

Chapter 2: Information Management and Gender-Based Violence

The Gender Based Violence Information Management System



USER GUIDE

Chapter 2: Information Management and Gender-Based Violence

MAIN IDEAS

- Good quality data is vital to organizations and agencies in order to make informed decisions, take appropriate action and improve the humanitarian response to GBV.
- GBV-related data is always sensitive. The management of that data is complex and requires that systems and safeguards be in place to ensure data security and the safety of everyone involved.
- As data is compiled and shared during the information management process, the quantity and specificity of the data shared at each level should decrease.
- The GBV Information Management System is a set of 4 tools designed to improve Gender-Based Violence prevention, response and coordination in humanitarian context by:
 - standardizing management of GBV-related data
 - automatically generating high-quality GBV incident statistics and reports for analysis
 - developing the capacity and context for safe and ethical sharing of incident data between humanitarian actors
- Once you have finished reading this chapter you should refer to your printed copy of the user guide workbook and do all the activities associated with Chapter 2.

KEY TERMS

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.

Relevant data: Data that can be used for accurate and appropriate data analysis. The tendency is for people to collect more information than they can use, and in a level of detail that limits its utility to produce general statistics and meaningful data analysis.

Standardization: The process of creating consistency or regularity. One main purpose of the GBVIMS is to standardize data collection so that information can be meaningfully compiled and analyzed within and between GBV service providers.

Data Analysis: is the process by which data or information is aggregated and summarized for presentation.

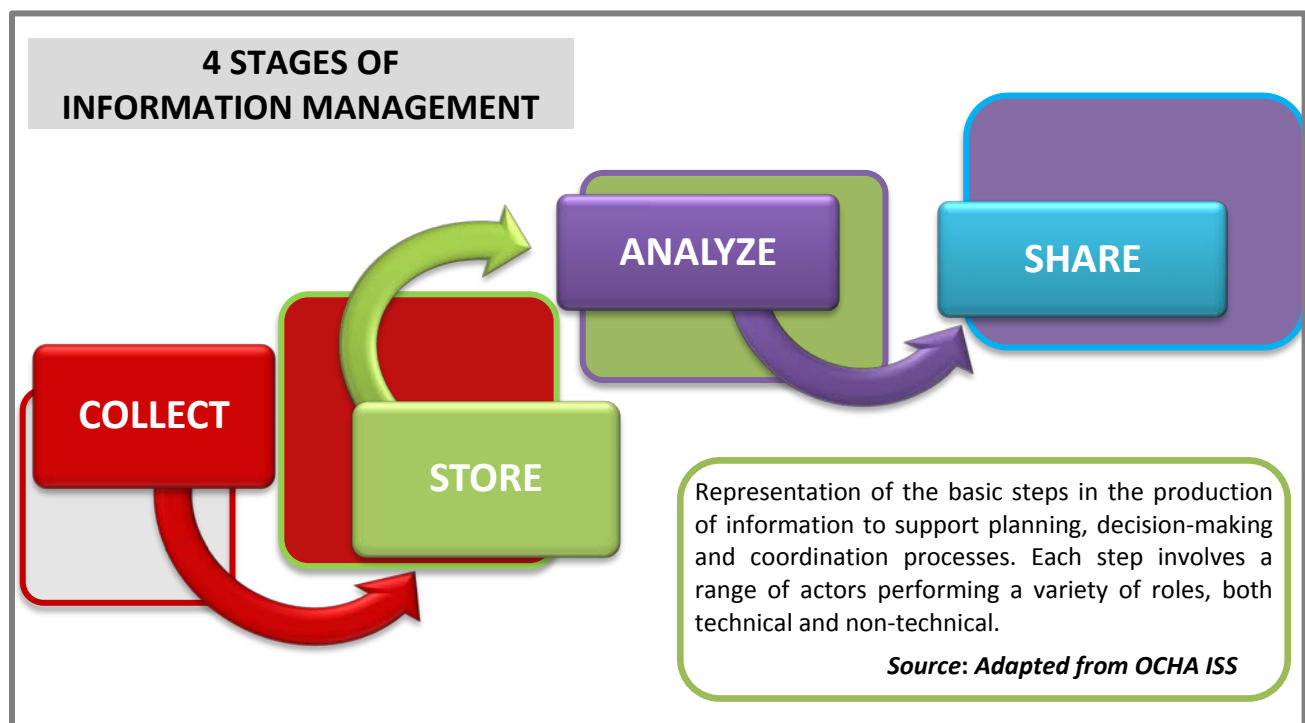
Data Points: The specific types or fields of data that will be collected.

