Chapter 7: Sharing GBV Incident Data and Developing Inter-Agency Information Sharing Protocols

The Gender Based Violence

Information Management System

USER GUIDE

Chapter 7: Sharing GBV Incident Data and Developing Inter-Agency Information Sharing Protocols

MAIN IDEAS

- Due to the sensitive nature of GBV data, information sharing between agencies and organizations must be carefully considered.

- 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.

- Organizations wanting to share information with any organization outside of their own should develop an inter-agency information sharing protocol to help them share information effectively and ethically.

- The GBV Information Sharing Protocol Template in **Annex F** and the step-by-step instructions at the end of this chapter can be used to help organizations develop their own protocol.

KEY TERMS

Aggregated data: Data that has been combined or compiled together.

Anonymized data: Data that does not include any information that can be used to identify individuals. Can also be referred to as **de-identified data**

Confidentiality: an implicit understanding and obligation on those providing services that any information disclosed by a survivor will not be shared with others, unless the person concerned gives explicit and informed consent to do so. Confidentiality involves not only how information is collected, but also how it is stored and shared.

Data compiling agency: An agency that has been mutually agreed upon to compile shared reports, aggregate them and send them back to the implementing agencies.

Implementing partners: The various GBV agencies and organizations that a) provide services to GBV survivors and b) collect data.

Information sharing protocol: A document that outlines a set of guidelines for organizations 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

Line data: The rows or 'lines' of inputted data found on the Incident Data worksheet in the IR (each row represents one

Introduction

The GBVIMS was created, in part, to facilitate information sharing between agencies. Due to the highly sensitive nature of GBV data, sharing information to produce regional or inter-agency statistics must be carefully considered. Service providers must protect their clients' right to confidentiality and not risk drawing undue attention to themselves, their clients or their communities.

Information sharing is an essential component of inter-agency coordination and collaboration. Balancing the potential risks and benefits of sharing incident data needs to be carefully considered, as there is often a lack of consensus between agencies about what information should be shared, with which actors and under what circumstances. Sometimes this lack of consensus is initially not apparent because different organizations may assume that they have the same understanding of who will receive what data and how it will be used, but these assumptions may cause problems further into a project cycle. Explicitly documenting an agreement between organizations regarding data sharing avoids these problems and establishes predictable reporting cycles.

Chapter 7 discusses the importance of appropriate data sharing with regards to GBV data and provides some basic guidelines for how to safely and ethically share data generated through the GBVIMS. The main purpose of these guidelines is to *protect survivors while promoting effective GBV coordination*.

Note: since specific contexts vary greatly, these guidelines are *not* intended to be set rules about how to share GBV information; rather, they are intended to help you think through the issues related to information sharing and to assist you in adapting the information sharing protocols to your context and needs.

This chapter is organized into two parts: The first part outlines the challenges and benefits of information sharing, explains when sharing may not be appropriate and describes important ethical standards to consider before sharing data. The second part explains what an information sharing protocol is, introduces a template for developing an information sharing protocol and presents a step-by-step guide to assist the process of developing an inter-agency information sharing protocol.

Considerations for information sharing

Challenges and how the GBVIMS addresses them

There are a number of issues and poor practices in the field regarding GBV information sharing:

Decisions are made regarding survivors' data without their consent or knowledge: While working hard to be of assistance, humanitarian actors often lose sight of the fact that clients' files should be considered exactly the same as our own medical or mental health records. We would never want our own files, containing sensitive and private information to be shared outside the realm of a referral that we agreed to. If we go to a social or health care provider seeking care for something terrible that has happened to us, we would want our desire to keep that experience and our identity a secret to be respected. This is an issue of ethics.

Lack of understanding of the level of data to be shared: Service providers are often asked to share an unnecessary level of detail regarding their clientele. For example, service providers are often requested to share the initial intake and assessment form (sometimes referred to as an incident report form) with the agency responsible for GBV coordination – for data collection purposes. **Client files should never be shared outside the realm of a referral (so as to avoid having the survivor repeat her story and history) and without the client's written informed consent.** Otherwise, only quantified and de-identified (or "anonymized") data should be shared. This is first and foremost an issue of ethics; there are also potential safety and security ramifications associated with sharing an inappropriate level of data.

