Final Report

Evaluation of the Gender Based Violence Information Management System (GBVIMS)

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Abbreviations

ALNAP	Active Learning Network for Accountability and Performance	KII	Key Informant Interview
AOR	Area of Responsibility	KRC	Kenyan Red Cross
ARC	American Refugee Committee	LWF	Lutheran World Federation
CAFD	Catholic Agency for Overseas Development	MARA	Monitoring, Analysis and Reporting Arrangements for UN Security Council
CAP	Consolidated Appeals Process	MAECD	Canadian Department of Foreign Affairs, International Trade and Development
CBO	Community-Based Organisation	MDTF	Multi-Donor Trust Fund
CESVI	*Cooperazione e Sviluppo*, Cooperation and Development	MOH	Ministry of Health
CO	Country Office	MOG	Ministry of Gender
CP	Child Protection	MPTF	Multi-Partner Trust Fund
CPCW	Child Protection and Child Welfare	MRM	Monitoring and Reporting Mechanism on Grave Violations of Children's Rights for UNSCR 1612
CPIMS	Child Protection Information Management System	MSF	*Médecins Sans Frontières*, Doctors Without Borders
CRS	Catholic Relief Services	NGO	Non-Governmental Organisation
CRSV	Conflict-Related Sexual Violence	NCDG	Kenya National Commission for Gender and Development
CT	Classification Tool	NHS	National Health Service
DPKO	Department of Peacekeeping Operations	NIH	Colombian National Institute of Health
DRA	Kenyan Department of Refugee Affairs	NPO	National Programme Officer
DRC	Democratic Republic of the Congo	OCHA	Office for the Coordination of Humanitarian Affairs
DSRSG	Deputy Special Representative of the Secretary-General	OIC	Officer in Charge
ECHO	Humanitarian Aid and Civil Protection Department, European Commission	PD	Programme Division
EU	European Union	PEP	Post exposure Prophylaxis
FGD	Focus Group Discussion	RDC	*République démocratique du Congo*
FGM	Female Genital Mutilation	RO	Regional Office
FP	Focal Point	SC	Steering Committee
GBV	Gender Based Violence	SCI	Save the Children International
GBVIMS	Gender-Based Violence Information Management System	SEA	Sexual Exploitation and Abuse
HRB	Human Rights Branch	SGBV	Sexual/Gender-Based Violence
HQ	Headquarters	SNVBG	National Strategy against Gender-Based Violence (French)
IAC	Inter-agency Committee	SP	Service Provider
IASC	Inter-agency Standing Committee	SRH	Sexual and Reproductive Health
ICBF	*Instituto Colombiano de Bienestar Familiar* (Colombian Family Welfare Institute)	*TdH*	*Terre des Hommes*
ICT	Information and Communication Technology	TOC	Theory of Change
IDP	Internally Displaced Person	TOR	Terms of Reference
IIAC	Intake and Initial Assessment and Consent Forms	TOT	Training of Trainers
IMC	International Medical Corp	UNEG	United Nations Evaluation Group
IMS	Information Management System	UNICEF	United Nations Children's Fund
INGO	International Non-governmental Organisation	UNFPA	United Nations Population Fund
IPV	Intimate Partner Violence	UNHCR	The UN Refugee Agency
IR	Incident Recorder	UNSCR	UN Security Council Resolution
IRC	International Rescue Committee	USAID	United States Agency for International Development
ISG	International Solutions Group	VAW	Violence Against Women
ISP	Information Sharing Protocol	WASH	Water, Sanitation and Hygiene
ISPT	Information Sharing Protocol Template	WHO	World Health Organisation
ISSSS	International Security & Stabilisation Support Strategy	WPA	Women's Protection Adviser

Executive Summary

Purpose and Scope of the Evaluation: The purpose of this evaluation is to determine to what extent, and under what circumstances, the Gender-Based Violence Information Management System (GBVIMS) has contributed to gender-based violence (GBV) coordination, programming, fundraising and advocacy over its five-year[1] implementation through the effective and safe collection, storage, analysis and sharing of GBV related data.[2] The evaluation considers the relevance, efficiency, and effectiveness of the GBVIMS to positively influence GBV programming and inter-agency data sharing and the sustainability of the system.

GBVIMS Background: Good quality GBV data is an important element of the multi-sectoral and interagency approach to GBV prevention and response programming in humanitarian settings. It is part of the evidence base with which Service Providers (SPs) can improve programming for survivors through better targeting, more effective mobilisation of donor support, and more successful advocacy for new or improved services. In an interagency setting, the ability to aggregate data across SPs enables agencies to analyse wider trends and patterns; and plan and act at an interagency level to address any identified gaps or challenges to effective service provision for GBV survivors.

In developed and stable settings it is challenging to obtain reliable GBV data.[3] Humanitarian contexts where institutions, infrastructure, and human resources may be weakened or compromised pose further challenges. Ethical and safety issues around data collection, management and sharing are paramount to ensuring survivor safety and recovery.

The GBVIMS was developed to deliver reliable and useful GBV data safely and ethically. It was designed to address several specific challenges, including the lack of clear, accepted and standardised definitions of GBV; lack of standardised incident report forms for data collection; lack of common data storage procedures and precautions to protect client and SP anonymity and safety; and limited understanding of how to analyse GBV data, and also to use it effectively to inform service delivery, programming and the wider humanitarian response.

Since 2008, an interagency GBVIMS Global Steering Committee (SC) comprised of representatives from the United Nations Population Fund (UNFPA), the Office of the High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF) and the International Rescue Committee (IRC)[4] has guided the rolling out and implementation of the GBVIMS. These agencies also support a Global GBVIMS Technical Team to handle coordination and provide initial and periodic technical support remotely and at country level. The GBVIMS has been rolled out at various levels and degrees with agencies working in a total of 20 countries in East Asia and the Pacific (Thailand); South Asia (Nepal); East and Southern Africa (Somalia, Kenya, Ethiopia, Tanzania Uganda, Burundi, South Sudan); West and Central Africa (Democratic Republic of the Congo (DRC), Chad, Sierra Leone, Liberia, Cote d'Ivoire); Latin America and Caribbean (Haiti and Colombia); and the Middle East and North Africa (Iraq, Jordan, Lebanon and Yemen). Elements of the system have also been introduced in Sudan, the Occupied Palestinian Territories, Central Africa Republic, Afghanistan and Pakistan in the context of an ECHO[5] funded project on inter-agency capacity development for GBV.[6] These are primarily chronic humanitarian and transition and recovery contexts. The GBVIMS is used by either inter-agency groups or within a single organisation in refugee and IDP camps and also in non-camp settings. Users[7] include UN agencies, international NGOS (INGOs), national NGOs (NGOs),

[1] 2008 - 2013
[2] Inception Report, Evaluation of the Gender Based Violence Information Management System (GBVIMS)
[3] A report by the Australia Bureau of Statistics outlined some of the challenges for collecting reliable data on GBV in Australia including data limitations of under-reporting, hidden reporting, and under recording; and barriers to disclosures such as fear of retaliation, economic dependence on partner and a fear/uncertainty about the criminal justice system, see 'Defining the Data Challenge for Family, Domestic and Sexual Violence, Australia, 2013, pp.15-16
[4] The World Health Organisation (WHO) is an expert resource.
[5] Humanitarian Aid and Civil Protection department of the European Commission
[6] GBVIMS Rollout Guidelines and Terms of Reference, Evaluation of the Gender Based Violence Information Management System (GBVIMS)
[7] Defined as service providers collecting data and/or entering data, and as compiling and coordinating agencies.

government agencies, and Community Based Organisations (CBOs). Levels of use include full use of the four component tools or partial use of the tools.[8]

Evaluation Process and Methodology: The overall approach to the evaluation was participatory, consultative and utilisation focused, gender and human-rights-responsive, and culturally sensitive. Based on the terms of reference the evaluation team, in consultation with the GBVIMS Evaluation Advisory Group (EAG) and GBVIMS SC, developed a set of key evaluation questions and sub questions to guide data collection, data analysis and report writing. These questions covered four evaluation criteria: relevance, effectiveness, efficiency and sustainability. In the absence of indicators for the GBVIMS, the evaluation team also developed benchmarks for each of the sub questions, which were used to further refine data collection tools.

Data was collected at global level and country level, and specifically in three case study locations: Kenya (Dadaab refugee camp), DRC and Colombia. Methods of data collection included: global and country level document review; key informant interviews (KIIs) and focus group discussions (FGDs) with a total of 193 people; direct observation at points of service provision in three case study locations; review of GBVIMS tools and reports used in three case study countries; and a web based survey administered to former participants of two Global GBVIMS trainings. The evaluation matrix guided data analysis, which included descriptive, content and comparative analysis**.** Triangulation of findings was undertaken by the evaluation team across data collection methods (document review, KII, FGD, observation, review of GBVIMS tools and reports and survey) where possible to corroborate and increase the quality and credibility of the evaluation findings and conclusions.

Findings

GBVIMS and Component Tools

The GBVIMS is consistent with the needs and priorities of GBV service provider organisations in humanitarian settings. Overall, respondents reported that the GBVIMS has met their needs for the safe and ethical collection, management and use of GBV data and they are more effective and efficient in doing so compared to the situation prior to GBVIMS implementation. No respondents stated that the costs of implementing the GBVIMS outweighed the benefits and there was general consensus that the system saved users considerable time in recording, analysing and transmitting data regarding GBV in their project areas. However, a key finding is that the system has most frequently been rolled out in conflict affected chronic humanitarian, or transition and recovery settings. At the same time, there are increasing requests for the GBVIMS from countries prone to natural disasters as well as general developing country settings. Further, the fluidity between phases of humanitarian response raises important questions regarding foundation-laying for the GBVIMS as part of emergency preparedness and contingency planning. The applicability in acute emergencies also needs to be explored.

The GBVIMS has contributed to effective and safe collection, storage, analysis and ethical sharing of GBV data. The individual tools were generally appreciated by respondents and were seen to have improved their practice, in particular:

- The Classification Tool has enabled users to reliably classify reported incident of GBV which has allowed the collection of comparable data and was seen as easy to use with adequate training and support;
- The Intake Form was appreciated because it allows users to analyse their data internally and also to share common data points for interagency analysis. Service Providers (SPs) appreciated that it could be customised to their setting and also that forms could be developed for different types of services. Coding was seen to have greatly enhanced confidentiality and therefore safety of both survivors and SPs. The evaluation team observed safe data storage and handling among the majority of SPs in case study countries, with paper

[8] A partial rollout may be necessary for an organisation that has low literacy and resource capacity, for example, training case workers on only Incident Classification and Intake and Assessment, GBVIMS Rollout Guidelines, p.14

Intake Forms stored separately from Consent Forms in locked cabinets and coding used well. The increased confidentiality of the system was reported to have enhanced clients' feelings of safety and willingness to report and seek services in a number of locations;

- The Consent Form is used by the majority of SPs and, where understood, provides a reminder and establishes a procedure to include this important step in the data collection process;
- There was general consensus among respondents that data security had increased through the use of the Incident Recorder (IR) with password and automatic generation of aggregated and therefore anonymous data. The IR was generally seen as simple to use when combined with training, practice and ongoing technical trouble shooting. That said, a number of respondents expressed interest in web-based platforms;
- Without exception, the Interagency Sharing Protocol (ISP) was seen as a very useful tool to guide information sharing. It has contributed to safe and ethical sharing of GBV data when the process of negotiation has been participatory, clear, deliberate, well-facilitated and regularly updated.

However, in contrast to the many positive findings around the GBVIMS, the evaluation team also found:

- Instances of inconsistent use of the Classification Tool which, if not correctly supervised in the implementation and maintenance phase, could compromise data quality and the subsequent analysis conducted;
- Different versions of Intake Forms used at two sites in one case study location, compromising uniformity of data and hence analysis;
- Some instances of unsafe storage and data handling practices in one case study country which could compromise the security of survivors;
- Indications in one case study country that the process of completing the Intake Form could take priority over interactions with survivors, which could jeopardise rapport between programme staff and survivors and influence their decision to seek services;
- In all three case studies, indications that the concept of informed consent is not well understood/and or prioritised, which has implications for effectiveness in terms of safe and ethical data collection. However, the consent process remains an entry point for case management and highlights the role of the GBVIMS as a tool for identifying weaknesses or gaps in GBV response service provision;
- In three contexts where there were many users and cases, the MS Excel platform used for the Incident Recorder (IR) was not considered appropriate and users had already developed, or were seeking to develop, alternative platforms.
- Challenges to developing and adhering to ISPs identified included: misperceptions about who has access rights to data, lack of clear understanding of the role of the data consolidating agency, lack of trust in other service providers (particularly when government actors are involved), lack of clear steps to follow when there is a breach, and lack of clear guidance about what to do when an ISP expires. A lack of trust between service providers often exists before the GBVIMS and ISP are introduced and this is an ongoing challenge that the ISP attempts to address.

Beyond initial training, regular onsite refresher training, mentoring and monitoring are essential to ensure correct use of the tools. This maximises data quality and also safe and ethical practices used in engaging survivors. Individual service providers need to be monitored to ensure these processes are in place, or supported to establish them. This is vital to maintain the integrity of the system.

There is clear evidence of SP analysing and using GBV data for donor reports and fundraising, to better target their programmes and improve both prevention and response aspects of GBV

programming at individual agency and interagency level, and to identify gaps in service provision and advocate for services. A number of catalysing factors were identified, including strong and committed programme managers/supervisors, committed coordinators in interagency settings, and a staff structure and staff resources that facilitated a process of analysis and reflection. However, it was found that the potential for use of data has not been fully exploited in some settings and respondents frequently requested more technical support for analysis and learning from other contexts. Specific examples of use include:[9]

- For donor reports and proposals to raise programming funds. For example, GBVIMS users in Somalia used GBVIMS data to raise funds via the Consolidated Appeals Process (CAP) in 2013;
- To better target prevention and response programming. For example simple analysis of time and location of GBV incidents in all camps in Dadaab has been used at an interagency level to enhance camp safety and reduce risks of GBV;
- To identify gaps in service provision for survivors and advocate for improved services. For example analysis of type and location of incident in Lebanon, has been used by the GBV Working Group to successfully advocate for emergency and life saving services for survivors with UN agencies and INGOs;
- Analysis of contextual factors resulting in advocacy and reorienting of program focus. For example GBVIMS data in Kenya and Liberia has shown that more than 50% of survivors seeking assistance reported their spouse or intimate partners as the perpetrator. In Dadaab, Kenya, IRC used this information to secure funding for a qualitative research project on Intimate Partner Violence (IPV) and in Monrovia, Liberia this information was used as part of an advocacy strategy with IRC partners that contributed to the drafting of national legislation on domestic violence.

The evaluation team found clear evidence of enhanced coordination between GBV actors in interagency contexts, not only through negotiating the ISP, but also through engaging in processes of joint analysis of shared data. Of interviews conducted with SPs working in interagency settings, without exception, they reported that the GBVIMS had contributed to enhanced coordination in their setting. The ISP has contributed to the safe and ethical sharing of GBV data between service providers and agencies when the process of negotiation has been participatory, clear, deliberate, well facilitated/coordinated and regularly updated to reflect contextual changes. This has informed joint action to improve services for survivors.

Unintended/unexpected benefits: Beyond enhancing coordination and referral mechanisms, respondents in Colombia spoke about the development of a real sense of solidarity among GBVIMS users, and also the wider community of activists and supporters. The GBVIMS was seen to have given focus to the work on prevention and response and the picture provided by GBVIMS data put the issue of GBV firmly on the political agenda. A second unintended benefit identified by the evaluation team is the influence of the GBVIMS on enhancing safe and ethical practices in GBV data collection systems with national governments and actors using human rights monitoring systems such as MARA[10] and MRM.[11] The GBVIMS has already influenced national GBV data collection systems in Colombia and DRC, and at country and global level there have been efforts to advocate for, and support, improved practices used by human rights monitors.

Unintended Negative Consequences The majority of respondents did not mention any negative consequences of the GBVIMS. However, three people interviewed remotely raised the concern that insufficient monitoring or mentoring provided at the point of service provision could lead to use of the GBVIMS detracting from a survivor-centred approach by too great a focus on data. Evidence was identified in two case study countries of data being prioritised over survivor centred care,

[9] Many detailed examples are outlined in the body of the evaluation report.
[10] Monitoring, Analysis and Reporting Arrangements for Security Council Resolution 1960
[11] Monitoring and Reporting Mechanisms on the Grave Violations of Children's Rights in Situations of Armed Conflict for Security Council Resolution 1612

corroborating this concern. This highlights the need for services to be robust before the GBVIMS is introduced and is an issue that requires constant monitoring in the maintenance and implementation phases. Many respondents emphasised the importance of training on case management either before or during GBVIMS training, and guidance as to how SPs can use the two together. A second concern is the use of the GBVIMS as a case management tool. While the GBVIMS SC is explicit in promotional and training materials that the system is not intended for this purpose, the evaluation team met with one service provider who was using the tools this way, and observed many service providers without systematic case management systems. Without appropriate support there is a risk that GBVIMS users will not follow up cases or provide adequate support to survivors.

GBVIMS Roll Out Process and Support

There are a number of key elements common to a satisfactory and effective rollout including: strong technical support, country level ownership, a phased approach where lessons can be learned, strong and dedicated coordinators and existing interagency coordination. One common bottleneck for rollout is the negotiation of the ISP. However, this is an important part of establishing trust and setting up effective coordination mechanisms for ongoing GBV prevention and response and the length of the process should not be seen as an indication of failure.

The rollout criteria are essential for quality implementation. However there are a number of examples where innovative practices have enabled low capacity organisations to use the GBVIMS by ensuring appropriate technical support, mentoring, and monitoring systems. These examples provide valuable lessons to draw from in considering models for using the GBVIMS in acute emergency contexts.

Satisfaction with the rollout process depends on a number of factors including the quality of technical support and training in the assessment and planning stages, a dedicated and committed local coordinator to drive the roll out, and a sense of local ownership of the process.

The range of support materials (GBVIMS documents and guides) developed by the GBVIMS Technical Team (and endorsed by the GBVIMS SC) represent key resources for the Global Technical Team and for country level staff in senior management positions and coordination or focal point roles. They have been used for training and advocacy and are highly regarded. However, access issues were raised including lack of reliable Internet connections, the 'bulk' of the materials in high pressure and busy environments, lack of awareness that they exist and language skills and literacy of users. There were requests for simplified materials and 'cheat sheets'.

While useful, GBVIMS documents and guides are not sufficient for roll out without face-to-face technical support and training (initial and refresher). Respondents highlighted the importance of practical training, with scenarios and role-plays and lots of practice using the tools. Of the respondents who had attended a global training, the vast majority expressed the opinion that it was very important for their understanding and appreciation of the GBVIMS and 93% of survey respondents reported that they have used the skills or tools from the training in their work.

The contribution of dedicated in-country technical support by the Global Technical Team is key for a successful rollout. Interviewees highlighted contributions towards initial training, technical support with ISP negotiations, and IR trouble shooting. The fact that the team was interagency has also been highlighted as positive. A few respondents in countries that have been rolling out the GBVIMS for some time and are dealing with complex issues around nationalisation, and sustainability expressed dissatisfaction with the quality of technical support provided and felt that the assistance they received when requested was not sufficient for their needs. There was also recognition that the Technical team are in demand and busy but this had been frustrating for some respondents.

GBVIMS Management

Overall, the evaluation found that the global management structure and team is highly effective in supporting GBVIMS rollouts with a clear structure, good level of collaboration and coordination

and ability to respond to identified needs. Country level respondents identified the dedicated technical support roles of the Technical Team and the coordination role of the IAC as key in supporting effective rollouts. One weakness of the management structure identified by respondents was the lack of accountability mechanisms from country to global level. This could make it challenging for members of the Technical Team on field missions and hamper the success of rollouts.

Based on available data, the project used appropriate resources to achieve the desired results. However, a number of challenges to efficiency (and effectiveness) were identified by the evaluation team:

The GBVIMS system as a whole has weak M&E mechanisms. With no obligation among users to provide feedback on progress and use of the GBVIMS, the onus falls on the GBVIMS Technical Team to collect M&E data, with the response from country offices frequently related to the level of support required at a given time and interpersonal relations. There is a real need for the development of a comprehensive, multi-level M&E system that takes into account the constraints on the system and the various individual country contexts.

There is lack of institutional funding for GBVIMS. While the mobilisation of resources has been efficient, they have resulted from the GBVIMS SC fundraising abilities. There have therefore been relatively short time frames for funding (12 – 18 month funding cycles) which hampers the ability to plan longer term.

Sustainability

There is increasing in-country technical expertise and resources available within UN country offices, INGO and NGO partners for GBVIMS implementation. However, these are insufficient to ensure ongoing, effective and sustainable implementation of the GBVIMS in its current level of operation without ongoing technical and funding support mobilised through the GBVIMS SC. In Colombia where local government bodies are making progress with respect to funding and managing the system, GBVIMS local coordinators and UNHCR staff remain crucial for coordination and compilation.

Engagement of national government by UN agencies through the GBVIMS system, has taken the form of advocacy and support for the improvement of safety and ethical aspects of existing GBV data collection systems in Colombia, DRC and Cote d'Ivoire. This is a way of sustaining safe and ethical GBV data collection and management beyond support from the GBVIMS SC or even UN country offices. This is particularly important as countries move from a chronic humanitarian phase to transition and recovery and as part of emergency preparedness and contingency planning. Regional and country level involvement is crucial to this process. The evaluation team also identified a number of risks associated with 'nationalising' the GBVIMS including maintaining integrity and quality of the system.

A number of factors influencing the sustainability of the GBVIMS were identified, including the need to continue to build on regional and country level capacity and ownership, and build capacity for the GBVIMS into emergency preparedness and contingency planning. Sustainability of the GBVIMS is also dependent on its adaptability to user needs while retaining its original principles. Field level requests for case management systems and for web based platforms need to be heard and acknowledged.

Conclusions and Recommendations

Conclusion 1. The GBVIMS has been implemented without a clear and systematic M&E framework to guide planning and monitoring. There was no baseline originally established and no comprehensive M&E framework designed. With expansion and increased application in a broad range of settings, there comes an increased risk of variable quality and integrity of the system. Parameters need to be set within which strategic planning can occur; accountability can be ensured and for which funding can be obtained. Monitoring during the maintenance phase needs to be emphasised in the rollout process. This is particularly important at the point of service provision.

- **Recommendation 1.1 Articulate a comprehensive M&E framework:** For the next stage of the GBVIMS implementation, a comprehensive and systematic M&E framework at global, regional and country levels should be developed. This should articulate the vision, strategy and results-based management approach for ongoing GBVIMS initiatives. This will need to be a broad framework applicable to the different member agencies of the GBVIMS SC, which should be anchored in the GBVIMS SC member strategic planning documents. SPs using the GBVIMS should have internal processes in place to conduct regular monitoring of the use of the tools at the point of service provision. ***PRIORITY: HIGH (0-6 months)***

Conclusion 2. The GBVIMS has been highly relevant and effective in offering a safe and ethical solution for GBV data collection, management and sharing but ongoing technical and funding support is required to maintain momentum. The evaluation team found evidence that five years of GBVIMS rollouts have contributed to improving safe and ethical collection, handling, analysis and sharing of GBV data in accordance with planned outputs. These processes have contributed to enhanced services for survivors through better-targeted programming, mobilisation of funding for GBV prevention and response activities and coordination of actors to improve services for survivors in accordance with planned outcomes. There is increasing GBVIMS technical expertise and available resources at country levels, and some involvement of national governments in funding and managing the system. However, the GBVIMS is currently not sustainable without ongoing technical and funding support mobilised through the member agencies of the GBVIMS SC.

Recommendation 2.1 Develop diversified and long term funding strategies: Part of the development of the strategic planning process among member agencies of the GBVIMS SC should include diversified[12] and long term funding strategies. ***PRIORITY: MEDIUM (0-9 months)***

Recommendation 2.2 Institutionalise the GBVIMS: For sustainability there must be institutionalisation of the safe and ethical practices intrinsic to the GBVIMS across a number of levels: global, regional and local. This should include integrating the GBVIMS into existing positions at regional level and country level where appropriate; institutionalising the GBVIMS in Information Management Initiatives and trainings; institutionalising the GBVIMS in all broader GBV in humanitarian emergencies training; explicitly reference the GBVIMS in global/regional/country strategic plans and in M&E frameworks. At country/organisational level this should involve including the GBVIMS in programme, operational and human resources documents. ***PRIORITY: MEDIUM (0-9 months)***

Conclusion 3. The GBVIMS initiative is not just a system for managing information. It is a fundamental component to enhancing comprehensive GBV prevention and response in humanitarian crisis. Ideally, quality services and interagency referral and coordination mechanisms are in place before implementing the GBVIMS. However, by rolling out the GBVIMS, gaps in quality survivor-centred care and referral pathways are highlighted enabling steps to be taken to strengthen and refine these systems through capacity development, refocusing programming, advocacy and resource mobilisation. Importantly the data and analysis from the GBVIMS contributes to the evidence base through which support can be sought and results can be demonstrated. While the GBVIMS can be an entry point for systems strengthening and survivor centred programming, resources and structures are needed in the organisations/agencies using the GBVIMS to ensure this happens and to prevent the safety and ethical principles underlying the GBVIMS being compromised. The potential to build on current GBVIMS initiatives to link GBVIMS rollout with improving service delivery and coordination is significant.

Recommendation 3.1 Explore a merged initiative on improved service delivery, information management and interagency coordination: In recognition of the importance of quality services on which to base the GBVIMS, of the fact that the implementation of the GBVIMS to date has highlighted gaps in quality survivor-centred care, and that the GBVIMS itself is a fundamental part of

[12] This is in line with the UNFPA Strategic Plan 2014 – 2017 (p.p.15, 17) which highlights increasing efforts to seek additional funding from non-traditional funding sources

strengthening systems for GBV prevention and response in emergencies and of demonstrating results, the evaluation team recommends that a merged systems strengthening initiative be explored by the GBVIMS SC. ***PRIORITY: MEDIUM (0-9 months)***

Conclusion 4. The need for the GBVIMS Global SC and Technical Team to ensure that the momentum of the GBVIMS can be maintained and expanded is clear. Their remote and onsite technical support has been invaluable to the GBVIMS rollout efforts to date. Importantly, over the last five years there has also been the development of country and regional level expertise. Skills and capacity at this level needs to be further promoted and supported in innovative and cost effective ways. The importance of regular and broadly targeted refresher training, mentoring, and clear and accessible guidance for SP to ensure tools are being used as intended, was consistently emphasised as important to maintain quality.

Recommendation 4.1. Ensure adequate and appropriate Human Resources: The GBVIMS SC should continue support for the GBVIMS Technical Team; invest more in building regional networks and pools of expertise for GBVIMS implementation; facilitate annual regional trainings which are explicitly tailored to participants; conduct a skills audit and establish lists of GBVIMS experts available at local, country and regional level who may be available for short term contracts to supplement the support of the Technical Team; and in order to enhance emergency preparedness efforts, GBVIMS training should be extended to include existing humanitarian roster staff. In order to support a merged initiative (Recommendation 3.1) the current GBVIMS Technical Team should be expanded and it should be ensured that there is adequate expertise among members on survivor centred care. Regional, country and agency levels managers should also take initiative to facilitate informal training and learning events using existing resources and locally available expertise. ***PRIORITY: MEDIUM (0-9 months)***

Conclusion 5. Existing GBVIMS support materials are useful and appreciated but could be better exploited by simplification and more effective dissemination. There are no major gaps that need to be filled, but there is a need for innovative and systematic strategies to ensure they are being used as effectively as possible. There is also a clear demand for a mechanism to share lessons between GBVIMS users to provide motivation and promote good practice.

