incident Recorders must be added together in to one master Incident Recorder. As above with data entry, follow the implementation timeline designed for the organization. Perhaps data will be compiled at the organizational level on a monthly basis, perhaps on a quarterly basis. This will depend on each situation as well as internal and external data needs.

It is at the point of **data compilation** at the organizational level that the **exciting analysis** can begin!

 **ACTION POINT:** Compile data within the organization.

¹³ Note that if consent forms are stored with their corresponding Intake Forms, survivor confidentiality is broken. This is covered in more detail in the Training on GBVIMS Tools and Procedures, but note that it is a common error and should be monitored from the outset.

3.3.4 ANALYZE AND USE DATA

Data analysis can be used for modifying program approaches; improving program targeting; raising questions to be tracked over time or to investigate further through other methods; reporting to donors; reporting to organizational management; or conducting advocacy. Note that here, when we say, “data is used,” this means that data can be used by each individual organization for its own purposes (while always keeping paramount the ethics involved and the guiding principles for working with GBV survivors).

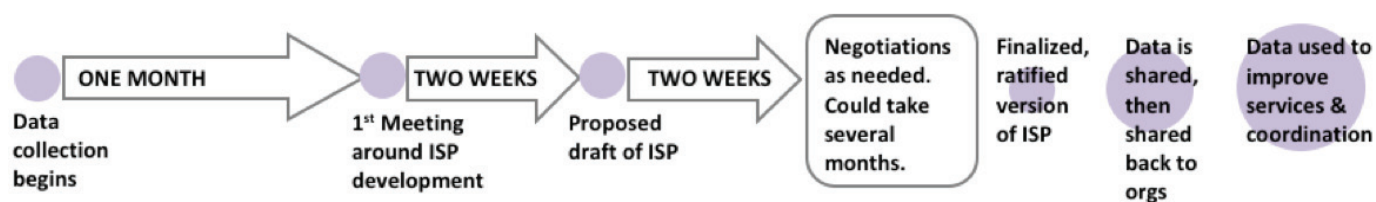
Resources, including an E-Learning tool, to assist in training staff on analyzing GBVIMS data can be accessed on the website (log-in required): www.gbvims.org.

✓ **ACTION POINT:** Analyze and use GBVIMS data.

3.4 DEVELOP AN INFORMATION SHARING PROTOCOL (ISP)

After organizations have had the opportunity to implement the GBVIMS and begin collecting and compiling data, they will better understand exactly what types of information with which they are working and will be well placed to negotiate an Information-Sharing Protocol with other GBVIMS actors.

The graphic below illustrates the suggested process, which can take as little as three months or much longer, depending on the context.



Because information sharing will happen in an inter-agency setting, the following guidance for step 3.4 is targeted to the Inter-agency GBVIMS Liaison/Sub-Working Group, as they will normally be leading the negotiations around an Information Sharing Protocol. Focal Points from organizations implementing the GBVIMS should also be familiar with the suggested process and be active participants in discussions. Due to the vast variability of situations, use this guidance as a basis from which to work, while keeping in mind that it will likely need to be modified according to the realities of each setting.

✓ **ACTION POINT:** When an Information Sharing Protocol is negotiated, share information accordingly.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Hold first meeting around ISP development

One month after data collection begins across all the organizations participating in the GBVIMS rollout, the Inter-Agency GBVIMS Liaison/Sub-Working Group will call a meeting to initiate discussions around an Information Sharing Protocol (ISP). The GBVIMS Liaison should distribute **Annex 11** of the Rollout Guidelines to organizations' Focal Points, which presents detailed questions to consider when creating an ISP (this should happen either before or during the initial ISP meeting). The questions in **Annex 9** can help determine the discussions that need to take place during the negotiation process.

- ✓ **ACTION POINT:** Lead meeting around ISP development.

Propose draft ISP and negotiate

Two weeks after the coordination meeting, the GBVIMS Liaison/Sub-Working Group will send a proposed ISP to organization Focal Points. The GBVIMS Liaison gives the organizations two weeks for initial feedback, then continues negotiations at the next coordination meeting – and beyond, as needed. Please note:

- The GBVIMS Liaison may opt to give more time to negotiations before proposing a draft ISP, if there are particular points of contention around which stronger consensus must first be built, especially if there have been breaches to inter-agency trust on this issue in the past.

This negotiation process could take anywhere from a few weeks to several months, depending on the level of trust among organizations and agencies as well as the security situation and existing clarity on how the compiled data should be used. Information sharing can then begin, according to the timeline and methods contained in the finalized and ratified ISP.

- ✓ **ACTION POINT:** Propose a draft ISP and negotiate it.

Share back information to organizations

As determined by the ISP, one organization or agency (it is often the GBVIMS Liaison) will be responsible for compiling the information shared by individual organizations using the GBVIMS. It is key to the continued success of information sharing that the Compiling Agency follows the agreed upon schedule to compile, analyze, and feed back information to the participating organizations.

- ✓ **ACTION POINT:** Compile, analyze, and share back information to participating organizations.

Analyze information and use it for programming and coordination

Now the assessment, planning, and implementation phases of the rollout process have been completed. Information is rolling in, piling up – so to speak. Now is the time for the interesting and exciting analysis to happen. There is hopefully more time for analyzing data to look for trends and to better understand the survivors an organization (or organizations, in an inter-agency context) are assisting. This can then be put to use in all kinds of ways: to improve program planning, donor reporting, advocacy, and inter-agency coordination to name a few.

- ✓ **ACTION POINT:** Analyze information and use it for programming and coordination.

PHASE FOUR: Maintenance

4.1 Maintain the Incident Recorder

4.2 Ensure Data Quality

4.3 Use GBVIMS-Generated Information

4.4 Review the Information Sharing Protocol

4.5 Maintain Skills



ACTION POINTS

ORGANIZATIONS

✓ Design a GBVIMS maintenance plan.



INTER-AGENCY LIAISON

✓ Design a GBVIMS maintenance plan.

The fourth phase of the rollout involves maintaining the system on an ongoing basis so that every actor involved can derive the best possible results from the GBVIMS. Several types of tasks are included in the suggested maintenance. First, and probably most importantly, there will need to be general troubleshooting of technical problems that will occur with the Incident Recorder. Second, the Focal Point and Inter-Agency GBVIMS Liaison/Sub-Working Group will need to thoughtfully examine the quality of GBVIMS-generated information on a regular basis and help ensure that it is used ethically to improve programming. Third, where an Information Sharing Protocol is developed, there must be monitoring of how information is shared and used. Fourth, if the context changes or breaches occur, the protocol will need to be reviewed and possibly modified. Finally, staff turnover and general human error can challenge the effectiveness of the GBVIMS in producing quality data. Regularly refreshing staff knowledge and skills – and providing meaningful guidance to new staff with GBVIMS-related tasks – can help ensure the system becomes a trusted and indispensable component of GBV prevention and response efforts.


The follow-up and maintenance tasks just after data collection and compilation begins can be time intensive. This intensity will diminish as Focal Points and Key Staff become more accustomed to the GBVIMS. It will be important, however, to continue to check for data quality and provide opportunities for staff to refresh their skills and understanding, as well as to cover gaps created by regular staff turnover.

Before going into detail about the maintenance tasks, all individuals should have clarity on their roles. The table below outlines the role of the Inter-Agency GBVIMS Liaison/Sub-Working Group versus that of Focal Points, who represent their organizations. A separation of roles is necessary so that:

- Ethical guidelines are best respected.
- Organizations retain autonomy over their GBVIMS-generated data.
- The work to maintain the GBVIMS is divided to reduce the pressure on any one actor.