The Gender-Based Violence Information Management System (GBVIMS) and this user guide focus on the following main aspects of information management: *collection, storage, analysis and sharing of data*. Anyone involved in any of these activities is participating in the information management process.

GBV information management: data collection, analysis, storage and sharing

Information management, (sometimes called data management) covers all the various stages of information processing from collection to storage, analysis to reporting. Information can be from internal and external sources and in any format (paper forms, data, electronic files, verbal reports & graphical representations). Effective information management enables organizations and agencies to:

- capture, manage, store, safe-guard and share the right information with the right people at the right time to improve programming and overall humanitarian response
- improve the speed and accuracy of information delivered, creating a shared frame of reference that enables decision makers to co-ordinate and plan response programming based on best available knowledge of needs and a clear understanding of each organization’s capacity.



Information management is extremely important in the field of gender-based violence (GBV). Currently, there is a lack of timely and reliable data on the nature and scope of GBV. This makes the data that service providers do collect extremely important and sought after it also puts pressure on service providers to make sure this data is of high quality and handled appropriately.

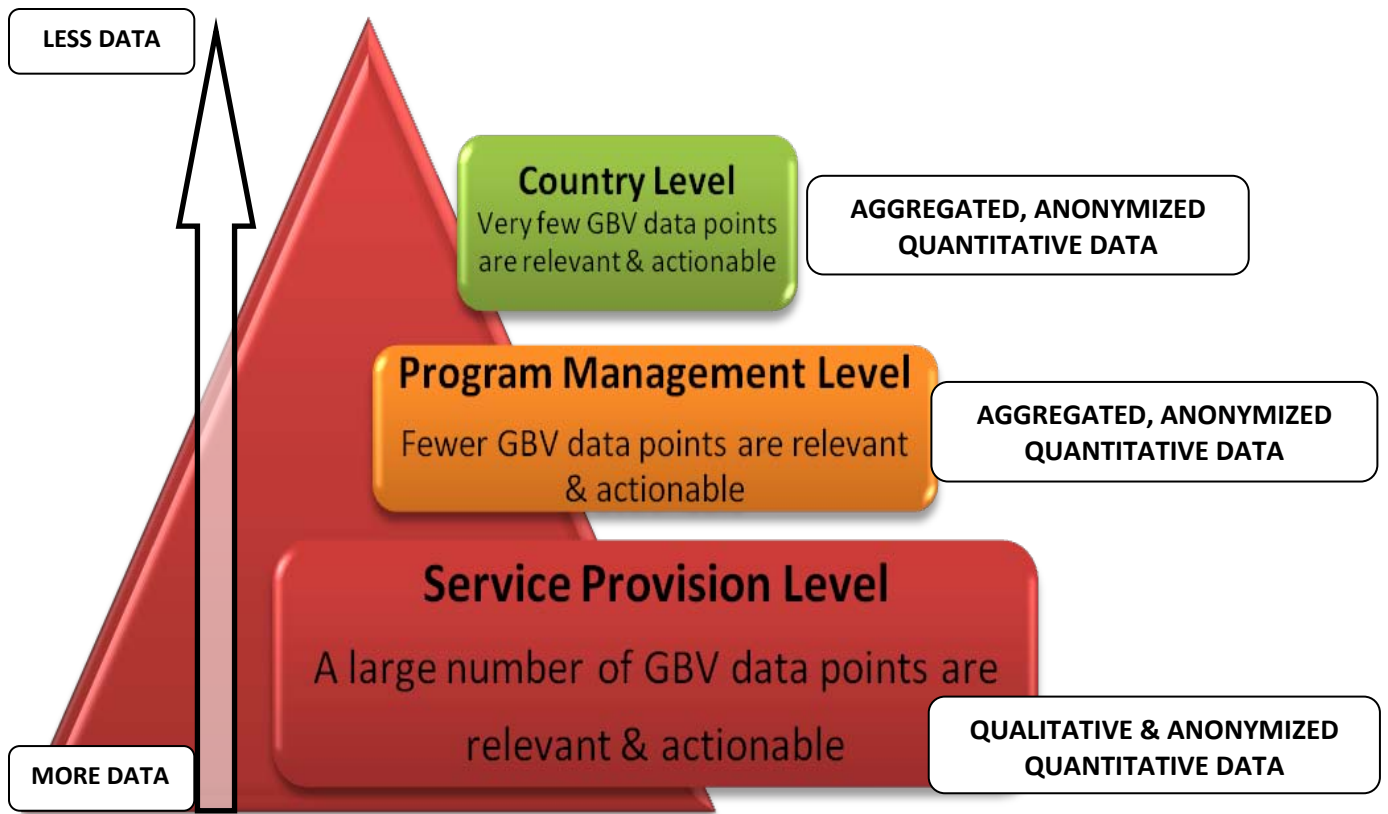
This section introduces the four main aspects of information management within the GBV context.