Recommendation 5.1 Develop a Knowledge Management and Learning Strategy: Moving forward with the GBVIMS should entail capitalising on existing resources and ensuring that learning is widely shared. This should include a stock-take of existing tools and support materials; development of complementary high-tech/low-tech dissemination strategies for promotion of existing and new support materials; capturing, cataloguing and publishing existing learning; creative innovative and engaging methods of sharing learning and promoting materials. Regional Offices and Senior Management of Country Offices need to provide strong leadership to ensure that GBVIMS users in their context are aware of the materials available and are able to access them. Program Managers/Coordinators using the GBVIMS should ensure GBVIMS tool maintenance including the establishment of a standardised process for customisation and periodic review of Intake Form/IR, and simplification of existing support materials to assist field level staff. ***PRIORITY: MEDIUM (0-9 months)***

Conclusion 6. The GBVIMS tools, practices and procedures have been developed at an interagency level and refined and field-tested globally over five years of implementation resulting in a valuable body of work on safe and ethical data collection for GBV prevention and response practitioners. More broadly, the GBVIMS has become a platform that provokes discussion and reflection on the principles around safe and ethical GBV data collection and practice with a range of actors including national governments and actors using human rights monitoring systems. This is particularly important in light of increasing global attention and focus on CRSV.

Recommendation 6.1 Broaden and strengthen dialogue and advocacy on safe and ethical data collection: As the data and GBV global agenda continues to grow, so do concerns about unethical or unsafe GBV data collection/verification processes. There is an opportunity for the GBVIMS SC

member entities to use this as a means to position themselves as leaders in the field of safe and ethical GBV data management. ***PRIORITY: MEDIUM (0-9 months)***

Conclusion 7. The GBVIMS has been applied in different stages of emergency response, in different settings (e.g. camp-based and non camp), with diverse populations (refugee, IDP, returnee, and conflict affected) and with a diverse range of users (UN agencies, local and national government agencies, Community Based Organisations (CBOs), NGOs and INGOs). While the GBVIMS was created for use in *humanitarian settings*[13] the full range of models for GBVIMS implementation within the humanitarian context have not been clearly articulated. There are lessons to be learned from rollouts to date, particularly around working in low capacity settings and with CBOs, which could be useful for modelling GBVIMS implementation in the contexts of emergency preparedness and contingency planning and acute emergency response. Further, the application of the GBVIMS in natural disaster affected settings has yet to be fully explored.

Recommendation 7.1 Develop Rollout Models: This second phase of GBVIMS implementation should focus on reflection and refinement of the approach to GBVIMS rollouts and set a clear framework for implementation. This should focus on the development of 'rollout models,' that are applicable in different settings, but also acknowledge the fluidity of the humanitarian cycle and the changing contexts within which the GBVIMS is implemented. ***PRIORITY: LOW (0-12 months)***

Conclusion 8. The MS Excel based database is not ideal to all settings and there are cases where country offices have moved ahead to either develop their own platforms or merged other data collection tools with the GBVIMS. Considering that there is potential for compromising safety and ethical principles, the guidance of the GBVIMS SC is important in this regard. There is interest in alternative platforms and new developments in technology, particularly the use of web-interface/cloud-based storage to provide more user-friendly, flexible and secure options for SPs, although these may require up-front investments in technical solutions.

Recommendation 8.1. Explore new Platforms: The GBVIMS SC should continue to explore new platforms for the GBVIMS. The MS Excel based system is not relevant to all users. The technical context is dynamic and there is potential collaboration on new systems that capitalise on web-based technology and/or cloud-based storage. A menu of platforms could be supported, mindful that MS Excel is still a good option for some settings, and guidance should be provided for migration as contexts change. ***PRIORITY: LOW (0-12 months)***

[13] 'Overview of the GBVIMS'

CHAPTER ONE Introduction and Background

1.1. Purpose of the Evaluation

International Solutions Group (ISG), an international Monitoring and Evaluation firm, has been contracted to conduct an evaluation of the Gender-Based Violence Information Management System (GBVIMS). The purpose of the evaluation is to determine to what extent, and under what circumstances, the GBVIMS has contributed to gender based violence (GBV) coordination, programming, fundraising and advocacy over its five-year implementation through the effective and safe collection, storage, analysis and sharing of GBV related data.[14] The Terms of Reference (TOR) for the Evaluation are presented in **Annex 1.**

1.2. Overview of the GBVIMS

1.2.1. History and Rationale

Since the 1990s there has been increasing recognition that a multi-sectoral and interagency approach to GBV prevention and response programming in humanitarian settings is critical to saving lives.[15] An important part of this approach is access to reliable and consistent data on GBV incidents. Individual Service Providers (SPs) need data so they can better target and adjust their planning and programming to more effectively respond to survivors, mobilise donor support, monitor and report on their programs, and advocate for new or improved services. Good quality data can also assist in the identification of particular target groups, issues or locations to inform GBV prevention initiatives. In an interagency setting, the ability to aggregate data across SPs enables agencies to analyse wider trends and patterns; and plan and act at an interagency level to address any identified gaps or challenges to effective service provision for GBV survivors.

While in developed and stable settings it is difficult to obtain reliable GBV data[16] in humanitarian contexts where institutions, infrastructure, and human resources may be weakened or compromised further challenges are encountered. There are also ethical and safety issues specific to GBV data collection and management. Merely disclosing an act of violence can put GBV survivors at risk of retaliation from perpetrators, their families and supporters; and can result in stigma from family and community members with severe psychological and social consequences.[17] These threats can extend to the families of survivors and those that try and assist them, including SPs. Respect for confidentiality in the storage and sharing of GBV data is therefore of the utmost importance. Further, collecting data from survivors can risk additional psychological trauma, especially when support services are not in place. Indeed, this is in direct contradiction of the World Health Organisation's (WHO) *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*[18] which states that 'basic care and support for survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence'. Data collection in the absence of services for survivors is unethical and unsafe.[19]

[14] Inception Report, Evaluation of the Gender Based Violence Information Management System (GBVIMS)
[15] Vann, B. 'Gender Based Violence: Emerging Issues in Programs Serving Displaced Populations', Reproductive Health for Refugees Consortium, September 2002, p.3-4; Central Emergency Response Fund (CERF) Life Saving Criteria, https://docs.unocha.org/sites/dms/CERF/FINAL_Life-Saving_Criteria_26_Jan_2010__E.pdf
[16] A recent report by the Australia Bureau of Statistics outlined some of the challenges for collecting reliable data on GBV in Australia including data limitations of under-reporting, hidden reporting, and under recording; and barriers to disclosures such as fear of retaliation, economic dependence on partners and a fear/uncertainty about the criminal justice system, see 'Defining the Data Challenge for Family, Domestic and Sexual Violence, Australia, 2013, pp.15-16
[17] Vann, B. 'Interagency and Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict: Training Manual/Facilitators Guide,' Global GBV Technical Support Project, JSI Research and Training Institute, RHRC Consortium, 2004, Module Three, Session 3.4
[18] World Health Organization (WHO), 2007; http://www.who.int/gender/documents/violence/9789241595681/en/index.html
[19] This issue is discussed in Bain, A. and Guimond, M.F. 'Impacting the lives of survivors: using services based data in GBV Programmes', Humanitarian Exchange, Special Feature: GBV in Emergencies, No. 60, Feb 2014.

A series of UN/humanitarian interagency discussions and documents from 2005 began to explore the use of GBV data captured at the point of service provision in humanitarian settings. These highlighted many of the challenges associated with GBV data collection, storage, sharing and use including:[20]

- Lack of clear, accepted and standardised GBV definitions.[21]
- No standardised incident report forms for data collection, and human error while recording data on intake forms.[22]
- No common data storage procedures and precautions to protect client and service provider anonymity and safety.[23]
- Limited time available and understanding of how to analyse GBV data, and also to use it effectively to inform service delivery, programming and the wider humanitarian response.[24]
- No agreed systems and protocols to ensure that GBV data is shared safely and ethically[25] and with client consent.[26]

While no official baseline survey was undertaken at the beginning of the GBVIMS initiative, these challenges provide a general overview of the state of affairs with respect to GBV data gathering prior to rollout of the GBVIMS.

The GBVIMS was developed specifically to address these challenges. Based on the above discussions and documents, the GBVIMS was conceptualised in 2006, driven initially by the UN High Commissioner for Refugees (UNHCR) and the Office for the Coordination of Humanitarian Affairs (OCHA), who contracted the International Rescue Committee (IRC) to develop a strategy to address the gaps in both systematic collection and sharing of GBV-related data. In 2007, the United Nations Population Fund (UNFPA) was brought on as a core partner, helping to define each of the four component tools of the GBVIMS and supporting limited pilot testing within an IRC programme in

[20] 'Sexual Violence in Conflict: Data and Data Collection Methodologies,' 18 and 19 December 2005; International Symposium on Sexual Violence in Conflict and Beyond, UNFPA and European Commission, UNFPA. http://www.unfpa.org/emergencies/symposium06/docs/final_report.pdf; 'A Technical Consultation: Methods and Systems for the Assessment and Monitoring of Sexual Violence and Exploitation in Conflict Situations', December 15-16, 2005, New York City, Produced by the Social Science Research Council for the United Nations Population Fund and the World Health Organisation; a 2006 WHO led expert consultation to develop recommendations for addressing safety and ethical issues around researching, monitoring and documenting sexual violence in emergencies which led to the development of the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, WHO, 2007; and an IRC led survey and consultation in 2006/7 to inform the development of a commonly accepted database for recording and analysing incident data to allow comparable data between programs, countries and agencies.

[21] This was identified as a major handicap to quality GBV prevention and response programming by the IRC consultant. See 'Gender Based Violence Case Definitions: Toward Clarity in Incident Classification', Circulated January 24th 2007, Leith Baker, Consultant, International Rescue Committee; and also highlighted in 'A Technical Consultation: Methods and Systems for the Assessment and Monitoring of Sexual Violence and Exploitation in Conflict Situations', December 15-16, 2005, New York City, Produced by the Social Science Research Council for the United Nations Population Fund and the World Health Organisation, p.8-9

[22] Agreement among the GBV community of the need for standardised incident report forms which are 'easily accessible and user friendly for field staff on the front lines', was highlighted at the 2005 interagency consultation, see 'A Technical Consultation: Methods and systems for the assessment and monitoring of Sexual Violence and Exploitation in Conflict Situations', December 15-16, 2005, New York City, Produced by the Social Science Research Council for the United Nations Population Fund and the World Health Organisation , p.18

[23] The importance of ensuring the safety of survivors, their 'trusted confidantes' and service providers; and also the confidentiality of their information is emphasised in: 'A Technical Consultation: Methods and Systems for the Assessment and Monitoring of Sexual Violence and Exploitation in Conflict Situations', December 15-16, 2005, New York City, Produced by the Social Science Research Council for the United Nations Population Fund and the World Health Organisation, p.7 and throughout the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, WHO, 2007; and in the ToR for the IRC consultant.

[24] That information collected is 'employed in the provision of accessible and needed services' is stressed in 'A Technical Consultation: Methods and Systems for the Assessment and Monitoring of Sexual Violence and Exploitation in Conflict Situations', December 15-16, 2005, New York City, Produced by the Social Science Research Council for the United Nations Population Fund and the World Health Organisation, p.18

[25] Safely and ethically means that only non-identifying data is shared (i.e. nothing that can identify the survivor or the service provider) and there is clarity about what data will be shared, with whom and for what purpose.

[26] With client consent means that survivors have given consent to share data about their case.

Burmese refugee camps in Thailand. A Global Steering Committee with representatives from UNFPA, UNHCR, United Nations Children's Fund (UNICEF) and the IRC was established in 2008.[27]

Over the past decade increased attention has been paid to the women, peace and security agenda, including to Conflict Related Sexual Violence (CRSV). Four UN Security Council Resolutions (UNSCR) have been passed specifically focused on combating CRSV and holding member states and the UN accountable for action: SCRs 1820 (2008), 1888 (2009), 1960 (2010), and 1983 (2011). In addition, the *Global Summit to End Sexual Violence in Conflict* was held in 2014 and an International Protocol on the Documentation and Investigation of Sexual Violence in Conflict was published.[28] This growing body of work, policies and increasing attention to GBV further emphasises the need for systems that can provide reliable statistics while maintaining adherence to global ethical and safety standards.

1.2.2. How does the GBVIMS work?

The GBVIMS enables those providing services to GBV survivors to effectively and safely collect, store, analyse and share data related to the reported incidents of GBV using four tools:[29]

GBV Classification Tool: The Classification Tool defines six core types of GBV that enables uniform terminology for GBV data collection, analysis and data sharing: (1) rape; (2) sexual assault; (3) physical assault; (4) forced marriage, (5) denial of resources, opportunities or services; and (6) psychological/emotional abuse. This tool provides a standardised process to reliably classify reported incidents of GBV within one of the six core types of GBV.

Intake and Initial Assessment and Consent Forms: These forms ensure all GBV actors are collecting a common set of data points in a consistent format and with the informed consent of the survivor through the use of standardised forms. The *Consent for Release of Information Form* is intended to ensure the rights of the survivors to control their incident data are maintained and protected. The form allows for local and institutional customisation.

Incident Recorder (IR): The IR is a Microsoft (MS) Excel database designed to simplify and improve data entry, compilation and analysis. Customised to be compatible with the Intake Form, the IR automatically generates analysis of information entered on reported GBV incidents.

Information Sharing Protocol (ISP): The ISP provides a framework to guide development of a customised Information Sharing Protocol among GBVIMS organisations participating in an inter-agency rollout based on guiding principles for the safe and ethical sharing of GBV data and known best practice.

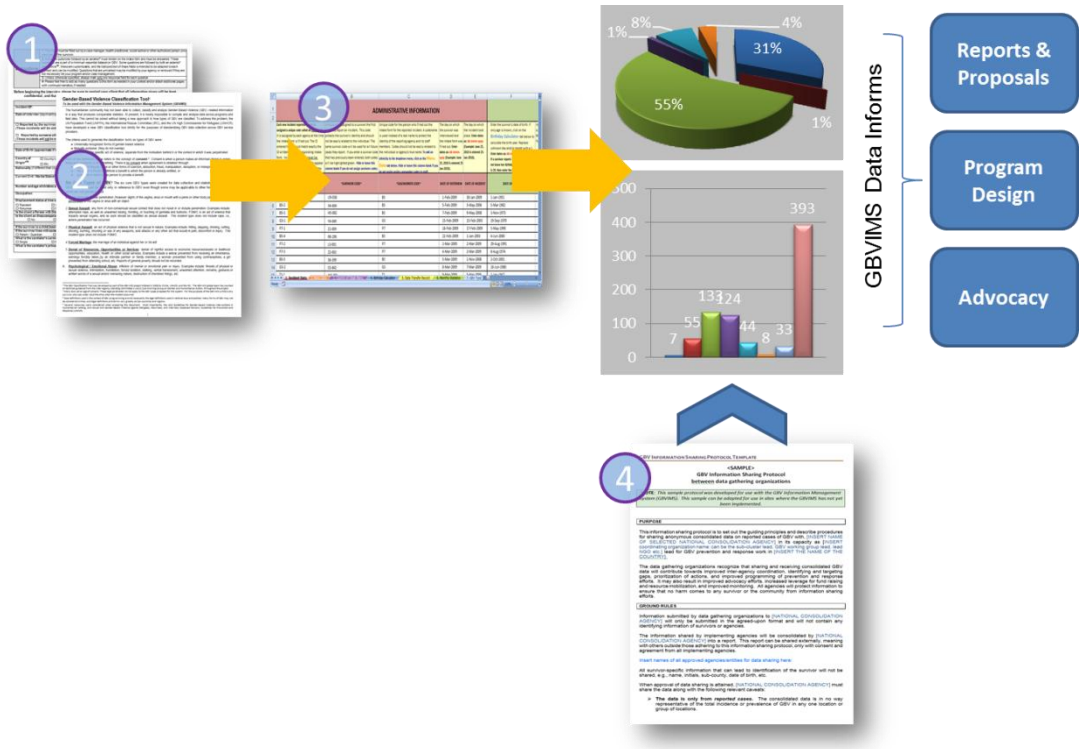
Full implementation of the system allows data collection, analysis and reporting to become a core component of overall GBV programming. After using the Classification Tool and Intake and Consent Forms, GBV primary service providers can enter data into the Incident Recorder and instantly generate statistical tables and charts enabling them to analyse their data, identify correlations between data fields and reveal trends in their reported data. These automatically-generated reports include statistics on the incidents, survivors, alleged perpetrators, and a snapshot of referrals made and actions taken.

Under the guidance of an ISP negotiated by GBVIMS users in each setting, GBV data can be safely and ethically shared and joint analysis of trends and correlations conducted to better understand reported GBV cases received by SPs. By doing so, the GBVIMS enables more informed programmatic decision-making for direct service provision agencies and inter-agency working groups, improved donor reporting and fundraising, and strengthened advocacy efforts.

The workflow of the GBVIMS tools can be visualised in the following way:[30]

[27] The World Health Organisation (WHO) is an expert resource.
[28] Basic Standards of Best Practice on the Documentation of Sexual Violence as a Crime under International Law, First Edition: June 2014
[29] http://www.gbvims.org/gbvims-tools/
[30] Figure 1 was included in the original terms of reference for this assignment.

Figure 1 - GBVIMS Tools: ① Intake Form ② Consent Form ③ Incident Recorder and ④ Information Sharing Protocol

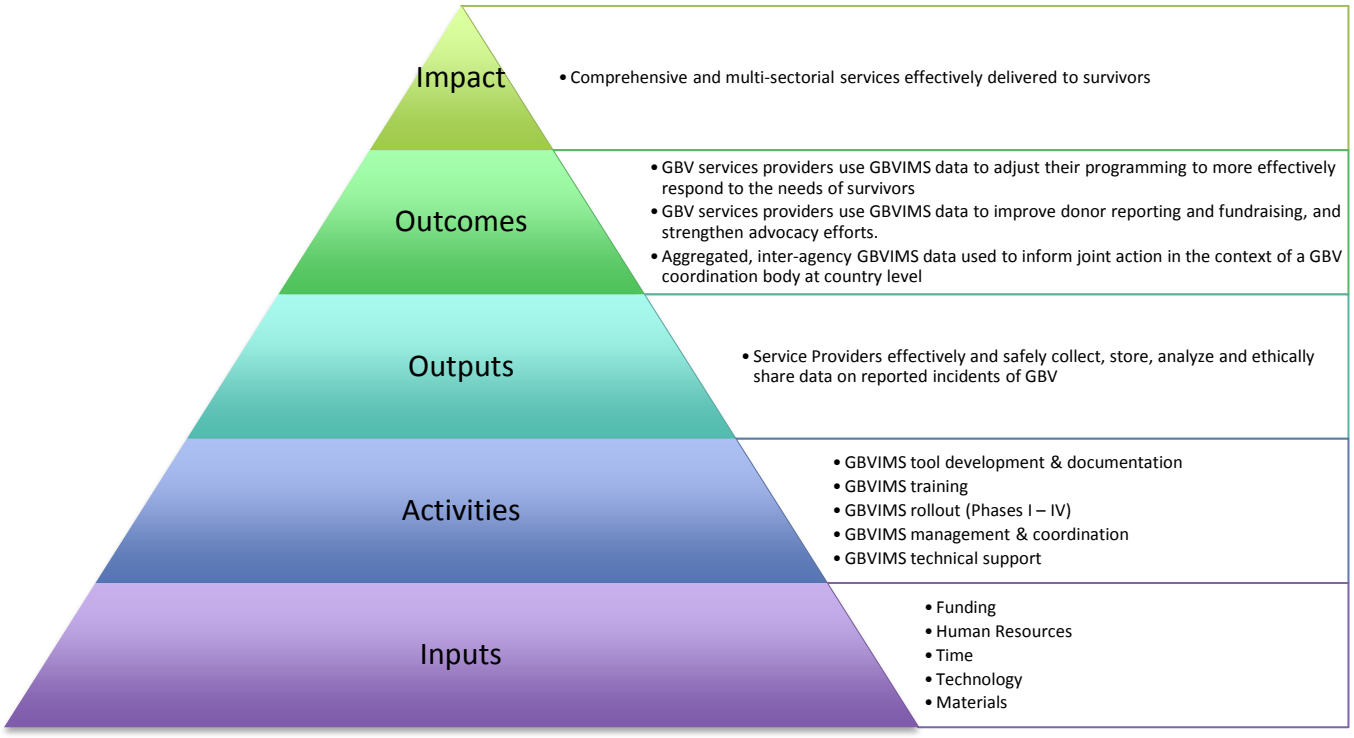


1.2.3. Results Framework

The original TOR for the evaluation presented a framework representing the GBVIMS Steering Committee's (SC) principal areas of interest at the time they commissioned the evaluation. It is the understanding of the evaluation team that this framework described both the theory of change (TOC) and the logical approach underpinning the GBVIMS over the evaluation timeframe.

The evaluation team discussed the framework with the GBVIMS SC and Evaluation Advisory Group (EAG) at the Inception Meeting on 6 March 2014. While a restated framework was agreed in the final draft of the Inception Report, during the process of fieldwork and research the evaluation team refined the original framework to better align with accepted results-based management practices. This remains true to the TOC outlined in the original TOR. This re-stated framework is described in **Figure 2**, below.

Figure 2 - GBVIMS Theory Of Change and Logical Framework (Revised)



1.3. Scope of the Evaluation

The evaluation investigates the implementation of the GBVIMS from approximately mid-2008 to mid-2013 at both global and country-levels. Specific country-level case studies were conducted in Dadaab refugee camp in Kenya, Colombia, and Democratic Republic of the Congo (DRC). These countries were specifically selected to maximise learning opportunities for both the GBVIMS SC and for UNFPA, UNHCR, UNICEF and IRC who have invested significant resources in developing and implementing the GBVIMS. The evaluation has not specifically sought to identify contributions of specific organisations, but rather to examine the system as a whole, though utilises individual contributions or applications of the GBVIMS to illustrate or extrapolate key points. While the evaluation does consider other tools for GBV data collection in the analysis, it does not focus on them in detail, but discusses them in comparison to the GBVIMS as anecdotal examples of counterfactual data.

CHAPTER TWO - Evaluation Process and Methodology

2.1. Overview of the Evaluation Process

The evaluation consisted of five phases as shown in **Figure 3** below:

Figure 3: Phases of the Evaluation

1) **Preparation phase (February 2014 – March 2014)**
   This phase further specified the approach and methodology for the evaluation. A document review was conducted to develop the evaluation framework, evaluation questions, detailed approach and methodology. An Inception Report was delivered and validated by the GBVIMS SC and EAG.
2) **Data Collection and Field Work phase (March 2014 – May 2014)**
   This phase included field visits to three GBVIMS rollout sites and production of short mission briefs, consultations with key informants at global and country level, and further literature and document review.
3) **Analysis and Draft Report (June – July 2014)**
   This phase focused on developing evaluation findings and on formulating conclusions and recommendations, presented in a draft evaluation report to the GBVIMS SC and EAG for review.
4) **Workshop (July 2014)**
   A final workshop with the GBVIMS SC and EAG was held for validation purposes and to discuss the feasibility of recommendations and implications for advancing the project. A workshop report is attached as **Annex 2.**
5) **Final Report (August 2014)**
   Inputs from the workshop, and comments on the earlier draft report, were incorporated and are presented in this final evaluation report.

2.2. Evaluation Design

2.2.1. Overall Approach

The evaluation used a participatory and utilisation-focused approach that is responsive to gender and human rights and sensitive to culture. The evaluation also used a mixed-methods approach for data collection and analysis.

Participatory and utilisation focused: During the Inception phase the evaluation team consulted with the GBVIMS SC and EAG to ensure focus from the outset on a final evaluation report of maximum value and utility to end users. Throughout the evaluation process the evaluation team consulted with pre-identified key users at global and country level to share and validate emerging findings, conclusions and recommendations from the country case studies, and drafts of the final evaluation report.

Gender and human rights responsive and culturally sensitive: The evaluation is guided by the UN Evaluation Group's (UNEG) *Norms and Standards for Evaluation in the UN System*. Other reference points are the UNEG guidance document on integrating human rights and gender equality perspectives in evaluations in the UN system, and the UNFPA guidance document *Concept Note on Integrating Gender, Human Rights and Culture in UNFPA programmes*.

Mixed Methods: The evaluation team utilised a mix of data-collection and data analysis methods. The quality and credibility of findings and conclusions is enhanced through the triangulation and overlapping of different data sources and methods of data collection by the evaluation team. These are outlined in detail in sections 2.3 and 2.4.

2.2.2. Evaluation Criteria and Questions

Based on the original TOR, the evaluation team, in consultation with the GBVIMS SC and EAG, developed a set of key evaluation questions and sub questions to guide data collection, data analysis and report writing. These are outlined in **Table 1**. below.

TABLE 1. Key Evaluation Questions and Sub Questions

RELEVANCE
1. Is the GBVIMS consistent with the priorities and needs of GBV SP in terms of the safe and ethical collection, storage, analysis and sharing of GBV data, and the use of that data to make GBV programming more effective in different country contexts?
1.1 To what extent do the four GBVIMS tools meet GBV SP's priorities and needs in different contexts?
1.2 Are GBVIMS users satisfied with utilisation of the tools in different contexts? Why/why not?
1.3 Are GBVIMS users satisfied with their involvement (design and implementation) in *the interagency roll out* in different contexts? Do they think the pre-roll out criteria are/were relevant? Are they satisfied with the experience of data sharing and coordination of GBV response? Why or why not?
1.4 Are GBVIMS users satisfied with their involvement (design and implementation) in the *internal roll-out* in different contexts? Do they think the pre-roll out criteria are/were relevant? Why or why not?
1.5 Is the GBVIMS being used as intended in the three case study countries? If no, what are the implications of this?
EFFECTIVENESS
2. To what extent were the stated objectives of the GBVIMS achieved/ are likely to be achieved by the end of the roll out period in different country contexts. What have been the positive and negative, direct and indirect, intended and unintended effects produced by the GBVIMS implementation?
2.1 To what extent have 1) the introduction and use of GBVIMS tools and support materials, training and technical support, and 2) the GBVIMS management structure and team contributed to effective and safe collection, storage, analysis and ethical sharing of data on reported incidents of GBV in a range of different settings. In which countries and in which organisations was this most successful? Where was this least successful? What factors contributed to success and or gaps?
2.2 To what extent and how has better data management, analysis and sharing improved and lead to better programming, coordination, advocacy and fundraising?
2.3 To what extent have internal and/or external factors hindered the efficient implementation of the GBVIMS? What steps were taken to address these?
2.4 Are the agencies using the GBVIMS more effective in the collection, management, analysis and sharing of GBV data, than those using other alternatives?
2.5 What were the unintended/unexpected benefits and consequences of the GBVIMS? Have these been identified and how have they been managed?
EFFICIENCY
3. Has the GBVIMS used the most appropriate level of resources to achieve the desired result?
3.1 Was the project's management structure (global: GBVIMS SC and IAC, & national level) clear, appropriate & efficient in terms of planning, implementation, management, reporting, & monitoring?
3.2 Was the project implemented in the most efficient way compared to alternatives possible alternatives in different contexts? What were these alternatives?
SUSTAINABILITY
4. To what extent are activities and/or outcomes (both expected and unexpected) of the GBVIMS likely to be sustained? What evidence is there to suggest this?
4.1 Are the technical and resource requirements of implementing/maintaining GBVIMS at organisational and interagency levels sustainable?
4.2 How has the GBVIMS strengthened the nationalisation process (transfer of responsibility from global SC to national level) in different country contexts? What are the associated benefits, challenges and risks of nationalisation?
4.3 What are the major factors that have influenced the likelihood of the achievement or non-achievement of the sustainability of the project? Have these been identified and well managed by the GBVIM SC?