Table of GBVIMS Maintenance Tasks & Roles

PHASE 4 Maintenance Tasks	Role of Organizations' Focal Points	Role of Inter-Agency GBVIMS Liaison
Maintaining the Incident Recorder	Regular fixes to common problems; seek technical support as needed.	Technical support; seek support from Steering Committee as needed.
Ensuring data quality	At organizational level	At aggregate data level
Using GBVIMS-generated information	Use information to inform programming decisions, communicate to donors, and share with the coordination mechanism (as negotiated in the ISP).	Share aggregate data and analysis with GBVIMS participants (plus other uses negotiated in the ISP).
Reviewing the Information Sharing Protocol	Participate in meeting/discussion if context changes.	Convene meeting/discussion if context changes.
Maintaining skills	Organize periodic refresher trainings for key GBVIMS staff on appropriate tools. Also, ensure adequate training when staff turnover occurs.	Convene periodic meetings (approx. 1/yr) to assess how the GBVIMS is going.

 **ACTION POINT:** Design a GBVIMS maintenance plan.

INTER-AGENCY ROLLOUT CONSIDERATIONS

- ✓ **ACTION POINT:** Design a GBVIMS maintenance plan.

4.1 MAINTAIN THE INCIDENT RECORDER

By maintaining the Incident Recorder, we mean fixing technical errors that inevitably occur. Organizations' GBVIMS Focal Points will have the first line of responsibility for solving, to the extent possible, problems with the Incident Recorder. The GBVIMS website provides troubleshooting advice for common technical problems: <http://gbvims.org/common-technical-support-issues-and-solutions/>. The role of the Focal Point here is important for the sustainability and ownership of the system within the organization. If the Focal Point cannot solve a problem, next steps will depend on the setting. During the planning phase (specifically the design of the rollout plan and timeline), the organization should identify who is available to provide additional technical support. Below are a few options for the line of technical assistance, beginning with the Focal Point, then increasing in complexity (and there may be other options as well):

- Organization Focal Point → Same organization's regional or headquarters staff
- Organization Focal Point → Partner organization's in-country or headquarters staff

Perhaps there is an urgent block in data management due to an error, which is out of the realm of ordinary troubleshooting for the Focal Point. The next line of technical assistance may require further support from the GBVIMS Steering Committee, whose members can be contacted at gbvims@gmail.com or on Skype at **GBVIMShelp** (English) or at **GBVIMSaide** (French).

It is important to note that due to the Incident Recorder's nature in which it contains a large amount of sensitive data pertaining to reported incidents, Focal Points should **NEVER** give their full Incident Recorder to anyone outside their organization, unless an explicit and written agreement is made for technical assistance between that organization and another.

INTER-AGENCY ROLLOUT CONSIDERATIONS

In inter-agency GBVIMS rollouts, technical assistance may follow one of the paths already mentioned, or one of the below. Again, this will depend on what is agreed upon in the rollout plan:

- Organization Focal Point → GBVIMS Liaison
- Organization Focal Point → GBVIMS Liaison agency's regional or headquarters staff

The Inter-Agency GBVIMS Liaison should limit technical support on the Incident Recorder to verbal and written instructions to assist Focal Points in troubleshooting for their organization when problems arise, as opposed to requesting access to the full Incident Recorder. This limitation has two goals: 1) to empower organizations' staff to build the expertise necessary to fully maintain their Incident Recorders, and 2) to prevent unethical sharing of incident data.

4.2 ENSURING DATA QUALITY

Focal Points will focus on their organization's data. They will find and help correct errors in the Intake Forms and the Incident Recorder. The quality of data generated by the GBVIMS needs to be consistently monitored. Especially in the first months of use, staff will normally need additional support to ensure that common errors are caught and corrected. The maintenance of data quality is directly linked to section 4.5 on Maintaining Skills. Where there are common errors and misunderstandings arising, the Focal Point will need to react with training, coaching, or other capacity building support to help move staff in the right direction.

4.3 USING GBVIMS-GENERATED INFORMATION

INTER-AGENCY ROLLOUT CONSIDERATIONS

As illustrated above in the table on GBVIMS maintenance tasks and roles, the Inter-Agency GBVIMS Liaison performs a very different role than organizations' Focal Points in ensuring data quality in the inter-agency GBVIMS setting. GBVIMS Liaisons who lead rollouts should be able to train Focal Points on checking for data quality. They will not, however, be performing data quality checks themselves on service-provider/organization-level data. Rather, inter-agency GBVIMS Liaisons ensure quality of the aggregate data. The GBVIMS Liaison can inquire with the organization's Focal Point and bring to light errors to be remedied.

The use of information is included as a maintenance task largely as a reminder to utilize this wealth of information. The use of GBVIMS-generated information must always fall within the bounds of the Information Sharing Protocol, as negotiated and agreed to by all parties in inter-agency settings. It must also respect the principles of the GBVIMS, notably the protection of survivor confidentiality.

When analyzing GBVIMS-generated information, pay close attention to the presentation of the analysis. Remember that this data concerns only reported incidents and not prevalence. In addition, the Incident Recorder organizes data based on incidents and not survivors; therefore the statistics should be discussed in terms of incidents reported.

INTER-AGENCY ROLLOUT CONSIDERATIONS

The Inter-Agency GBVIMS Liaison will share aggregate data and analysis with GBVIMS-participating organizations to complete the feedback loop (plus any other external uses negotiated in the Information Sharing Protocol). GBVIMS Liaisons should take note of the importance of the information feedback loop. If participating organizations agreed to an Information Sharing Protocol according to which they will report certain statistics to the Inter-Agency GBVIMS Liaison, then they should also receive aggregated statistics in a timely manner as agreed. This can greatly affect buy-in and participation in the GBVIMS process and the GBV coordination mechanism in general.

4.4 REVIEW THE INFORMATION SHARING PROTOCOL

INTER-AGENCY ROLLOUT CONSIDERATIONS

As humanitarian contexts can be unpredictable, changes to the Information Sharing Protocol may be needed to adapt to new and evolving circumstances. The ISP will also have an expiration date, which will be an automatic prompt to review the protocol with all concerned parties.

It is recommended to review the protocol every six months to consider the following questions:

- Has the security situation worsened? Or has it improved?
- Have organizations begun using the GBVIMS that are not yet party to the protocol?
- Has there been a breach of the agreed-upon activities in the ISP?
- Should an update be made to the type of information shared based on changes to the security situation or the level of trust among those participating in the ISP?

In addition to regular reviews during which the above points are considered by the parties to the protocol, there should also be the possibility for ad hoc reviews as needed, should anything related to the above points significantly change.

4.5 MAINTAIN SKILLS

The success of the GBVIMS depends on the abilities of the people who implement it. If misunderstandings or gaps in understanding linger or if there is high staff turnover, the information management of an organization's GBV programming will suffer. Therefore, the maintenance of the system must necessarily include the continual strengthening of staff skills. As budgets allow, it is recommended to conduct targeted refresher training for program staff every 6-12 months. This allows the organization's Focal Point to provide ongoing coaching and quality checking and identify areas in need of improvement that may require a day, for example, of refresher training.

INTER-AGENCY ROLLOUT CONSIDERATIONS

Inter-agency GBVIMS Liaisons, where possible, can assist in refresher training. They can also play a supporting role by keeping in close contact with organizations' Focal Points and encouraging them to be doing the skills maintenance as needed for their staff.

CONCLUSION

Please keep in touch with the GBVIMS Steering Committee! They would greatly appreciate hearing from agencies and organizations about how rollouts went, how challenges were addressed, and how the maintenance and use of the system is going. As discussed in the section regarding the consultation process before moving to implementation, the Steering Committee may also be able to assist on technical problems and provide learning from other contexts where the GBVIMS is being used.

Write to the GBVIMS Steering Committee with your experience at gbvims@gmail.com.



ANNEX 1A:

Checklist for Organization Representatives & Focal Points

Phase 1: Assessment

- Determined whether the organization meets the minimum criteria.
- Completed an organization assessment report.
- Participated in the consultation process.
- Decided: What (type of Intake Form; limited or full rollout) and When to rollout.

Phase 2: Planning

- Completed the information management mapping exercise.
- Determined who are the GBVIMS Focal Point and Key Staff.
- Completed the data protection checklist.
- Modified the Intake Form.
- Modified the Incident Recorder.
- Established a coding system.
- Began internal discussion around information sharing.
- Created the rollout action plan/timeline.