Safety and security—Organizations providing services for GBV survivors are aware of the sensitive nature of the data they collect. The persistent threat of retribution is a global reality for GBV survivors, GBV staff and organizations that implement GBV programming in all phases of humanitarian response.

One-way information sharing—There has been a tendency for information sharing to be a one-way street, typically with service providers sharing data with agencies tasked with consolidating data. Service providers often share their data without receiving any information as to how the data was used or with whom it was shared. Participating organizations may never see the compiled data, which means that they lose the opportunity to learn or further inform their programming. One-way information sharing can act as a disincentive for organizations to share information.

No process or procedures in place to inform information sharing—Organizations collecting data often fail to decide what data is actually needed at what level, for what purposes and how it will be used *before* they start sharing it. One purpose for the Standard Intake and Initial Assessment Form was to help organizations overcome this problem. Similarly, organizations requesting information be shared with them often fail to clarify and communicate to others what specific data they need, for what purposes and how it will be used *before* they request it. An information sharing protocol is a set of guidelines for organizations to follow during the information sharing process. It helps to determine *what* GBV information should be shared and *how* to share it. Although the humanitarian community has accepted some general guiding principles, information sharing protocols are rare, and there remains uncertainty as to what information should be shared and the appropriate uses for the information once it has been shared.

Shifting contexts and levels of information sharing

The questions of 'What information should be shared' and 'How should shared information be used?' are further complicated by the fact that answers to these questions will change and vary according to the specific context where the GBVIMS is being implemented. The level of information sharing will not, therefore be standardized for all regions using the GBVIMS, but must be determined on a contextual basis.

For example, an organization may often find itself sharing information with:

- A GBV working group
- Other staff within their own organization
- A selected GBV organization consolidating data in their area
- A donor in a report
- GBV service providers for referrals
- A host government
- Other agencies or individuals researching GBV in the area

For each instance, and even depending on the agency in each instance, the type, level and extent of information sharing will probably differ. While one level of information sharing may be appropriate in one situation, the same level in a different situation may be a clear example of bad practice. Challenging questions that arise from this dilemma include:

- What are different levels or degrees of information sharing?
- Which level is appropriate for which context or situation?
- Can standard guidelines or protocols properly take into account the different levels and different contexts of information sharing?

Far too often discussions around information sharing attempt to standardize sharing without taking into consideration the different contexts and levels at which a single organization could potentially share information. The result is confusion and unintentional bad-practice, which can lead to inter-agency mistrust in GBV information sharing as a whole.

> ### KEY POINT
>
> **The GBVIMS seeks to address the challenges listed above by:**
> - Developing necessary guidelines and standards of practice that ensure a transparent process for safe, effective and ethical information sharing of GBVIMS data
> - Facilitating discussions on inter-agency collaboration with regards to incident data collection and sharing
> - Stimulating sound information sharing among the GBV community

Why share information?

Despite the challenges, information sharing can help broaden the understanding of GBV reports in a specific context. By compiling GBV service providers' data and coming together to contextualize the information reported, a broader picture is created of what is happening. Sound data sharing and interpretation, and effective reporting can improve GBV programming and coordination by:

Highlighting gaps in programming—By analyzing the compiled GBV data provided by all GBV actors in a specific setting you are able to identify programming gaps. Once these gaps have been identified, actors can develop a <u>collaborative</u> strategy to gather specific data that helps to better understand these gaps (e.g. in-depth qualitative data could be used to help identify specific problems that need to be addressed). By using a larger set of GBV data, provided by several agencies, programs benefit from having a more substantive information base that can inform improved targeting of programs to benefit a larger population.