In the absence of GBVIMS performance indicators, the evaluation team also developed benchmarks for each of the sub questions, which were used to further refine data collection tools. A complete evaluation matrix including questions, sub-questions, benchmarks, and sources of data and methods of data collection is presented in **Annex 3.**

2.3. Methods and Tools used for Data Collection

Document Review

A detailed document review was undertaken, guided by the agreed evaluation questions. Reviewed documents included reports, proposals, plans, financial documents, policy and programme documents, Terms of Reference, minutes, training materials, Power Point presentations, guidance developed for the GBVIMS (Facilitator's Guide, Rollout Guidelines, User Guide) and the GBVIMS tools (GBV Classification Tool, Intake and Initial Assessment and Consent Forms, Incident Recorder, Information Sharing Protocol Template). For a full list of documents reviewed at both global and country level see **Annex 4.**

Key Informant Interviews and Focus Group Discussions (FGD)

A total of 193 people were consulted as part of the evaluation via semi-structured Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and meetings with coordination groups. Representatives from international NGOS (INGOs), national NGOs (NGOs), Community Based Organisations (CBOs), government structures, and UN agencies using the GBVIMS were consulted, including individuals who collect data, enter data, oversee the data collection and entry process, generate reports, analyse data, use data, and coordinate and support the use and application of the GBVIMS. Further, individuals able to provide additional and contextual information on specific issues (for example, the Child Protection Information Management System (CPIMS),[31] the development of PRIMERO, *Protection Related Information Management for Emergency Response Operations*[32], MARA[33] and MRM[34]) were also consulted. Respondents were selected based on consultations between the evaluation team, the GBVIMS SC and the country offices of UNHCR and UNFPA – the host organisations for the case study missions. A full list of respondents is included in **Annex 5.**

In-person KIIs were conducted in the case study countries, in other countries of GBVIMS implementation[35] (via Skype or phone) and at global level (in person in New York or via Skype). KIIs were conducted with individuals or with small groups, depending on circumstances.[36] FGDs were held at country level as part of the country case studies and were conducted with users and non-users of the GBVIMS where possible. The KIIs and FGDs used a thematic discussion guide developed specifically on the basis of the evaluation questions. This was reviewed by the evaluation team prior to each country visit and adapted to each setting as required. The generic guide is included in **Annex 6.**

No GBV survivors were interviewed for the evaluation, as the evaluation team did not determine this necessary to obtain the information required to evaluate the GBVIMS. This was agreed by the GBVIMS SC and EAG and is in accordance with the *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*.[37]

Observation

Where possible, the evaluation team held meetings with SPs at their site of service provision. This enabled the evaluation team to directly observe how data is collected and handled (including data entry, transformation, management and storage). Particular attention was paid to how service flow

[31] This is an information management system for the child protection system. It is comprised of database software and accompanying 'tools', such as template paper forms and data protection protocols. UNICEF, IRC and Save the Children sit on the Global Steering Committee.
[32] This is an open source information management application that will be used to improve and track services for vulnerable populations in emergencies.
[33] Monitoring, Analysis and Reporting Arrangements for Security Council Resolution 1960
[34] Monitoring and Reporting Mechanisms on the Grave Violations of Children's Rights in Situations of Armed Conflict for Security Council Resolution 1612
[35] Burundi, Cote d'Ivoire, Ethiopia, Jordan, Kenya (urban refugee setting and national hospital rollout), Lebanon, Liberia, Nepal, Somalia, and South Sudan
[36] For example, when two or three individuals presented at meetings scheduled as individual KIIs.
[37] WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, in particular section 1.2 and section 2.4, p.10, p.12

and use of the GBVIMS happens on-site. This was subject to limitations of confidentiality, privacy and safety, and as such, the evaluation team did not directly observe interactions between service providers and survivors. Documents and electronic tools including consent forms, intake forms, GBVIMS reports, IR, a web platform (Colombia), and the ISP were also directly reviewed at sites of service provision.

Review of GBVIMS tools and reports

The GBVIMS tools (Intake Forms, Incident Recorder/Web Platform (Colombia), and ISP) used in the case study countries were reviewed and compared to the standard global tools. Particular attention was paid to how tools had been customised including the management of the customisation process, and how they had been adapted to different settings. Examples of the automatically-generated monthly (and annual where available) reports were also reviewed to assess their adequacy in meeting stakeholders' data needs and requirements for effective GBV programming, advocacy, resource mobilisation and service delivery. No line (i.e. personally identifiable) data was examined in accordance with safety and ethical considerations.

Country Case Studies

The evaluation included field visits comprising six working days to each of three case study countries: Kenya (Dadaab refugee camp), DRC and Colombia. The GBVIMS SC proposed these countries to illustrate different facets of the GBVIMS roll out. The case studies provided the core data of the evaluation. The GBVIMS SC originally recommended Cote d'Ivoire as a case study country but the March 2014 Ebola outbreak in West Africa precluded safe travel to this country. Hence, the GBVIMS SC and EAG selected DRC in its place. Individual country briefs were prepared after each field visit as a means of documenting and sharing emerging findings with the GBVIMS SC and EAG and also providing feedback to UNFPA and or UNHCR in each case study location. The evaluation team also used these briefs in the analysis phase.

The two-member evaluation team jointly conducted the field visits in close partnership with the GBVIMS SC and national and/or regional UNFPA, UNHCR and IRC offices. The in-country stakeholders assisted in determining sites, identifying informants and organising the schedule for the visits. A general outline of the field visit itineraries was:

- Introductory meeting with the relevant UN agencies (UNFPA and UNHCR in Colombia, UNHCR in Kenya, UNFPA in DRC);
- Data collection via KIIs, FGDs and observation;
- Debriefing session (prior to the departure of the evaluation team) held with key representatives in each case study country to corroborate the emerging findings, fill in any information gaps, cross check information gathered and explore the feasibility of the recommendations.

Survey

Following discussions about training effectiveness at the final GBVIMS evaluation workshop on 1 and 2 July, a focussed online survey was administered to former participants of the Global GBVIMS trainings by UNFPA and results submitted to the evaluation team for analysis. Responses were obtained from 30 individuals, which comprise 48% of total participants. Overall, 30% of respondents had attended the GBVIMS Uganda training in 2012, 57% had attended the Ethiopia training in 2014 and 13% had attended both. Respondents represented the following organisations: UNHCR, UNICEF, UNFPA, IMC, IRC, Danish Refugee Committee (DRC), National Women's Commission Nepal, INTERSOS, and the Gender Based Violence Area of Responsibility (GBV AOR).[38]

[38] Gender Based Violence Area of Responsibility is the global level forum for coordinating prevention and response to GBV in humanitarian settings. Established in 2008, the GBV AoR is a functional component of the Global Protection Cluster and is co-led by UNFPA and UNICEF at global level. See http://gbvaor.net

2.4. Methods and Tools Used for Data Analysis

2.4.1. Overall Approach

The following analytical methods were applied to this evaluation:

Descriptive analysis was used to understand the contexts in which the GBVIMS has evolved, and to describe its implementation at the global and national level.

Content analysis constituted the core of the qualitative analysis. Documents, interview records, field observations and qualitative data emerging from the GBVIMS tool and report review were analysed by the evaluation team to identify trends, themes, and patterns for each of the evaluation criteria. Content analysis was also used to highlight diverging views and opposite trends. Emerging issues and trends constituted the basis for developing preliminary observations and evaluation findings.

Comparative analysis was used to examine findings across different countries, themes, best practices, innovative approaches, and lessons learned. This analysis was used throughout to examine information and data from stakeholder consultations and document and literature review.

Triangulation of findings was undertaken by the evaluation team across data collection methods (document review, KII, FGD, observation and review of GBVIMS tools and reports) where possible to corroborate and increase the quality and credibility of the evaluation findings and conclusions. A summary of data collection methods is outlined in **Table 2.**

Table 2. Triangulation of data collection methods for evaluation questions

Evaluation Question	Document Review	KII	FGD	Observation	GBVIMS tools & report review	Survey
1. Relevance	X	X	X		X	X
2. Effectiveness	X	X	X	X	X	X
3. Efficiency	X	X	X	X		X
4. Sustainability	X	X	X	X		

Further, data sources (persons and places) were triangulated as outlined in **Tables 3 and 4.**

Table 3. Triangulation by data sources - places

Type of session	Dadaab	Colombia	DRC
KIIs	10	15	9
FGDs	3	6	1
Coordination Meetings	1[39]	2[40]	0
Debrief Session	1	1	1

Table 4. Triangulation by data sources – people

Key Stakeholder Group	Dadaab	Colombia	DRC	Global and non case study countries[41]	Total
Data Producers, Analysers, Users[42]	48	57	7	14	**126**
Coordinator/Supporters[43]	1	13	0	16	**28**
Others[44]	0	3	6	1	**10**
Non GBVIMS[45]	0	6	19	2	**27**
TOTAL	49	79	32	33	**193**

[39] The evaluation team were observers at this coordination meeting.
[40] The evaluation team conducted 'adapted focus groups' at these coordination meetings.
[41] Country level interviews were held with respondents from Jordan, Lebanon, Ethiopia, Kenya (urban refugees and national hospitals), Cote D'Ivoire, Liberia, Nepal, South Sudan, Somalia,
[42] Includes key data collection and entry staff, specifically case managers and data clerks and data analysts at agency or interagency level, and people using GBVIMS-generated information for programming, advocacy, fundraising and planning.
[43] Includes people who coordinate and support the use and application of the GBVIMS
[44] Includes individuals able to provide additional and contextual information on specific relevant issues
[45] Including individuals involved with UNFPA/MOG's Data Mapping initiative in DRC which draws extensively from GBVIMS

2.4.2. Quality Assurance

The evaluation team ensured the quality of all deliverables through the following means:

Clarity: During the inception phase the evaluation team clarified the needs and expectations of the GBVIMS SC. Data collection tools were developed from the evaluation framework, discussed and reviewed to ensure appropriateness.

Communication: The evaluation team met regularly to review progress on the assignment and critiqued draft briefs and reports as required. The evaluation team provided regular status progress briefings to the Interagency Coordinator of the GBVIMS SC to share information on work completed, next steps, as well as any areas of concern such as difficulties, possible solutions, and important events affecting the evaluation.

Timing: The timeline for the evaluation allowed sufficient time for review of all draft deliverables and for revisions to these deliverables to make sure that feedback was acted upon.

Global Standards: The evaluation team ensured that its work complies with standards set by UNEG, UNFPA and professional associations, such as ALNAP.[46]

2.5. Limitations and Mitigation Strategies

Limitation	Mitigation Strategies
Research was conducted in diverse linguistic and cultural settings and interpreters were used.[47] The evaluation team made all efforts to identify interpreters who had a prior understanding of GBV and the GBVIMS but this was challenging.	Research questions were work-shopped with interpreters prior to research, as well as providing background documents on the GBVIMS. Further, in Colombia when discussions became technical, the GBVIMS National Coordinator accompanying the evaluation team was able to assist. The risk that her presence influenced the data collected was deemed lesser than the benefits of having her technical expertise to interpret key ideas.
The language skill set of the evaluators was not adequate to directly review documents provided to the evaluation team in Colombia and in DRC.	A targeted review of key documents was conducted by qualified translators.
While the three case study countries were representative of the different contexts where the GBVIMS is used, these countries in themselves were diverse and geographically spread out. The limited time allocated for case studies meant the team were only able to obtain a 'snapshot' from each. For example, in Colombia, only two out of seven municipalities using the GBVIMS were visited.	In consultation with the GBVIMS SC and in country representatives, efforts were made to identify a sample of informants to cover the research questions.
For the final DRC case study, one member of the evaluation team was delayed for two days due to personal issues.	Interviews conducted by the other evaluation team member were recorded and she was debriefed.
The qualitative methodology was not always possible in the field. E.g. in Colombia very large meetings were organised in place of FGDs, which detracted from the original intent.	The evaluation team adapted questions where necessary to ensure maximum benefit from such exchanges.
There was limited access to financial documentation.	Analysis limitations discussed with the SC & EAG.
There was no established baseline and no M&E framework or indicators for the project.	The limitations for analysis were discussed with the GBVIMS SC and EAG.
Initial plans for including non-GBVIMS users within case study countries or in non case study countries for counterfactual analysis proved difficult within the time frame and with the resources allocated.	The evaluation team conducted limited interviews with non-GBVIMS users in case study countries and remotely by Skype interview.

[46] See http://www.alnap.org
[47] In Dadaab no interpreters were used

CHAPTER THREE – Status of GBVIMS Implementation

3.1. Management

Since 2008 an interagency GBVIMS Steering Committee (SC), comprised of representatives from IRC, UNFPA, UNHCR, and UNICEF (with WHO acting as an expert resource) has guided the rollout and implementation of the GBVIMS. These agencies also support a six person GBVIMS Technical Team with:

- A full-time Inter-agency Coordinator (IAC) hosted by UNFPA since 2008 (when UNFPA assumed the GBVIMS coordination role). The IAC coordinates with the GBVIMS Steering Committee and provides backstopping for technical support needs.[48]
- A four-person GBVIMS interagency "Surge Team" with two consultants hosted by UNICEF - one each covering Francophone and one Anglophone countries - and two consultants hosted by UNHCR.[49] The Surge Team provides technical support to ongoing GBVIMS implementation and to other past or potential rollout sites and to develop resources and lessons learned.[50]
- An Information Management Specialist from the IRC (full time IRC staff member) who provides technical support to IRC's GBV programming and support to inter-agency rollouts.

The GBVIMS SC and GBVIMS Technical Team are referred to as the GBVIMS Global Team as outlined in **Figure 4.**

Figure 4: GBVIMS Global Team Chart, January 2014

At country level, management of the GBVIMS rollout varies depending on the context. Individual agency rollouts are managed by the agency concerned (e.g. IRC in Iraq, Sierra Leone, and Liberia and INTERSOS in Yemen). Interagency rollouts are often managed through the interagency GBV Working Group under the Protection Cluster, or through GBVIMS working groups, coordinated by the consolidating agency which can be UNFPA (e.g. South Sudan), UNHCR (e.g. Dadaab), a combination (e.g. Somalia – UNICEF, UNFPA and UNHCR and Colombia – UNFPA and UNHCR) and/or can involve government agencies (e.g. Colombia, Cote d'Ivoire, and Nepal).

[48] http://www.gbvims.org/what-is-gbvims/about-the-global-team/ and Terms of Reference GBVIMS Project Coordinator
[49] UNHCR hired a second GBVIMS Consultant in 2014.
[50] http://www.gbvims.org/what-is-gbvims/about-the-global-team/ and Terms of Reference Surge Team Consultants.

3.2. Funding Sources

Between 2008 and 2011, funds supporting the GBVIMS were derived from a variety of bilateral sources including the Governments of Belgium, Ireland, Germany, Australia and the EU and ranged from approximately $100,000 to $500,000 per year. Since 2012, funding for the project has come through the UN Action Against Sexual Violence in Conflict's Multi Donor Trust Fund (MDTF). In 2012 Phase 1 of the project, entitled: "Expanding the reach, utility, and sustainability of the GBVIMS" awarded $646,000 to UNFPA and UNICEF. In December 2012, UNFPA, UNICEF and UNHCR secured a further $1.2m for Phase 2, which will run over a period of eighteen months until mid 2014. Funds mobilised globally have supported country level GBVIMS implementation, for example, UNFPA supported their offices in South Sudan, Colombia and in Cote d'Ivoire.[51] Country offices have also raised their own funds but the evaluation team only obtained specific budget details from Colombia: from 2011 – 2014 a total of USD $740,000 has been spent on rolling out the GBVIMS in seven municipalities, supporting national level activities and developing a web platform with USD$180,000 provided by UNFPA HQ, USD$360,000 by UNHCR country office and in 2014 USD$200,000 from UNHCR Field Offices.[52] In other locations respondents commented that it was difficult to disaggregate items that had been charged under different budgets.

3.3. GBVIMS Rollout

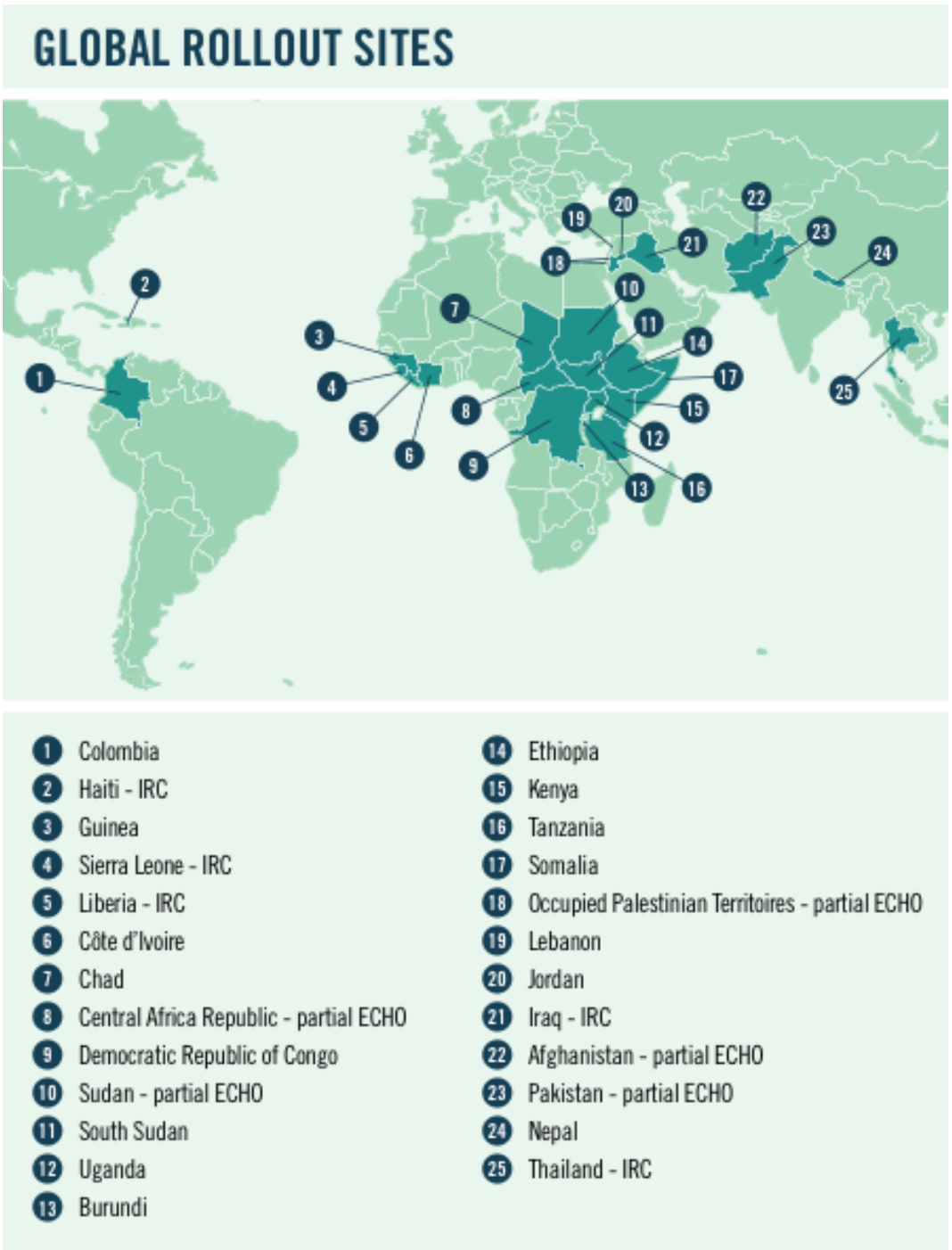
The 'rollout', or implementation of the GBVIMS is generally organised into four phases:

1. Assessment – to ensure the GBVIMS is right for the setting and for each organisation interested in using it, includes consultation with GBVIMS SC;
2. Planning – to decide how, when, and by which staff the GBVIMS will be used;
3. Implementation – including training of staff, collection and compilation of data, and negotiation of the Information Sharing Protocol (if in an inter-agency setting);
4. Maintenance – including refresher trainings for staff, and reviewing the ISP.

To date, the GBVIMS has been implemented at various levels and degrees with agencies working in a total of 20 humanitarian settings in Burundi, Chad, Colombia, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Haiti, Iraq, Jordan, Kenya, Lebanon, Liberia, Nepal, Sierra Leone, Somalia, South Sudan, Tanzania, Thailand and Uganda. Elements of the system have also been introduced in Sudan, the Occupied Palestinian Territories, Central Africa Republic, Afghanistan and Pakistan in the context of an ECHO[53] -funded project on inter-agency capacity development for GBV.[54] These are outlined in **Figure 5.**

[51] UNFPA GBVIMS Budget Overview
[52] Aspectos complementarios a tener en cuenta para la evaluacion del GBVIMS en Colombia: Presupuesto, solicitudes de expansion y presentacion del GBVIMS a otras contrapartes (Additional Considerations for GBVIMS Evaluation in Colombia: Budget Requirements in Expanding and Presenting the GVBIMS to Other Counterparts)
[53] Humanitarian Aid and Civil Protection department of the European Commission
[54] GBVIMS Rollout Guidelines and Terms of Reference, Evaluation of the Gender Based Violence Information Management System (GBVIMS)

Figure 5. Map of GBVIMS Rollout Sites



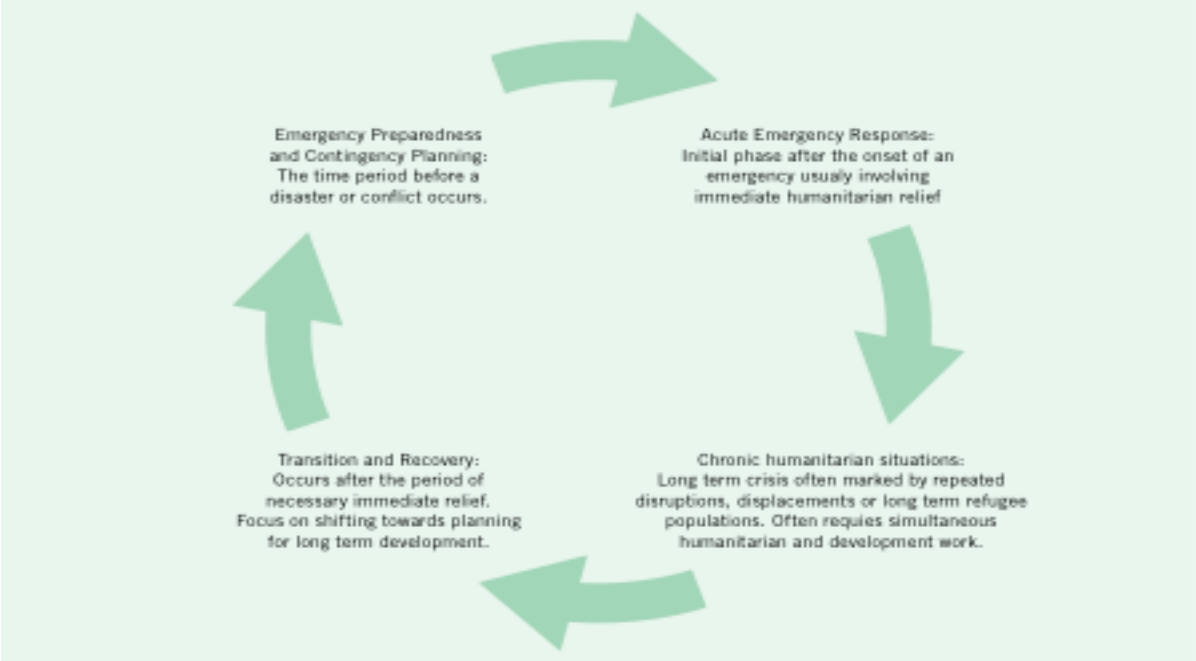
To date the GBVIMS has been rolled out in inter-agency settings amongst several actors working together on GBV prevention and response, and also within single organisations that provide case management and/or psychosocial or health services to GBV survivors.[55] The system is functioning in refugee and IDP camps, and in non-camp settings. Users[56] include UN agencies, INGOs, NGOs, government agencies, and CBOs. Levels of use include full or partial use of the four component tools.[57]

[55] For example the IRC is the sole user of the GBVIMS in Iraq, Sierra Leone, and Liberia and INTERSOS is the sole user in Yemen.
[56] Defined as service providers collecting data and/or entering data, and as compiling and coordinating agencies.
[57] A partial rollout may be necessary for an organisation that has low literacy and resource capacity, for example, training case workers on only Incident Classification and Intake and Assessment, GBVIMS Rollout Guidelines, p.14

While a GBVIMS support mission was conducted to inform development of the national GBV data collection system following the Haiti earthquake, the GBVIMS has primarily been implemented in conflict affected chronic humanitarian situations and in transition and recovery settings.[58] However, requests are emerging from countries prone to natural disasters[59] and also from developing country settings.[60] Moreover, increasingly there is recognition of the convergence between natural disasters and conflict[61] and of the fluidity between the phases of humanitarian response, which raises important questions regarding preparing, or 'foundation-laying' for the GBVIMS as part of emergency preparedness and contingency planning across all humanitarian response. Interestingly, the 2005 Interagency Standing Committee (IASC) Guidelines for Gender-Based Violence Interventions in Humanitarian Settings is currently being revised and will cover natural disasters in addition to conflict-affected settings,[62] reflecting a broader shift among the GBV community. Whichever stage of emergency response a country is in will affect the rollout in terms of actors, their capacity and functioning institutions. Importantly, contexts where the GBVIMS is used do, and will continue to, change, and the system must adapt to new challenges. The four phases of Emergency Response Work as defined by UNFPA are outlined in **Figure 6** below.[63]

Figure 6: The Four Phases of Emergency Response Work

Depending on the context, any combination of these phases may occur, in any order, and at any time.



The three case study locations offered the evaluation team an opportunity to examine in detail different rollout scenarios. Specifically:

- **Dadaab:** Chronic humanitarian: camp-based, refugees, all tools, UNHCR as consolidating agency, INGO and NGO users.

[58] Phases of emergency response work from UNFPA Policies and Procedures Manual, as outlined in UNFPA, 'A Human Rights Based Approach to Programming', Module 6, p.245
[59] Survey response, online survey administered to former participants of the Global GBVIMS trainings by UNFPA
[60] For example, Tajikistan, and Philippines Commission on Women (source: KII with IAC)
[61] A recent Overseas Development Institute report cites a study which found more than 50% of people affected by natural disasters from 2005 – 2009 lived in fragile and conflict affected states, Harris, K. Keen, D. and Mitchell, T, 'When Disasters and Conflicts Collide: Improving links between disaster resilience and conflict prevention', Overseas Development Institute, February 2013.
[62] Ward, J, 'Revising the 2005 IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings:* prioritising accountability', Humanitarian Exchange, Special Feature: GBV in Emergencies, No. 60, Feb 2014, p.8-10
[63] As outlined in 'A Human Rights Based Approach to Programming: Practical Implementation Manual and Training Materials', UNFPA and Harvard School of Public Health, Part Two, Module Six: Emergency Response, p.245. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/hrba/hrba_manual_in%20full.pdf

- **Colombia:** Chronic humanitarian (protracted armed conflict): IDPs, all tools, municipal government as consolidating agency with UNFPA/UNHCR support, municipal government service providers, NGO and CBO users.
- **DRC:** Chronic humanitarian/Transition and recovery: IRC using GBVIMS (all tools) as an individual agency with CBO partners[64] and also clear influence of the GBVIMS on the development of the national GBV Data Mapping initiative (implemented by UNFPA and Ministry of Gender (MOG).