Phase 3: Implementation

- Created training budget.
- Invited training participants at least two weeks in advance.
- Ensured key GBVIMS materials are in place.
- Trained relevant staff (notably caseworkers and health staff) in Part 1 of the Tools and Procedures Training.
- Trained relevant staff (notably staff with data entry and data management responsibilities) in Part 2 of the Tools and Procedures Training.
- Collected data on GBVIMS Intake Forms.
- Entered data into the Incident Recorder.
- Compiled data within the organization.
- Analyzed and used GBVIMS data.
- When an Information Sharing Protocol is negotiated, information is shared accordingly.

Phase 4: Maintenance

- Designed a GBVIMS maintenance plan.

●●● ANNEX 1B:

Checklist for Inter-Agency GBVIMS Liaisons

Phase 1: Assessment

- Determined whether the setting meets the minimum criteria.
- Hosted Coordination Meeting #1: GBVIMS Introduction.
- Hosted Coordination Meeting #2: Joint Analysis and Feedback.
- Held one-on-one meetings with each interested organization to determine which will likely participate in the GBVIMS rollout.
- Completed a one-page inter-agency assessment report.
- Participated in the consultation process on behalf of all organizations interested in using the GBVIMS in the setting.
- Hosted Coordination Meeting #3: Confirm GBVIMS participants.
- Decided: Who (which organizations), What (what type of Intake Forms; limited or full rollout); and When (training and start of data collection).
- Set dates for Implementation Planning Workshop and Focal Point Training.
- Provided organizations with information management mapping instructions and data protection protocol assessment.

Phase 2: Planning

- Completed the data protection checklist and guided organizations to complete the checklist.
- Organized an Implementation Planning Workshop.
- Began dialogue around information sharing.

Phase 3: Implementation

- Created training budget.
- Invited training participants at least two weeks in advance.
- Trained organizations' GBVIMS Focal Points in Parts 1 and 2 of the Tools and Procedures Training.
- Provided technical support to organizations, as needed, as they began to collect and compile data.
- Led meeting around ISP development.
- Proposed a draft ISP and negotiated it.
- Compiled, analyzed, and shared back information to participating organizations.
- Analyzed information and used it for programming and coordination.

Phase 4: Maintenance

- Designed a GBVIMS maintenance plan.

●●● ANNEX 2:

Guidance for Assessment Phase Coordination Meetings

Coordination Meeting #1	
Profiles of Meeting Participants	GBV management staff from service providing organizations considering use of the GBVIMS. These will likely be staff who frequently attend coordination meetings and possess some authority to manage GBV program staff and budgets at their organization. It will probably not include the top-most decision-makers of the organizations; rather it will be individuals who are well placed to present their opinion about how the GBVIMS could relate to their organization to top management.
Topics to be Discussed	<ul style="list-style-type: none"> • <u>Inform</u>: Present an overview of the GBVIMS. Provide all participants with a GBVIMS briefing packet, which contains the background, purpose, and tools of the GBVIMS and present a general overview of the implementation process. • <u>Initiate assessment</u>: End the meeting by distributing a questionnaire to discuss (Annex 2). Participants should bring written responses with them to the second GBVIMS coordination meeting.
Meeting Length	1-2 hours
How to Manage Expectations	<ul style="list-style-type: none"> • Discuss and clarify what the GBVIMS is not (i.e. not a human rights monitoring tool, nor a case management system) • Show and briefly explain the rollout process • Show and briefly review the questionnaire (Annex 2 in the Rollout Guidelines)
Meeting Outputs	<ul style="list-style-type: none"> • <u>Set a date</u> for the next coordination meeting: Joint Assessment & Feedback.

Coordination Meeting #2	
Profiles of Meeting Participants	GBV management staff from service providing organizations (<i>see further detail in the Profiles section of the table for Coordination Meeting #1</i>).
Topics to be Discussed	<ul style="list-style-type: none"> • <u>Assess</u> together with organization staff whether the GBVIMS is appropriate for them. • <u>Request feedback</u> from the organizations. Listen to and address their concerns.
Meeting Length	1-2 hours
How to Manage Expectations	Provide additional clarification about the rollout process. Share a handout with the rollout steps outlined (the rollout process overview can be printed and shared).
Meeting Outputs	<ul style="list-style-type: none"> • <u>Set a date</u> for the next coordination meeting: GBVIMS Participant Selection.

Coordination Meeting #3	
Profiles of Meeting Participants	GBV management staff from service providing organizations (<i>see further detail in the Profiles section of the table for Coordination Meeting #1</i>).
Topics to be Discussed	<ul style="list-style-type: none"> • Confirm which organizations will implement the GBVIMS. • Discuss where organizations will implement – in all or a limited number of sites. • When they will implement the GBVIMS. • What type of Intake Forms they will use (e.g. psychosocial, health, emergency).
Meeting Length	2-3 hours
How to Manage Expectations	If there are service providing organizations at the meeting who are interested in implementing the GBVIMS, but who do not meet the minimum criteria, the GBVIMS Liaison can set up separate meetings with them to design a plan for reaching the capacity required for the system to be successful. An additional option is to discuss with such organizations, separately from Coordination Meeting #3, the possibility of doing a partial rollout of the GBVIMS in which the organizations adopt Tools #1 (Incident Classification) and #2 (Intake Form and Consent Form) in the immediate term. If they put other resources in place that may be lacking, they can then at a later date add the Incident Recorder at a later date.
Meeting Outputs	<ul style="list-style-type: none"> • Dates set for the Implementation Planning Workshop and the GBVIMS Focal Point Training.

●●● ANNEX 3:

Questionnaire For Organizations Considering Implementing the GBVIMS

Instructions: Use the questions below as a guide to assess whether the GBVIMS would be useful and feasible in your organization. Write a one-page report to summarize the answers and bring it to share at the next coordination meeting that will include a discussion on the GBVIMS.

1. What benefits will your organization gain by implementing the GBVIMS? What are the current data or information needs and challenges that your organization is facing that could be improved by the GBVIMS? Could your staff save time during preparation of donor/coordinating agencies reports if counting caseload numbers and calculating statistics is easier? Could your organization improve the targeting of its programming through better identification of caseload trends?
2. What challenges or obstacles may your organization face in implementing the GBVIMS? Are you currently short-handed on staff that oversee GBV services or that handle data and information? Do you use a different information management system that would require integration with the GBVIMS?
3. Will the GBVIMS impact your organization's ability to provide quality services to survivors? If so, how? Do case management and health services staff have the capacity to use intake forms without reducing the quality of services provided?
4. How will the GBVIMS impact your organization's ability to share information and coordinate with other service providers and humanitarian actors?
5. Are the necessary resources available in your organization to make the GBVIMS successful? See the box for an indicative list of resources that will be needed to effectively roll out the system.

Recommended Resources for GBVIMS Implementation

Hardware

- Desk, filing cabinet, or other storage units that lock – to keep confidential documents safe.
- One computer for each incident recorder.
- External hard drive or cloud system for back up.

Organizational Systems

- Methods for transferring GBV information are secure and confidential.
- An information flow protocol exists.
- Support and buy-in from management.

Staff Capacity

- Staff who are competent in the following topics:
 - » Obtaining informed consent
 - » Completing an intake form
 - » Using Microsoft Excel
 - » Providing quality services to survivors (as appropriate)

●●● ANNEX 4:

Example Information Mapping Exercise

The hypothetical organization, we will call it CRI International, provides services to GBV survivors in a conflict-affected region. CRI provides services in three camps for internally displaced people – camps A, B, and C. Camp A has two psychosocial centers, Camp B has a women’s center that provides psychosocial services and safe house services and Camp C has one health center.

LEVEL 1:

To represent this structure of services, we draw a box (in orange below) for each point of service provision, as well as indicate in which camps they are located. This is LEVEL 1 of the mapping.

Next, we will draw boxes to represent the offices that oversee the service provision activities. CRI has two such offices.

LEVEL 2 :

We draw boxes for each office in which GBV supervisors are based – LEVEL 2 of the mapping. We then connect each box from LEVEL 1 to the corresponding supervisor’s box in LEVEL 2. If multiple supervisors are based in the same office, you only need to draw one box for all of them.