Strengthening inter-agency coordination—When gaps are addressed in a coordinated manner, inter-agency efforts are strengthened. Data sharing may also result in improved and facilitated referral mechanisms. Coming together to discuss aggregate data (the cumulative data that has been shared) can also improve communication and enhance the feedback loop. Improved coordination amongst GBV actors can lead to improved communication between and amongst GBV service providers, UN agencies, GBV coordinating bodies and with donors who can benefit from the outputs of this process to prioritize allocation of funds.

Advocacy for improved GBV programming—Well-interpreted, aggregate data provided by combining GBVIMS data from several agencies can inform advocacy efforts and become useful in fundraising for national or regional programs. This information can also be used to drive advocacy efforts aimed at changing or enacting new policies, raising awareness and driving increased action from specific sectors, or better inform media actions by controlling and helping contextualize the data they use.

Saving staff time—The GBVIMS also takes into account staff time by enabling quick, efficient and easy to interpret data analysis. Sharing data that uses the same terminology and is presented in the same way saves time and enables efficient communication and improved programming on the ground.

Trend analysis – when statistics from reported GBV incident data are shared and compiled, GBV coordinators are able to do trend analysis that they cannot do on small datasets. Trend analysis lets GBV coordinators see patterns in reported violence, referral pathways and other factors in GBV incidents that allow them to target programming, raise funds and bolster their advocacy efforts. Sharing data enables trend analysis across geographic locations, time periods, different populations and different organizations.

When information sharing may not be appropriate

While the benefits listed above are very important, releasing sensitive GBV data (intentionally or unintentionally) in a manner that does not fully consider all of the possible implications can jeopardize ethics and put survivors, communities and program staff at risk. Sharing data improperly can also lead to misinterpretation by actors (e.g. within the media) who may not be well-versed in the context in which the data was gathered or gender-based violence. For these reasons, it is important to understand the circumstances when sharing information, or certain aspects of information, may not be appropriate.

The World Health Organization's *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* states:

> *"[W]hen collecting and using information about sexual violence, it must be done in such a way so as to avoid further harm to those who are part of the process. This includes not just the victims and survivors and their families and supporters, but also communities, organizations working with survivors, and those involved in gathering the information itself."*[1]

From that same document comes eight safety and ethical recommendations for researching, documenting and monitoring sexual violence in emergencies:

KEY POINT

Remember the WHO's eight safety and ethical recommendations for researching, documenting and monitoring sexual violence in emergencies:

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.

2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.

3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.

4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.

5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.

6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.

7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.

8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

---

[1] World Health Organization (WHO) (2007). *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.*

Important ethical considerations *before* sharing data

Remember, all the data that you collect is first and foremost the property of the survivor. To ethically share that data there are some points you should consider *before* sharing any information:

Confidentiality

Sharing GBV information may draw unwanted attention to survivors, programs, agencies or communities. You must ensure, therefore, that all shared information protects the identity of all involved and ensures client confidentiality. This means that no information is shared that could be used to identify the survivor or anyone else involved (e.g. the alleged perpetrator, the family and community of the survivor, the service provider, etc.).

The size of the population covered by the service provider will influence the level of confidentiality. *If a population serviced by a particular service provider is small, then certain GBVIMS data fields may potentially (and unintentionally) lead to identification of individual survivors.* Additionally, if service providers' areas of service provision do not overlap, then information specific to the region or district where the incident was reported can be linked to the identity of those providing the services, and even potentially impact the level of confidentiality for the survivors reporting incidents.

EXAMPLE

1. Your GBVIMS Incident Recorder (IR) contains data pertaining to an incident reported by a 17-year old girl with a physical disability, who lives in a small village.

2. Your IR contains data pertaining to an incident reported by a 12-year old boy from Burundi living in a small camp in Tanzania. There are only a few Burundian families in the camp, and he is the only 12-year old boy. Furthermore, your organization is the only organization operating in that area.

Even though the survivors' names and exact addresses are not included here, based on this information it would be relatively easy for someone to identify them. Before sharing this information with other organizations or agencies you should first make sure that confidentialities are protected. In these two examples you may want to remove identifiable information like disability and age before sharing the data.

