

Aims of the GBVIMS

The Gender-Based Violence Information Management System was created to harmonize GBV data produced through service delivery in humanitarian settings. The GBVIMS enables humanitarian actors to safely collect, store and analyze reported GBV incident data, and facilitate the safe and ethical sharing of this data with other local actors. Data generated through the GBVIMS comes from the women, girls, men and boys who are affected by a humanitarian crisis, experience gender-based violence AND seek help despite the risks involved. Recognizing this, the GBVIMS promotes and protects safety and ethics at every step. The GBVIMS includes:

1. Six core GBV types that standardize GBV definitions for data collection purposes;
2. A standard intake and consent form (psychosocial and medical) designed to ensure that GBV actors are collecting a common set of data points within the context of service provision, and survivors consent to any information shared;
3. An Excel-based “Incident Recorder” database designed to facilitate data entry, compilation and analysis; and,
4. An information-sharing protocol template that outlines guiding principles on the safe and ethical sharing of GBV data and best practices to follow when developing an inter-agency information sharing protocol.

The GBVIMS is an inter-agency partnership managed by the Global Team with representatives from UNFPA, IRC, UNHCR, UNICEF and WHO



Rolling out the GBVIMS

The GBVIMS has been piloted and implemented in 14 countries in Africa, Asia, and South America.

The GBVIMS rollout process includes steps that are standardized across organizations and contexts, and others that require on the ground analysis and adaptation on the part of inter-agency coordinators and managers from individual organizations.

Implementing the GBVIMS can be seen as a four step process:



Enhanced Programming Resulting from the GBVIMS

GBVIMS data helps shape programs by informing program staff about acts of violence, survivor and perpetrator profiles, and gaps in service provision. This helps service providers and coordinating agencies adapt prevention programming and response activities based on data from reported violence. GBVIMS data helps: inform programmatic decision-making for individual service providers and inter-agency working groups, bolster advocacy efforts (i.e. policy development and fundraising), and facilitates donor reporting.

In South Asia, data from the GBVIMS showed an increase in reported cases of sexual violence. Data also revealed sexual violence survivors were not reaching the health clinic within 72 hours. In response, a campaign was developed to inform the community about the importance of health services (for all GBV survivors) and how to access them.

In East Africa, data from the GBVIMS was used to dispel myths that sexual violence was committed primarily by strangers. The service provider showed that over 60% of survivors reported that the alleged perpetrator was someone they knew and the act of violence had been committed in locations that were assumed to be safe. This helped their advocacy at the coordination level.

In East Africa, GBVIMS data showed frequent reporting of sexual violence incidents that were committed in the school environment. Data showing this predominance helped the service provider gain access to local schools to raise awareness of GBV and inform school officials about available services. Then the service providing organization advocated for the creation and implementation of codes of conduct for teachers/administrators regarding GBV.

Moving Forward

In 2012, the GBVIMS Global Team will focus on: developing a facilitator's guide and rollout guidelines, conducting a field-based training of trainers, providing ongoing remote and on-site technical support, and maintaining and managing the GBVIMS website (www.gbvims.org) with new resources.

Learn More!

www.gbvims.org

What can you do?

Simply put - **Be a Champion for Good Practice!** Change the way you think about GBV data! Change the way you collect data and support planning through better data collection!

Support these best practices:

- ✓ Ensure services are available to GBV survivors if data is to be gathered from them
- ✓ Make survivor/incident data non-identifiable (no names, contact info, or other identifiers)
- ✓ Only share survivor/incident data with the informed consent of the client
- ✓ Share client case files (i.e. intake or incident report forms) only within the context of a referral *and* with the informed consent of the survivor
- ✓ Protect client data at all times and only share with those who are authorized
- ✓ Establish an agreement with service providers and other local actors to determine how data will be shared, protected, and used (for what purpose)– before data is shared

Visit our [website](http://www.gbvims.org) for more information or contact the Global Team at gbvims@gmail.com