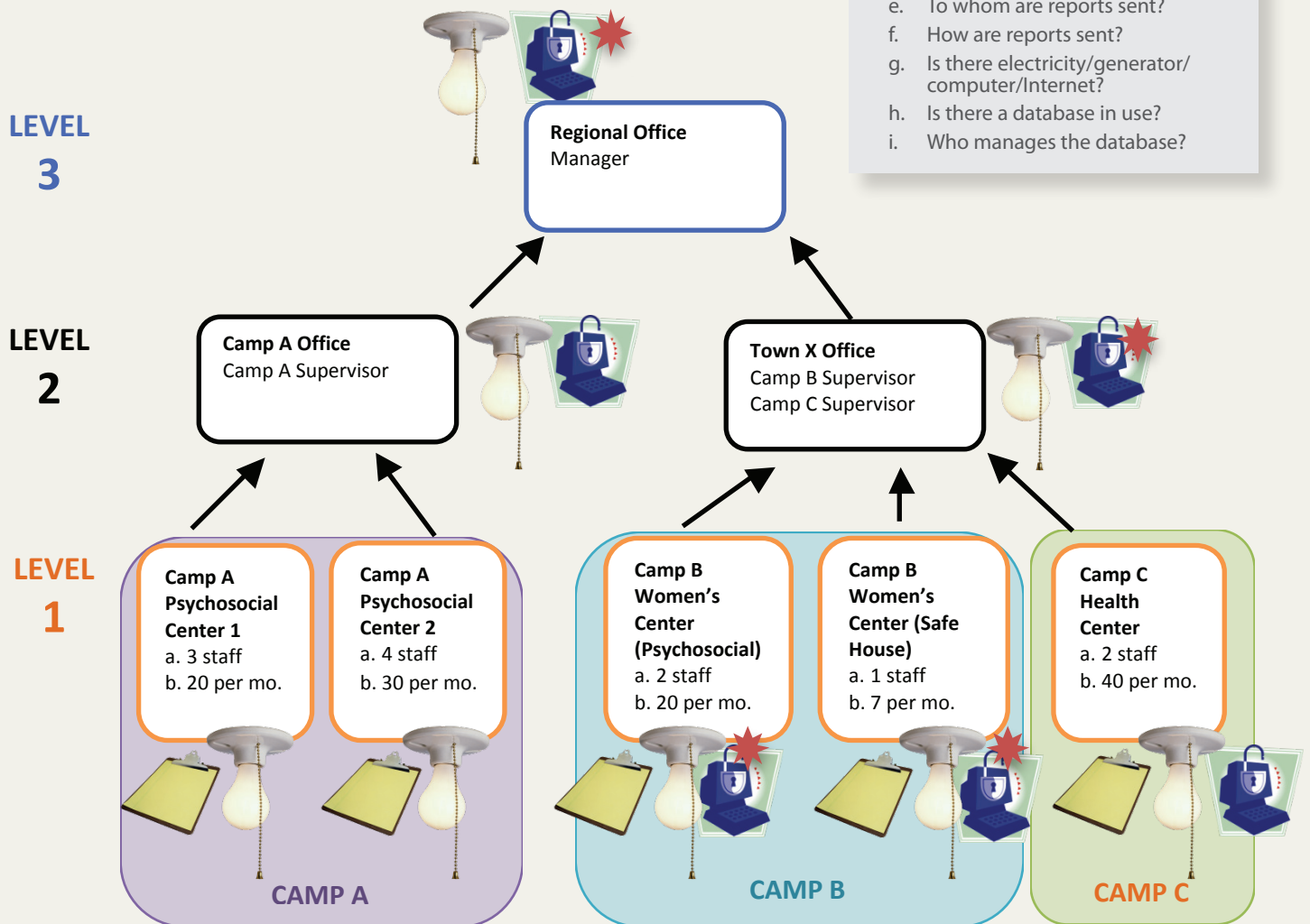
LEVEL 3 :

Now we indicate the office and manager to whom the LEVEL 2 staff report – highlighted in blue in the example below, which gives us LEVEL 3. In our example, the LEVEL 2 staff report to a regional manager based in the regional office. Your organization may have more levels of management to which GBV information coming from your service provision flows.

EXAMPLE: Organizational Mapping

Answer these questions for levels 1 & 2:

- Reports or information submitted from what source (i.e. intake form).
- Who is responsible for each report /parts of reports?
- Where are reports sent?
- Are the reports copied? Filed twice?
- To whom are reports sent?
- How are reports sent?
- Is there electricity/generator/ computer/Internet?
- Is there a database in use?
- Who manages the database?



Additional information for each service provided (each orange box) in LEVEL 1:

- How many staff at each point of service provision?
- Estimated monthly caseload?
- Do staff document cases? (Clipboard image)
- Is there electricity or a generator? (Light bulb image)
- A computer? Internet? (Computer image; with red star)

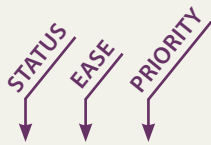
Also answer the following questions for each part of LEVEL 1:

- Are paper forms stored on site? If no, where? If yes, are they locked away?
- Is there a database in use?

●●● ANNEX 5:

Data Protection Checklist

*This checklist is designed to be an **active** document that complements your existing Data Protection Protocols. At the time of establishing the GBVIMS, programs should adapt the template Data Protection Protocols for their context. Similarly, Program and Site Managers are encouraged to adapt this checklist to match their Data Protection Protocols. Managers should then review the checklist on a regular basis to ensure that their Data Protection Protocols are being followed.*



General data protection

An assessment has been done in-country of the applicable domestic data protection laws and any possible implications for staff and the organization.

An assessment has been made of the security risks specific to the context in which GBV incident data is being collected, and these have been communicated to all GBV Staff, Security Managers and Senior Management in country, and to your Technical Advisor.

Data protection protocols have been put in place and an obligation to uphold this document has been written into the contracts of staff that will come into contact with the data. For example: Social Workers, GBV Staff, Database Manager, Site Manager, Senior Management etc.

Staff have been asked to identify security risks specific to their context and to explicitly think through the possible implications for clients, their families and communities, and for the organization, if data gets into the wrong hands. All staff in contact with the data have a strong understanding of the sensitive nature of the data, the importance of data confidentiality and security.

Staff understand that all cases will be allocated a code based upon an agreed standard coding format, and that the code should be used to refer to the case either verbally or on paper, in place of any identifiable information such as name or date of birth.

GBV Coordinators have provided staff with culturally and contextually appropriate guidelines for obtaining informed consent from clients, including guidance on when a child can be judged to have the appropriate level of maturity to be able to give informed consent. Managers are satisfied that GBV staff have sufficient knowledge and skills in this area.

Clients and/or their caregivers are giving their informed consent for the agency/agencies to gather and store their data before any information is recorded. Signed paper consent forms are being kept in a locked filing cabinet.

Staff are aware that when obtaining informed consent, clients may highlight particular information that they do not want shared with certain people, and that this must be recorded and respected.

Information is not being passed to a third party without the informed consent of clients and/or their caregivers.

Site and Program Managers make time on a regular basis for carrying out spot checks to make sure that all data protection protocols are being followed.

Site/Program Managers update and disseminate data protection protocols as soon as a situation/context changes which could affect the security of the data e.g. a change in the governmental relations, deteriorating security situation etc.

Paper file security

Paper documentation for each incident is stored in its own individual file, clearly labeled with the incident number. Names of clients are NOT on the outside of the paper files.

Paper files are being kept in a secure place, accessible only to responsible individuals specified by the Site Manager. No one else should be given independent access to the paper files without permission.

Paper files are being transferred by hand between people responsible for the information. This should be GBV staff designated by the GBV Program Coordinator or Program Manager. In exceptional circumstances the GBV Manager may need to identify a non-GBV staff member to be designated for this task. In this circumstance the staff member must be briefed on the Data Protection Protocols and sign these. During transfer, the files should be stored in a sealed box or sealed envelope.