1. **Data collection**—Data collection is the processes by which data is gathered or obtained. When GBV survivors seek support from your organization, an important aspect of your work is to *collect relevant*, accurate information regarding the survivor and the incident. The primary concern of service providers should be the immediate well-being of survivors; *therefore, you should only collect data that meets the needs of your clients and to offer them appropriate services.*

2. **Data storage**—All data throughout the information management process should be stored properly, whether the data is stored in paper form or in an electronic database. The sensitive nature of GBV data and the potential harm that could happen if the data were misused makes it extremely important for service providers to store data in a manner that ensures the safety of the survivor, the community and those collecting the data.
3. **Data analysis**—Data by itself is not very useful. Once collected, data must be analyzed in order to understand what the information is actually saying. Data analysis allows us to make sense of the data, extract meaning from it and then draw informed conclusions. Properly analyzing high-quality GBV data has several benefits at the organizational level. It can enable your agency to:
 - a. Understand the trends and patterns of *reported* incidents¹ within your organization
 - b. Make more informed decisions regarding your interventions
 - c. Plan for future action
 - d. Improve the overall effectiveness of your GBV programs and service provision
4. **Data sharing**— Just as data can be compiled and analyzed at the *organizational level*, shared data can be compiled from various sources (different organizations & agencies) to generate data that can be analyzed at the *inter-agency level*. Since multiple providers often operate in the same area and provide services to the same client population, the ability to produce high quality GBV data that can be safely shared and analyzed at the inter-agency level is a key step towards ensure a proper, and coordinated, response.

The sensitivity of GBV information requires that clear guidelines and information sharing agreements are in place to make sure that safe and ethical data sharing can take place between viable agencies, organizations and institutions. Inter-agency data sharing agreements must take into account not only what information is being shared but also at what levels different types of information is shared. As information works its way through the information management process, the amount and specificity of data being collected, compiled and analyzed decreases. For example, the thorough and detailed information collected in case notes and intake forms by a service provider is important to ensure that the client receives the best care possible, but as this information moves further away from the individual and their case management and more towards compiled data for analysis, that level of detailed information is no longer necessary or appropriate for the purpose it is now serving. In general, not all GBV data that you collect will be equally pertinent on all levels of analysis. In fact, fewer and fewer data points will be relevant and necessary. See diagram below.

¹ The constant italicized '*reported*' throughout the user guide is to emphasize the fact that GBVIMS only considers incidents that have been reported to service providers. This means, therefore, that GBVIMS data should *not* be considered or used as prevalent data, or data that represents the *total* number of GBV incidents in an area.



Challenges with GBV information management

While it is easy to see the importance of having proper information management methods, implementing and maintaining them within an organization is challenging. The following table outlines some of the challenges confronting organizations at the various stages of information management:

Stage of information management	Challenges with GBV information management
Collection	<p>Lack of clarity regarding what data is appropriate to collect from clients and for what purpose</p> <p>Lack of standardization in what data is collected and how, both within organizations and between organizations</p> <p>Human error while recording data on intake forms</p>
Storage	<p>Client files and GBV data are not stored with adequate precautions to protect client anonymity and safety</p> <p>Appropriate precautions such as anti-virus and backing up database files are not taken, making loss of stored electronic data common</p> <p>Staff are unaware of appropriate procedures for destroying or relocating client files that have been closed or must be secured during an emergency evacuation</p>
Analysis	<p>Staff at all levels struggle with how to: compile data, present data in a meaningful way, and analyze data</p> <p>Limited experience with computers prevents many staff from using information entered into a database</p> <p>Staff are not accustomed or trained to use data to inform service delivery, programming and the wider humanitarian response</p> <p>Calculating GBV data by hand is very time intensive, leaving little time for the resulting statistics to be analyzed.</p>
Sharing	<p>Sensitive information is shared without taking into account the necessary ethical and safety considerations, putting the anonymity and safety of GBV survivors, their communities and services providers at risk</p> <p>Requests for information are made without a clear explanation of why the data is needed and how it will be used</p> <p>Quantity of data tends to be prioritized over the quality and usefulness of the data being shared</p> <p>Client files are often expected to be automatically shared as routine reporting versus strictly within the confines of a referral and with client consent</p> <p>Client consent regarding the use of his/her data is often overlooked</p> <p>Lack of standardization in GBV terminology, data collection tools and incident type classification across services providers undermines the quality of data aggregated between service providers</p>
All stages	<p>Maintaining standards in information management in the face of high staff turnover</p>