For a snapshot of scenarios in other GBVIMS rollout sites see **Table 5.**

TABLE 5: Snapshot of GBVIMS Rollout

Country	Date, Phase, Location, Tools, Users
Thailand (Mae Hon Son)	**2007:** Chronic humanitarian, refugee camp, classification tool only (limited pilot testing), single agency (IRC)
Uganda	**2008:** ***Northern Uganda,*** Transition and recovery, IDP camps, all tools, initially interagency, but currently Ugandan Ministry of Gender is using a customised GBVIMS, the 'GBVMIS'.[65] **2012:** ***Southwest Uganda, Midwest Uganda and Kampala,*** Chronic humanitarian, refugee camps and settlements, all tools except ISP, interagency (UNHCR as consolidating agency).
Kenya [66] (other sites)	**2009:** ***National Hospital Pilot***, Development setting, all tools introduced but as of 2012 only IR being used in three hospitals. Remaining three export data to the GBVIMS IR from their own database.[67] Introduced to six Kenyan national hospitals with support from Kenya National Commission for Gender and Development (NCGD) and UNFPA. **2009:** ***Kakuma,*** Chronic Humanitarian, refugee camp, all tools, single agency (Lutheran World Federation). **2012:** ***Nairobi urban refugees,*** Chronic Humanitarian, urban refugees, all tools, interagency (UNHCR as consolidating agency with national Kenyan NGOs).
Chad[68]	**2010:** Chronic Humanitarian, IDP and host communities in GozBeida, all tools, interagency pilot (UNFPA as consolidating agency with UNHCR, NGO and government agencies).
South Sudan[69]	**2010:** Acute Emergency/Chronic Humanitarian, IDP, all tools except ISP, interagency (UNFPA as consolidating agency and INGO, NGO users) **2013:** Second assessment and pilot roll out in one state
Liberia[70]	**2010:** Transition and Recovery, Liberian community. **2012:** Acute emergency response, Ivorian refugees (Grand Gedeh). All tools except ISP, individual agency (IRC with CBOs (Women Action Groups) in four counties).

[64] Panzi Hospital and International Medical Corp reportedly also use the GBVIMS but the evaluation team did not visit these organisations.
[65] Gender based Violence Management Information System. Handrahan, L. and Nalwadda, R. Assessment of The Gender Based Violence Information Management (GBVIMS) Pilot in Northern Uganda, September 2010 and Key Informant Interview, Senior GBV Coordinator, UNFPA Uganda.
[66] Power point slides Kenya Country Presentation, GBVIMS Advanced Training, Addis Abada, 15-22 February, 2014, Lessons Learned, GBVIMS Pilot In National Hospitals, Kenya, September 2012, GBVIMS Mission Report, Kenya, Nairobi (with limited support to Kakuma based staff) 23 September – 3 October 2012
[67] Lessons Learned, GBVIMS Pilot In National Hospitals, Kenya, September 2012
[68] UNFPA Trip Report, N'Djamena, Chad, 6-8 October, 2010; KII former UNFPA staff member Chad and GBVAoR Scoping Mission Report: Chad, December 2011 (http://gbvaor.net/wp-content/uploads/sites/3/2013/06/CHAD-Scoping-Mission-Report-March-2012.pdf)
[69] Power point slides South Sudan Country Presentation, GBVIMS Advanced Training, Addis Abada, 15-22 February 2014, KII GBVIMS Technical Team, Survey response, online survey administered to former participants of the Global GBVIMS trainings by UNFPA.
[70] Power point slides Liberia Country Presentation, GBVIMS Advanced Training, Addis Abada, 15-22 February, 2014

Cote d'Ivoire[71]	**2011:** Acute emergency response (2010 – 2011 post election crisis), IDP, current Transition and Recovery phase (end 2012), refugee/IDP, all tools, interagency (UNFPA and Ministry of Solidarity, Family, Women and Child (MSFFE) as consolidating agency with INGO, NGO users).
Iraq[72]	**2011:** Chronic Humanitarian, IDPs and refugees, classification, Intake and IR, individual agency (IRC with four local partners)
Burundi[73]	**2011:** Chronic Humanitarian/Transition and Recovery, refugees (camps and urban), Burundian residents, Burundians expelled from Tanzanian camps, all tools, individual agency (IRC in coordination with UNHCR, and INGO partners).
Nepal[74]	**2011:** Transition and Recovery, refugee, all tools, interagency (National Women Commission as consolidating agency supported by UNFPA with eight NGO users).
Sierra Leone[75]	**2012:** Transition and Recovery/Development, all tools except ISP, individual agency (IRC in three sites through sexual assault referral centres and one through a community based referral network).
Yemen[76]	**2012:** Chronic Humanitarian, IDPs and refugees, all tools except ISP, individual agency (INTERSOS).
Somalia[77]	**2011:** Chronic Humanitarian, IDP/conflict affected, all tools, used at both interagency level and individual agency level (UNHCR, UNDP, UNFPA, UNICEF, GRT, DRC, INTERSOS and three national NGOs).
Jordan[78]	**2012:** Chronic Humanitarian, refugee, all tools except ISP, interagency through GBVIMS task force, (UNHCR/UNFPA as consolidating agencies with UN and INGOs. UNICEF for technical support).
Ethiopia[79]	**2012:** Chronic Humanitarian, refugee, all tools, interagency (UNHCR as consolidating agency, and involvement of Ethiopian government agency, Administration for Refugee and Returnee Affairs in data sharing).
Lebanon[80]	**2013:** Chronic Humanitarian, refugee, all tools, interagency (UNHCR as consolidating agency with UNFPA, UNICEF and INGO, NGO users).

[71] Power point slides Cote d'Ivoire Country Presentation, GBVIMS Advanced Training, Addis Abada, 15-22 February, 2014; and UNA029 Progress Report and Extension Request, 10/1/2014
[72] Power point slides Iraq Country Presentation, GBVIMS Advanced Training, Addis Abada, 15-22 February, 2014
[73] Power point slides Burundi Country Presentation, GBVIMS Advanced Training, Addis Abada, 15-22 February, 2014
[74] Power point slides Nepal Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014
[75] Power point slides Sierra Leone Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014
[76] Power point slides Yemen Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014
[77] Power point slides Somalia Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014
[78] Power point slides Jordan Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014
[79] Power point slides Ethiopia Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014
[80] Power point slides, Lebanon Country Presentation, GBVIMS Advanced Training, Addis Ababa, 15-22 February, 2014

CHAPTER FOUR - Analysis and Findings

This chapter presents the main findings that emerge from the evaluation questions. For clarity,[81] this section is organised under four main headings: GBVIMS and Component Tools; GBVIMS Roll Out Process and Support; GBVIMS Management; and Sustainability. **Table 6** outlines how these headings incorporate the evaluation criteria and questions.

Table 6: Evaluation Report Headings, Evaluation Criteria & Questions

Evaluation Report Headings	Evaluation Criteria	Evaluation Questions
GBVIMS and Component Tools	Relevance, Effectiveness, Efficiency	*KEY EVALUATION QUESTION 1* *Sub Questions: 1.1, 1.2, 1.5* *KEY EVALUATION QUESTION 2* *2.1, 2.2, 2.3, 2.4, 2.5* *KEY EVALUATION QUESTION 3* *3.2*
GBVIMS Roll Out Process and Support (support materials, training, technical support)	Relevance, Effectiveness, Efficiency	*KEY EVALUATION QUESTION 1* *Sub Questions:* 1.3, 1.4 KEY EVALUATION QUESTION 2 *Sub Questions:* 2.1
GBVIMS Management	Effectiveness, Efficiency	*KEY EVALUATION QUESTION 2* *Sub Questions:* 2.1, 2.3, 2.5 KEY EVALUATION QUESTION 3 *Sub Questions:* 3.1, 3.2
Sustainability	Sustainability	*KEY EVALUATION QUESTION 4* *Sub Questions:* 4.1, 4.2, 4.3

4.1. GBVIMS and Component Tools

Evaluation Question 1: Is the GBVIMS consistent with the priorities and needs of GBV SP in terms of the safe and ethical collection, storage, analysis and sharing of GBV data, and the use of that data to make GBV programming more effective in different country contexts?

Evaluation Question 2: To what extent were the stated objectives of the GBVIMS achieved/likely to be achieved by the end of the rollout period in different country contexts? What have been the positive, negative, direct & indirect, intended & unintended effects produced by the GBVIMS implementation?

Evaluation Question 3: Has the GBV used the most appropriate level of resources to achieve the desired result?

Evaluation Criteria covered: *Relevance, Effectiveness and Efficiency*

This section considers the overall system and each of the component tools in terms of relevance, effectiveness and efficiency.

- **Relevance** refers to user satisfaction and consistency with user needs and priorities;
- **Effectiveness** refers to how the system and tools have contributed to adequate and safe collection, storage, analysis and ethical sharing of GBV data and how that data has been used to improve programming, coordination, advocacy and fundraising;
- **Efficiency** refers to whether the GBVIMS is more efficient that other alternatives.

[81] On the basis of feedback from the final evaluation workshop with members of the Evaluation Advisory Group and GBVIMS Steering Committee, 1 & 2 July, 2014, UNFPA, NYC

4.1.1. Relevance, Effectiveness and Efficiency of the System and Tools

Overall, the evaluation findings regarding GBVIMS relevance are positive. There is consistency with the needs and priorities of GBV service provider organisations and other users such as coordination agencies. **Table 7** summarises tools used[82] in the three case study locations and a selection of non case study locations.[83] In all but two of 15 examples, the Classification, Intake & Consent Forms and Excel-based IR are in use. One rollout site exists where the Classification, Intake/Consent form is not being used - the Kenya hospital rollout which is an early and atypical rollout (and is discussed in more detail below). Colombia is the only rollout site where the MS Excel based IR is not being used. Instead, a web-based platform has been developed which uses data points consistent with the IR. This is discussed in more detail below under the section on the MS Excel based Incident Recorder.

Respondents frequently commented that the GBVIMS had been developed in response to needs and concerns around collecting, managing and using GBV data safely and ethically, an identified need across all settings. However, the evaluation team has determined that the system is most relevant in chronic humanitarian or transition and recovery settings and the full set of tools are more easily rolled out in smaller scale settings. The GBVIMS has been rolled out in a variety of settings and users are being innovative in how they apply the tools to their contexts. As the GBVIMS initiative moves into the next five years and beyond, documenting these evolving processes is important for learning.

Overall the evaluation findings regarding the effectiveness of GBVIMS tool use are positive. Progress to varying degrees has been made on outputs outlined in the TOC, and significant contributions towards outcomes have been observed.

In terms of efficiency of the system and tools, it was a clear finding that SPs view the GBVIMS as a time-saving initiative, and that the benefits of using the system outweighed the costs.

Table 7: Overview - Use of GBVIMS tools

Location	Classification	Intake	Consent	IR (Excel)	Signed ISP
Kenya (Dadaab) (Kenya)	Y	Y	Y	Y	Y
Colombia	Y	Y	Y	N	Y
DRC (IRC with CBO partners)	Y	Y	Y	Y	Y
Kenya (Nairobi Urban Refugee)	Y	Y	Y	Y	Y
Kenya (National Hospitals)	N	N	N	Y[84]	N
Lebanon	Y	Y	Y	Y[85]	Y
South Sudan	Y	Y	Y	Y	N
Liberia (IRC)	Y	Y	Y	Y	N
Cote d'Ivoire	Y	Y	Y	Y	Y
Burundi	Y	Y	Y	Y	Y[86]
Ethiopia	Y	Y	Y	Y	Y
Yemen (Intersos)	Y	Y	Y	Y	N
Nepal	Y	Y	Y	Y	Y
Jordan	Y	Y	Y	Y	Y[87]
Sierra Leone	Y	Y	Y	Y	N[88]
Somalia	Y	Y	Y	Y	Y[89]

Individual tools and their use are examined in detail below.

[82] In general, not necessarily uniformly in all settings - different versions of tools may be used. These will be discussed under the findings for each tool.
[83] Countries included in the table are where information could be cross-checked through varied sources (KIIs, literature review, and Power Point presentations delivered by country teams at the 2014 Global Advanced GBVIMS Training).
[84] Three hospitals use the GBVIMS IR and three have integrated the GBV data collection into the comprehensive hospital information management systems. Lessons Learned, GBVIMS Pilot in National Hospitals, Kenya, September, 2012
[85] Four out of 18 organisations using the IR
[86] Just between IRC and UNHCR
[87] Signed in May 2014
[88] IRC Internal
[89] At regional and national level

Classification Tool

'Before the rollout, classification of GBV was all over the place', *GBVIMS Focal Point, Lebanon*

The GBVIMS Classification Tool is considered by all respondents as one of the most relevant components of the system. Respondents from all levels and in all contexts (globally and in individual country contexts) reported that it helped users to reliably classify reported incidents of GBV, something that had not been previously possible. For example, prior to the rollout of the GBVIMS in Colombia, UNFPA had worked with the National Statistics Office for eight months to try and standardise the classification of GBV across Colombian institutions but was unsuccessful.[90] Respondents liked that the tool was systematic and easy to use – seen as vital in humanitarian settings when SPs are frequently overworked – and also appreciated the clear guidance on the process of classification (series of seven questions, see **Figure 7**) as outlined in the General Intake Form (Psychosocial).

Figure 7. Excerpt from Generic Psychosocial Intake and Assessment Form

Type of incident/violence* (Please select only ONE of the below. Refer to the GBVIMS GBV Classification Tool for further clarification.): ☐ **Rape** (includes gang rape, marital rape) ☐ **Sexual Assault** (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation) ☐ **Physical Assault** (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature) ☐ **Forced Marriage** (includes early marriage) ☐ **Denial of resources, opportunities or services** (includes denial of inheritance, earnings, access to school or contraceptives, etc) ☐ **Psychological / Emotional Abuse** (includes threats of violence, forced isolation, harassment / intimidation, gestures, etc) ☐ **Non-GBV** (specify)	1. **Did the reported incident involve penetration?** If yes → classify the incident as "Rape". If no → proceed to the next incident type on the list. 2. **Did the reported incident involve unwanted sexual contact?** If yes → classify the incident as "Sexual Assault". If no → proceed to the next incident type on the list. 3. **Did the reported incident involve physical assault?** If yes → classify the incident as "Physical Assault". If no → proceed to the next incident type on the list. 4. **Was the incident an act of forced marriage?** If yes → classify the incident as "Forced Marriage". If no → proceed to the next incident type on the list. 5. **Did the reported incident involve the denial of resources, opportunities or services?** If yes → classify the incident as "Denial of Resources, Opportunities or Services". If no → proceed to the next incident type on the list. 6. **Did the reported incident involve psychological/emotional abuse?** If yes → classify the incident as "Psychological / Emotional Abuse". If no → proceed to the next incident type on the list. 7. **Is the reported incident a case of GBV?** If yes → Start over at number 1 and try again to reclassify the incident (If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident). If no → classify the incident as "Non-GBV"

In terms of effectiveness, all respondents viewed the Classification Tool as fundamental to the system, and agreed that the standardisation of GBV types has allowed the collection of comparable data – the foundation for improving the effectiveness of GBV data collection and analysis, which ultimately can be used to enhance services for survivors.

However, the evaluation team did identify some confusion with the use of the tool and also inconsistencies in the classification used on forms. This is a key issue, as the process of classifying GBV types must be uniform to ensure valid and statistically comparable data.[91] Examples of inconsistent use include:

- Dadaab, Kenya: Instead of using the guidance developed for classifying GBV types, a number of users said they selected the more pronounced or grave aspect of a complex case, or that which was stated first by the survivor. One caseworker said the M&E officer in her organisation had advised her to enter different types of GBV in multiple forms for one survivor reporting one multidimensional incident rather than use the process of classifying as outlined in the Classification Tool. This highlights the importance of ongoing mentoring and support for using the tool.

[90] KII UNFPA Colombia

[91] 'To ensure valid and statistically comparable data, all those using the GBVIMS must use the same approach to determine how to classify a given incident based upon the type of GBV it involved', GBVIMS Classification Tool

- DRC: The UNFPA/MOG Data Mapping initiative officially uses the GBVIMS classification tool comprising six types of GBV. However, two partner organisations were using an older version of the Intake Forms (comprising eight types of GBV). Inconsistent use of classification will compromise data quality and the resulting analysis.

Respondents frequently noted that the tool was initially resisted when first introduced due to the challenges it poses to commonly used legal or social/cultural definitions. Many respondents also noted the importance that the case context component[92] is understood in order to fully understand the tool and be able to conduct indirect analysis of GBV types such as Intimate Partner Violence (IPV), child sexual abuse, early marriage, sexual exploitation and abuse, sexual slavery and harmful traditional practices. The GBVIMS Technical Team has refined their training methodology for more recent roll outs and now conduct training on the Intake Form first and then introduce the Classification Tool, using context specific examples to demonstrate how situations would be classified. Indeed a large number of respondents thought the exercise outlined in the Facilitators Guide,[93] whereby participants undertake individual classifications and then compare results, was very useful for creating an awareness of the need for standardisation. Respondents from case study countries as well as non case study countries and at global level all spoke about the importance of training, mentoring, clear, timely and accessible guidance, and monitoring of forms used by service providers to ensure the tool is used as intended. The majority of respondents said they had no issue with the tool once they had been trained.

No SP responsible for completing the Intake Form interviewed in any case study country had seen the three page document available on the GBVIMS website (in English, French, Spanish and Arabic) that provides additional information and guidance on using the Classification Tool.[94] This may be a useful resource on GBVIMS classification for senior managers to share with their caseworkers.

Intake Form

The GBVIMS Intake Form[95] was considered relevant and effective by SPs in that it enables standardisation of common data points and also context-specific customisation to their individual settings. For example:

Common Data Points: The Intake Form was appreciated because it allows users to analyse their data internally and also to share common data points for interagency analysis. As a respondent from the Danish Refugee Committee (DRC) in Dadaab noted, using the GBVIMS Intake Form facilitates sharing and joint analysis because different agencies are 'talking about the same things'.

Format: A significant number of users expressed approval that the Intake Form was in a checkbox format making it easy to use. However, the majority of respondents said the Intake Form was too long, although thought it collected useful information and is easy to use with initial training. Duration to complete Intake Forms varied greatly among respondents, with the most common duration being 15-20 minutes, although some respondents took up to an hour. There was consensus among respondents that as they became more familiar with the form through frequent use, they became more efficient.

In Dadaab, Save the Children International (SCI) who also use the Child Protection Information Management System (CPIMS), specifically requested a merged CPIMS and GBVIMS form. However, it should be noted that the proportion of GBV cases from the total CP caseload from all SCI sites was very low, so merging may not be appropriate at this stage.

[92] The Classification Tool provides guidance on how to indirectly analyse particular types of violence. For example, by analysis of the type of GBV and the survivor's relationship to the perpetrator, one is able to identify and analyse which incidents took place within the context of an intimate partner relationship. Gender Based Violence Classification Tool.
[93] Session Two: Incident Classification, GBVIMS Tools and Procedures Training, Facilitators Guide p.27
[94] http://gbvims.org/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf
[95] Only the Psychosocial Intake Form (also known as the General Intake Form) was examined in detail in case study countries.

Customisation: In line with its intention, the GBVIMS Intake Form has been customised in different contexts to capture data points unique to a particular setting. For example:

- In Dadaab the Current Intake Form is version 6 (December 2012)[96] with six customised fields in line with GBVIMS Rollout Guidelines. See **Annex 7.**
- In Colombia, the Intake Form has been customised frequently, both changing fields and also adding and subtracting others.[97] For example, they have added intersex, sexual orientation, and literacy, and subtracted religion and harmful traditional practice. The Colombian team consulted with the IAC hosted by UNFPA at the time regarding these changes.

It is important that the six customisable fields are harmonised among GBVIMS participants at the interagency level within a particular setting so that all fields are the same for all participating organisations to allow for analysis. The evaluation team noted that despite the Intake Form being updated in 2012, the 2010 version of the Intake Form was being used at two sites in Dadaab. Using different versions of forms will compromise the uniformity of data and hence analysis.

Different Types of Intake Forms: Different types of Intake Forms have been developed to suit different settings depending on the nature of services being delivered, and the type of setting, and the type of user. The flexibility to do this was considered to be very important by SPs.

In Dadaab, all SPs using the GBVIMS provide psychosocial services and use an Intake Form based on the Standard Intake Form available on the GBVIMS website.[98] This was seen by SPs as relevant to their needs and only required basic customisation.

In DRC, IRC has adapted the Standard Intake Form to be more relevant to CBOs, making it shorter (reduced from six to three pages), simpler and in appropriate language. The CBO staff interviewed by the evaluation team confirmed that the Intake form was simple to use and suited their purposes (See **Annex 8** for a sample DRC Intake Form)**.** Shortened and simplified Intake Forms are also used by IRC with Women's Action Groups in Liberia, and in South Sudan.

In Colombia, all SPs use a combined Intake Form that is available on the Web Platform. It includes the General Consent Form, Consent for Medical Exam, Psychosocial Intake Form, Medical Intake Form and Legal Intake Form all on the web platform. SPs fill out the section that is relevant to the services they provide. While no SP met in Tumaco or Villavicencio were using the Legal Intake section, a number of national-level respondents felt they needed to review this form as the analysis is currently very general. Although this form was developed in Colombia for the Colombian context it may be useful to share with other GBVIMS users. See **Annex 9.**

A number of respondents at country and global level mentioned that service providers are short of time and overworked, potentially impacting data collection/data entry. There is therefore a risk that more detailed (and hence more complicated) forms compromise data quality through user error when completing the form. This highlights the importance of regular monitoring at the point of service provision.

Language: Language was raised by respondents as a concern with the Intake Forms. Standard versions are available in English, French, Spanish and Arabic. Having translations appropriate to each context was considered vital to ensuring the tools are used well. For example, UNFPA and UNHCR Colombia further adapted the Spanish version of the User Guide to suit their specific setting, and IRC in DRC translated French forms into 'formal' Swahili and then further translated into the local version of Swahili.[99]

[96] Supplied by UNHCR Protection Officer and GBVIMS Focal Point, Dadaab.
[97] Supplied by GBVIMS National Coordinator, Colombia
[98] On the GBVIMS website the following forms are available: Standard, Basic Two Page, Health Practitioner and Acute Emergencies Intake Forms. http://www.gbvims.org/gbvims-tools/intake-form/
[99] Email correspondence between former IRC Monitoring, Evaluation and Research Coordinator in DRC to the IRC Gender Based Violence Information Management Specialist.

In terms of the Intake Forms contribution to ethical and safe collection, storage, analysis and sharing of GBV data, the evaluation team found some evidence of good practice, but also indications that more focus on understanding and maintaining safe and ethical approaches is required. For example:

- **Coding**: Many respondents noted that the coding system has greatly enhanced survivor and SP confidentiality. No coding issues were reported or observed. There was consensus that correct coding required detailed training, especially on the survivor code, but was easy to understand.
- **Data Storage and Handling:** The evaluation team observed good practices among the majority of SPs in the case study countries, including locked cupboard storage of paper Intake and Consent forms, and electronic files stored on password-protected computers. A CBO partner of IRC's in DRC only exhibited blank Intake Forms, indicating strong understanding and respect for confidentiality and safety. This CBO also had a clear evacuation plan – to bury the forms using plastic sheeting provided by IRC – and had done so 'a number of times'. Only one other SP (in Dadaab) mentioned evacuation plans, although this may not be necessary in all contexts.
- The evaluation team also identified evidence of unsafe storage practices. For example, in Colombia, the team were readily shown completed Consent and Intake forms, in one location observed Intake and Consent forms stapled together, coded forms with survivor names written on them in another, and in all locations visited, hardcopy files stored in cabinets without locks.

Survivor Interaction: The evaluation team also observed that the process of filling in the Intake Form could take priority over interactions with the survivor. For example, in Dadaab, while almost all caseworkers interviewed said they completed the Intake Form after the initial interview, one caseworker reported completing it at the time of interview so she 'wouldn't forget anything'. Further, a senior manager said caseworkers sometimes ask survivors to come back and meet them specifically to obtain a complete data set for the GBVIMS. This was also mentioned as being an issue in remote interviews with respondents from South Sudan. Interviews with GBVIMS Technical Team respondents highlighted the importance of engaged and qualified supervisors who ensure that staff are using the form in a survivor-centred way, otherwise collecting data may be prioritised over care. A focus on the form could jeopardise rapport with survivors and impact further seeking of services.

Consent Form

Obtaining informed consent from survivors to use their information for both referral and reporting purposes is a fundamental GBV service provision principle.[100] In case study countries, most service providers consulted are using the GBVIMS consent form, with the exception of Kenya (Dadaab), where SCI use the CPIMS consent form and Terre des Hommes (TdH) use their own consent form.

Where the concept and process are understood, the Consent Form is seen as relevant and has contributed to the effective and safe collection, storage, analysis and sharing of GBV data by providing a reminder and procedure to include this important step in the data collection process. A good practice example was observed in DRC with an IRC CBO partner, outlined in **Box 1.**

Box 1: Good Practice - Obtaining Informed Consent in DRC

The two interviewed CBO focal points were very clear on the importance of GBV survivor informed consent. When asked to describe the process of obtaining consent, they noted *'It takes time because they are scared'* and is a process of discussion and explanation. One focal point outlined the entire process: making sure the survivor is comfortable in a private space, introducing herself and her role, informing the survivor about available community services, actively listening to the survivor's story, then when the interview is complete asking the survivor if they can take notes and requesting the survivor's consent to do so. If survivors do not give consent, they do not use the form. Importantly, one focal point said they explain the usefulness of the information for assisting other women when explaining to the survivor why they are asking to share information for reporting.[101]

[100] *WHO Ethical and Safety Recommendations for Researching and Monitoring Sexual Violence in Emergencies* (2007) World Health Organisation. http://whqlibdoc.who.int/publications/2007/9789241595681_eng.pdf.
[101] Ibid

These positive examples notwithstanding, the evaluation team found that understanding of the concept and process of obtaining informed consent varies. In all three case study countries there were indications that the concept is not well understood and/or not prioritised. Examples include:

- No one in Dadaab could clearly explain how to ensure a survivor understands the consent process. The most common responses were 'because they signed the form' or because it had been explained to them in their own language through an interpreter. Only two agencies mentioned the importance of the consent form in terms of promoting and ensuring a survivor centred approach;
- All data collecting agencies interviewed in Colombia reported that obtaining informed consent for information sharing was a new concept for them. While this does not necessarily mean that consent is not understood or prioritised, in Tumaco and Villavicencio, the evaluation team observed that service providers (such as social workers and psychologists) with a better understanding of survivor-centred care were more comfortable with consent forms, and were able to explain how they asked survivors for their consent.
- At one of the *Comisaria de Familia* offices visited in Villavicencio, the staff expressed concern that the consolidating agency in their municipality wanted them to enter all their old cases into the GBVIMS web platform – i.e. cases registered without any consent;
- Neither of the two Data Mapping partners interviewed in DRC provided a consent form to the evaluation team when they were asked to share their forms. One respondent said it was rare for a survivor not to want to share as *'They have come, so they agree to share'*. He was also not sure how the consent forms were stored safely.