> ### KEY POINT
>
> The WHO addresses the issue of confidentiality by using the term **de-identified data**:
>
> "Data are described as 'de-identified' when they cannot be linked to a specific individual or group of individuals. To this end, all personal identifiers, such as person's name, place of residence, and location and date of the incident, are removed from a data set or record."
>
> "It may be necessary to consider removing other details to avoid possible identification of a specific individual or group of individuals. For example, if there were only a small number of women in a given age group in a given region, it might be possible to link data records which include age to individuals in this group. In this case, age should be removed from a data set or record."
>
> — World Health Organization (WHO) (2007). *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.*

Possible data fields that could lead to the identification of the survivor and those involved include[2]:

- Sex
- Date of birth
- Place of residence
- Ethnicity
- Religion
- Country of origin/Nationality
- Date of incident
- Incident location
- Incident area/sub-area
- Incident camp/town/site
- Unaccompanied or separated child
- Person with disabilities

This does *not* mean that these are necessarily inappropriate fields to share; rather, these are fields that could *potentially* lead to identification of the survivor and those involved depending on the contextual circumstances and the level of information sharing at which they are shared. Due to the ethical responsibility to maintain confidentiality, it is best to review your data—paying particular attention to the fields listed above—before every occasion of information sharing in order to ensure that the confidentiality of the survivor and those involved is maintained.

Alleged Perpetrator Anonymity- Identification of the alleged perpetrator can cause similar problems and steps should be taken to avoid revealing their identities in reporting. First, the perpetrator is an

---

[2] Obviously individuals' names would also lead to identification, but this has not been included here, because it is not a field on the intake form.

"alleged" and not necessarily convicted. Second, a perpetrator may seek vengeance against a survivor or reporting organization if he/she becomes aware that the incident was reported.

<div style="border: 2px solid purple; border-radius: 10px;">

KEY POINT

The GBVIMS and specifically the IR attempts to limit the amount of identifiable information, such as names or addresses of survivors reporting incidents of GBV. Data in the GBVIMS is organized using unique Incident ID codes and survivor privacy codes (instead of names); the codes help make recorded data anonymous. To further ensure the safety of all involved, the IR should be password-protected (see Chapter 5) and hard copy files, such as intake forms, should be stored in locked, metal cabinets.   Passwords for the electronic files should also be kept under lock and key. Only authorized individuals should have access to case files and passwords.

The IR also contains some locally customizable fields, such as "Incident Location." This means that programs can determine the level of detail that is prudent to collect in order to protect survivor confidentiality. Broader geographic locations provide more anonymity, yet may be less meaningful in impacting programming.

It is important to remember, however, that the moment you feel that sharing any part of the IR database is putting the survivor or any staff members at risk, it is recommended to immediately *stop* sharing this incident data until discussion on how to modify the ISP accordingly can take place. If using any other part of the GBVIMS is putting anyone at risk, *stop* its use. *The safety of the survivor and service providing staff is always the first priority.*

</div>

Informed consent

GBV survivors have a right to control whether information about their case is shared with other agencies or individuals; they do this by choosing to give or withhold their informed consent. While there are many different approaches for appropriately obtaining informed consent from a survivor, all approaches should:

- Help the client understand the implications for sharing their information

- Obtain informed consent *before* any information is shared.

A 'Consent for Release of Information' template is provided for you in **Annex C**. During the initial meeting with the survivor, the service provider should inform the survivor that your organization would like permission to be able to share some elements of his or her data anonymously for the purposes of improving services. The individual conducting the interview should read the consent form to the survivor and should clearly explain that he or she can choose any or none of the options provided. For more information on the consent form, see the 'Consent for Release of Information Form' section Chapter 4.

The consent form provided as part of the GBVIMS is *not* intended to replace all other consent forms that your organization may have and use. The purpose of the Consent for Release of Information is to get consent and authorization from the client for your organization to: 1. Share their information with the agencies to which you refer the client and 2. Share their non-identifiable information with other GBV

organizations for reporting purposes. Your organization and/or inter-agency group may choose to use additional consent forms for other purposes than the two listed here.