The challenges described above have the following impact on the humanitarian response to GBV:

- Humanitarian workers do not have access to complete and reliable picture of the GBV incidents *being reported* in their context, which hinders their ability to advocate, coordinate and plan
- The potential for collected data to inform program decisions for effective GBV prevention and care for survivors is compromised.
- Unsafe and unethical information sharing practices are too common; GBV service providers may not recognize these bad-practices which can result in ineffective coordination relationships between key stakeholders due to tensions raised around these issues.
- The overall multi-sectoral response to GBV in humanitarian contexts is diminished by the many obstacles created from the existing inconsistencies across common GBV data management and information sharing practices.

EXAMPLE

The RHRC's report dealing with GBV programs over the course of five years and within 12 different countries describes some of the challenges organizations face with GBV information management:

"Obtaining data and reports was the first challenge. The GBV TA [Technical Advisor] found that none of the headquarters of organizations that serve refugees had one place where GBV incident report data was maintained and used to guide program planning and development...

Comparison of the data was difficult because definitions of the different types of GBV vary from country to country and even from field site to field site within a country. *Sexual harassment* in one site might be *sexual abuse* or *sexual exploitation* in another...

Another problem was the inconsistency in forms and formats that field sites use to document incidents. The report from the 2001 "SGBV Lessons Learned Conference" in Geneva recommended a universal Incident Report Form, but its use is not universal. Some sites do not document GBV incidents on the Incident Report Form; others complete Incident Report Forms only for rape and sexual assault. Some sites document certain types of GBV incidents in log books, which do not contain the same detailed information called for by the Incident Report Forms.

Data compilation itself is scarce, spotty, or nonexistent. Many sites lack monthly data reports on the number and type of incidents. Some sites compile data in great detail from time to time, but do not have systematic methods for data compilation; therefore, the compilation is extremely time-consuming and occurs only intermittently. Others collect data, but have not yet developed systems for compilation and analysis. One site had a collection of incident reports spanning almost three years, but they remained unused in a file drawer.

GBV staff are generally aware of the types and extent of GBV incidents being reported, but have very few, if any, hard numbers with which to monitor and evaluate their work. GBV programs seem to be guided by qualitative, subjective information and impressions. Although qualitative information is perfectly acceptable, most programs did not have consistent systems for collecting, compiling, and analyzing it."

Vann, B. (2002) "Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations." RHRC:53-54.

The Gender-Based Violence Information Management System (GBVIMS)

The Gender-Based Violence Information Management System (GBVIMS) was originally launched in 2006 by UNOCHA, UNHCR, and the IRC. Since then, UNFPA, UNHCR and IRC has counted on technical guidance from the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action throughout the development of the GBVIMS. The GBVIMS was created to harmonize GBV data produced through service delivery in humanitarian settings. The GBVIMS enables humanitarian actors who are responding to GBV to safely collect, store and analyze reported GBV incident data, and facilitate the safe and ethical sharing of reported GBV incident data.

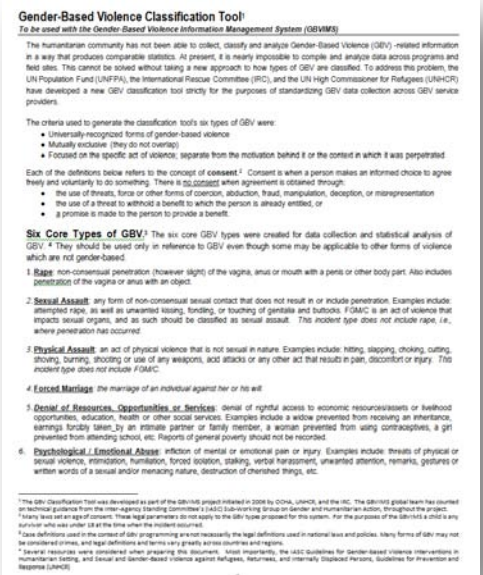
The GBVIMS offers:

1. A simple and efficient process for GBV service providers to collect, store, analyze and share their incident data
2. A standardized approach to data collection for GBV service providers
3. A confidential, safe and ethical approach to sharing anonymous incident data on *reported* cases of GBV

The intention of the system is to assist the GBV community to better understand the GBV cases being *reported* by enabling service providers to more easily generate high quality GBV incident data across their programs, properly analyze that data and safely share it with other agencies for broader trends analysis and improved GBV coordination.