These findings were broadly consistent at global level. The most common response to whether the consent forms are appreciated by SPs was that the concept of consent to share information is often new, and SPs need continued coaching. One member of the GBVIMS Technical Team noted that *'it is a standing recommendation at end of every mission to every country to continue to talk about informed consent. The concept of controlling information when you are talking about statistics (both identifiable and non identifiable) is abstract, especially where survivor centred approaches are new and SPs are used to 'advising' clients'.*

However it was emphasised by another member of the GBVIMS Technical Team that those with previous GBV training tend to understand the concept much more quickly than those without. The member provided an example of staff in Ethiopia with strong GBV backgrounds who were able to understand and effectively and quickly use consent forms compared to those in South Sudan with no background in GBV. This highlights the relative advantages of rolling out the system with experienced SPs, the need for concurrent support for Caring for Survivors (CFS) and Case Management support where capacity is weak, and the need for building capacity in preparedness and contingency planning stages in preparation for emergency response.

If SPs do not understand the concept of informed consent, this has implications for effectiveness in terms of safe and ethical data collection.[102] The issue of safe storage of consent forms is crucial as these forms are the only document with identifiable information which can be traced to the survivor.

A key finding was that the consent process is an entry point for case management and highlights the role of the GBVIMS as a tool for highlighting weaknesses or gaps in GBV response service provision. As one member of the GBVIMS Technical Team stated *'it is an entry point for talking about case management and survivor centred service provision.'* Having the consent form and the language about informed consent on the form is a reminder for SPs and also highlights the importance of a survivor-centred approach, guiding principles and safe storage and handling. It is also a monitoring point as to whether (and how) service providers are asking for consent and determining if a survivor has consented.

[102] WHO, ibid.

No forms reviewed contained the one page reminder that is included in the Consent and Intake form available on the GBVIMS website[103] regarding the procedure for obtaining and dealing with consent forms. This may serve as an important reminder to SPs and may be a useful resource for senior managers to share with their caseworkers.

MS Excel based Incident Recorder (IR)

The evaluation team have concluded that the MS Excel platform used for the IR is appropriate and effective for programme level data management and analysis and in low-tech contexts, but can be considered difficult to use in settings with many users and a high number of cases. The database itself however, is very relevant to SPs and in more complex settings, the Excel based IR has been adapted for other platforms. Where the Excel based IR is used it contributes to effective and safe collection and sharing of data if there is sufficient training, technical support, and systems maintenance.

In Dadaab refugee camp, a smaller scale setting in terms of number of users (six data collecting agencies and one consolidating agency), respondents found the Excel platform very relevant to their needs, that it was easy and fast to enter data with some practice and technical support – even for people new to computers, that widespread familiarity with Excel facilitates uptake and the ease and utility of the automatically generated tables and analysis facilitates preparing reports, proposals and for programme planning. The total reported GBV incidents for 2013[104] of 1,445 is marginally higher (+6) than the 'tipping point' of 1,039 mentioned in an End of Appointment Report from the former GBVIMS Project Coordinator, after which functions are considered to be at risk of slowing down and efficient data entry and analysis are impaired.[105]

The Monitoring and Evaluation staff with the Women's Protection and Empowerment Unit of IRC in DRC also reported that the Excel platform was relevant to their setting, capacity and needs for basic analysis. There are 26 data collecting CBOs with IRC as consolidating agency and there were 601 reported GBV incidents in 2013.[106] The appropriateness and effectiveness of an Excel based database was also raised by global respondents – a member of the GBVIMS Technical Team highlighted a training conducted in South Sudan where a woman who had 'never touched a computer before' was entering data at the end of one day.

Capacity The use and relevance of the IR is also dependant on levels of user training and overall computer literacy. The evaluation team met with users of the IR in Dadaab and DRC (IRC) and observed that in both settings the IR tends to be used by either M&E staff (SCI, TdH, KRC in Dadaab and IRC in DRC) or senior GBV caseworkers or managers depending on the human resources of the agencies. This improves confidentiality and safety of the data but limits access and use – an issue raised in Dadaab by many respondents who cited high turnover and regular R&R absences as an obstacle to effective use of the GBVIMS system.

Maintenance, Technical issues and support All GBVIMS Technical Team commented on the amount of time they spend fixing technical errors for IR users. One Surge Team member stated *'a lot of remote technical support is for broken incident recorders – deleting a column means formulas get messed up'.*

Those who used the IR liked that it mirrored the Intake Form noting that it minimised data entry error and that with practice it was easy to use. Some technical challenges were mentioned by users, especially in the initial stages of use, but many of these reflected a lack of understanding of the system e.g. not being able to insert a missing record in the correct order (this is not necessary due to automatic sorting of data).

[103] http://gbvims.org/wp/wp-content/uploads/IntakeandConsentForm_Feb20112.pdf
[104] Annual Statistics Report, Dadaab Operation, GBVIMS Draft Statistics for 2013
[105] End of Appointment Report, Interagency GBVIMS Project Coordinator, December 2011.
[106] Séance De Partage De Donnees Du Programme Paf 2013, 24/1/2014, International Rescue Committee, DRC

IRC users in Dadaab and in DRC had direct access to technical support from the IRC GBV Information Management Specialist at headquarters. Other agencies sought initial technical assistance from the data-consolidating agency. In both case study countries and non case study countries, the technical support available through the GBVIMS Technical Team was considered helpful but not always timely. In Dadaab the GBVIMS quarterly meeting is used as a forum to troubleshoot and share technical issues. In Dadaab the majority of agencies entered data and conducted a quality check (cleaning) process on a weekly basis.[107]

Security There was general consensus that data security had increased through the use of the IR. In Dadaab, computers are password protected and are known by only a limited number of people using the IR (M&E Officers and Senior GBV staff). Respondents also commented that the IR automatically generates aggregated, and therefore, anonymous data in the form of statistics, graphs and tables, which most respondents considered safe to share with a broad audience. However, in locations where there were few GBVIMS users (for example some parts of Somalia), even sharing this consolidated data was considered too risky. No incident was reported to the evaluation team of compromised data security.

New platforms have been developed where the MS Excel based IR was considered too low tech. For example, in Colombia, UNFPA/UNHCR developed their own web-based system citing the limitations of MS Excel against their vision for the scale of use of GBVIMS in Colombia, that service providers may find using pivot tables for data analysis difficult and that a web based platform would be safer. While the format for data entry and analysis is different from the Excel based IR, the data points entered are largely the same. There are currently 28 data collecting agencies in Colombia with eight consolidating/coordinating agencies,[108]and a total number of reported GBV incidents of 1,944 in 2013.[109] This is a substantially higher number of cases (+705) than the previously mentioned 'tipping point'.

The Colombia team contracted a technical consultant to develop and maintain a web-based platform and train service providers to manage it. Commencing in October 2011, the development of the website took 12 months but is continuously being improved based on feedback from users at a fixed cost of USD $17,000 and approximately USD$100 per month to maintain. Specific findings on relevance, effectiveness and efficiency of the web platform are outlined in **Box 2.**

Box 2: Colombian Web-Based GBVIMS Platform (Tumaco and Villavicencio)

Data is entered into the web platform from the GBVIMS Intake Form or agency specific (paper) intake form by either a social worker/health care worker or in the case of the *Comisaria Familia* in Villavicencio, a dedicated data entry officer. The majority of respondents reported no difficulties with using the web platform although a couple said it could be confusing at first but that with support and practice it got easier. No technical issues were reported to the evaluation team. The three *Comisaria de Familia* Data Entry Officers in Villavicencio (supported by the municipal government) have each developed their own data verification processes, potentially useful for sharing with other users. There was some reporting of Internet access issues with one respondent saying she had to take forms home to enter into the web platform, as there was no connection in her office. This practice is potentially risky in terms of data protection and security. No one reported connectivity as a serious handicap to using the web based platform.

All users expressed satisfaction with the level of security offered by the web platform. The security precautions for protection of electronic files include:

- Controlled entry onto the system through an administrator. This is the National Coordinator at national level and local Coordinator at Municipal level. Applicants have to be verified before gaining access – by demonstrating that they are working for one of the organisations using the GBVIMS;
- Password access to the system – the web platform is password protected;
- Differential access to information:

[107] This was a recommendation in the UNHCR-GBVIMS 'Dadaab Mission report,' 12 - 19 November 2012, p.6
[108] Based on case study field visits to Tumaco and Villavicencio and a spreadsheet outlining users in all municipalities using the GBVIMS provided by the GBVIMS National Coordinator in Colombia.
[109] Analasis de datos nivel nacional [Analysis of national level data], 2013

  - Each individual in each organisation has their own log on and password to use the system and they can only see their own cases;
  - Within each organisation there is a nominated consolidator who has access to all the data within their organisation (usually a supervisor and/or data entry person);
  - The nominated interagency consolidator has their own user name and a password and they are able to see all data entered by organisations in their municipality;
  - The local coordinator has access to all data entered by organisations in their municipality;
  - The national coordinator has access to all national data.
- Cases are coded automatically once the national ID number (identity card) of the survivor and date of incident are entered. Once the code is entered the ID number and date can no longer be seen.[110]

All users reported that the GBVIMS has been instrumental in enhancing referral pathways and improving services for survivors because the web platform has been designed so that survivors do not have to repeat their stories to different providers. For example, if a survivor is entered into the system by a psychosocial service provider and then is referred to a medical service provider, she/he can simply provide her national ID and date of incident and her/his file will come up. However, it was acknowledged by SP interviewed that the possibility of this happening depends on the timeliness of data entry, which varied from within 24 hours to within a week.

UNFPA/MOG in DRC also decided to use an alternative platform to MS Excel when adapting tools from the GBVIMS, citing the scale of their project (number of users and number of cases) as being too large to be able to effectively use an Excel based tool. A total of 343 data collecting agencies are listed in the 2012 Data Mapping Report and a total of 25,976 reported incidents of SGBV for 2011 and 2012.[111]They have been using MS Access to compile aggregated data from Excel sheets from data collectors and are currently working on a web platform. GBVIMS users in Cote d'Ivoire are also exploring developing a web-based platform, a UNFPA respondent noted that the use of the MS Excel-based IR has been challenging because there are too many contributing organisations and too much data to consolidate.

A number of respondents in Dadaab recommended the option of an Excel based or a web based system – where users could choose which ever was more relevant for their setting. The evaluation team noted that amongst respondents there is a sense that in order to remain competitive and retain appeal, the GBVIMS needs to keep abreast of technological developments and explore new platforms.

Among the GBVIMS SC there is recognition that new platforms need to be explored, but there are current concerns about web-based systems include settings with poor Internet access as well as safety concerns.

Information Sharing Protocol (ISP)

Without exception, respondents reported that the ISP was very useful in that it outlined clearly how, when, to whom, and what type of information can be shared. Respondents also noted the value of the ISP as a template that could be adapted to different settings. In DRC, the IRC has tailored an ISP and signed it with their partner CBOs only. This is a guiding document that governs the process of sharing sensitive data. In Jordan the ISP allows for agencies to use either the IR (Excel-based) or UNHCR RAIS (Refugee Assistance Information System) web-based system. Both tools can generate monthly reports and are tailored to the GBVIMS Intake Form. IMC and IRC are both using the Excel IR while UNHCR and two Jordanian partners are using RAIS.

In Lebanon, an innovative approach was taken to the ISP to counter low capacity of GBVIMS users. Four minimum common denominators that were considered useful to share, and could be gathered

[110] In cases where the survivor has no ID, there is an option to generate an ID by entering the survivors name, sex, and year or birth. This is then inserted into the system to generate the code. According to the GBVIMS National Coordinator, this is very rarely required.
[111] Report on the extent of sexual violence in the DRC and action to address it from 2011-2012, Ministry of Gender, Family and Children, pg. 1 and Annex2: List of reported cases of SGBV; DRC, Kinshasa, June 2013.

by all, were agreed on by GBVIMS users - minor or adult, woman or man, type of GBV (using six types under the classification system) and location of incident. This ISP was endorsed by the whole GBV Task Force and at the time of interview with a user in Lebanon, there are six SPs sharing data with UNHCR (two local and four international).

The ISP has contributed to the safe and ethical sharing of GBV data between SP and agencies when the process of negotiation has been participatory, clear, deliberate, well facilitated/coordinated and regularly updated to reflect contextual changes. As one GBV Programme Manager noted, *'without an ISP, sharing would not be possible.'*

However, the development of the ISP has often taken longer than the expected few months as outlined in the GBVIMS Rollout Guidelines (for example, in Jordan it took over 12 months). Challenges for developing and adhering to the ISP outlined by respondents included misperceptions about who has access rights to data, lack of clear understanding of the role of the data consolidating agency, lack of trust in other service providers (particularly when government actors are involved), lack of clear steps to follow when there is a breach, and lack of clear guidance about what to do when an ISP expires. The latter two points were mentioned by two respondents in Dadaab and a former member of the GBVIMS Technical Team who had delivered training in Dadaab.

Learning has been incorporated into ISPs. For example, the latest version of the Dadaab ISP (2014)[112] includes very clear language around the steps to follow if there is a breach: including referring to the GBVIMS global team for support as a last resort. It also clearly states that: 'In the absence of a new agreement, this protocol will automatically be renewed until a revised version can be agreed upon,' and there is a section on 'Media and External Advocacy Institutions' and how to handle requests. The Dadaab ISP is reviewed annually by the GBVIMS Working Group to ensure that it is relevant to a changing and dynamic context.

External support for developing and negotiating the ISP was also mentioned as important for a good outcome. For example, in Dollo Ado camp in Ethiopia, the role of the GBVIMS Technical Team as an external facilitator between participating agencies was highlighted by one respondent as a key strategy for success in negotiating and signing an ISP when there is a lack of trust between actors on the ground.

Importantly, the process of negotiating the ISP has been just as important as the protocol itself in enhancing communication and coordination and overcoming mistrust, vital for information sharing. Jordan provides a good example of this, see **Box 3**.

Box 3. Negotiating the ISP in Jordan

In Jordan, there was little trust or sharing when the ISP was initially proposed in 2013. Over the course of the succeeding year agencies collected data and verbally shared information in GBV working groups. Via this process, levels of trust and coordination as a team on GBV prevention and response improved. The ISP was signed in 2014 and agencies will start sharing from June 2014.

4.1.2. Data Aggregation and Analysis

The GBVIMS IR automatically generates a summary of incident data presented in table and/or chart form. No actual statistical reports can be shared as part of this evaluation report in adherence with safety and ethical guidelines, however a generic example of a typical data table that may be agreed to be shared as part of an ISP is included in **Annex 10.** These tables typically[113] include:

- GBV incidents reported by month/year;
- New incidents of GBV reported in month/year
- New incidents of sexual violence reported in month/year;
- Survivor statistics (sex, age, marital status, displacement status, vulnerability, prior GBV);

[112] Dadaab Operation Information Management Sharing Protocol, 2014, p.7
[113] As mentioned with the Intake Form above, fields are customized in each setting so this will vary slightly in different contexts.

- Incident Statistics (type, time of day, case context – intimate partner violence (IPV), child sexual abuse, early marriage, possible sexual exploitation, possible sexual slavery, harmful traditional practice – time between incident and report date);
- Perpetrator Statistics (number of primary perpetrators, alleged perpetrator-survivor relationship, perpetrator age group);
- Referral Pathway Statistics (Incidents that this centre was first point of contact, incidents referred from other service providers, services provided for new incidents this month, new incidents referred to other service providers this month).

The evaluation team found evidence in the case study countries of a high level of satisfaction with the GBVIMS tools when those responsible for data collection and entry could see how it was being used, were involved in the data analysis, and thought the resulting analysis was relevant to their needs. This was supported by evidence from global and non case study countries.

Data aggregation and analysis was most effective when there was strong leadership at agency and interagency level, a dedicated person for data entry, a process of joint and participatory analysis where actors can directly see the benefits of its use and available technical support. Challenges to quality analysis mentioned by respondents included staff turnover, lack of training and lack of awareness or understanding of how the data can be used to improve programming.

This underscores the importance of analysis being conducted close to the point of service provision and in the context of GBV programming, the need for dedicated training and support on analysis, as well as the need to generate motivation and inspiration through sharing success stories in other locations.

Individual Agency

At individual agency level data aggregation and analysis is comparatively straightforward, but dependent on the motivation and capacity of management staff. For example, in Colombia the majority of SPs reported that they had never undertaken internal analysis, while those that said they had done so had only tried once and were unable to provide reports/physical evidence to the evaluation team. The evaluation team determined that this is largely due to lack of capacity and technical support for analysis.

Box 4: Internal Agency Analysis in Colombia

The evaluators directly witnessed the National GBVIMS Coordinator[114] demonstrating to one of the Commissioners at *Comisaria de Familia* in Villavicencio how tables and charts could be automatically generated from their organisational data. She had never seen this before and was very impressed and stated that it would be very useful.

In contrast in Dadaab, where agencies using the GBVIMS had participated in a joint session using the Data Analysis E-Learning tool in 2012,[115]individual agencies reported internal analysis on a biweekly or monthly basis. All agencies with the exception of TdH reported that they are able to analyse GBV data at an organisational level and that they have used this for programming, reporting and fundraising. A number of reasons contribute to why TdH is not using GBV data – the recent rollout of GBVIMS by TdH (since early 2013) and the low GBV caseload as a proportion of total child protection cases (the estimate provided to the evaluation team was 13/761 cases annually). Those agencies that used the GBV data reported it to be extremely useful for their own purposes and that it helped them quickly react to emerging issues, for example in identifying risky areas in camps. As one case worker in Dadaab noted, '*the GBVIMS helps us to focus on who, what and where'.*

IRC in DRC provided an example of best practice of internal data analysis. The IRC senior Monitoring and Evaluation staff conduct monthly internal analysis and every quarter facilitate sessions with the

[114] The National GBVIMS Coordinator accompanied the evaluation team on both field visits to Tumaco and Villavicencio.
[115] Agencies included IRC, KRC, TdH, SCI, CARE and UNHCR, training was conducted by the GBVIMS Technical Team members.

IRC Women's Protection and Empowerment Team to discuss and interpret trends and the implications for programming. To date, they have used such data for advocacy, programming and fundraising. One IRC staff member said this was appreciated by IRC staff who felt "part of the process". With technical support from the IRC's GBV Information Management Specialist, the DRC team is also planning to work on analysis of trends and patterns using data from the past three years and present this in graphic form.

Interagency level

At interagency level feedback mechanisms are considered crucial. An evaluation of the rollout in the IDP operation in Uganda highlighted weaknesses with the feedback mechanism to SPs from the UNFPA sub office, where SPs noted little was done with compiled reports besides 'using the data for preparing quarterly reports for submission to UNFPA headquarters'.[116] A similar sentiment was echoed by one of the Data Mapping project partners who said they send data monthly to UNFPA at provincial level. UNFPA forwards the data to national level, at which point the partners receive no further feedback.

The process used in Tumaco, Colombia, provides a very good example of joint participatory analysis with concomitant high demand for good data. In Colombia, quarterly joint analysis and timely feedback is provided to data collecting agencies. In Tumaco the process of developing quarterly reports is participatory among GBVIMS staff, data collection agencies and local government. The process is guided by a data analysis tool developed in Colombia, with a final report shared among all data collectors and also directly with social policy makers at the municipal level.

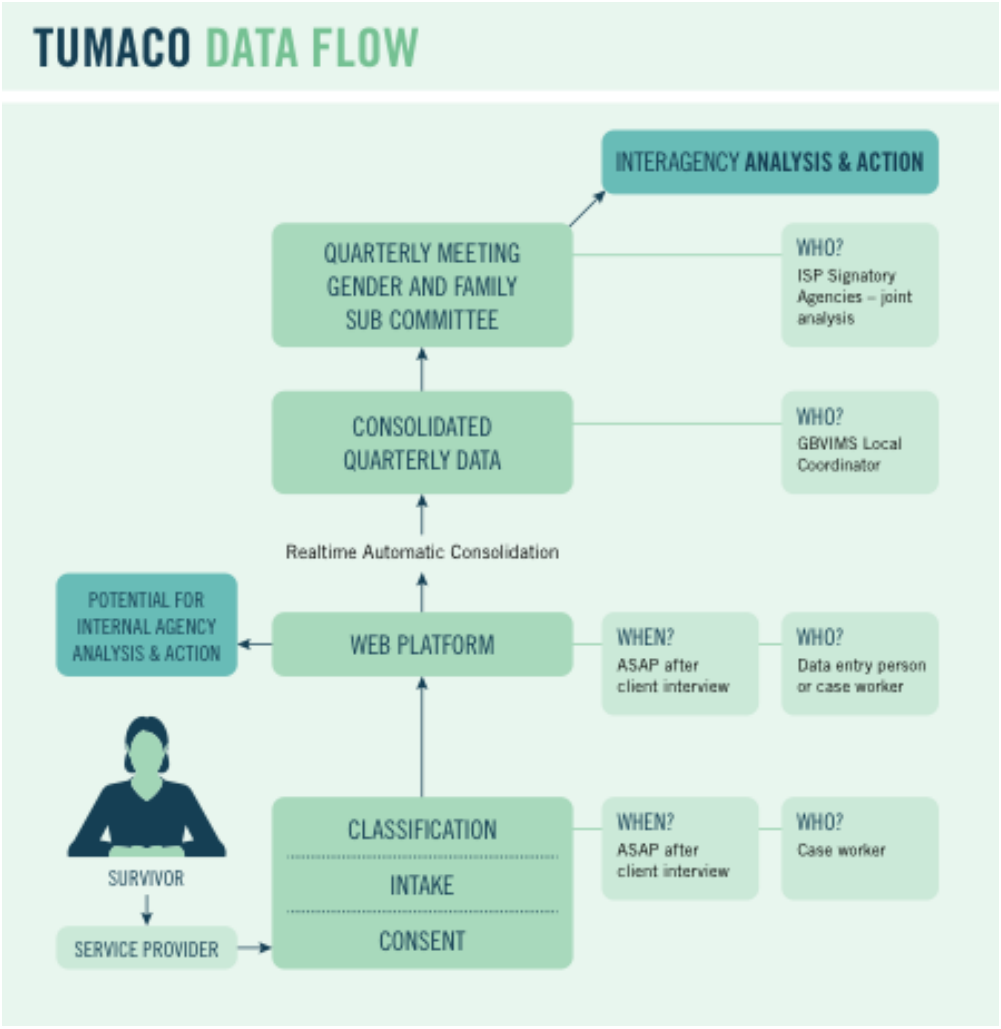
Box 5: GBVIMS Data Analysis in Colombia

Real time aggregation of data takes place with the web platform developed in Colombia. In Tumaco the GBVIMS Local Coordinator accesses data from the web platform every three months and conducts an initial analysis. This compiled data is presented and analysed at the quarterly meeting of the Gender and Family subcommittee of the Municipal Council of Social Policy. The GBVIMS Local Coordinator leads this process using the data analysis tool developed in Colombia[117] as a guide. Subcommittee members work in small groups to discuss the data and answer key questions outlined in the analysis tool. Finally they share their discussions in a plenary session. Approximately one week after the joint analysis meeting the GBVIMS Local Coordinator drafts a report based on comments and discussions at the meeting. This draft is sent to the individual data collecting agencies for their input and review (within 10-15 days). The GBVIMS Local Coordinator then incorporates their comments and updates the report (4 days). This version is presented at the next Municipal Council of Social Policy (CONPOS) meeting for review and comments are incorporated into the next report to be signed off by the Mayor (Chair of Council). The CONPOS meetings are held four times a year (in accordance with Colombian law) and members include the Mayor and all Municipal Secretaries. It is a formal space where decisions are made on social policy (gender, elderly, youth, disabled). The last analysis and report was in March 2014. The process for Tumaco is outlined in Figure 8.

[116] Handrahan, Lori. And Nalwadda, Rose Mary (September 2010) Assessment of The Gender Based Violence Information Management (GBVIMS) Pilot in Northern Uganda, p.27

[117] This is a word document adapted from the tool at global level and includes a series of key questions to ask in regards to the data. Developed in June 2012.

Figure 8: Data Flow in Tumaco, Colombia



An example of good practice of regular joint data analysis and feedback to those collecting the GBVIMS data was identified in Dadaab in a camp-based setting through use of the MS Excel-based IR. GBVIMS data is analysed at three periodic intervals with different uses of the data produced at each interval, as follows:

- **Monthly** - Monthly data is sent to UNHCR on the 3rd of every month and consolidated. UNHCR sends back a simple report with brief analysis (one page) to agencies by the 5th of every month. There is no formal joint analysis at this point. Signatories to the ISP decided that monthly analysis at an interagency level would be too cumbersome so agreed on a quarterly basis. However, issues identified from the monthly data are discussed at both camp level (in each of the camps) and at Dadaab level at GBV Monthly Coordination meetings.
- **Quarterly** - At interagency level agencies conduct joint analysis at the GBVIMS Quarterly meeting. At this meeting agencies who are signatory to the ISP discuss the quarterly data, go through the variables to verify and cross check, conduct data cleaning if required, identify challenges and discuss actions. At the time of the evaluation field visit there was no formal output from this meeting, only handwritten minutes.[118] The quarterly analysis feeds into the GBVIMS Annual Report. Respondents in Dadaab emphasised that the process of sharing data and analysing contributes to an understanding of the situation. While some issues are unique to particular camps, many issues are similar so the IMS becomes a common platform for all

[118] Although, according to the Dadaab GBVIMS Information Sharing Protocol (January 2014) UNHCR is obliged to compile analysis in this meeting and produce a report on trends to provide a snapshot of GBV reporting and inform response and advocacy among non-GBVIMS users. This report should be shared with data gathering agencies within a week of the meeting.

the issues to be examined together. When analysing the data, agencies are able to discuss and coordinate action points. However, a number of respondents from data collecting agencies recommended that this process be strengthened to make it more relevant, with more in-depth analysis and clear action planning.

- **Annually** - This document captures trends over the year and is used for planning and fundraising. However, the process of generating this report is cumbersome. The 2012 report is currently available but the 2013 report is still in the pipeline. The main bottleneck identified by UNHCR was the participatory process necessitating engagement with many actors.

4.1.3 Use of GBVIMS data for advocacy, fundraising and programming

The evaluation team found strong evidence of better GBV programming, coordination, advocacy and fundraising through better data management, analysis and sharing in many countries using the GBVIMS. These findings reinforce what many respondents have said about the GBVIMS being more than a technological solution, but rather a process that leads to better service provision and coordination. As a member of the GBVIMS SC noted, '*The GBVIMS is 80% process and 20% technology'.* A number of catalysing factors were identified, including strong and committed programme managers/supervisors, committed coordinators in interagency settings, and a staff structure and staff resources that facilitated a process of analysis and reflection. However, it was found that the potential for use of data has not been fully exploited in some settings and respondents frequently requested more technical support for analysis and sharing of use in other contexts.