Site Managers or GBV staff have reviewed paper files to ensure there are no original documents in the files. This is so that destruction of paper files can be done without any hesitation in the event of an emergency evacuation. If any original documents are on file (such as original birth certificates, medical certificates) these should be scanned and then returned to the client or appropriate agency/agencies.

Rooms containing paper and electronic information are being locked securely when the staff leave the room. All staff are aware of the importance of being vigilant as to who is entering the room where they work and for what purpose.

Paper files and/or filing cabinet draws have been marked with a color-coding system according to the sensitivity of data they contain, and therefore the order of priority in which they should be removed / destroyed in the event of an evacuation. For example, a piece of red tape across the front of filing cabinet containing particularly sensitive information.

Electronic data security



GBV Coordinators determine that all computers being used for data storage are able to access anti-virus software and site manager ensure that anti-virus remains updated, to avoid corruption and loss of information.



Site managers change the computer password on a regular basis.



GBV staff are aware that information should be transferred by encrypted and password-protected files whether this is by internet or memory sticks (if permitted by the GBV Coordinator). Memory sticks should be passed by hand between people responsible for the information. The people responsible are the designated GBV staff and the Site/Program Manager or Data Entry Clerk. In exceptional circumstances the Program Manager or GBV Coordinator may need to identify a non-GBV staff member to be designated for this task. In this circumstance the staff member must be briefed on the Data Protection Protocols and sign these. During transfer files should be encrypted, password protected, and erased immediately after transfer.



At least two backups exist – one stored in the location of the database and backed up each day data is entered, and the second sent for secure storage in a designated off-site location (the database copy sent to GBV Program Coordinator once every 2 weeks). Staff responsible for the data at the second site must follow the same Data Protection Protocols. The reason for having an off-site back-up is so that the main database can be destroyed in an emergency evacuation without this meaning the loss of all electronic data. Typically, the on-site back up is an external hard drive which is kept locked in a filing cabinet, and the off-site back up is done through emailing the database to the designated receiver (most likely GBV Coordinator) as an encrypted, password-protected zip file.

Emergency Evacuation Plan

In the event of an evacuation, management must ensure that the computer(s) where the database is setup, its back up systems and paper files are moved to a safe location. When moving database assets and paper files is not possible, management should ensure that electronic files are completely erased or the assets are destroyed, and that paper files are shredded or burnt. The off-site electronic back-up copy will then become the only source of information on the survivors.



A clear evacuation plan has been put in place, which includes a 'Scheme of Delegation' dictating who has responsibility for making decisions regarding removing or destroying data and who has responsibility for removing and destroying data (who has primary responsibility; who has responsibility if primary person is out of the office; who has responsibility if secondary person is out of the office etc).



A briefing on the evacuation plan has been added to the standard induction checklist for relevant staff. Typically, this is GBV staff, IT staff, Security Manager, Logistics Manager, Senior Management and Country Director.



Managers have carried out an 'evacuation drill' to ensure that each individual knows their responsibilities and is able to act quickly in an emergency evacuation. This is particularly pertinent if working in an insecure area.

●●● ANNEX 6:

Suggested Methods for Designing GBVIMS Coding Systems

Incident ID

The incident ID is unique to each reported incident. This provides the basis for the way information is organized in the GBVIMS, and therefore this code is required to appear on each intake form. The incident ID and the survivor code differ in a couple of important ways:

- The incident ID is only used once – for each separate GBV incident that is reported, while the survivor code is used each time the same individual seeks assistance for separate GBV incidents. For example, a survivor whose code is DTWZ4 reports two incidents within a year. Through the GBVIMS data analysis, the service provider will be able to see that survivor “DTWZ4” reported incidents coded ETKRA1-001 and ETKRA1-125.
- The process of creating the incident code relates to assigning anonymous identifiers to the service providing organization and its specific service locations, and then adding an auto-numeric set of digits to distinguish each incident from the next. The survivor code is created based on pieces of information about the survivor that do not change over the course of their life.

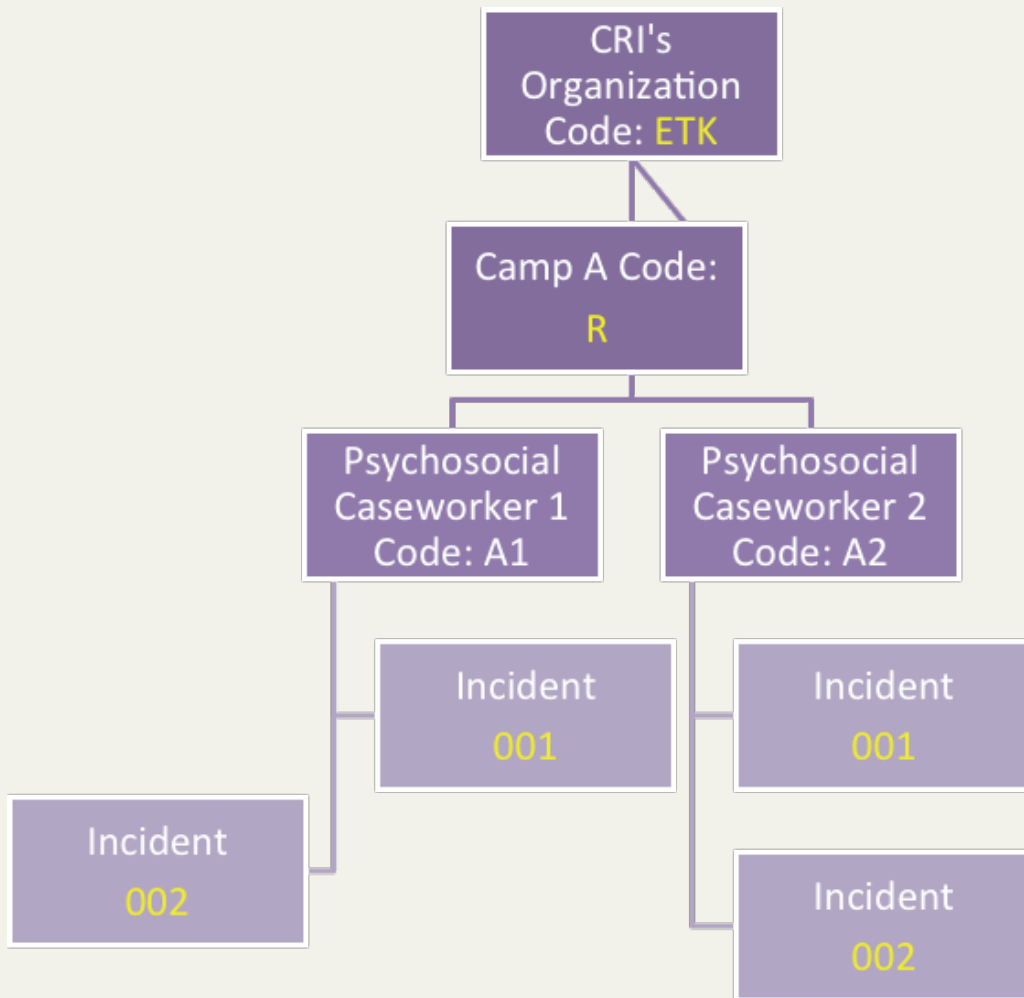
If an organization does not have a case numbering system, or if the existing system needs improvement to ensure confidentiality and anonymity for the survivor and staff, the best way to create a strong system can be to follow a logic tree based on the structure of the organization. The logic tree below illustrates that each service providing level of the organization, plus the organization itself, has a simple anonymous identifier. When these are added together, an incident ID is created, and staff can ensure that no two incidents are assigned the same ID, as each staff will be using a slightly different set of information. If the GBVIMS is being implemented in collaboration with other organizations as part of an inter-agency effort, the organizational code should be coordinated with the inter-agency GBVIMS Liaison to prevent two organizations using the same one.