The GBVIMS is made up of four major tools:

1. **GBV Classification Tool**—When a GBV incident is reported, the individual providing services collects and records many important pieces of information relating to the incident, survivor and services being provided. At some point the caseworker will use this information to determine what type of GBV the incident involved and classify the reported incident accordingly. Despite being a routine part of most service providers' work, the GBV community has long struggled with what types of GBV should be used, how these types of GBV should be defined and how can they be applied consistently across individuals, organizations and contexts. The variation in incident classification has made compiling GBV data difficult, hindered information sharing and undermined coordination efforts. The GBV Classification Tool **standardizes** GBV terminology by using a set of six core GBV types and definitions. It also standardizes how incidents are classified by using a process of elimination to determine the most precise GBV type that occurred during the reported incident. For more information regarding the classification tool, please refer to Chapter 3.



2. **Intake and Consent Forms**—Since most organizations determine individually and independently what data they will be collecting from survivors and how to define that data, the format, content and quality of the resulting GBV-related data varies greatly from one organization to another. This variation makes compiling and analyzing data from different service providers extremely difficult. The intake form is a template to be used by individuals providing services to GBV survivors reporting an incident. It contains fields collecting non-identifiable information on the survivor, referral type, incident, alleged perpetrator, planned action, and initial assessments. It is an easy-to-use form that is intended to be adjusted and modified to meet the needs and context of each service provider.

Instructions

- This form must be filled out by a case manager, health practitioner, social worker or other authorized person providing services to the survivor.
- Note that questions followed by an asterisk (*) must remain on the intake form and must be answered. These questions are a part of a minimum essential dataset on GBV. Some questions are followed by both an asterisk* and a checkmark. These are customizable, and the inclusion/exclusion of these fields is intended to be adapted to each context and can be modified. Questions that are unmarked may be modified by your agency or removed if they are not necessary for your program and/or case management.
- Unless otherwise specified, answer in the YES/NO response field for each question.
- Please feel free to add as many questions to this form as needed in your context and/or attach additional pages with continued narrative, if needed.

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

1-Administrative Information

Incident ID: _____ Survivor code: _____ Caseworker code: _____

Date of interview (day/month/year): _____ Date of incident (day/month/year): _____

Reported by the survivor or reported by survivor's escort and survivor is present at reporting* (These incidents will be entered into the Incident Recorder)

Reported by someone other than the survivor and survivor is not present at reporting (These incidents will not be entered into the Incident Recorder)

2-Survivor Information

Date of Birth (approximate if necessary): _____ Sex: Female Male Other (specify): _____

Country of Origin: Country names here Etc. Foreign National Stateless Person Other (specify): _____

Nationality (if different than country of origin): _____ Religion: _____

Current Civil/Marital Status: Single Married / Cohabiting Divorced / Separated

Number and age of children and other dependents: _____

Occupation: _____

Displacement status at time of report: Refugee IDP Returnee Asylum Seeker Stateless Person

To the client is this an "Unaccompanied or Separated Child"? No Yes Unaccompanied Minor Separated Child Orphan or Vulnerable Child

If the survivor is a child (less than 18 years old) date he/she last turned 18: _____

If the survivor lives with someone, what is the relation between her/him and the caretaker? Parent / Guardian Spouse / Cohabiting Other _____

What is the caretaker's current marital status? Single Married / Cohabiting Divorced / Separated Widowed

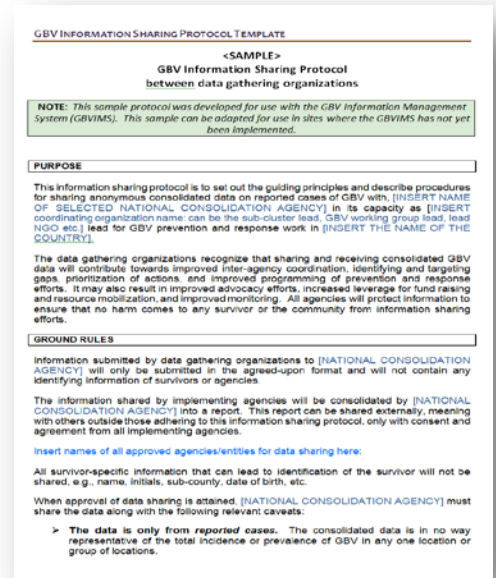
What is the caretaker's primary occupation: _____

In addition to the intake form is the 'Consent for Release of Information.' This form provides survivors the right to control whether information about their case is shared with other agencies or individuals, for what purpose, and in what format. The consent form should be explained to the survivor *at the beginning* of the meeting with the client and filled out after referrals have been discussed and given. The consent form should *never* be attached directly to the intake form. It should always be stored separately to ensure client confidentiality.