KEY POINT

It is important when inter-agency groups discuss the issue of informed consent that agencies determine what should happen when the client both agrees and *refuses* to provide their informed consent and authorization for their information to be shared. Remember, the client should always have the right to determine whether their information is shared; if a client does not give informed consent it is bad practice, unethical and potentially dangerous to do so anyway.

The WHO has also provided some recommendations for obtaining informed content (for the complete text, see the citation below):

"6.4 The generally accepted approach to obtaining informed consent is as follows:

- Read aloud to the interviewee the consent statement (see section 6.3 above), allowing time for questions and clarifications of individual points.

- Having explained the key points, the interviewer should ask the participant to repeat back in their own words why they think the interview is being done, what they think they will gain from doing it, what they have agreed to, what the risks might be, and what would happen if they refuse.   This will allow the interviewer to assess the participant's understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.

- The last step, obtaining consent, can be done either verbally or in writing (see section 6.5).

6.5 Given the sensitive nature of the issue, asking for a signature to confirm that informed consent has been given may not always be appropriate. A signature will identify someone and possibly place that individual at risk. Two alternative strategies are:

- the interviewer can sign a form to confirm that consent was given by the respondent;

- the respondent can sign a separate form which simply states that informed consent is given to participate in an interview (or other activity) but does not specify the topic.

Thumbprint or X signatures may not be appropriate for respondents who are illiterate as they cannot read what they are 'signing.'

6.6 As previously mentioned (see section 6.3), respondents have a right to refuse to answer specific questions or to take part in sections of the interview. During the course of an interview, interviewers should therefore offer participants a number of opportunities to decide whether or not they wish to go on. For instance, a researcher could say, 'The next few questions concern the most recent violent incident. May I continue?'"

World Health Organization (WHO) (2007). *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.*

Please note: these safety precautions and ethical considerations are *not* intended to discourage you from sharing your GBV data. As listed and discussed above, there are extremely important benefits that come from sharing data. Indeed, GBV service providers *should* share information, but *only in ways that guarantee the safety and confidentiality of all parties involved*. It is advisable, therefore, to adapt and strictly follow an information sharing protocol (discussed in detail below) for information sharing between organizations and agencies to ensure the safety of everyone involved.

Levels of information sharing available through the GBVIMS

The GBVIMS provides three options for data sharing[3]. Keeping in mind the principal objective for the data provided by GBVIMS – to improve programming related to service provision and response to GBV – it is important to consider which of the following could help reach this objective in your context:

1. Sharing statistical outputs: Summary of incident data presented via Pivot Tables that are part of the Incident Recorder.
2. Sharing rows of edited line data from the IR with some sensitive data fields (columns) deleted.
3. Sharing complete rows of unedited line data from the IR.

In general the data provided in the first level above, **sharing statistical outputs**, can provide a wealth of information to improve programming around service delivery and GBV prevention. It is recommended to always begin with this level of data sharing within an operation. Once trust has been established and good practices are in place to support inter-agency information sharing, partners can reassess the utility of this level of information sharing and consider broadening the level of information that is shared.
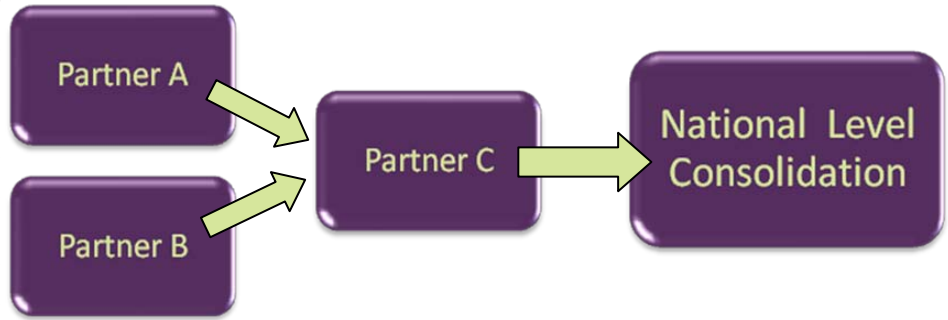
Data Flow

Once inter-agency data sharing is agreed upon, the flow of information between partners should resemble model A or model B (see diagram on next page). This means that one primary partner producing data will only share their data once. As shown in Model A, the primary data gatherer can hand off their data to a regional office that is tasked with adding together all the data from partners operating in their catchment area. That regional office could then hand the data consolidated at their level to the National Level Consolidating agency. Or, as shown in Model B, the primary data gatherer can submit their data directly to the National Level Consolidation agency.