The suggested method means that, based on our hypothetical organization, we will have a code comprised of the following components:

1. Organizational Code – in the example, we have taken the initials of the organization (CRI), and used letters that are two further in the alphabet than CRI. The result is ETK. This is a useful method in inter-agency contexts with a large number of actors. If, however, the context has just a few service providers, the organizational code can be simplified to one letter. It is key that no two organizations use the same letter(s). Also avoid using letters that easily identify the organization.
2. Camp Code (or Site/Office Code)
3. Psychosocial Center Code (or health center)
4. Psychosocial Officer Code (or caseworker or health worker)
5. Incident Number

If an organization provides more than one type of service (especially at the same location), it is recommended to include a component in the incident ID that distinguishes between the services. For example, the letter A could be assigned to psychosocial services and the letter B to medical services.

EXAMPLE: Incident ID Logic Tree



To create a case number, follow the logic tree above. Caseworker A1 working in Camp A would identify the first case assisted as ETKRA1-001. This is made up of the following components taken from each level of the logic tree, which matches the structure of the organization: ETK + R + A1 + 001.

Remember that the coding systems are sensitive information that should be protected. No one outside of those directly handling the data should know, for example, the organization's code initial(s).

Case Worker Code

This code is designed to protect the identity of an organization's staff, while allowing the organization's management to track how many (and which) cases each staff is assisting. This can therefore be an effective management tool. The personnel code normally has three components:

1. Organizational code
2. Site (or camp) code
3. Staff code

An optional additional component for this code is one that indicates the type of service. If your organization provides multiple services, you may want to add that after the site code to help you understand where the incident was first reported.

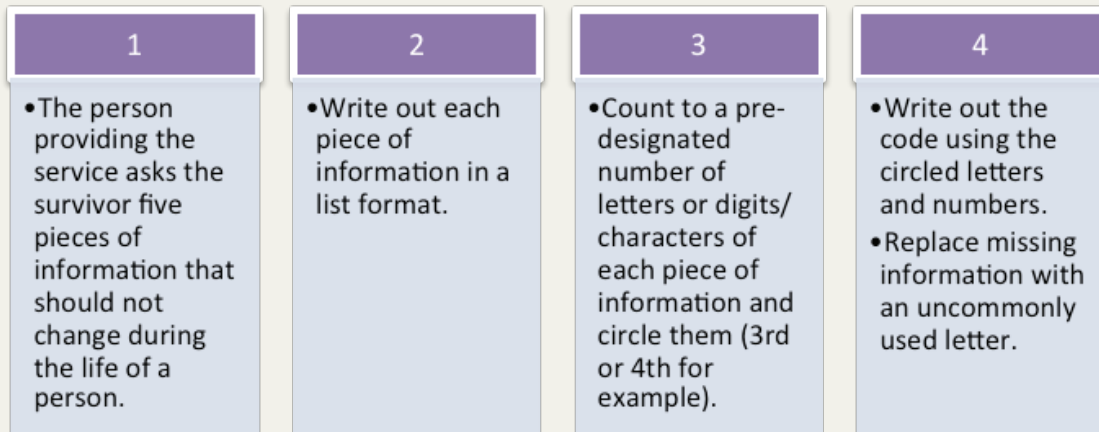
In our example, for caseworker "1", the camp code is R; and the staff code is A1. It can be helpful to add a period before the staff code, just to differentiate that part of the code as referring to the staff code. Therefore, this person's code will be: **R.A1**. It is not necessary to add the organizational code, as it only makes the code longer – staff codes do need to be shared outside the organization.

These codes should be assigned to each staff who assists survivors and fills out intake forms. The codes should never change throughout the personnel's service with the organization – even if they change locations. Let us say that at camp R there are three psychosocial staff, and our example personnel – known by the GBVIMS as R.A1 – moves away and leaves her post. The other two staff retain their personnel codes of R.A2 and R.A3. When her replacement begins work, she will be assigned the code R.A4. This means that R.A1 is not used again after the departure of the individual who had that code, and a new one is assigned to the new staff. Later confusion is minimized if this procedure is followed. So remember: the personnel code is attached to the individual person, NOT the post they fill or the job title they hold. If the staff leaves the organization or no longer provides services to survivors, that personnel code is no longer used.

Survivor Code

This code can be five-letters/digits based on information that comes from the survivor and that never changes. The information is collected at the time of the intake interview. Make sure personnel can explain why this information is needed, as most of the information is personal and can make survivors uncomfortable if they do not understand the purpose.

The survivor coding system in 4 steps:



It is important to think this through carefully so that information is not too sensitive or likely to be confusing. In some cultures, for example, ethnicity is not something one can ask. Another example is that in some cultures, individuals may have three or more names and they may be used interchangeably. If this is the case, there must be a standardized method for your staff to follow so they are sure to take note of the same name each time. Otherwise the same survivor can be assigned multiple survivor codes. Another challenge, with given names, is that in some cultures the name is based on the day of the week the person is born. You may then have a situation where there are only seven given names commonly used in a particular area, thus reducing the likelihood of every survivor having a unique code.

Possibilities for the survivor code pieces of information include:

- Family name of the survivor's father
- Family name of the survivor's mother
- Family name of the survivor (if the name is generally different from mother and father in the context)
- City or village where the survivor was born
- Birth order
- Ethnicity

If the piece of information has very few letters (not enough to reach the one to be circled), or the survivor does not know the information, replace this space with the letter 'Q', or another language-appropriate letter that is not commonly used.

The attribution of a survivor code would proceed as follows. The caseworker:

- Asks the survivor the five code questions.
- Makes a list of the words and numbers in the pre-determined order.
- Circles the third letter of each word and the number.
- Enters the survivor code in the appropriate place on the intake and consent forms: **NRIQ3**.



●●● ANNEX 7:

Introduction to the Information Sharing Protocol Template

In the spirit of promoting and facilitating ethical and safe information sharing between humanitarian organizations, the GBVIMS includes a 'GBV Information Sharing Protocol Template.' Remember, an information sharing protocol is a set of guiding principles for sharing GBV data. The purpose of creating and following an information sharing protocol is to:

- Improve and increase inter-agency information sharing for advocacy, fundraising and resource mobilization, and increasing awareness of GBV amongst key stakeholders.
- Ensure that all information is shared in a safe and ethical manner.
- Enable implementing partners to have a clearer understanding of what information should be shared, why the information is being shared (for what purpose), when it will be shared (e.g. monthly, quarterly), by whom, and how (e.g. what level of data).
- Clearly define the roles, rules and responsibilities of all parties involved in the information sharing process.
- Establish parameters around the use of the data shared.
- Define to what degree implementing partner organizations should be credited or protected in the publication of statistics. How this works in a particular country operation or context may be affected by humanitarian space: in some contexts, an implementing partner might want its organizational identity hidden to avoid retribution for SGBV reporting, while in another context an implementing partner may want to be credited when statistics are used in order to increase the organization's visibility.

You can find the protocol template by downloading it from the GBVIMS website at: <http://gbvims.org/>. The protocol template is intended to help you develop your own protocol and should be modified and adapted to your context. It is intended that the development of an information sharing protocol be a collaborative project and **not** unilateral. It should incorporate the viewpoints or positions of all parties involved and not be a process by which the ideas of one agency are imposed on all the others.

Purpose—Outlines the purpose of the document and explains what information will be shared and for what purposes; proposes the expected outcomes of the information sharing.

Ground Rules—Specifies the basic rules to be followed when sharing information. This section defines responsibilities of the GBVIMS implementing agencies and the responsibilities of the consolidation agency and any agency or agencies responsible for information consolidation at the regional/sub-national level.



Monthly¹⁴ Reports and Information Sharing Procedures—Defines and describes what information should be included in reports submitted by implementing partners to the national consolidating agency. Examples of reports and their tables/content can be included as an annex of your protocol. This section outlines time frames for the submission of reports by agencies collecting data and time frames for the aggregation and return of the aggregate report to the information-sharing partners.

Data Security—Establishes necessary precautions and considerations to be made to ensure the security of all data and of the actors who are collecting the data.

National Consolidation Agency—Establishes the lead GBV organization as the national consolidation agency with which the monthly reports are shared.

When Others Request GBV Information—Describes the procedures for sharing information with external agencies and other actors, such as the government or media.

