

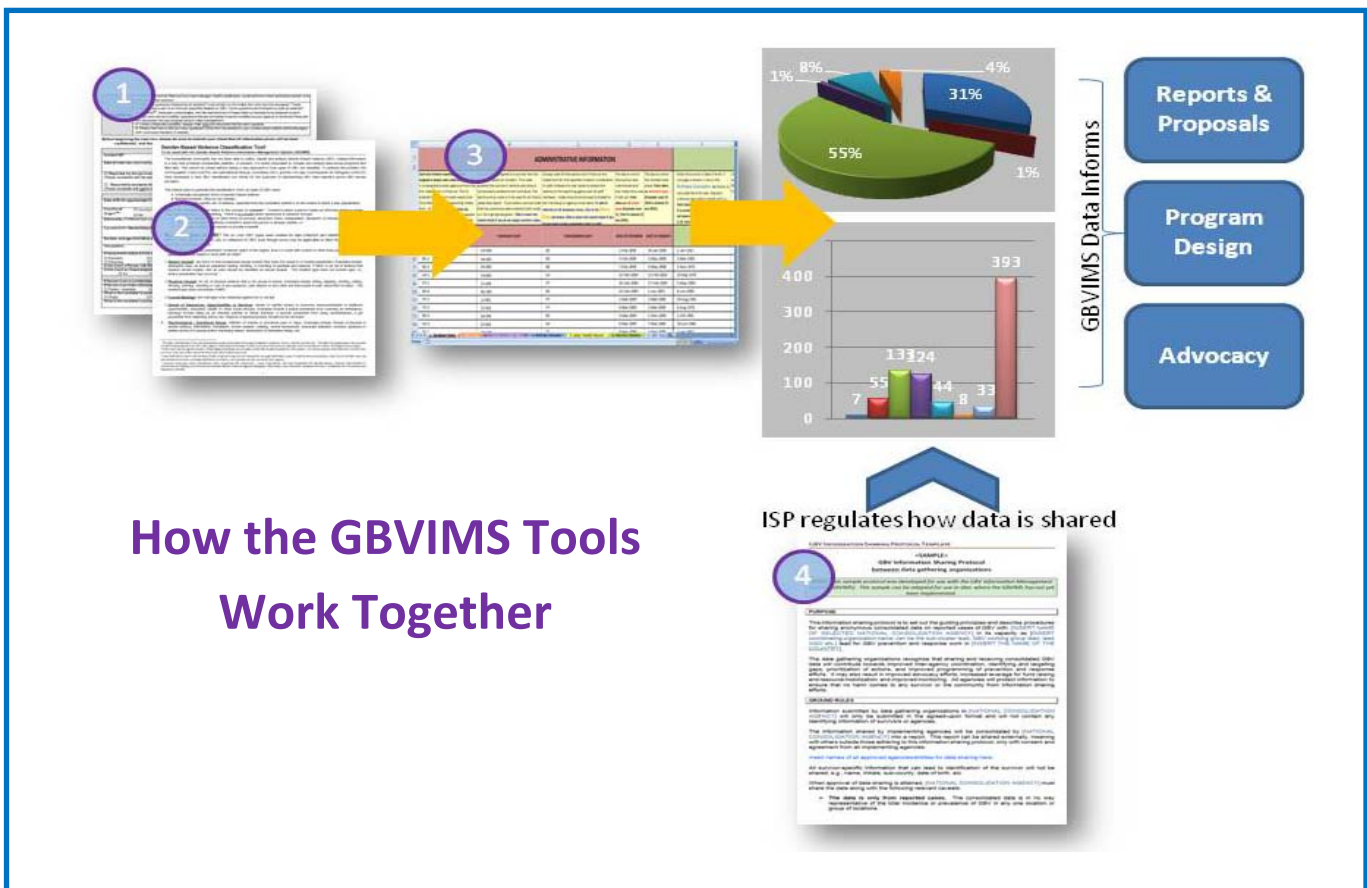
GBVIMS Toolkit: A Snapshot

The Gender-Based Violence Information Management System (GBVIMS)

was developed by UNFPA, IRC, and the UNHCR to harmonize GBV data produced through service delivery in humanitarian settings. The GBVIMS Steering Committee has since grown to include UNICEF and WHO. The GBVIMS enables humanitarian actors 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 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 offers:

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



The GBVIMS toolkit:

1 Intake and Consent Forms—Since most organizations determine individually what data they collect from survivors, 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 or even within a single organization extremely difficult. The intake form was developed for use by service providers offering services to GBV survivors seeking assistance. It contains fields of anonymous information on the survivor, referral pathway, 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.

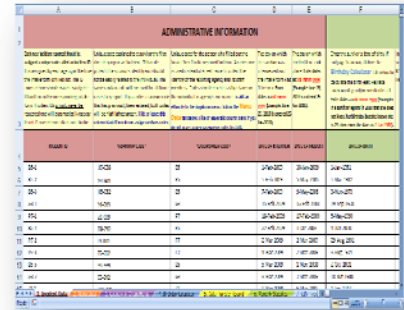
In addition to the intake form is the ‘Consent for Release of Information’ form, which upholds survivors’ rights to control how information about their case is used and shared with other agencies or actors. The consent process should be explained to the survivor *at the beginning* of the meeting and filled out after referrals have been discussed. The consent form should *never* be attached directly to the intake form. It should always be stored separately to ensure client confidentiality.

2 GBV Classification Tool—When a GBV incident is reported, the service provider offering services collects and records many important pieces of information relating to the incident, survivor and services being provided. At some point the service provider will use this information to determine the types of GBV reported by the survivor 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 they can be applied consistently across individuals, organizations and contexts. The variation in incident classification has made compiling GBV data difficult, hindering information sharing and undermining 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.



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Incident Recorder (IR) —The IR is an Excel spreadsheet that acts as a database for compiling and storing collected GBV data. Service providers input the data from the intake form into the Incident Recorder. The fields of the IR correspond directly with the fields of the intake form to make data input quick and easy. It contains customizable dropdown lists to decrease input errors and the amount of time to it takes to enter data. The IR is password protected and contains only de-identified incident data to ensure all data is safely stored and accessible only to those authorized. 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. As just one example, the IR will automatically tabulate the number/percentage of reported GBV incidents that occurred within the context of an Intimate-Partner relationship. Hence, the analysis goes beyond the categories collected in the Intake Form, providing for a rich analysis of the collected GBV data.



ADMINISTRATIVE INFORMATION									
Case No.	Date of Incident	Location	Type of Incident	Age Group	Sex	Ethnicity	Religion	Marital Status	Relationship
1	2020	Home	IP	18-24	F	Other	Other	Married	Intimate Partner
2	2020	Home	IP	25-34	F	Other	Other	Married	Intimate Partner
3	2020	Home	IP	35-44	F	Other	Other	Married	Intimate Partner
4	2020	Home	IP	45-54	F	Other	Other	Married	Intimate Partner
5	2020	Home	IP	55-64	F	Other	Other	Married	Intimate Partner
6	2020	Home	IP	65-74	F	Other	Other	Married	Intimate Partner
7	2020	Home	IP	75-84	F	Other	Other	Married	Intimate Partner
8	2020	Home	IP	85-94	F	Other	Other	Married	Intimate Partner
9	2020	Home	IP	95-104	F	Other	Other	Married	Intimate Partner
10	2020	Home	IP	105-114	F	Other	Other	Married	Intimate Partner

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Information Sharing Protocol (ISP) Template—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. Survivors' 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. Trust and a spirit of collaboration are essential to facilitating information sharing amongst organizations and agencies. The process of developing an Information Sharing Protocol will need to engage all partners and service providers and is equally as important as the final document produced. This template provides ground rules and guiding principles on procedures for sharing non-identifiable data on *reported* cases of GBV.