Donor Reports and Fundraising

The most frequent use of GBVIMS data mentioned was for donor reports and fundraising. For example:

- DRC in Dadaab used data from the GBVIMS to apply for funding from ECHO for a Community Driven Protection Intervention.
- UNHCR in Dadaab used statistics generated from the GBVIMS as one source of information for the 2015 Annual Protection Budget, which will allocate increased funding for GBV programming.
- IRC used GBVIMS data during the emergency in North Kivu to develop proposals and fundraise for emergency GBV programming.
- Using GBVIMS data to demonstrate gaps in service provision, GBVIMS users in Somalia were able to increase funding through the Consolidated Appeals Process (CAP)[119] in 2013 for the GBV sector. A respondent from INTERSOS noted that it can be difficult to mobilise funding for protection, and data is a powerful way to back up other sources of information.

Enhanced GBV Prevention and Response Programming

Many examples were provided to the evaluation team of GBVIMS data being used to improve both prevention and response aspects of GBV programming both at individual agency and interagency level. For example:

- SCI in Dadaab used information on increased reporting on forced marriage (48 children in 2012 from 23 in 2011)[120] to tailor their programming to include topics on forced marriage in their child-led radio programs.
- Simple analysis of time and location of incidents using GBVIMS consolidated data in 2012[121] and 2013[122] in all camps has been used to enhance safety and reduce risks in camp-based settings in Dadaab.

[119] The CAP brings aid organisation s together to jointly plan, coordinate, implement and monitor their response to natural disasters and complex emergencies, and thus to appeal for funds justifiably, cohesively and collectively instead of competitively. https://ochanet.unocha.org/p/Documents/OOM_CAP_English.pdf
[120] GBVIMS Consolidated Camp Statistical Analysis Report: SGBV in Dadaab Refugee Camps, Kenya, 2012, p.3
[121] GBVIMS Consolidated Camp Statistical Analysis Report: SGBV in Dadaab Refugee Camps, Kenya, 2012, p.8-10
[122] GBVIMS Annual Statistics Report, Dadaab, Kenya, 2013

- IRC in DRC analysed data from July 2011 to March 2012 and found that 32% of reported night-time incidents happened in survivors homes; while 65% of reported daytime incidents happened in gardens/cultivated fields or the bush. Based on this information. IRC developed prevention strategies to improve protection and security measures in residential areas.[123]
- IRC in DRC was interested in working more with adolescent girls so analysed GBVIMS data over a multiyear period to look at the number of reported GBV cases at ages from 10 years to 18 years. They found a pattern of increased reported cases at 15 years. This was interpreted as evidence that girls may start to experience violence at 15 years old. IRC used this information to target their activities in a successfully funded proposal to support work with adolescent girls.[124]
- An analysis of GBVIMS data by IRC in Burundi showed possible cases of Sexual Exploitation and Abuse (SEA) in schools. IRC, already running some education programs in schools, began working with UNHCR on teacher training and jointly developed a Prevention of Sexual Exploitation and Abuse (PSEA) code of conduct for teaching staff.
- Using GBVIMS data with other IRC monitoring tools and feedback from clients and service providers, the IRC in DRC saw evidence that some survivors needed assistance for severe trauma. Based on this the IRC, in partnership with mental health specialists, tested a specialised mental health therapy for survivors with high and persistent trauma symptoms. A subsequent impact evaluation showed effective results. This last example highlights the effectiveness of GBVIMS data when it is used in conjunction with other research methods.

Identification of gaps in service provision for survivors leading to advocacy for improved services

Analysis has also been conducted of gaps in service provision and information has been used to advocate for services. Examples include:

- In Colombia GBVIMS data analysis raised questions about the availability of Post Exposure Prophylaxis[125] (PEP) kits in a hospital in Villavicencio. With the support of UNHCR, the Municipal Health Department was lobbied to ensure adequate supplies;
- IRC in Cote D'Ivoire found in 2012 that 70% of rape cases reported within 72 hours did not receive PEP. After investigation they found that there were no PEP kits in stock and health staff had little knowledge about Clinical Management of Rape (CMR). IRC then advocated for stocking of PEP kits and for training for medical service providers on CMR;
- In Lebanon, in contrast to rumours that many GBV cases were 'cold cases' from Syria, national level analysis of GBVIMS data revealed that an average of three reported cases of every four occurred in Lebanon. The GBV Working Group advocated to ensure availability of CMR and other emergency services for survivors. UNICEF, UNFPA, UNHCR, IMC and IRC all responded to the identified needs.

Analysis of GBVIMS data has also been used for broader advocacy purposes, for example:

- In Tumaco, GBVIMS data analysis identified a significant percentage of cases of violence where perpetrators are drivers of motorcycle taxis and taxis (one of the options for occupation of alleged perpetrator in the Colombian Intake Form). The Mayor's office plans to meet with the transport union to take action to develop prevention strategies and raise awareness about the issue;

[123] GBV Information Management System: Initial Lessons Learned from the Rollout, Democratic Republic of the Congo, February 2011 – 2013, Women's Protection and Empowerment, IRC.
[124] Guimond, M., & Robinette, K. L. (in-press). A survivor behind every number: using programme data on violence against women and girls in the Democratic Republic of Congo to influence policy and practice. *Gender & Development*.
[125] PEP kits are provided to survivors of rape and sexual assault in order to initiate medication to prevent HIV infection ideally not later than 72 hours after the incident. The earlier the PEP treatment is initiated the more effective it is in preventing HIV infection.

- In Dadaab, GBVIMS 2012 data revealed low reporting to police as a first point of contact for survivors (68/1445 (5%).[126] On the basis of this, UNHCR advocated with Dadaab police for the introduction of female translators and police station Gender Desks in the camp. Police had already identified this as a need and had discussed it in the GBV Working Group Monthly meetings in which police participate. The GBVIMS data provided the evidence base for action.

Analysis of contextual factors resulting in advocacy and reorienting of program focus

More complex analysis has been conducted of the contextual factors resulting in advocacy for funding and re-orientation of programs. In three countries[127] where analysis was examined or interviews were conducted, GBVIMS data has highlighted a high rate of intimate/former partner violence (IPV). For example, in Dadaab, intimate or former partners constituted 59% (764 of 1290) of perpetrators across all reported incidents in 2012. The majority of these incidents were physical assault (59%) with psychological/emotional abuse second at 22%. IRC used this information to successfully apply for funding for qualitative research on IPV in Hagadera camp and other agencies in Dadaab are targeting their prevention work at household level working with couples and men.

IRC also used analysis of contextual factors to challenge the prevailing discourse on CRSV using GBVIMS data from Liberia, Sierra Leone and Cote d'Ivoire. Analysing GBVIMS data, IRC found 60% of survivors seeking assistance from IRC reported their intimate partner or spouse as the perpetrator.[128] IRC used GBVIMS data, triangulated with an in-depth qualitative study and a household survey and interviews with a range of stakeholders in West Africa, to develop a report highlighting the issue of domestic violence in West Africa and advocated for increased focus from donors and policy makers. Internally IRC used this information to refocus their programming to respond to survivors of IPV and worked with their partners in Liberia on advocacy initiatives that led to the drafting of national legislation on domestic violence.[129]

This use of GBVIMS data is particularly important given the prevailing global political focus on CRSV,[130] and could be used together with other data sources to ensure funding is available to address other types of GBV in humanitarian settings.

Analysis of GBVIMS data has also been used to provide some evidence to counter media claims around GBV. In response to an article published on the 'epidemic' of female perpetrators of rape in DRC[131] the IRC Monitoring, Evaluation and Research Coordinator conducted analysis to show the breakdown by sex of the perpetrator in all cases of GBV reported to the IRC since 2011, and also for cases of GBV perpetrated by a member of an armed group.[132] The results show:

- Only 9 out of 3,980 (0.2%) of cases of rape /sexual assault involved a female perpetrator (alone or with a man). Among cases perpetrated by a member of an armed group, female perpetrators were involved in one out of 1961, or 0.05% of cases.
- Out of all GBV cases, female perpetrators were involved in 2.1% of cases (0.7% of cases by a woman alone and 1.4% together with a man).

The Coordinator shared this analysis with all IRC staff in DRC to provide some evidence-based information, which they could present when queried about the veracity of the article's claims. Again, this contribution to an evidence base is important to ensure that funding is obtained to address the needs of survivors based on evidence rather than anecdotes.

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[126] GBVIMS Consolidated Camp Statistical Analysis Report: SGBV in Dadaab Refugee Camps, Kenya, 2012, p.4
[127] Liberia, DRC and Dadaab (Kenya)
[128] International Rescue Committee, 'Let me Not Die Before My Time', Domestic Violence in West Africa, May 2012, p.
[129] Aisha Bain and Marie-France Guimond, Impacting the lives of survivors: using service-based data in GBV programmes, Humanitarian Exchange, No 60: February 2014, p.17
[130] This is despite a number of studies highlighting the issue of IPV in humanitarian settings; see Stark, L. and Ager, A. (2011). 'A Systematic Review of Prevalence Studies of Gender-Based Violence in Complex Emergencies', in *Trauma Violence Abuse* July 2011 vol. 12 no. 3 127-134
[131] Hatcher, J. 2013. Congo's Forgotten Curse: Epidemic of Female-on-Male Rape, TIME, (online). Available at: (http://world.time.com/2013/12/03/congos-forgotten-curse-epidemic-of-female-on-female-rape/) Accessed 7 June, 2014.
[132] Email correspondence with IRC Monitoring Evaluation and Research Coordinator, DRC, 7th June, 2014

When analysis is conducted at an agency level where there is a high level of technical capacity, the use of GBVIMS data has been very effective for improving programming. For example, IRC in DRC conducted an analysis in September 2011 of trends over time in reported GBV incidents. The IRC learned that when survivors talked with members of CBOs rather than with NGO staff (who were perceived as 'external') they were more likely to report a wider range of incidents, and in a shorter time period following the incident. Based on this finding, the IRC changed its programming strategy and began working through CBOs to deliver services to survivors.[133] Within one year of changing their approach, the percentage of cases of IPV reported to IRC partners doubled, the percentage of cases perpetrated by a family member increased by 50%, and the percentage of non–sexual violence cases increased by 75%. The context remained unchanged but the nature of service delivery had changed indicating that access to appropriate services increased, not that the type of violence being experienced had changed.[134] This information was presented and a decision made to transition to CBO case management in a team meeting in November 2011.

There would be a real benefit in sharing these and other examples of use of GBVIMS data. Respondents repeatedly mentioned that they wanted to know what others were doing with their GBVIMS data so they could apply this learning to their own contexts. A table of examples of use of GBVIMS data collected by the evaluation team is in **Annex 11.**

4.1.4 Use of GBVIMS to enhance coordination between GBV actors

The evaluation team found clear evidence of enhanced coordination between GBV actors in interagency contexts, not only through negotiating the ISP, but also through engaging in processes of joint analysis of shared data. Of interviews conducted with SPs in interagency setting, without exception they reported that the GBVIMS – especially the ISP – had contributed to enhanced coordination in their setting. For example, as mentioned previously in Jordan, there was a high level of distrust and little sharing at the start of the negotiation process, but this was developed over the course of negotiations. In Nepal, one respondent said that prior to the GBVIMS, NGOs never shared data with anyone, but talking about the ISP was *'the starting point to build trust'.*

Uniquely, according to all respondents in Colombia, the process of negotiating the ISP was very straightforward. The process of conducting joint analysis was mentioned as the real factor in enhancing coordination. Respondents reported in both Tumaco and Villavicencio that the GBVIMS built on and strengthened existing coordination structures and this has been essential in developing and strengthening interagency referral pathways to improve service delivery to survivors Respondents reported enhanced coordination and communication between different sectors. For example in Villavicencio, members of the Gender and Family Sub Committee of the Municipal Council of Social Policy identified weaknesses with the interagency referral pathway and addressed this with review, training and publication of posters. Further, respondents note that relationships are being built between service providers and referrals are being made that would not have happened before the GBVIMS, for example between the *Hospital Divinio Nino* and *Commissaria Familia Tumaco.* Building on this enhanced coordination members of the Gender and Family Sub Committee of the Municipal Council of Social Policy held awareness raising events and conducted a campaign for the 16 Days of Activism Against Violence Against Women which produced posters and pamphlets with information about where to seek assistance from health, protection and justice actors. They have also lobbied for the establishment of an interdisciplinary team to respond to GBV survivors at *Hospital Divinio Nino*. In these examples, the GBVIMS has clearly highlighted gaps and weaknesses in systems for survivor centred care, and provided information and structures upon which actions can be taken to enhance survivor services. As one member of the Sub Committee of Gender and Family Policy in Tumaco succinctly stated: *'Before the GBVIMS nothing was happening.'*

[133] Guimond, M., & Robinette, K. L. (in-press). A survivor behind every number: using programme data on violence against women and girls in the Democratic Republic of Congo to influence policy and practice, *Gender & Development*.
[134] Ibid.

4.1.5 Use of GBVIMS to improve safety and protection of survivors

***'Before the GBVIMS there was no confidentiality so there was no reporting'**, respondent, Colombia.*

Many service providers reported increased levels of confidentiality through using the GBVIMS have enhanced clients' feelings of safety and willingness to report and seek services. The lack of trust of survivors in institutions was especially highlighted in Colombia as a huge impediment to reporting and service seeking behaviour. The confidentiality ensured through using the GBVIMS was seen to have created a safer environment. In Nepal too, the data protection and security measures of the GBVIMS was seen to have greatly improved practices by making disclosure safer for survivors. As the evaluation methodology explicitly did not include interviews with survivors, these findings are unable to be corroborated directly with survivors.

4.1.6 Internal and External Factors hindering implementation of GBVIMS

Internal and external factors that were identified by the evaluation team and have hindered the implementation of the GBVIMS include:

Internal factors

Staff turnover: In the case study countries, the internal factor affecting implementation mentioned most frequently was staff turnover. Villavicencio in Colombia experienced a gap of some months between Local GBVIMS Coordinators affecting coordination, joint analysis and reporting. This highlights the important role of the UNHCR and UNFPA focal points who were able to provide backup support until a new coordinator was identified. Staff turnover was also an issue in Dadaab and was previously identified during a technical mission in 2012. This mission recommended a secondary 'backup' GBVIMS focal point within UNHCR – this was still being followed at the time of the evaluation. Such a measure highlights the importance of not relying on one coordinator or focal point. Conversely, staff turnover can be considered an unintended benefit as staff trained in GBVIMS move on to new posts and bring their skill set and knowledge. Four respondents[135] explicitly mentioned that they had brought their previous skills with them to new positions.

Oversight and feedback: A further internal factor identified by the evaluation team is a lack of oversight and feedback mechanisms for GBVIMS rollout countries to the GBVIMS SC. Once initial technical assistance has been provided for the rollout, there is no obligation among users to provide feedback on progress and use of the GBVIMS. The Kenya hospital pilot provides a good example of this, where the GBVIMS was rolled out without sufficient technical support and guidance and communication between the GBVIMS SC and UNFPA country level partners was not regular or effective.[136] This resulted in an 'incomplete' rollout where GBVIMS tools were not being used holistically. However, this rollout was one of the earliest and systems and processes for rollout, including a comprehensive Assessment Phase have been refined since then.

External factors

Existing Data Systems: This was particularly an issue in Colombia where in 2012, the Ministry of Health added a form to capture GBV data as part of the National System of Epidemiological Surveillance *SIVIGILA.* This coincided with the GBVIMS rollout in Tumaco and Villavicencio. In Tumaco, staff from one hospital as well as the Municipal Secretary of Health (who had been responsible for GBVIMS data consolidation) stopped using the GBVIMS in March 2013. As a backstop, the local GBVIMS Coordinator has taken over data compilation. This example reinforces the fact that the GBVIMS is not implemented in a vacuum and existing structures and models should be mapped and regularly and respectfully engaged with.

[135] From Ethiopia, Dadaab, and South Sudan
[136] Lessons Learned, GBVIMS Pilot In National Hospitals Kenya; and GBVIMS Steering Committee Annual Retreat, 2012, Consolidated Notes. 18-19 October 2012

4.1.7 Effectiveness and efficiency of GBVIMS agencies vs. alternatives

Based on the evidence collected in the case study countries and on KIIs conducted remotely, respondents reported that they are more effective and efficient in the collection, management, analysis and sharing of GBVIMS data compared to the situation prior to GBVIMS implementation.

For example, before the GBVIMS was introduced in Dadaab, there was no standardised classification system and no standardised data collection tools so everyone was collecting information differently. As one GBV Programme Manager noted to the evaluation team *'A lot has changed and improved for Dadaab with the GBVIMS.'* SPs in Dadaab reported that they were using simple excel spreadsheets or tables in word to report GBV cases for monthly reports or donor reports and proposals, and any analysis was done manually, was cumbersome and error prone. Respondents expressed strong appreciation for the automatic analysis possible with the GBVIMS IR using pivot tables and filters and in general the efficiency and effectiveness of the process was seen to have greatly improved. The GBVIMS was appreciated for its 'high standards' in guaranteeing safe and ethical practices.

In Colombia there was also a strong sense among stakeholders that the GBVIMS had made GBV data collection, management, analysis and sharing much more effective and safer. As in Dadaab, prior to the GBVIMS there was neither a standardised classification system nor data collection tools, with everyone collecting different information. Respondents from one of three *Commissaria de Familia* in Villavicencio recalled that they each used to collect data in their own ways making it impossible to compare information. They also felt that data management had improved, with one of the Commissioners from the *Commissaria de Familia,* in Villavicencio remarking, *'the GBVIMS has helped a lot. We used to count everything manually, so now it is much easier to manage data.'* Data security and confidentiality also improved in the Commissaria. One Commissioner recalled how they used to collate information manually and forward it with survivor names to the Statistics Department.

In Nepal, organisations interviewed in a GBVIMS mission report noted that they had no systems for data management and/or analysis of GBV information collected through service provision and remarked that the GBVIMS was "exactly what they needed."[137]

When asked whether the GBVIMS provides adequate value for money, no interviewees stated that the costs outweighed the benefits and there was general consensus that the system saved users considerable time in recording, analysing and transmitting data regarding GBV in their project areas. According to a case worker in Dadaab, *'The beauty of the GBVIMS is it saves us a lot of time – we get instant graphs – we don't need to delve through client data as we did before'.*

Comparison with other Alternatives

Respondents most frequent response when asked about the strengths and weaknesses of alternative systems for service providers to use for GBV data collection, management, analysis and sharing, was that the GBVIMS is unique in terms of capturing service-level GBV data and adhering to safe and ethical principles. Respondents' opinions regarding informal and ad-hoc systems to manage GBV data (similar to those outlined above) used internally by service provider agencies, were that they used different classifications and collected different data points, making sharing and interagency analysis very difficult.

Respondents also spoke about how the GBVIMS has influenced other systems as evidence of its added value for GBV data management. For example, UNHCR in DRC highlighted the classification system of the GBVIMS and its safe and ethical principles being incorporated into the ProGres (Protection Monitoring System) for refugee populations. Users of the CPIMS have looked at different ways of using both systems so they can participate in information sharing and take advantage of GBV specific analysis. Finally, the GBVIMS has influenced government systems in DRC and Colombia (discussed further below).

[137] Mission Report Gender Based Violence Information Management System (GBVIMS) Implementation Mission - Kathmandu, Nepal September 6 – 16, 2011, p.2

4.1.8 Unintended/unexpected benefits and consequences of the GBVIMS

Unintended/unexpected benefits

In Colombia, beyond enhancing coordination and referral mechanisms, respondents in Tumaco and Villavicencio spoke about the development of a real sense of solidarity among GBVIMS users, and also the wider community of activists and supporters. The GBVIMS was seen to have given a focus to the work on prevention and response to GBV. This building of solidarity was also mentioned in a mission report from Thailand in 2009.[138]Further, in Colombia, where the GBVIMS rollout has a high level of buy in from local government, people spoke of how the process of the rollout and the picture provided by GBVIMS data has put the issue of GBV firmly on the political agenda. As one SP in Tumaco noted, ''*Seeing the Mayor talk about GBV in public forums is something extraordinary'.* The Mayor of Tumaco has also taken concrete action, For example, in 2013 he established the Office of Social Development (*Oficina de Desarrollo Social*) through which he is trying to institutionalise the role of the GBVIMS local coordinator. This is discussed further under Sustainability.

A second unintended benefit identified by the evaluation team is the influence of the GBVIMS on national data collection systems and also on actors using human rights monitoring systems in terms of promoting safe and ethical GBV data collection practices. Examples of influence on national data collection systems include:

- In Colombia, demand generated at local (municipal) government level for the GBVIMS has given strength and legitimacy to advocacy efforts at national level to improve national GBV data collection. For example, advocacy by UNHCR and UNFPA to include the GBVIMS classification tool and also incorporate some GBVIMS variables in the *SIVIGILA* GBV form has led to a concrete commitment to adapt the form from MOH and NHI. While discussions are still ongoing about the steps necessary to finalise this, it is a significant achievement of the Colombian team.
- In Jordan meetings have been held between GBVIMS users and the National Council on Family Affairs, which has piloted a case tracking system for family violence, to share lessons learned and good practices around safe and ethical standards.[139]
- In DRC, the GBVIMS has greatly influenced the UNFPA/MOG Data Mapping pillar of the National Strategy to Combat SGBV (2009 – 2014), particularly through adoption of the classification tool, adaptation of the consent form and intake form and plans to develop an ISP. Respondents from UNFPA reported that by participating in the GBVIMS rollout, and benefiting from trainings and close technical support from the IRC and the GBVIMS Technical Team, they have been able to develop a system, which is more in line with international safety/ethical standards. This is particularly important in the context of the DRC where there is a strong focus on CRSV and also where, according to respondents from UNICEF and UNHCR, there are examples of unethical and unsafe data collection/sharing. Indeed, a number of respondents expressed concern that early versions of the Data Mapping included some questionable practices around confidentiality and aimed to collect a lot of information without a clear sense of purpose. The influence of the GBVIMS on the Data Mapping tools is therefore a clear benefit and a very positive finding.

Ongoing opportunities exist for engagement with national government systems as GBVIMS settings move between different phases of humanitarian response. This is already the case in countries such as Uganda, Cote d'Ivoire and DRC.

The GBVIMS has also influenced actors using human rights monitoring systems. A number of countries where the GBVIMS is in use have been identified by the Office of the Special Representative of the Secretary General on Sexual Violence in Conflict (OSRSG-SVC) as priority countries to operationalise and institutionalise commitments made through Security Council

[138] Mission Report: Gender Based Violence Information Management System (GBVIMS) Support Mission Thailand, 30th November to 6th December 2009, p.7
[139] KII, GBVIMS Surge Team member; GBVIMS Guidance Note: Government Engagement, August 2014

Resolution 1960 on Women, Peace and Security. As a result the Monitoring, Analysis and Reporting Arrangements (MARA) are being rolled out as one element of SCR 1960 accountability regime. These include CAR, Cote D'Ivoire, South Sudan and DRC. Concerns about unethical or unsafe GBV data collection/verification processes were raised by DRC respondents, and also highlighted in GBVIMS mission reports to South Sudan.[140] Advocacy to promote safe and ethical practices is extremely important to protect GBVIMS users in the field from pressure to share data, and also to protect survivors from unethical data collection practices.

At country level, there have been opportunities to advocate for and support improved practices.

- In DRC the MONUSCO Sexual Violence Unit is currently working to refine mechanisms for collecting data for the MARA. The Acting Women's Protection Advisor (WPA)[141] expressed interest to the evaluation team in learning about safe and ethical systems for GBV data collection. She has looked at WHO Guidelines for safe and ethical practices and wants to learn about the GBVIMS.
- A 2013 GBVIMS field mission to South Sudan identified opportunities for UNFPA and UNICEF for ongoing engagement with the Technical Working Group on CRSV to share GBVIMS guidelines and best practices on information sharing, and support training for WPA and other UNMISS staff involved in the verification process to reinforce understanding of the guiding principles of safety, confidentiality and respect and a survivor-centred approach. [142] Further, recommendations were made that only anonymous and aggregated GBVIMS data be shared for MARA and MRM reporting purposes and no identifiable data should be shared for purposes of verification.[143]
- In Cote D'Ivoire, GBVIMS data was used to contribute to the production of the Secretary General's Annual Report on CRSV in 2011 and 2012. Possible interactions between MARA and GBVIMS were discussed in the GBV Working Group (October 2013).[144] Part of the GBV Technical Specialist's work with the Ministry (MSFFE) to nationalise the GBVIMS involved efforts to support MARA implementation with existing GBVIMS structures and processes. For example, GBVIMS focal points have been trained on CRSV analysis in order to be able to identify GBV cases that could contribute to MARA reports.[145]

At the global level, the GBVIMS SC has identified these opportunities for active and positive engagement and has been working with UN Action focal points of several agencies (including OHCHR and DPKO) on the intersections between the GBVIMS and MARA. Further, in early 2014 the GBVIMS Technical Team was invited to present a session at the annual strategic meeting of WPAs in Uganda on how GBVIMS links with MARA and the importance of safe and ethical data collection. These are very positive initiatives to advocate for good practice in a prevailing environment of hunger for data on CRSV.

Unintended/Unexpected Consequences

The vast majority of respondents did not mention any unintended/unexpected negative consequences of the GBVIMS. However, three people interviewed remotely raised the concern that insufficient monitoring or mentoring provided at the point of service provision could lead to use of the GBVIMS detracting from a survivor-centred approach by over-focus on data. Indeed in Dadaab, the evaluation team found indications that not all staff follow a survivor centred approach when collecting data (as discussed under the Intake Form) and in Colombia the evaluation team observed

[140] Field mission report, GBVIMS Inter-agency Coordinator, South Sudan 14-19 April 2013, p.7-9
[141] WPAs are staff of peacekeeping missions responsible for convening and leading UN working groups on CRSV to review information, monitor and verify incidents of sexual violence, analyse data, trends and patterns, prepare reports and build capacity to strengthen MARA, UN Women, http://www.endvawnow.org/en/articles/1526-monitoring-analysis-and-reporting-arrangements-on-conflict-related-sexual-violence.html. At the DRC field visit time, a permanent WPA was yet to be recruited.
[142] Field mission report, GBVIMS Inter-agency Coordinator, South Sudan 14-19 April 2013, p.10-13
[143] Field mission report, GBVIMS Inter-agency Coordinator, South Sudan 14-19 April 2013, p.11-12
[144] UN Action 029 Progress Report and Extension Request, 16 Jan 2014
[145] UN Action 029 Progress Report and Extension Request, 16 Jan 2014

some emphasis on the importance of data collection over survivor choices. This is an issue that requires constant monitoring in the maintenance and implementation phases. If the process of completing an Intake Form alienates a survivor the risk is that the survivor will cease seeking services and their recovery may be compromised. Further, other survivors may be deterred from seeking potentially life-saving assistance.

Many respondents emphasised the importance of training on case management either before or during GBVIMS training, and guidance as to how SPs can use the two together. One GBVIMS INGO Focal Point emphasised that *'the real work is case management. The GBVIMS should capitalise on this, not be the main focus'.* While one of the criteria for GBVIMS rollout is to have 'quality services provided directly to survivors' (at both organisational level and at interagency level),[146] the evaluation team found that this is not always met (discussed below under rollout). However, respondents noted that the ability of the GBVIMS to expose weaknesses in SP capacity was actually an opportunity to promote better practice.