Time Limit—Defines the duration of the information sharing protocol and sets a date for its review and renewal.

Breaches—Outlines action to be taken when there is a breach in the protocol.

Annex—Once the inter-agency group has finalized their protocol, an annex should be added containing examples (based on fictional data) of correctly formatted tables that should be included on monthly or periodic reports.

¹⁴ Although we have used the term monthly, this period of time and frequency can be determined by implementing agencies and the national consolidation agency.

●●● ANNEX 8:

Rollout Action Plan Template

The action plan can be used both by inter-agency GBVIMS Liaisons and by representatives of organizations. The content of the type of topic will vary according to the actor. For each topic, write the succinct decision taken in the “Decision” column. If more information is required, add that in the “Notes” column.

Topic	Decision	Notes
<i>Intake Form</i>		
<ul style="list-style-type: none"> • Type • Translation required • If translation, to which language(s) 	Yes / No	Due date: _____
<i>Incident Recorder</i>		
<ul style="list-style-type: none"> • How many incident recorders • Where will they be located 		
<i>Data Compilation</i>		
<ul style="list-style-type: none"> • Frequency • How will compilation happen • How will compiled electronic data be backed up 		
<i>Quality Control</i>		
<ul style="list-style-type: none"> • How often will monitoring for quality data collection (intake forms) occur at each site • Who will monitor for quality (intake forms) at the site level • How often will monitoring for quality data compilation (incident recorder) • Who will monitor for quality data compilation (incident recorder) 		

●●● ANNEX 9:

Rollout Timeline Template

GBVIMS ROLLOUT ACTION TIMELINE						
PHASE	OBJECTIVE	ACTIVITY	RESPONSIBLE ACTORS / INDIVIDUALS	ACTORS/ INDIVIDUALS INVOLVED	DATES	
PHASE 1: ASSESSMENT	CONTEXT ASSESSMENT					
	COORDINATION MEETING #1					
	ORGANIZATION ASSESSMENT					
	COORDINATION MEETING #2					
	ASSESSMENT REPORT					
	STEERING COMMITTEE ENDORSEMENT PROCESS					
PHASE 2: PLANNING	COORDINATION MEETING # 3					
	ORGANIZATION MAPPING					
	DATA PROTECTION CHECKLIST					
	IMPLEMENTATION PLANNING WORKSHOP					
	TOOLS MODIFIED					
	FOCAL POINT TRAINING PLANNING & PREPARATION					
PHASE 3: IMPLEMENTATION	FOCAL POINT TRAINING					
	ORGANIZATIONS TRAIN KEY STAFF					
	DATA COLLECTION BEGINS					
	INFORMATION SHARING PROTOCOL DEVELOPED					
	DATA COMPILATION BEGINS					
	INITIAL REFRESHER TRAINING					
PHASE 4: MAINTENANCE	ISP MEETINGS					
	GBVIMS WORKING GROUP MEETINGS					
	OUTSIDE GBVIMS WORKING GROUP MEETINGS					
	REFRESHER TRAININGS					

●●● ANNEX 10: GBVIMS Training Budget Template

The budget template can be modified as needed. Depending on the needs in your particular setting, add lines or sections and delete unneeded parts. Creating and modifying budgets can be facilitated by Excel, so use that program if you can.

TEMPLATE:

Item	Type of Unit (Day, hour, item)	Description of unit calculation	Number of Units	Unit Cost	Sub-Total
Training room rental					
Meals					
Coffee/tea breaks					
Bottled water					
Participant transportation					
Hotel					
Participant per diem					
Flip chart paper					
Markers					
Photocopies					
Notebooks					
Pens					
Generator rental					
Projector rental					
TOTAL					

Beyond the costs associated with each training participant, do not forget to budget for costs that involve the facilitator(s) or other staff helping with, and present at, the training. These might include meals, coffee/tea breaks, per diem, hotel, transportation, notebooks, or other costs.

EXAMPLE BUDGET

This fictional budget concerns a three-day training for 25 participants led by two facilitators. The facilitators are holding the training in the town in which the participants are based.

Item	Type of Unit (Day, hour, item)	Description of unit calculation	Number of Units	Unit Cost (USD)	Sub-Total
Training room rental	Day	1 room/day	3	200	600
Meals	Lunch	Lunch x 27 people x 3 days	81	10	810
Coffee/tea breaks	Tea break	2 breaks/day x 3 days x 27 people	162	2	324
Bottled water	Case of 12 bottles	2 cases a day x 3 days	6	6	36
Participant transportation		<i>Not needed in budget – participants work in the town.</i>	-	-	0
Hotel	Room	1 room x 2 facilitators x 4 nights	8	50	400
Participant per diem		<i>Not needed in budget – participants work in the town.</i>	-	-	0
Flip chart paper	Flip chart	2 flip charts for the training	2	10	20
Markers	Pack	1 pack of markers	1	3	3
Photocopies	Photocopy	50 pages x 27 people	1,350	.10	135
Notebooks	Notebook	25 participants	25	2	50
Pens	Pack	2 packs of pens (20 pens/pack)	2	5	10
Generator rental	Day	1 generator/day	3	50	150
Projector rental	Day	1 projector/day	3	35	105
TOTAL					2,643



ANNEX 11:

Developing an Information Sharing Protocol

While it is hoped that the sample Information Sharing Protocol will help with the complex process of developing an ISP, this section is intended to provide further, step-by-step assistance on how to go about doing this. Note: these are general principles and suggestions that may have to be slightly modified before being applied to a specific context.

1. Determine if an information sharing protocol makes sense in the context.

- Not every organization, agency, or context requires an information sharing protocol. To determine if an information sharing protocol would be beneficial in the specific context, answer the following questions:
- Are there other GBV agencies operating in the same area? Who are they? Have they implemented the GBVIMS? Is there a desire amongst agencies to collaborate and share GBV information? Would they be willing to collaborate on the creation and implementation of an information sharing protocol?
- What are the pros (positive possible outcomes) of sharing information more widely? How might data sharing improve GBV programming or coordination?
- What are the cons (negative possible outcomes) of information sharing in this context?
 - Will the benefits outweigh the risks?

REMEMBER!

The process by which an information sharing protocol is developed between participating organizations is equally as important as the resulting protocol itself. A collaborative, inclusive and respectful process can help to develop trust between participating organizations, facilitate information sharing and a more robust humanitarian response to gender-based violence.

2. Determine which service providers in the context may want to share GBV incident data and set up an initial meeting to begin the discussion.

- Which agencies in the area have implemented the GBVIMS and want to share data?
- Are there agencies that have not implemented the GBVIMS but provide GBV services and would also like to participate?

3. Determine the level of information sharing that will need to take place in the context.

The GBVIMS focuses on three levels of information sharing:

1. Statistical outputs: A summary of incident data presented in table and/or chart form automatically generated by the Incident Recorder. See the below example of a typical data table that may be agreed to be shared as part of the ISP.

Incident Type by Survivor Age Group

Sample Table Generated from Fictitious Data:

Count of Incident ID	Age Group			
Incident Type	Age 0-11	Age 12-17	Age over 18	Grand Total
Denial of resources, opportunities or services			4	4
Rape	2		1	3
Sexual Assault	1		1	2
Psychological/Emotional Abuse	1		1	2
Physical Assault			2	2
Forced Marriage	1			1
Grand Total	5	0	9	14

2. Rows of edited line data from the Incident Recorder with some sensitive data fields (columns) deleted.
3. Complete rows of unedited line data from the Incident Recorder.

Actors often initially agree to share information at the first level – statistical outputs in table or chart format. Sharing information in statistical format can accommodate a range of existing relationships among organizations and agencies looking to be party to the ISP. During regular reviews of the ISP, parties to the protocol have the opportunity to consider revising the level at which information is shared.

4. Identify the intended purpose and expected outcomes based on the level of information sharing agreed upon (see #3); decide what information needs to be shared.

- What specific types or fields of data should be shared? Why should that information be shared and how will it be used?
- What data is most useful to share amongst GBV service providers to improve programming and coordination in the context?
- Are the identities of the survivors and all involved in helping them adequately protected? How will the protocol ensure this? Could any survivors be negatively affected by sharing of even anonymous data? How?