As shown in the last box, primary data-collecting agencies should never share the same data with both the National Level Consolidating agency and a regional agency at the same time as this can lead to duplicate reporting, which can inflate statistics and diminish their accuracy and effectiveness.

---

[3] For further discussion and instructions on how to send incident data when sharing it refer to **Annex G**.
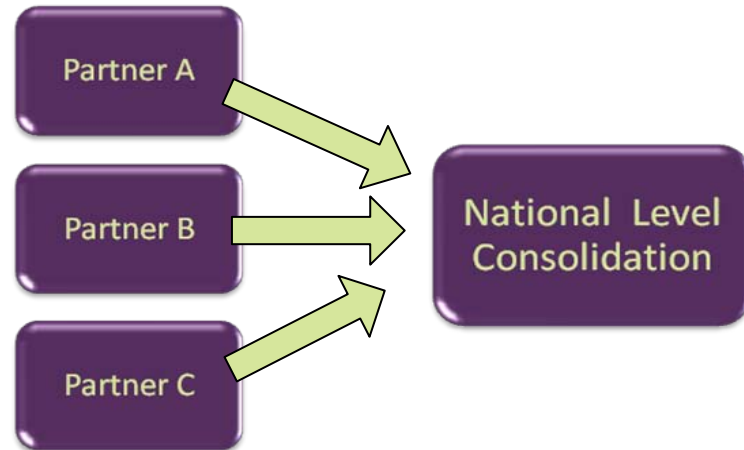
Good Data Flow (Model A) ✓

Partner A → Partner C
Partner B → Partner C
Partner C → National Level Consolidation

Good Data Flow (Model B) ✓

Partner A → National Level Consolidation
Partner B → National Level Consolidation
Partner C → National Level Consolidation

Bad Data Flow (Results in Double-Counting) ✗

Partner A → Partner C
Partner B → Partner C
Partner C → National Level Consolidation
Partner B → National Level Consolidation
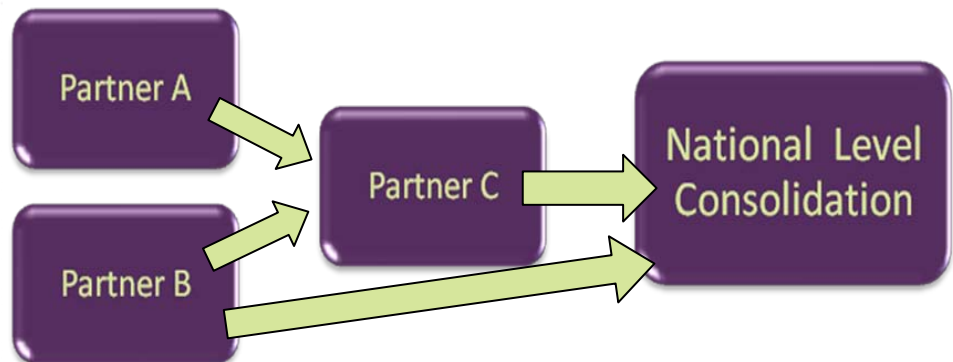
The Information Sharing Protocol

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 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 in **Annex F** of this user guide; by clicking on the 'Information Sharing Protocol Template' button under the Tools & Resources section of the User Guide CD-ROM; or by downloading it from the GBVIMS website at: http://gbvims.org/learn-more/gbvims-tools/. 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 national consolidation agency and any agency or agencies responsible for information consolidation at the regional/sub-national level.