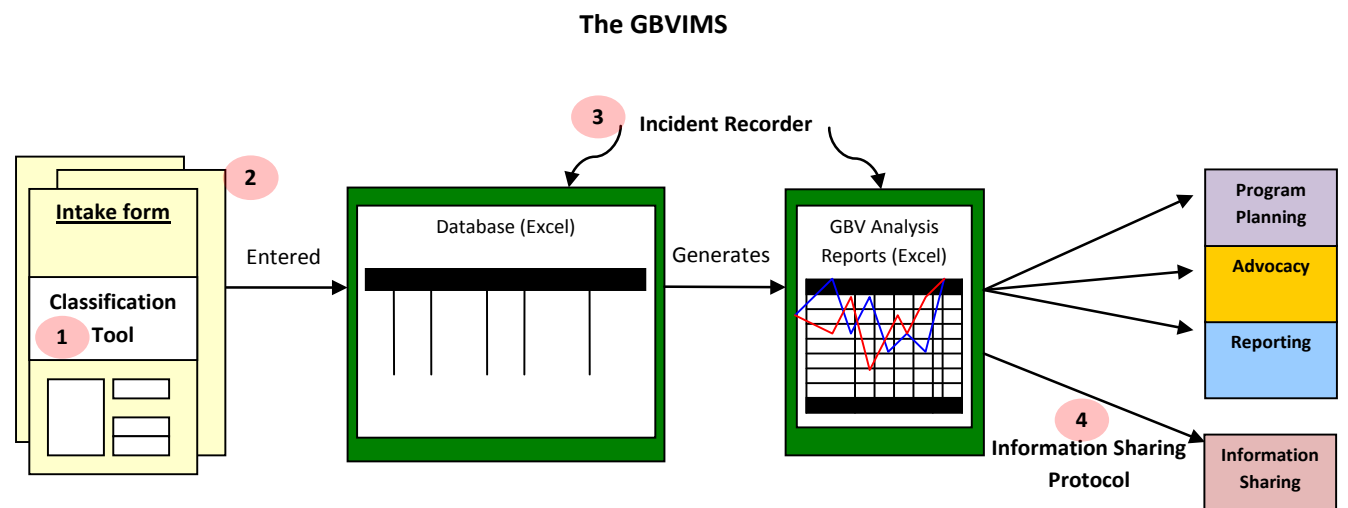
3. **Incident Recorder (IR)**—Once data has been collected using the intake form, service providers can input the data into the Incident Recorder. The IR is an Excel spreadsheet that acts as a database for compiling and storing collected GBV data. It contains customizable dropdown lists to decrease input errors and the amount of time to it takes to enter data. As data is entered, the IR will automatically generate calculated data for trend analyses as well as monthly statistics reports, data tables and charts to allow users to instantly search, utilize and analyze their GBV data. The fields of the IR correspond directly with the fields of the intake form to make data input quick and easy. The IR is password protected and contains only de-identified incident data to ensure all data is safely stored and accessible only to those who should be able to access it.