5. Write the purpose section of the ISP including the expected outcomes of sharing information. Identify the agency that will be trusted for data consolidation and analysis.

- Meet with the other service providing organizations, and using the 'Purpose' section of the Information Sharing Protocol Template, draft together the intended purpose of the protocol and the expected outcomes for sharing information.
- What is the specific geographic area that will be covered by this protocol? At what level will information be shared (e.g. by camp, by district, by region, at national level, etc.)?
- With which agency working in the area will the parties to the protocol entrust the de-identified data for aggregation?
 - » If they are not already involved in the ISP development process, invite them to be part of the ISP and share the expected outcomes with them, allow them to formulate and communicate their data needs and what they would like to gain from the data sharing and aggregation process. Consider these recommendations and finalize the purpose section.

6. Determine the information flow and how the data should be shared.

- How will information flow between agencies?
- What are the responsibilities of the agency that was selected to receive and aggregate information?
- What amount of time does the consolidating agency have to return the aggregate report to the agencies providing information?
- Will everyone meet to discuss the aggregate report, identify gaps and needs, and determine actions to address these? Who will lead these meetings? How often will the data be aggregated?

7. Clarify the roles and responsibilities for all organizations and agencies involved¹⁴.

- Using the 'Ground Rules' section of the template, determine the roles and responsibilities for all agencies involved.
- Specify: which agencies will be sharing information? Which will be compiling? Analyzing? Receiving aggregate anonymous reports?
- Have all organizations and agencies agreed to follow a Data Protection Protocol in order to establish what steps each organization is agreeing to make to protect information and ensure that all parties to the protocol are maintaining high standards of confidentiality and data security?

8. Set the format of the reports and a reporting timeline/schedule.

- What format will the reports take? What will they look like? Will this be standardized for all agencies? If there will be multiple levels of information sharing, will there be a different format for each level? What will this look like?

What will the reporting schedule be? How often should reporting agencies send their reports to the compiling/aggregating agency? Will there be a cut-off deadline for agencies that fail to submit their report by a certain day (this is to avoid a single organization holding up the entire process)?

How will the aggregating agency send reports back to reporting organizations? How often will this happen and by when?

9. Agree on how submitted and compiled data is stored, analyzed and used – and how it will not be used.

- Once data is submitted and then compiled, how should it be stored? With whom? For how long? What kind of security/precautionary measures should be used to protect the data?
- What are the parameters around how the data can and cannot be used?
- How will the data be analyzed once it's compiled? Who will analyze it? How will that analysis be used? How should that analysis not be used?

¹⁴ Please note: UNHCR will always be the consolidating agency for GBV data for refugee and stateless populations. This is due to UNHCR's unique mandate with refugees as per the 1951 Convention and the Convention on Statelessness. No other aspect of the process for establishing an information sharing protocol should be affected by this fact.

- How will the compiled and analyzed data be shared back with participating organizations?
- Can other agencies that did not contribute information to the aggregate report have access to the information? Is there a procedure for obtaining permission from data providing agencies if the data is to be shared beyond those providing the data? Can a list of organizations, agencies, and people that are authorized to receive the reports be included into the information sharing protocol?

10. Ensure confidentiality measures are taken.

- What confidentiality measures should be taken to maintain the confidentiality of the survivors and those involved?
- Do actors have the survivor's informed consent for information sharing? If yes, how was this consent obtained ?
- What other ethical considerations should be made in the protocol to ensure the safety of those involved?

11. Decide what consequences a breach of the Information Sharing Protocol will have.

- What are some of the ways an organization or agency could breach the protocol? What are some types of consequences that will take place should these breaches occur?

12. Based on the information above, draft an Information Sharing Protocol.

- Use the GBV Information Sharing Protocol Template to help in writing a draft protocol.
- Circulate the draft to make sure all future parties to it agree with the protocol; if all are in agreement, agencies should sign the protocol.

13. Set an expiration date for the protocol and a date for convening with implementing agencies to reassess the protocol and discuss and make changes to it.

- Humanitarian contexts are volatile and changes to the information protocol may be needed to adapt to new circumstances. It is important to meet at least every six months to verify the usefulness and applicability of the current ISP, and modify it as needed.
- Creating an information sharing protocol will take several meetings with different actors where the terms of the information sharing are brainstormed and negotiated. This process can be long, but is the best way of ensuring ethical and safety standards are met.

●●● ANNEX 12: Glossary of Terms

Aggregated Data

Data that has been combined or compiled together, thereby becoming anonymous in the process.

Caseworker Code

A code assigned to each caseworker or health worker to protect them from being directly linked to specific cases. Each individual person providing services to survivors should be assigned a unique code that is not easily identifiable.

Data Field

The specific types or fields of data that will be collected.

Full Rollout

This is a rollout in which all the organization's offices providing services to survivors will implement all four of the GBVIMS tools.

GBV Senior Management Staff

An individual (or individuals) based in an organization that provides direct services to GBV survivors (notably case management, psychosocial, or medical). These are staff who have authority to make decisions around funding, human resource allocation, and program restructuring. The GBV Management Staff would initiate assessment of the applicability of the GBVIMS to their situation, then normally select a colleague to act as the GBVIMS Focal Point.

GBVIMS Focal Point

The Focal Point leads the rollout within an organization and takes general responsibility for implementation and maintenance of the system once their organization's GBV Senior Management Staff and other decision-makers as required give the go-ahead for rolling out the GBVIMS.

Gender-Based Violence

Violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, or other deprivations of liberty. While women, men, boys and girls can be victims of gender-based violence, because of their subordinate status, women and girls are the primary victims.

Incident ID

A coded number assigned to each new incident reported. A new incident number will be given each time a new intake form is filled out. The same person will be given a new incident number for each new incident they report. Any follow up of a case will continue to use the same incident number that was assigned during the initial interview.

Information Management

The manner in which an organization's information is handled or controlled. Includes different stages of processing information including: collection, storage, analysis, and reporting/sharing.

Information Sharing Protocol

A document that outlines a set of guidelines for organizations and agencies to follow during the information sharing process.

Informed Consent

The approval from a survivor, who is aware of the implications of sharing data on their GBV incident, to share his or her information under certain circumstances

Inter-Agency GBVIMS Liaison

An individual based in a United Nations agency coordinating organizations that provide direct services to GBV survivors. The Liaison is the primary point person for the rollout in the setting and facilitates the rollout process. The Liaison may work in collaboration with others, including calling on outside expertise as needed. The Liaison guides organizations in establishing the GBVIMS within their existing service provision activities. Except in unique settings, the Liaison will receive, compile, and analyze aggregated statistics from service providing organizations. Normally, the Liaison does not directly manage full data collected by organizations assisting survivors.

Limited Rollout

In a limited rollout, the GBVIMS is implemented in a portion of the organization's sites or offices. This may be necessary due to staff capacity or resource constraints.

National Consolidating Agency

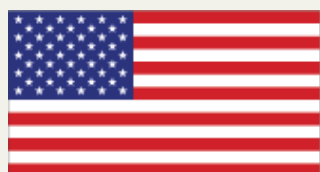
The lead GBV actor with which monthly or periodic reports are shared once an Information Sharing Protocol is negotiated and ratified in an inter-agency setting. This may be (but not necessarily) the actor with which the inter-agency GBVIMS Liaison is affiliated. Another term for this role is: *Compiling Agency*.

Partial Rollout

In a partial rollout, not all four of the GBVIMS tools are implemented. There may be staff capacity or resource limitations. If there is already minimal data collection taking place, an organization may choose to train caseworkers and/or health workers on incident classification (GBVIMS Tool 1) and the basic Intake and Assessment Form (GBVIMS Tool 2). Note, however, that if information is to be shared, the Information Sharing Protocol (GBVIMS Tool 4) is mandatory.

Survivor Code

A code given to an individual survivor reporting a case. This code should remain the same for a survivor, even if they are coming back to report a new incident.



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