Monthly[4] 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. These inter-agency reports are simply a compilation of several pivot tables from the IR worksheets (discussed in Chapter 6) that have been pasted into a Word document. 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 to whom 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.

---

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

Developing an Information Sharing Protocol

While it is hoped that the sample Information Sharing Protocol will help with the complex process of developing your own ISP, this section is intended to give you 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 your specific context.

KEY POINT

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.

---

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

   Not every organization, agency or context requires an information sharing protocol. To determine if an information sharing protocol would be beneficial to your 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 your GBV programming or coordination?

   - What are the cons (negative possible outcomes) of information sharing in this context?

   - Will the benefits outweigh the risks?

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

   - Which agencies in your 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 different levels of information sharing that will need to take place in your context.**

   As explained above the GBVIMS focuses on three levels of data sharing:

---

1. Sharing statistical outputs: Summary of incident data presented via Pivot Tables that are part of the Incident Recorder.
2. Sharing rows of edited line data from the IR with some sensitive data fields (columns) deleted.
3. Sharing complete rows of unedited line data from the IR.

Once you agree upon what level of data will be shared you can make sure to specify the level and the reasons why, and the timeline for reconsidering this level of data sharing.

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 do you want to share? 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 your context?

- Are the identities of the survivors and all involved in helping them adequately protected? How will your 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 providers, 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.

- Why do you want to create an information sharing protocol? What is it for? What outcomes do you see resulting from sharing information with these agencies?

- 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.)

- What agency working in your region will you entrust with your de-identified data for aggregation?
    i. If they are not already involved in the ISP development process, invite them to be part of the ISP and share your expected outcomes with them, allow them to formulate and communicate to you 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 data flow between agencies?

- What are the responsibilities of the agency that was selected to receive and aggregate data?

- What amount of time does the consolidating agency have to return the aggregate report to the agencies providing data?

- 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, quarterly?

7. **Clarify the roles and responsibilities for all agencies involved[5].**

- Using the 'Ground Rules' section of the template, determine the roles and responsibilities for all agencies involved.

- Specify: which agencies will be sharing data? Which will be compiling? Analyzing? Receiving aggregate anonymous reports?

- Have all agencies agree 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 agencies are maintaining high standards of confidentiality and data security.

KEY POINT

During this stage it is important that a GBV coordinating agency be recognized and their responsibilities be outlined. This agency will be key for data consolidation and managing the entire information sharing process.

---

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 you have decided to use 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

---

[5]**Please note:** UNHCR will always be the consolidating agency for SGBV data for refugee and stateless populations. This is because of 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.

that fail to submit their report by a certain day (this is to avoid a single agency holding up the entire process)?

- How will the aggregating agency send reports back to reporting agencies? 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?

- How will the compiled and analyzed data be shared back with participating organizations?

- Can other agencies that did not contribute data to the aggregate report have access to the data? 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 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 you take to maintain the confidentiality of the survivors and those involved?

- Do you have the survivor's *informed consent* for information sharing? If yes, how was this consent obtained[6]?

- What other ethical considerations should be made in the protocol to ensure the safety of those involved?

11. **Decide what consequences the breach of the information sharing protocol will have.**

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

---

[6] The Intake and Initial Assessment form includes a statement to be read and signed by the reporting survivor that requests consent to share unidentifiable case information for the purposes of improving program service delivery and response. Note: under no circumstances should this statement be attached to or stored with the filled-out intake form, if it were the intake form would then no longer by anonymous).

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

- Use the GBV Information Sharing Protocol Template (see **Annex F**) to help you write a draft of your own protocol.

- Circulate the draft to make sure all agencies 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.

Creating reports

Most often, data will probably be shared in the form of a report. The format of these reports will, of course, vary depending on how your specific information sharing protocol specifies the content and the level of information sharing. You Try! #1 below shows how you might go about sharing statistical outputs (analyzed and correlated data produced via Excel pivot tables that are part of the Incident Recorder). For further instruction on how to send *rows* of data from the IR rather than pivot tables refer to Annex G 'How to send GBVIMS incident data'.