	A	B	C	D	E	F
1	ADMINISTRATIVE INFORMATION					
2	<p>Each new incident reported should be assigned a unique code called an Incident ID. It is assigned by each agency at the time the intake form is filled out. The entered here should match exactly the ID written on the corresponding intake form. Incident IDs should not be repeated and will automatically increase if entered more than once in the system.</p> <p>Unique code assigned to a survivor the first time they report an incident. This code will be assigned to the individual. The same survivor code will be used for all future cases they report. If you enter a survivor code that has previously been entered, both codes will be right green text. Make it have the same color block if you do not assign survivor codes.</p> <p>Unique code for the person who filled out the intake form for the reported incident. A code name is used instead of a real name to protect the identity of the reporting agency and to start the individual or agency's true name. To add an ability to the dropdown menu, click on the Menu Data tab below. Hide or show this column if you prefer using only spreadsheet data to add.</p> <p>The day on which the survivor was interviewed and the intake form was filled out. Enter dates as dd-mm-yyyy (Example June 25, 2009 is entered 25-Jun-2009).</p> <p>The day on which the incident took place. Enter dates as dd-mm-yyyy (Example June 25, 2009 is entered 25-Jun-2009).</p> <p>Enter the survivor's date of birth. If only age is known, fill on the BirthDay Calculator tab below to calculate the birth year. Replicate without the and/or records with a 1. Enter dates as dd-mm-yyyy (Example if a survivor reports in 2010 that she does not know her birthday but she knows she is 28, then enter the date as 1-Jan-1978).</p>					
4	INCIDENT ID	SURVIVOR CODE*	CASEWORKER CODE*	DATE OF INTERVIEW	DATE OF INCIDENT	DATE OF BIRTH
5	95-1	US-038	95	1-Feb-2009	10-Jan-2009	1-Jan-1951
6	95-2	JA-034	95	5-Feb-2009	5-May-2006	5-Mar-1992
7	95-3	HO-032	95	7-Feb-2009	9-May-2008	3-Nov-1973
8	03-1	VA-049	03	15-Feb-2009	15-Feb-2009	19-Sep-1979
9	97-1	21-089	97	18-Feb-2009	17-Feb-2009	5-May-1990
10	95-4	98-230	95	22-Feb-2009	1-Jan-2003	4-Jun-2008
11	97-2	L3-001	97	2-Mar-2009	2-Mar-2009	29-Aug-1991
12	97-3	22-002	97	4-Mar-2009	2-Mar-2009	8-Aug-1974
13	95-5	56-399	95	5-Mar-2009	1-Nov-2008	2-Oct-2001
14	03-2	03-842	03	8-Mar-2009	7-Mar-2009	18-Jun-1980
15	97-1	100-000	97	6-Mar-2009	6-Mar-2009	1-Jan-1917

4. **GBV Information Sharing Protocol (ISP) Template**—The information sharing protocol may be the most groundbreaking tool in the GBVIMS toolkit. Sharing GBV-related data in humanitarian contexts is challenging and raises concerns due to its inherent sensitivity and potential negative consequences if mishandled. It is essential that only the appropriate level of data is shared and that the purpose for sharing the data is explicitly stated. Clients’ control over their data must be respected. All participating organizations must undertake an initial internal assessment of their existing data protection practices. All participating organizations and agencies must also agree not only on how their shared data will be used but also exactly what information will be shared, with whom, and in what format. Trust and a spirit of collaboration are essential to facilitating information-sharing amongst organizations. The process of developing an ISP will need to engage all relevant actors and is equally as important as the final document produced. This sample gives an example of what a GBVIMS information sharing protocol might look like and key points that it should include. It provides some ground rules and guiding principles on procedures for sharing non-identifiable data on *reported* cases of GBV.



Each of the GBVIMS tools plays an important role in accomplishing the purposes of the GBVIMS. The following chapters of this user guide are focused on explaining each tool with its unique role and then training *you* on how to use and ultimately implement them in your organization.



Additional GBVIMS resources

In addition to the four tools listed above, additional resources pertaining to the GBVIMS do exist.

The GBVIMS User Guide—This user guide is intended to be a resource to help you not only understand the GBVIMS and how to use its tools but also important issues surrounding information management within the context of GBV. The user guide also includes a corresponding workbook that contains exercises and activities to help individuals apply the information they have learned while reading the user guide.

KEY POINT

The GBVIMS User Guide Workbook found at the end of this user guide contains activities pertaining to Chapters 2-7. You should print the workbook and its answer key separately so that you can refer to it quickly and easily while reading the user guide. Once you finish reading this chapter, remember to take a moment to do the activities for Chapter 2.

GBVIMS website—The GBVIMS website offers an introduction to the GBVIMS, technical support from the GBVIMS Steering Committee, GBVIMS news and updates, and allows individuals from organizations wanting to implement the GBVIMS to download the tools. Organizations and agencies wishing to receive a copy of the Incident Recorder, can find instructions on how to do so here. You can access the website at www.gbvims.org.

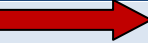





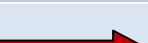


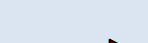






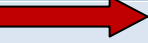
GBVIMS Steering Committee—The GBVIMS Steering Committee is an inter-agency partnership consisting of members from UNHCR, UNFPA and IRC.

The steering committee's role is to:

- Develop and update the GBVIMS tools
- Facilitate rollouts of the GBVIMS in countries and locations wanting to implement it
- Provide technical support to agencies needing assistance.
- Further the discussion on best-practice information sharing

The steering committee can be contacted for questions or support at gbvims@gmail.com or on skype under the username: gbvimshelp.

The GBVIMS tools and resources are intended to help the GBV humanitarian community overcome information management challenges. Below is a table showing which GBVIMS tool or resource addresses the specific challenge mentioned above.