Importantly, this has been recognised by the GBVIMS SC and actions are being taken to support GBVIMS users to adopt and maintain a survivor-centred approach. These include:

- A link to the IASC Caring for Survivors of Sexual Violence in Emergencies package on the GBVIMS website (under Additional Resources);[147]
- Plans in 2014 for a Caring for Survivors training conducted together with a GBVIMS assessment in West Africa (Mali, Niger, Guinea, Mauritania, Burkina Faso), and Somalia + South Sudan);[148]
- A recent proposal submitted to the Canadian government[149] to develop field level GBV capacity focussed on survivor centred care, coordination and information management.

One key determinant of this risk is the quality of supervision of staff using the GBVIMS tools directly with survivors. A lack of mentoring or support or reinforcement of a survivor-centred approach and prioritisation of the tools at the point of engagement can lead to data being prioritised over care. One innovative strategy to account for low capacity in survivor-centred care of GBVIMS users is in Lebanon where lower capacity agencies are partnered with 'champions' to mentor them on issues of obtaining informed consent, following the ISP and other safety and ethical considerations. This is an interesting model to explore for GBVIMS rollouts in acute emergency contexts.

Risks Threats to GBV survivors/SPs

The evaluation team did not identify any direct risks or threats to GBV survivors or SPs on account of GBVIMS use. The only security threat mentioned was by IRC's CBO partner in DRC who noted an evacuation of their community centre and burying of GBVIMS documents in line with security protocols. This highlights the importance of having evacuation procedures in place in high security settings, which is part of the GBVIMS data protection checklist.

[146] GBVIMS Rollout Guidelines.
[147] An action point in the 2012 Annual Retreat, GBVIMS Steering Committee Annual Retreat Notes 18-19 October 2012
[148] Discussed in both the 2012 and 2013 Annual Retreats
[149] Developing Field-Level GBV Capacity for Improved Service Delivery, Information Management, and Inter-Agency Coordination, Concept Note submitted to the Government of Canada, March 2014.

4.2. GBVIMS ROLLOUT AND SUPPORT

Evaluation Question 1: Is the GBVIMS consistent with the priorities and needs of GBV SP in terms of the safe and ethical collection, storage, analysis and sharing of GBV data, and the use of that data to make GBV programming more effective in different country contexts?

Evaluation Question 2: To what extent were the stated objectives of the GBVIMS achieved/likely to be achieved by the end of the roll out period in different country contexts? What have been the positive, negative, direct and indirect, intended and unintended effects produced by the GBVIMS implementation?

Evaluation Criteria covered: Relevance, Effectiveness and Efficiency

This section will consider both internal and interagency GBVIMS rollout in terms of relevance, effectiveness and efficiency. Only one case study country undertook an internal rollout, i.e. DRC by IRC in North and South Kivu, which limits findings for this type of rollout.[150]

4.2.1 Relevance, Effectiveness and Efficiency of the GBVIMS Rollout Process

The efficiency of the GBVIMS rollout process proved challenging for the evaluation team to quantify, as the needs and challenges in each context vary greatly. One common bottleneck is the negotiation of the ISP. For example, in Jordan this took 12 months, in Dadaab it was negotiated and signed after the initial rollout training (one month) but required review and refinement at a follow-up technical mission two years later, in South Sudan it was only recently signed (June 2014) after an initial roll out in 2010 and a second rollout in 2013,[151] and in Nepal where the ISP was negotiated swiftly (two months after the initial training) but without adequate assessment of signatory organisations and now needs to be revived. However, as highlighted under the discussion of tools, this negotiation can be an important part of establishing trust and setting up effective coordination mechanisms for ongoing GBV prevention and response so duration is not considered to be a limiting factor per se.

Rollout of the GBVIMS in the case study countries commenced in late 2010 and are all currently in a maintenance phase. Staff turnover since 2010 precluded extensive feedback to the evaluation team on satisfaction in all settings, particularly in the assessment and planning phases. Overall satisfaction levels varied and a number of key elements identified common to a satisfactory and effective rollout were determined, including:

Level of technical support

- In Colombia, strong remote technical support, technical support missions and direct provision of training from the GBVIMS IAC in the assessment and planning stages was seen as a major contributing factor to the success of the rollout at country office level. Similarly in Dadaab, the technical training (of approximately one month) received by the former IRC GBVIMS Technical Specialist was mentioned as being key to the rollout. The extensive grounding that this provided facilitated effective customisation of the tools, enabled discussions on information sharing, ensured focal points were established in each organisation and ensured field training of partner organisation staff. It should be noted that this type of intensive support is logistically more feasible in a camp-based setting than in other contexts.
- The importance of technical support to the success of rollouts has been recognised by the GBVIMS SC and was one of the justifications for setting up the Surge Team and expanding the professional network of certified GBVIMS specialists.[152] Ongoing efforts in this regard include the Global Training of Trainers held in Uganda in 2012 and the Advanced GBVIMS Skills Training held in Ethiopia in 2014.

[150] IRC Kinshasa, with the support of the GBVIMS IRC GBVIMS Technical Specialist supported an interagency rollout in 2010 with UNFPA and other partners.
[151] There was an additional rollout in May 2014 in response to the changed circumstances following the outbreak of conflict in December 2013.
[152] UN_Action_MDTF_GBVIMS_FINAL for 2012.docx, p.5-6

Country level ownership:

- In Colombia, UNHCR and UNFPA country offices undertook a detailed and extensive assessment process including consideration of the GBVIMS classification tool together with the Colombian legal framework and social/cultural definitions of violence; an examination of the limitations of an MS Excel based Incident Recorder (IR) in the Colombian context; and also an assessment of the resources required to effectively roll the system out. A key factor in this process was determining how the GBVIMS could engage with national institutions – this was seen as a key factor in enhancing sustainability. In contrast, respondents using the GBVIMS with urban refugees in Nairobi highlighted how GBVIMS training delivered by the Global Team had been focused primarily on field staff, and noted an unmet need to obtain buy-in from management staff for a successful rollout. This highlights the importance of actively engaging with regional and country level offices to obtain buy in as part of the roll out process.

Use of a phased approach

- In Colombia, the phased GBVIMS rollout over 2011 and 2012 enabled key lessons to be learned and applied in a timely fashion (e.g. that data collectors needed ongoing support after the first GBVIMS training).

Existing interagency coordination

- In both Dadaab and Colombia, existing GBV coordination bodies were seen as a very important foundation for GBVIMS rollout. Demand for GBV data and interest in a new information management system was felt by respondents to be key in obtaining strong commitment and buy in. However a number of respondents commented that this could also be generated through initial engagement with the GBVIMS.

Strong and dedicated coordinators

- In Colombia, respondents at the municipal level spoke of how dedicated and qualified[153] local coordinators have driven coordination, data consolidation and analysis due to staff turnover in local government institutions. These coordinators work closely with the UNHCR Community Services Officer and UNFPA heads of office (where present) to provide technical support to user organisations and support local coordination mechanisms and advocacy efforts. The full time, dedicated GBVIMS National Coordinator was also credited with driving the GBVIMS rollout. She supports and coordinates local GBVIMS coordinators through conducting trainings, providing remote and onsite technical support, coordinating national level analysis and reporting, and facilitating and managing efforts to transfer the system to national and local institutions.[154]

Pre Rollout Criteria

- Respondents considered the pre rollout criteria (see **Box 6**) as a valuable guide but it was noted that they were not met in all circumstances. In Dadaab, where users are either Kenyan or Somali staff working for international and Kenyan NGOs in a camp setting with established GBV prevention and response mechanisms, users felt that the criteria were sufficient to indicate readiness and appropriateness and had largely been met. In Colombia, respondents said the pre-rollout criteria were an ideal, but could not always be met, particularly in terms of resource requirements.

Box 6: Criteria for Rollout

Criteria for GBVIMS implementation within an organisation:

1. Quality services are provided directly to survivors;
2. More than 50 survivors assisted every three months;
3. Resources for data management;

[153] Selection criteria included: background/knowledge on statistics, GBV, gender and experience working with government institutions and NGOs.
[154] This is a specific objective in the TOR of the GBVIMS National Coordinator.

4. Staff with MS Excel skills.

Minimum criteria for GBVIMS implementation in the Inter Agency Setting

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

Examples of countries rolling out the GBVIMS with organisations where the key criteria of quality service provision, resources for data management and MS Excel Skills are not met were DRC and Lebanon. INGOs and UN Agencies worked with CBOs to use the GBVIMS because they are seen to have stronger links to community than NGOs, necessary in these cultural contexts due to high levels of stigma surrounding GBV and higher risks of repercussions for survivors. In DRC, the IRC has adapted the GBVIMS rollout process to ensure tailored support to their CBO partners. The level of technical support and monitoring that IRC employs to work with CBO partners is resource intensive[155] but the evaluation team identified evidence that the CBO staff engaging with survivors are using the GBVIMS effectively, ethically and safely.

The strategy in Lebanon is to include CBOs as data collectors while matching them with a 'champion' NGO to provide coaching/training in each location. NGOs mentor community organisations on issues of obtaining informed consent, following the ISP and other safety and ethical considerations. A phased approach was also used, with a gradual introduction of tools and geographical expansion. One respondent stressed that this kind of approach is especially important in the early acute phases of an emergency response where international NGO programs may not be established and capacity of national organisations may be limited but where there is an opportunity to promote the GBVIMS. The respondent mentioned that in Lebanon there was a need for good data on GBV from the Syrian conflict and highlighted that it was important to '*get the GBVIMS on the GBV working group table'* as the safest and most ethical tool before people started developing their own tools.

However, capacity is not the only challenge in an acute emergency phase. For example, a respondent from South Sudan noted that during the December 2013 takeover of Bor by South Sudanese rebels, '*everything was destroyed'* leaving nowhere to store data, no computers, and no safe spaces to talk with survivors. This highlights the need to articulate implementation models for a range of settings, drawing on the lessons learned from previous rollouts.

4.2.2 Unintended use of the GBVIMS

The evaluation team found no evidence in the case study countries of the GBVIMS, or component tools, being used outside of organisations that have been officially recognised by the GBVIMS SC - i.e. which have been deemed to meet the criteria and have been provided with support for implementation. The evaluation team did, however, find some evidence of the GBVIMS or component tools being used as a case management tool. In Colombia, one psychosocial service provider visited by the evaluation team was using the GBVIMS Intake Form for case management, and a number of global respondents mentioned incidences where SPs believed the GBVIMS could be used in this way. One respondent from South Sudan recalled that *'a lot of agencies thought that doing the intake and inputting into the IR was case management, so didn't develop their own case management tools'.*

In other locations many service providers did not have systematic case management systems and were using simple MS Excel files or hand written notes indicating a need for support on developing useful tools and eliminating the risk that the GBVIMS will be used for case management. Many respondents expressed frustration and confusion over why the GBVIMS was not a case management

[155] Based on number of IRC staff providing support and the frequency of their field visits. No IRC budget documents were available at the time of the evaluation mission.

tool, and recommended that the GBVIMS Intake Form be linked to case management tools to streamline the process, or at least that guidance be made available on how to integrate the GBVIMS with a case management system. Without appropriate support there is a risk that GBVIMS users will not manage their cases well and survivors will not be assisted appropriately.

4.2.3 Contribution of Support Materials to GBVIMS implementation

The evaluation team observed that the support materials developed by the GBVIMS SC have been important to GBVIMS implementation but could be simplified and better disseminated. These materials are outlined below:

Tool/Material	***Development and Dissemination***[156]
GBVIMS User Guide and Workbook	Developed by GBVIMS SC, published in 2012 Available in English, French, Spanish and Arabic on GBVIMS website
Rollout Guidelines	Developed by GBVIMS SC, Tested and revised during TOT March 2012,[157] Published 2012 Available in English and French on GBVIMS website
Facilitator's Guide	Developed by GBVIMS SC, published 2012[158] Available in English and French on the GBVIMS website
Data Analysis E-Learning Tool	Developed by IRC in 2012 Interactive and designed to 'walk users through' the process of generating statistics, checking for quality in data entry and compilation, and data interpretation that can inform programming.[159] Available in English on GBVIMS website
Website	Developed by IRC in 2011 Includes all of the GBVIMS tools, training materials, fact sheets and "Frequently Asked Questions", a map of implementation sites, as well as a 3-minute advocacy video. Registered users are sent email alerts when new or updated materials are made available.
Guidance Notes (GN) (planned)	GBVIMS Technical Team developing GN as follows: Due to be finalised at the end of Q1/2014: 1) Intersections between the GBVIMS and the MARA 2) Government Engagement 3) Information Sharing Protocol Due to be finalised at the end of Q2/2014: 4) Data analysis and linkages with programming 5) Data security and storage 6) Do's and Don'ts

There is consensus among GBVIMS Technical Team members that these support materials represent key resources for them in their provision of technical support and assistance to country level users. As one member of the Surge Team noted, '*these guides are our bibles*'.

The findings at country level reveal that staff in senior management positions and in coordination or focal point roles are generally more familiar with the support materials and, when accessed, these materials are much appreciated. Those interviewees using the materials expressed that they find the language simple and easy to digest, and the formats clear. Specific examples of use include:

- Senior management staff in Dadaab, DRC, Colombia, Lebanon, Burundi, and Nepal said they have used the Facilitators Guide and Users Guide to assist in delivering GBVIMS trainings to partners and staff. One GBV programme manager in Dadaab, following the advice of the UNHCR GBVIMS Focal Point, has used the User Guide and website to develop training materials for his team. He was particularly impressed with the workbook and found it very

[156] There are no dates of publication on any of the tools. This information is from various reports and key informant interviews.
[157] Building Capacity of the GBV Area of Responsibility to Address GBV in Humanitarian Settings, Final Report to the Australian Agency for International Development (AusAID), 13 July 2012, 14.
[158] Production and dissemination in 2012. MPTF For Un Action Against Sexual Violence In Conflict Narrative Progress Report, Reporting Period: 1 January – 31 December 2012, p.5
[159] Final Report – Year One: Funding From The Government Of Denmark Preventing and Responding to Gender-Based Violence, December 2012

helpful. Another GBV Programme Manager used the User Guide, Facilitators Guide and Rollout Guide as resources to mentor and train a staff member on data compilation and analysis;

- Fact Sheets have been used in Lebanon to highlight broader good practice or principles on GBV in emergencies. One respondent particularly liked the 'Benefits and Limitations' sheet and had used it for briefings with donors, and had also used the 'History of GBVIMS' fact sheet to obtain buy in amongst stakeholders by promoting the GBVIMS as an interagency tool;
- Only a small number of respondents said they had used the GBVIMS E-Learning Tool: in 2012 a facilitated training was held by the GBVIMS Global Technical Team in Dadaab with staff from IRC, KRC, TdH, SCI, CARE and UNHCR. Previous participants met by the evaluation team said they found it very useful in helping them to analyse their data at both their own agency and interagency level. One programme manager in DRC specifically requested that the GBVIMS E-Learning Tool on Data Analysis be translated into French so she could use it with her team.
- The GBVIMS website was mainly accessed by senior management staff, with very few caseworkers ever logging on. Senior staff (managers and coordinators) in Nepal, DRC, Lebanon, South Sudan, Burundi, Dadaab, and Cote d Ivoire, reported accessing the GBVIMS website for the latest tools/versions and wider reference materials on GBV programming. In addition, technical staff in global and regional roles with IMC and INTERSOS reported using the website site to access resource materials. One estimate (from early 2014) is that 'over 1,000' people are on the listserv[160] but exact figures on current registered users were unavailable from the GBVIMS SC. The total number of 'active' GBVIMS users (those collecting, entering, and analysing GBV data) was also not available at the time of research from the GBVIMS SC so it is difficult to ascertain what percentage of users are accessing the website.

Respondents in Colombia and DRC also reported adapting support materials to their particular settings. In DRC, the IRC has frequently drawn from the User Guide and Facilitators Guide to develop trainings for CBOs, simplifying a lot of the content and delivering the training using flip charts instead of power point slides, indicating that there is value in country offices taking the initiative to produce simplified materials and guidance based on current GBVIMS support materials.

In Colombia the support materials have been reviewed and adapted to make them more relevant to the Colombian context by the GBVIMS National Coordinator in close consultation with UNHCR and UNFPA country offices and the local coordinators. This included:

- Review of the User Guide (the Spanish version was adapted to the Colombian context and the chapter on the MS Excel based IR was replaced with a chapter on the web platform developed in Colombia);
- A Guidance Note to assist with monthly data analysis drawing on the Global E-Learning Tool but adapted to the Colombian context (in Spanish and referring to the web platform rather than the MS Excel based IR);

In addition the GBVIMS Local Coordinator in Medellín in September 2012 developed two tutorial videos to support users of the web platform. This took two months at no additional cost.[161] Users provided positive feedback on these videos at a national GBVIMS conference in 2012.[162] This is a very positive country-level initiative that uses available technology to efficiently and effectively disseminate GBVIMS support materials.

Feedback from respondents indicates that the Guidance Notes that are being developed by the GBVIMS Technical Team are also a very positive initiative and should be innovatively and widely disseminated.

Despite the widespread popularity of the tools, a number of factors limit access to the materials:

[160] Interview with member of the GBVIMS Technical Team
[161] He produced them as a part of his regular tasks to support GBVIMS users.
[162] Discussions with GBVIMS National Coordinator. The videos have had 37 (Tutorial One) and 26 views (Tutorial Two) views on YouTube as of 20 July 2014.

- Literacy levels and language skills of users;
- Lack of reliable access to Internet;
- Complexity and 'bulk' of the materials in high-pressure environments;
- Lack of awareness about the existence of these materials, highlighting the key role of coordinators in the promotion of, and encouragement to use, available materials.

When respondents were asked how support materials could be improved, the most common request was for existing materials to be simplified so they can be shared with staff at field level. Two needs identified by the evaluation team include laminated versions of the three page classification tool and information on the consent process to be put on office walls of SPs or compiled in simple flip books, which could be accomplished at field level using existing GBVIMS materials.

4.2.4 Contribution of trainings to GBVIMS implementation

Overall the evaluation team has determined that training is crucial to GBVIMS implementation. A range of training inputs and activities that have been undertaken as part of the GBVIMS rollout process, are summarised as follows:

Type of Training	***Delivery***
GBVIMS Advanced Global Skills Training	Ethiopia (15-22 February 2014). *Trainers:* GBVIMS Technical Team. *Trained:* Representatives (total 35 participants) from IRC, International Medical Corps (IMC), Danish Refugee Council (DRC), INTERSOS, UNHCR, UNFPA, Government of Nepal (Women's Commission), Government of Cote D'Ivoire (MSFEE), and Jordanian River Foundation, as well as two regional representatives (UNFPA West and Central Africa and UNHCR East Africa) and a GBV AoR representative. *Objectives:* To reinforce core concepts and skills, and to promote experience learning & sharing on the GBVIMS rollout and key themes.
GBVIMS Global TOT.[163]	Uganda (13-20 March 2012). *Trainers:* GBVIMS Technical Team. *Trained:* Representatives (total 27 participants) from IRC, CARE, American Refugee Committee (ARC), IMC, Catholic Relief Services (CRS), UNFPA, UNHCR, and UNICEF. *Objectives:* To equip humanitarian actors with the skills and knowledge necessary to initiate and lead a GBVIMS rollout.
GBVIMS Rollout Trainings	These trainings are conducted as part of the Implementation Phase of the Rollout (Phase Three). [164]
Refresher Training	These trainings are recommended where budgets allow every 6-12 months. The aim is for the GBVIMS organisational focal point to provide ongoing coaching and quality checking and identify any areas in need of improvement which may require a day of training. In Interagency rollouts, the interagency GBVIMS Liaison can assist and facilitate.[165]

Senior management and coordinators need to be supported so they can in turn provide training and support to those providing direct services.

Key lessons for training at the level of service provision are as follows:

- Clear consensus was observed among respondents that documents and guides, while valuable, are insufficient and face-to-face technical support and practical training, including ongoing refresher training, is vital for the successful implementation of the GBVIMS. In

[163] Building Capacity of the GBV Area of Responsibility to Address GBV in Humanitarian Settings, Final Report to the Australian Agency for International Development (AusAID), 13 July 2012, p.9
[164] GBVIMS Rollout Guidelines, Phase Three: Implementation, p.29
[165] GBVIMS Rollout Guidelines, Phase Three: Maintenance, p.41

Colombia, all SPs interviewed by the evaluation team said the trainings they had received had been essential to enable them to use the GBVIMS;

- The type of training, and its location, is also important. Respondents highlighted the importance of practical training, with scenarios and role-plays and lots of practice using the tools. One GBV Programme Manager emphasised that it was 'invaluable' in a training he attended to be able to practice on a sample Incident Recorder;
- Staff turnover requires that on-going refresher training is provided to GBVIMS users and that senior managers are supported to deliver such training. In Dadaab, staff turnover meant that many staff currently using the GBVIMS have not been formally trained (only 15 out of 43 respondents (35%) interviewed for the evaluation in Dadaab had attended the November 2012 GBVIMS Training delivered by members of the Global Technical Team),[166] but only one Programme Manager interviewed was taking the initiative to use GBVIMS resources and facilitate regular trainings for his staff. This is despite the existence and availability of GBVIMS resources.
- The need for more training (particularly on analysis) was frequently articulated by stakeholders. However, stakeholders noted that ad-hoc short-term trainings from the Global Team may not be the most effective approach and would prefer to have trainers available more frequently and locally.

Key lessons regarding global and regional training include:

- At the end of the Uganda training, 96% (26/27) of participants completed the required activities and scored a passing grade on the evaluations indicating effectiveness of the trainers and training methodologies used.[167]
- The vast majority of interview respondents who had attended either the Global TOT training or the Global Advanced Skills Training expressed the opinion that it was very important for their understanding and appreciation of the GBVIMS and was very useful for their ongoing work. As one participant at the Uganda training expressed, *'I really got the GBVIMS when I attended the TOT'.* The survey of former participants corroborated this finding with 93% of survey respondents reporting that they have used the skills or tools from the training in their work. Of this, 13% said they used the skills or tools learned every day, 60% frequently and 20% sometimes.
- Former participants have used the skills and tools gained from the global level trainings in a number of ways: 69% have conducted a GBVIMS training, 72% have used the GBVIMS tools, 66% have facilitated an ISP negotiation, 86% have provided technical support to users, 55% have consolidated GBVIMS data, and 38% have coordinated an interagency rollout.
- Only two former participants at the more recent Advanced Skills Training (2014) interviewed by the evaluation team expressed dissatisfaction. They said it had been promoted as an advanced training, but participants who were totally new to the system also attended, thereby necessitating introductory sessions and precluding more advanced sessions and discussions;
- The most common positive perception of attendees of the TOT was how it enabled cross learning and sharing between GBVIMS users. One participant from Lebanon commented that after attended the training, she could see how important it is for Lebanon and Jordan to share lessons. Participants also appreciated the practical and participatory nature of the sessions.

Building the capacity of regional level specialists through the global trainings has been a very positive initiative of the GBVIMS SC to work towards enhancing the efficiency and effectiveness of GBVIMS rollouts.

[166] Only 15 out of 43 respondents (35%) interviewed for the evaluation in Dadaab had attended the November 2012 GBVIMS Training delivered by members of the Global Technical Team. Figure derived from cross-checking 2012 GBVIMS Training participant list with list of respondents interviewed by the evaluation team in Dadaab.

[167] Final Report – Year One: Funding From The Government Of Denmark Preventing and Responding to Gender-Based Violence and Contact List, Uganda Training UNFPA.

4.2.5 Contribution of technical support to GBVIMS implementation

Technical support is provided to GBVIMS users in the following ways:

Global

The Technical Team conducts technical support visits and provides remote technical support (troubleshooting via Skype and email). In all three case study countries, the contribution of dedicated in-country support by the Technical Team was seen by respondents as crucial for successful rollout. This finding is further supported by feedback from non-case study countries. Interviewees highlighted contributions towards initial training, technical support with ISP negotiations, and IR trouble shooting. The fact that the team is drawn from interagency sources has also been highlighted as a positive factor – users in the field reported that it was helpful to have someone from their own agency delivering technical GBVIMS support. However, a few respondents expressed dissatisfaction with the quality of technical support provided and felt that the assistance they received when requested was not sufficient for their needs. This was notable in countries that have been rolling out the GBVIMS for some time and are dealing with complex issues around government engagement and sustainability. Some dissatisfaction was also expressed by field staff with the response times of Technical Team members. There was recognition that the Technical Team are in demand and busy but this had been frustrating for some respondents. The evaluation team determined that the Technical Team face a number of challenges, mostly related to workload.[168]

Among respondents at field and global level there was clear consensus that a remote technical support model, such as a helpdesk, would be insufficient or inappropriate for the GBVIMS. The importance of having technical support available 'on the ground' was frequently mentioned due to the fact that the GBVIMS is not simply a 'technical solution to a problem' but is much more about the process of enhancing coordination and service provision. There is on ongoing need for the periodic technical support and oversight provided by the Technical Team, but looking to the future, efforts to build regional and country level capacity should continue to be promoted and supported.

National

At national level technical support is delivered in different ways according to the context.

Dedicated technical support: In Colombia dedicated GBVIMS interagency coordinators at national level and in each pilot municipality[169] have been crucial for the effectiveness of the roll-out to date. For example, in Tumaco and Villavicencio the local coordinators have driven coordination, data consolidation and analysis due to staff turnover in local government institutions. These coordinators work closely with the UNHCR Community Services Officer and UNFPA heads of office (where present[170]) to provide technical support to user organisations and support local coordination mechanisms and advocacy efforts. A full time, dedicated GBVIMS National Coordinator (officially hired in June 2012)[171] supports and coordinates local GBVIMS coordinators through conducting trainings, providing remote and onsite technical support, coordinating national level analysis and reporting, and facilitating and managing efforts to transfer the system to national and local institutions.[172] All SPs interviewed expressed that the technical support provided by the GBVIMS Coordinators, which included on-the-job mentoring and troubleshooting, was crucial to the effective implementation of the system. However, these positions are all contingent on dedicated funding from UNHCR/UNFPA for the GBVIMS.

UNFPA is also funding technical support for the GBVIMS-influenced Data Mapping initiative in DRC. UNFPA currently funds two SGBV Data Base Managers - one in Kinshasa with the Directorate of

[168] Technical team members are responsible for between 5 and 14 countries each.
[169] Selection criteria included: background/knowledge on statistics, GBV, gender and experience working with government institutions and NGOs.
[170] Tumaco and Villavicencio only
[171] This person was the former UNFPA Gender Officer, Colombia
[172] This is a specific objective in the TOR of the GBVIMS National Coordinator.

Planning of the Gender Ministry who supports the management of the main national database; and one in Bukavu with the Provincial Division of Gender who supports the management of the databases in North and South Kivu.

Dedicated institutionalised technical support: In Colombia the Mayor's office in Villavicencio, through the *Secretaria de Gestion Social Y Participation* /Secretary for Management and Social Participation, is funding three data entry officers for each of the three *Comisaria Familia* in the municipality who are using the GBVIMS. The two Commissioners who met with the evaluation team spoke highly of the technical support these positions provide.

Focal points: In Dadaab at an interagency level the two GBVIMS focal points (UNHCR Protection Associate - primary and UNHCR Community Services Associate - secondary) are the key sources of technical support. The focal points access more advanced support when required from the GBVIMS Technical Team, usually via email. The Dadaab based UNHCR data specialist was also available for technical support on MS Excel, although no example was given of when this had been provided. IRC staff directly contact the IRC GBV Information Management Specialist. GBVIMS focal points from data collecting agencies appreciated the technical support from the UNHCR focal point and trouble shooting and discussions at the interagency GBVIMS working group.