1. YOU TRY!

Scenario: You have been asked to create an inter-agency report for March 2009. The first table on the report is supposed to present the number of reported incidents according to GBV type by sex and age group.

1. Open a new Word document and type the title: Inter-Agency Report for March 2009 at the top; press enter.

2. Now open the 'Practice Incident Recorder_v3,' and click on the GBV Type by Sex & Age worksheet tab. Using the report filters, filter the table to display data only for Mar-2009. Highlight and copy the table (for more specific instructions on any of these actions refer to Chapter 6).
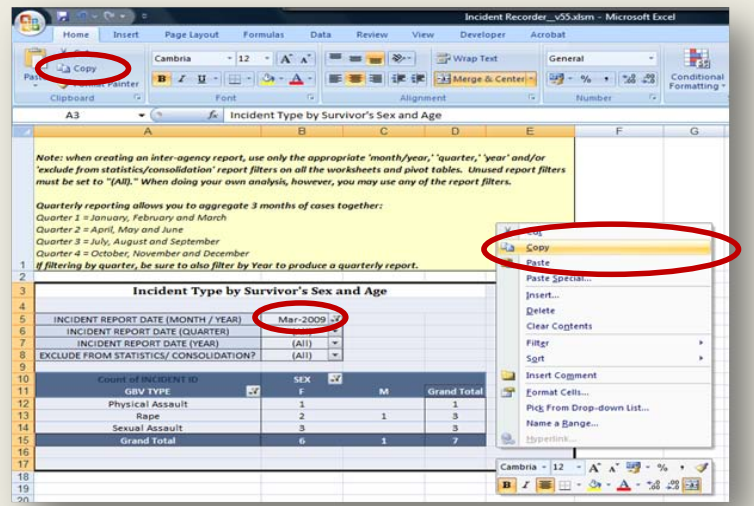
3. Paste the table into the into the Word document. This is the first table of your report! If this were a real report you would do the same thing for the remaining tables specified by your protocol.

Note: It is possible that when you pasted your Excel table it did not fit properly on the Word document. If this is the case you may have to adjust the width of the columns or height of the rows *before* copying and pasting the table (see Chapter 6)
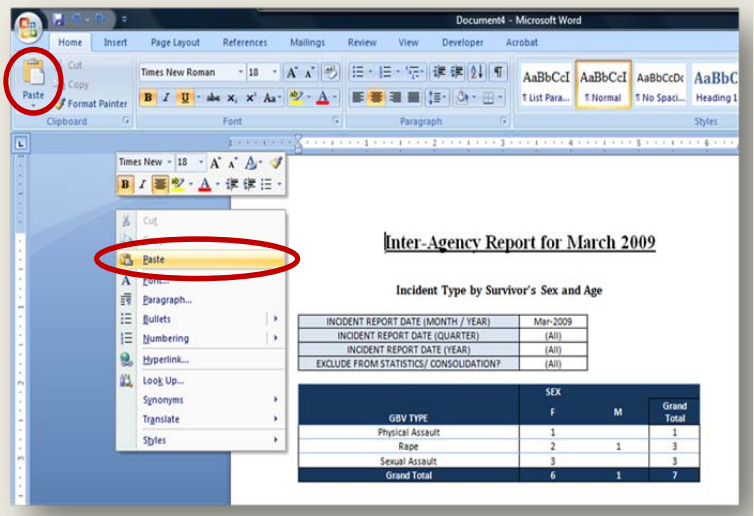
Conclusion

KEY POINTS TO REMEMBER

- Sharing data within the context of gender-based violence programming has potential benefits including: highlighting gaps in programming, strengthening inter-agency coordination, advocacy for improved programming and saving staff time. If shared or used inappropriately, however, sharing data can breach important ethical standards and lead to serious consequences.

- In order to realize the potential benefits of sharing GBV information while simultaneously minimizing the potentially negative effects, agencies desiring to share information should develop and follow a sound information sharing protocol.

- 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.