Stage of information management	Challenges with information management	GBVIMS tool or resource that addresses the challenge
Collection	Lack of clarity regarding what data is appropriate to collect from clients and for what purpose	 Intake form
	Lack of standardization in what data is collected and how, both within organizations and between organizations	 Classification tool and intake form
	Human error while recording data on intake forms	 Intake form and Incident Recorder (IR)
Storage	Client files and GBV data are not stored with adequate precautions to protect client anonymity and safety	 IR
	Appropriate precautions such as anti-virus and backing up database files are not taken, making loss of stored electronic data common	 IR
	Staff are unaware of appropriate procedures for destroying or relocating client files that have been closed or must be secured during an emergency evacuation	 User guide
Analysis	Staff at all levels struggle with how to: compile data, present data in a meaningful way, and analyze data	 IR and Information Sharing Protocol (ISP)
	Limited experience with computers prevents many staff from using information entered into a database	 IR
	Staff are not accustomed or trained to use data to inform service delivery, programming and the wider humanitarian response	 IR and User guide
	Calculating GBV data by hand is very time intensive, leaving little time for the resulting statistics to be analyzed.	 IR
Sharing	Sensitive information is shared without taking into account the necessary ethical and safety considerations, putting the anonymity and safety of GBV survivors, their communities and services providers at risk	 ISP
	Requests for information are made without a clear explanation of why the data is needed and how it will be used	 ISP
	Quantity of data tends to be prioritized over the quality and usefulness of the data being shared	 ISP
	Client files are often expected to be automatically shared as routine reporting versus strictly within the confines of a referral and with client consent	 ISP
	Client consent regarding the use of his/her data is often overlooked	 Consent form
	Lack of standardization in GBV terminology, data collection tools and incident type classification across services providers undermines the quality of data aggregated between service providers	 GBV classification tool and intake form
All stages	Maintaining standards in information management in the face of high staff turnover	 GBVIMS User Guide

The benefits and limitations of the GBVIMS are briefly outlined for you below. These will be discussed in further detail throughout the user guide.

KEY POINT

Benefits of the GBVIMS

1. Eliminates bias and subjectivity used in classifying and defining types of GBV
2. Uses a specific GBV taxonomy based on the act of violence rather than the context of the incident; combining the context with the act of violence results in massive incident taxonomies that are not useful or comparable
3. De-identifies incident data, thus increasing client confidentiality and enabling safe and ethical data sharing
4. Ensures survivor consent for data usage
5. Low technology solution (Excel) for environments that do not have high technological capacity
6. Uses Excel formulas and tables to reduce the amount of staff time dedicated to data entry, and manual calculation of GBV statistics
7. Systemizes every data element and keeps all incident data together within one incident recorder (Excel database); data is then suitable for statistical reporting and can be filtered, sorted and aggregated by the various data fields (e.g. victim or perpetrator characteristics); in other words, the data is very "flexible" and many types of analyses are possible
8. Automatically produces statistical tables and charts
9. Assists with producing reports, including victim profiles, perpetrator profiles, incident trends (e.g. time and location) and referral pathway tracking
10. Produces standardized statistics across many actors that may be compiled, reported and compared
11. Is a mechanism to help minimize the double-counting of cases within inter-agency datasets
12. Can be easily customized for specific contexts and programming needs

KEY POINT

Limitations of the GBVIMS

1. It is NOT a case management tool—it only captures data at one point in time
2. It does not evaluate the quality of GBV interventions or programming
3. Recorded GBV incidents are a reflection of those *reported* and NOT of the prevalence of GBV in a particular context
4. Because it is in Excel, it is ill-suited to massive volumes of data; in an operation where incident records are consolidated into a massive database, construction of an Access database that can import data from the Excel Recorder is recommended
5. Because it is in Excel, data fields can only have a one-to-one relationship, thus not making it very suitable for tracking one-to-many relationships
6. Since the GBVIMS collects incident data that is collected during service provision, it cannot be used to collect second hand reports of GBV. This includes any incident in which the victim dies prior to seeking services.
7. Data source is limited to the initial intake form; the GBVIMS is not intended to be used for case follow-up, such as following a case through the court system over a long period of time

KEY POINTS TO REMEMBER

- It is important for all GBV organizations and service providers to properly collect, store, analyze and share information. This information is essential for understanding what is happening in terms of GBV being reported in an area, making informed decisions, planning for future action, improving the effectiveness of GBV programming and inter-sectoral coordination.
- The GBVIMS has been created to help organizations overcome information management challenges, improve their information management processes and benefit more fully from it.

STOP!

If you have not done so already, print the user guide workbook and answer key and do the activities pertaining to Chapter 2 before moving on to the next chapter.