4.3 GBVIMS MANAGEMENT

Evaluation Question 2: To what extent were the stated objectives of the GBVIMS achieved/likely to be achieved by the end of the roll out period in different country contexts? What have been the positive, negative, direct and indirect, intended and unintended effects produced by the GBVIMS implementation?

Evaluation Question 3: Has the GBV used the most appropriate level of resources to achieve the desired result?

Evaluation Criteria covered: Effectiveness and Efficiency

GBVIMS Management Structure Effectiveness and Efficiency

Overall, the evaluation team determined that the management structure and team is highly effective and efficient in supporting GBVIMS rollouts with a clear structure, good level of collaboration and coordination and ability to respond to identified needs. Mechanisms for planning, fundraising, communication (internal and external), monitoring and learning are in place. However, a number of challenges to effectiveness and efficiency exist, including:

- Lack of institutional funding for GBVIMS. While the mobilisation of resources has been efficient to date, it has solely been generated through the fundraising abilities of the GBVIMS SC. There have therefore been relatively short time frames for funding (12 – 18 month funding cycles) which hampers the ability to plan longer term;
- Lack of a systematic, multilevel monitoring and learning framework.

Key management areas will be considered separately below:

4.3.1 Management Structure

Global Level

The interagency management structure and team at global level 'sets the strategic vision for the GBVIMS'[173] and ensures technical support, guidance on best practice, and funding to maintain and broaden GBVIMS implementation. Members engage closely on project direction but a large degree of autonomy exists for countries using the GBVIMS. All members of the GBVIMS Global Team interviewed thought the structure works well because it is small, they have specific tasks, it is consultative, it is collaborative, there are short and direct communication lines, and they share a vision. This enables them to work together effectively and congenially. Country level respondents also identified the dedicated technical support roles of the Surge Team and IRC Information Management Specialist and the coordination role of the IAC as key in supporting effective rollouts.

Country level

Management structures varied at country level depending on the agencies involved and the context. Key elements of success for supporting and maintaining the GBVIMS rollout identified by respondents include:

- In large and geographical diverse settings such as Colombia, having a decentralised structure of management and technical support;
- Engaged and dynamic interagency coordinators;
- Having buy in and support from senior management;
- Positive and collaborative interagency relations. For example, in Lebanon UNFPA, UNICEF and UNHCR are co chairing the GBV Task Force and worked successfully together to initiate a 'mini' pilot, then larger rollout of the GBVIMS.

[173] TOR GBVIMS Steering Committee

4.3.2 Funding and Time Costs

Global Level

Throughout the period of evaluation, there is clear evidence of the ability to efficiently mobilise resources through fundraising to address identified needs such as the Surge Team, technical support materials and global trainings.

UNFPA: UNFPA has managed funds for the salary of the IAC, travel, training, printing, and meetings; a sub grant to the IRC for the development of the website, user guide, e-learning and training curriculum; and funding support to country offices in Colombia, South Sudan and Cote d'Ivoire. This came to a total of USD $1,799,549 for the period 2009[174] – 2014.[175]

UNICEF: UNICEF covers salaries and travel for two Surge Team Consultants.

UNHCR: UNHCR covers salaries and travel for the two UNHCR GBVIMS consultants (as of 2014), contingency support for in-country training for roll out, and GBVIMS related travel for the UNHCR members of the SC.

No constraints were mentioned on obtaining these funds to date (mobilised from development agencies of individual countries and the Multi-Donor Trust Fund (MDTF) of UN Action) but they have been relatively short term (12 – 18 months).[176] During the period of evaluation a joint proposal (UNICEF, UNFPA, UNHCR, IRC) for funding from the Canadian government for a two-year period had been submitted and successfully funded.[177]

According to the SC TOR[178], member's time commitment should be as follows:

- Average of three (3) hours a month dedicated to the GBVIMS SC with 1.5 hours dedicated to conference calls;
- Ad hoc emergency calls and decision making sessions (time unspecified);
- Attend annual face to face planning meeting/annual retreats (time unspecified);
- Chair GBVIMS Conference call – 4 successive calls between 4 organisations (UNFPA, UNICEF, IRC, UNHCR) (1.5 hours a month).

This breakdown is not inclusive of additional time needed for representation of the GBVIMS in inter-agency meetings, symposia and donor presentations.

Members of the Steering Committee interviewed said they spend from 3% - 10% of their time on the GBVIMS. In general this is more than is stated in their TORs. Time commitments increase around the time of key activities such as the global trainings or Annual Strategic Planning session. There was consensus that the dedicated position of the IAC has made the Steering Committee a more efficient body and that an administrative and coordination role is crucial for efficient implementation of the GBVIMS. Having the position changed from a temporary to a staff appointment, with some benefits and stability, was seen by respondents as a very important move.

Country Level

The evaluation team was unable to obtain specific budget details on in-country rollout costs. When asked, many people responded that it was difficult to disaggregate items that have been charged under different budgets. The only case study country able to provide a detailed budget was Colombia where from 2011 – 2014 a total of USD$740,000 had been spent rolling out the GBVIMS in seven municipalities. Of this USD $180,000 was UNFPA funding, USD $360,000 UNHCT Country office

[174] Budget information before 2009 was unavailable to the evaluation team.
[175] UNFPA Budget Overview, 2009 - 2014
[176] UN Action Against Sexual Violence in Conflict (UN Action) unites the work of 13 UN entities with the goal of ending sexual violence in conflict.
[177] Developing Field Level Capacity for Improved Service Delivery, Information Management and Interagency Coordination, Concept Note to the Government of Canada, 19 March 2014
[178] TORs the GBVIMS Steering Committee, v7, p.1.

funding and in 2014 USD $200,000 was made available from UNHCR Field Offices.[179] The evaluation team has determined that the costs (financial and time) of implementing the GBVIMS at country level are significant, and further, are frequently insufficiently recognised. In Dadaab, for example, many service providers asked about the cost of implementing the GBVIMS initially said there was no cost. However, when probed, they listed meeting attendance; data entry, analysis, reporting and backup; administration and hardware (e.g. lockable cabinets) as costs incurred by them. Country offices and individual service provider organisations have tended to allocate funds and resources for implementation and maintenance of the GBVIMS using existing programme funds and drawing from general budget lines such as 'capacity building', 'support for survivors', 'training' and 'printing'. While efficient, there is a risk that with staff turnover and competing priorities; resources will be used for other purposes. Further, this approach makes it difficult to track resources used for the GBVIMS, which hampers monitoring and planning for future resource mobilisation.

4.3.3 Planning and Reporting Mechanisms

Global Level

The primary strategic planning mechanism for the GBVIMS at global level is the Annual Retreat or 'Face to Face', which has been held since 2010.[180] Participants include the GBVIMS SC and Technical Team. The aim of the meetings is to reflect on successes and challenges of the year and outline actions for the upcoming year. The published reports of these meetings indicate they have become increasingly structured and formalised and reflect the growing size and complexity of the operating environment. For the years 2012 and 2013 these retreats have involved separate preliminary sessions for the GBVIMS Technical Team (GBVIMS IAC, Surge Team Consultants, IRC and UNHCR) followed by more strategic general discussions.

GBVIMS Global Team respondents reported satisfaction with these forums as they allowed time and space for active reflection and forward planning. There has not been any external facilitation to date, an option that would ensure objectivity and focus on strategic issues – crucial in a complex interagency setting.

There is some evidence of implementation of planned actions, For example, notes from the 2010 annual retreat mention plans to move forward on the GBVIMS support materials (User Guide and Rollout Guide) and website – all of which were developed and rolled out by 2012. However there is no overarching global and interagency strategic planning process or documentation beyond a 12-month time frame.

Shorter term planning is conducted during the monthly GBVIMS Global Team calls, which involves both the GBVIMS SC and Technical Team. Participants were generally satisfied with these, however one member of the Technical Team noted that some items 'get stuck' on the agenda, largely because the SC members are busy and the GBVIMS is just one aspect of their work.

Donor reports to UN Action were viewed by the evaluation team and no issues were reported about quality or timeliness.

Country Level

The different planning modalities in the case study countries all contribute to effective rollout of GBVIMS, with no issues identified. For example in Colombia the national 'GBVIMS SC' - consisting of the GBVIMS National Coordinator, UNFPA focal point and UNHCR focal point - spearhead operational planning efforts in close consultation with the UNHCR and UNFPA country and field

[179] Aspectos complementarios a tener en cuenta para la evaluacion del GBVIMS en Colombia: Presupuesto, solicitudes de expansion y presentacion del GBVIMS a otras contrapartes [Additional Considerations for GBVIMS Evaluation in Colombia: Budget Requirements in Expanding and Presenting the GVBIMS to Other Counterparts]

[180] Annual Retreat GBVIMS Global Team Meeting Notes, February 25 and 26, 2010 New York – IRC Headquarters; F2F Meeting of the GBVIMS, Steering Committee – Meeting Summary, 2011; GBVIMS Steering Committee Annual Retreat Consolidated Notes 18-19 October, 2012; GBVIMS Steering Committee Annual Retreat 2013 Consolidated Notes 3 to 6 December 2013 UNFPA & UNICEF HQ

offices and local GBVIMS coordinators. Local GBVIMS coordinators, facilitated by the National GBVIMS Coordinator are also responsible for reporting to donors (UNHCR and UNFPA). The inclusion of the GBVIMS pilot in the wider UNHCR SGBV Strategy 2011-2016[181] provides a framework for planning. In Dadaab the GBVIMS is also a subset of the broader UNHCR SGBV Strategy[182] but a specific GBVIMS working group meeting is held every quarter. This forum, chaired by UNHCR and attended by signatories to the ISP, is where GBVIMS data is discussed in detail, interagency analysis is conducted, ISPs updated and actions discussed and planned.

4.3.4 Communication

Global Level

Regular internal communication mechanisms exist within the GBVIMS SC and Technical Team. The team demonstrate a good use of available technology to enhance their internal communication across time zones. These include daily Skype check-ins between the IAC and other members of the Technical Team, and monthly conference calls between the GBVIMS SC and the Technical Team. One suggestion made by a Technical Team member was to have a formal weekly call of the Technical Team to focus on 'the nuts and bolts', which would shorten the monthly calls and allow them to take a more strategic focus. This was tried by the GBVIMS SC leading up to the Ethiopia global training but was not institutionalised.

External communications and outreach at HQ level have been essential in promoting the GBVIMS as best practice for safe and ethical GBV data management among international GBV response practitioners, and promoting the GBVIMS as a key tool for agencies in the field. However, advocacy and outreach on safe and ethical data collection and management could be more strategic. Examples of achievements to date include:

- Inclusion of the GBVIMS in Gender-based Violence Area of Responsibility Working Group July 2010, Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings;[183]
- The regular participation of the GBV AoR Rapid Response Team Information Management Specialist in the GBVIMS SC monthly calls and her participation in GBVIMS TOT, certification as a trainer, and agreement that she can provide trouble shooting supporting countries where they are already using the GBVIMS.

External communication mechanisms to users in the field include inter-agency teleconferences, bilateral Skype calls and emails to support the roll out process. Respondents at field level were generally satisfied with the communication response of the GBVIMS Global Team when they contacted them.

One communication channel that was mentioned as needing improvement was between HQ and country level offices. Strong engagement of decision makers at country level was seen as necessary to ensure there was clear understanding to generate buy in and support. One respondent mentioned cases where senior managers have referred to a small number of recorded cases in the GBVIMS as evidence that GBV was not a problem in their setting and felt that this reflected a lack of understanding and that strategies need to be developed and implemented to address this. A former member of the Technical Team highlighted how this lack of buy-in was challenging and could hamper the flow of rollouts stating: *'No matter how much momentum or cooperation we had at the HQ level, in every country you go into, it's like a re-convincing process, and it just came down to personalities'.* This underscores the need to demonstrate the successes of the GBVIMS to a broad audience.

[181] Colombia SGBV Strategy, 2011 – 2016, UNHCR
[182] Implementation and maintenance of the GBVIMS is part of the wider SGBV Interagency Strategy 2013-2015, coordinated by UNHCR under the Protection Working Group.
[183] Listed as Good Practice, Gender-based Violence Area of Responsibility Working Group July 2010, Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings p.78

Country level

The communication strategies in case study countries were effective and efficient in conveying relevant information between stakeholders in a timely and cost effective manner. For example, in the camp-based setting in Dadaab, communication channels comprised regular face-to-face meetings (quarterly GBVIMS meeting), emails and phone calls. In Colombia, with field sites geographically distant, the GBVIMS National Coordinator facilitates a teleconference every three months with all local coordinators, and UNHCR and UNFPA focal points where they discuss challenges, emerging good practices, and achievements at local level, and developments at national level which was felt by respondents to be an effective strategy. No issues were identified.

4.3.5 Monitoring, Evaluation and Learning

While ad hoc systems are used at both global and country level, there is no systematic monitoring framework. There was consensus among respondents that the efficiency and effectiveness of monitoring could be improved at all levels.

Global Level

At global level the current IAC has used the UN Action Project Proposal to determine outputs and expected deliverables. The GBVIMS SC also uses the opportunity provided by the annual retreats to discuss priorities for the year ahead. At field level Surge Team members monitor the rollout process, assessments, planning, follow up on a regular basis and provide support. However, there is no systematic means to report to the GBVIMS IAC so it is difficult to reflect on achievements.

One Surge Team member monitored countries based on their action plans developed at the GBVIMS training, but kept the timeframes very loose to account for delays. Others mentioned less formal approaches or 'checking in after x months' of the rollout. The situation is different for IRC where the Information Management Specialist has direct contact with GBVIMS users in IRC countries and they go directly to her for technical support.

The evaluation team identified two existing GBVIMS monitoring tools that could be reviewed and used as a basis for a more comprehensive monitoring and evaluation framework.

- The GBVIMS Project Proposal Logical Framework: this is essentially a rollout logframe incorporating output indicators (e.g.: % GBVIMS tools adapted and updated, # information sharing protocols developed) but no outcome or impact level. This is available on the GBVIMS website under 'Resources'.[184] No respondents in the case study countries reported using this tool, but it was shared by respondents in Nepal who had received a copy from a Surge team member;
- GBVIMS Monitoring Checklist developed by IRC:[185] This is a simple checklist which tracks things like case files, data entry, consent process, and data storage at service provider level. The IRC Information Management Specialist uses this tool to monitor IRC country programs using the GBVIMS and shared it with the evaluation team.

A number of challenges to developing a comprehensive monitoring framework were raised by stakeholders, including:

- The varied pace of rollout across countries makes it hard to track time-bound indicators;
- Unrealistic timelines associated with Country Action plans, especially in volatile humanitarian contexts;
- Lack of predictability of available funds means long term planning is difficult;
- There is no formal requirement for country level users to provide regular feedback on the progress and use of the GBVIMS to the Global Team.

The last point highlights that the GBVIMS system as a whole has weak accountability mechanisms. With no obligation among users to provide feedback on progress and use of the GBVIMS, the onus

[184] http://www.gbvims.org/resources/
[185] Provided to the evaluation team by the IRC Information Management Specialist

falls on the GBVIMS Technical Team to collect M&E data, with the response from country offices frequently related to the level of support required at a given time and interpersonal relations. There is a real need for the development of a comprehensive, multi-level M&E system that takes into account the constraints on the system and the various individual country contexts, including the phase of emergency response and type of humanitarian crisis.

Country Level

At country level there is a gap in monitoring mechanisms at the service provider level, particularly in terms of monitoring safe and ethical practices. There is an assumption that individual SP organisations will have adequate internal processes in place. For example, in Colombia the monitoring framework developed for UNHCR funded projects by the programme unit in Bogota focuses on numbers of trainings conducted, cases registered, and coordination, but does not monitor safe and ethical practices. The evaluation team found indications that some of the safety and ethical foundations of the GBVIMS are either not well understood or not valued by service providers.

One of the key lessons learned by IRC[186] in DRC was that successful implementation of the GBVIMS, especially in the initial rollout period, requires frequent and appropriately resourced monitoring mechanisms. Although resource intensive, this may be relatively straightforward in small-scale settings with few partners. It arguably gets more complex and necessary when managing systems with a large number of geographically distant partners in low resource settings such as UNFPA/MOG are doing with the Data Mapping (343 in seven provinces of DRC).

4.3.6 Reflection and Learning Mechanisms in Ongoing Implementation

While some ad hoc efforts to capture and share learning have taken place, the development of a comprehensive and systematic Knowledge Management and Learning strategy has not been prioritised. The 2013 Annual Retreat was the first with a specific agenda item on 'Learning Strategy'.[187] This referred to the series of Guidance Notes that the GBVIMS Technical Team is working towards for completion at end 2014 (outlined under 4.2.3). It also referred to 'country snapshots' to be prepared from the roll out in Colombia, DRC and Cote d'Ivoire. These are all important initiatives to ensuring learning is efficiently captured and shared. A clear and innovative dissemination strategy will be required to ensure these materials are accessible broadly.

Some agencies using the GBVIMS have been documenting lessons learned for their internal use, such as IRC and IMC. These are valuable sources of information for sharing and improving practice, however there are no mechanisms for sharing these systematically at an interagency level.

Of the 17 respondents who attended the 2014 training in Ethiopia, 12 explicitly described it as good cross-learning opportunity. Respondents liked that it provided the space and time for sharing and were particularly enthusiastic about case studies. This demand for learning and sharing was emphasised by one GBVIMS SC member, stating, *'That's what people are so hungry for, information about how other countries have done it'.*

Country Level

At individual country level the evaluation team identified efforts to capture learning in Colombia, for example, through holding a national level workshop with representatives from all pilot locations and producing a lessons learned document, and also in DRC where IRC has produced a lessons learned papers on implementing the GBVIMS. No efforts to share these documents broadly throughout the GBVIMS community were noted by the evaluation team.

[186] GBV Information Management System: Initial Lessons Learned from the Roll Out, Democratic Republic of the Congo, February 2011 – 2013, Women's Protection and Empowerment, IRC.
[187] GBVIMS Steering Committee Annual Retreat 2013, Consolidated Notes, 3 to 6 December 2013, UNFPA & UNICEF HQ

4.4 SUSTAINABILITY

Evaluation Question 4: To what extent are activities and/or outcomes (both expected and unexpected) of the GBVIMS likely to be sustained? What evidence is there to suggest this?

Evaluation Criteria: Sustainability

In this section sustainability is discussed in two ways: in terms of the maintenance and continuation of the GBVIMS rollout once focused external support from the GBVIMS SC (actors and agencies) has dissipated,[188] and also in terms of engaging national governments with a view to longer term sustainability.

4.4.1 Technical and Resource requirements

Findings indicate that there is increasing in-country technical expertise and resources available within UN country offices, INGO and NGO partners for GBVIMS implementation. However, the evaluation team has determined that these are currently insufficient to ensure ongoing, effective and sustainable implementation of the GBVIMS in its current level of operation without ongoing technical and funding support mobilised through the GBVIMS SC.

UN and NGO country offices are taking responsibility for ongoing GBVIMS implementation through committing funding and institutional support. The Dadaab case study provides a good example within a camp-based refugee setting of this commitment. UNHCR has made a short-term financial commitment to maintain the GBVIMS[189] and institutional support is part of the commitment of the 2013 – 2015 Dadaab Interagency SGBV Strategy, which articulates an aim to strengthen the GBVIMS ISP and use the GBVIMS for data collection and analysis.[190] Stakeholders highlighted that the commitment of UNHCR senior management has underpinned GBVIMS implementation and is vital for future GBVIMS work.

Other country offices are funding the GBVIMS rollout in a number of ways including:

- A data collection component as part of broader GBV funding proposals. For example, UNFPA South Sudan has funds from the Danish government for a GBV programme which includes the GBVIMS;
- Using funds from existing budget lines like 'capacity building' in broader protection programs to support GBVIMS capacity-building, e.g. UNHCR Lebanon sub offices;
- The Gender Working Group in Lebanon is strategising the feasibility of joint funding arrangements (UNICEF, UNFPA and UNHCR);
- The IRC is requesting country programs that want to roll out the GBVIMS to include specific funding in their budgets to cover trainings, administration costs and also portions of the costs of global technical support;
- The UNHCR country office in Colombia has contributed to the funding of the GBVIMS rollout[191] and the GBVIMS pilot is part of the wider UNHCR SGBV Strategy 2011-2016.[192]

Technical skills are also increasingly available at regional and country level to assist GBVIMS users with implementation. Basic technical support is available within Dadaab from the UNHCR GBVIMS primary and back up focal points. However both these individuals highlighted that they require more advanced support from the GBVIMS Technical Team. A positive finding from Dadaab is the use and

[188] TOR, Evaluation of the Gender-based Violence Information Management System (GBVIMS)
[189] While the overall UNHCR budget for 2015 will be reduced by 20% from 2014 levels, the internal allocation for GBV (including covering GBVIMS related activities) will be increased, Information from KII with UNHCR Senior Protection Officer in Dadaab.
[190] Inter-Agency Strategy To Prevent And Respond To SGBV In Dadaab/ Alinjugur Refugee Camps, Kenya, SGBV Strategy 2013 – 2015, August 2013
[191] Aspectos complementarios a tener en cuenta para la evaluacion del GBVIMS en Colombia: Presupuesto, solicitudes de expansion y presentacion del GBVIMS a otras contrapartes [Additional Considerations for GBVIMS Evaluation in Colombia: Budget Requirements in Expanding and Presenting the GVBIMS to Other Counterparts]
[192] Colombia SGBV Strategy, 2011 – 2016, UNHCR

promotion of GBVIMS technical support materials by the UNHCR GBVIMS Focal point, but there is scope for further promotion to UNHCR partners. Additional technical support is available at country level (but so far not utilised) in Nairobi from the UNHCR Senior Protection Assistant who attended the Global GBVIMS Advanced Skills Training in February 2014, who also detailed plans to exchange learning between GBVIMS rollout sites in Kenya.[193] This would be a very positive country-driven initiative to build in-country relationships and share challenges and good practices of using the GBVIMS.

At the organisational level in Dadaab there are appropriate and adequate material resources for implementation (computers, locked filing cabinets), trained caseworkers using Intake and Consent Forms, data entry staff using the Incident Recorder, and designated GBVIMS focal points. IRC staff have GBVIMS-related tasks clearly stated in their job descriptions and have direct access to technical support from the IRC Information Management Specialist. The ongoing challenges for sustainability identified by the evaluation team within organisations include staff turnover, lack of maintenance of GBVIMS skills,[194] and a lack of dedicated budgets and specific articulation of responsibilities for GBVIMS in job descriptions within organisations.

The main test of sustainability for the GBVIMS among CBO partners is whether they could continue using the system without external support.[195] IRC's CBO partners in DRC demonstrated good technical capacity to collect basic data on reported GBV cases using the Classification Tool, Intake Form and Consent Form. However IRC staff are responsible for collecting Intake Forms, entering data into the IR and analysis. IRC has made efforts to share basic compiled data and trends for discussion with CBO partners in an attempt to develop data collection/analysis capacity and motivation. IRC is committed to supporting these organisations in the short term, however has not yet outlined a concrete strategy for longer-term scenarios. This underscores the need for rollout models to include sustainability strategies.

4.4.2 Government Engagement in Different Country Contexts

The evaluation team defines the 'nationalisation process' as the process of engaging with national government in the rollout of the GBVIMS with a view to enhancing long-term sustainability. At the GBVIMS evaluation workshop in NYC (July 2014), it was agreed that the term 'government engagement' is actually more accurate to cover the range of contexts and ways that national government are involved with the GBVIMS.

While the GBVIMS was developed for a humanitarian setting and 'not to take the place of a national, government owned GBV data collection system,'[196] there are many examples of national governments engaging with the GBVIMS. This is particularly important as countries move from a chronic humanitarian phase to transition and recovery and as part of emergency preparedness and contingency planning. Regional and country level office involvement is crucial to this process. Government engagement is more relevant to the members of the GBVIMS SC with a development agenda – specifically UNFPA and UNICEF, but as humanitarian settings where the GBVIMS is being used change, it is an emerging issue. For example, in Dadaab there has not been any active government engagement throughout the rollout, however the context is changing as the Kenyan Department of Refugee Affairs (DRA) is scheduled to take over camp management (administration) in mid 2014. While there is no indication that they will be involved in direct service provision, UNHCR is beginning to engage on general protection issues but has not yet begun to discuss the GBVIMS.

[193] Between Dadaab, Nairobi urban refugee setting, and Kakuma camp
[194] Staff turnover and the impact on maintaining organisation skills were also mentioned in the last technical mission report to Dadaab, UNHCR – GBVIMS 'Dadaab Mission Report', 12-19 November, 2012, p.6
[195] IRC aims to work with pre-existing CBOs on the Women's Protection and Empowerment Programme and build their capacity so as to promote the continuation of services even in the absence of continuing funding. Terms of Reference, Evaluation of the International Rescue Committee's Women's Protection and Empowerment Programme in South Kivu.
[196] National governments have expressed interest and been involved in the GBVIMS in Haiti, DRC, Nepal, Uganda, Kenya, Somalia, Cote d'Ivoire, Chad and Colombia, End of Appointment Report GBVIMS IAC_December 2012 (End of Appointment Report, Diana J Arango, PD/HRB GBV Consultant and Interagency GBVIMS Project Coordinator).

One clear benefit of engaging government is that it is a way of sustaining safe and ethical GBV data collection and management beyond support from the GBVIMS Global Team or even UN/INGO country offices. This is particularly important as countries move into a more stable development phase. For example, as previously mentioned, engagement of government by UN agencies through the GBVIMS system has included advocacy and support for the improvement of safety and ethical aspects of existing GBV data collection systems in Colombia, DRC and Jordan.

Colombia is an emerging example of a model for sustainability of the GBVIMS whereby local government bodies are making progress with respect to funding and managing the system. There is clear evidence of buy in and support for the GBVIMS at municipal level in Tumaco and Villavicencio. For example:

- In Villavicencio the Mayor's office is funding three data entry officers for each of the three *Comisaria de Familia* in the municipality who are using the GBVIMS;
- The Mayor of Tumaco has established the Office of Social Development (*Oficina de Desarrollo Social*) through which the role of the GBVIMS local coordinator may be institutionalised. This is a current budget line for GBVIMS related activities using discretionary funds and it is reported that efforts are being made to ensure money from an upcoming petroleum project can be used to support ongoing GBVIMS implementation.

Obtaining buy-in at this level is a key element of the GBVIMS sustainability strategy developed by UNFPA and UNHCR country offices.[197] This approach focuses on building the capacity of government service providers to enter GBVIMS data, and providing technical support to municipal institutions to enable transfer of the coordination and compilation role to the local Mayor's office.[198] Importantly this engagement of local government was built into the rollout process from the beginning, commencing with initial orientation visits conducted by the UNHCR and UNFPA focal points for GBVIMS and the GBVIMS Local Coordinator to introduce the GBVIMS to municipal leaders (Mayor and Government Secretaries), existing working groups and individual service providers (including government). UNFPA and UNHCR respondents reported that the process of engagement at municipal level was not difficult as there was a real need for enhanced coordination between different sectors and no way to compare information as they all used different classification systems. As a local GBVIMS Coordinator in Tumaco stated: *'they wanted to know the dimensions of the problem so they could address it'*.

Further, counterparts from municipal government institutions have been identified to work together with the GBVIMS Local Coordinators in coordination and compilation roles.

However, there are a number of challenges including buy-in being tied to individual Mayors who serve four-year terms,[199] internal disputes and resource issues,[200] and a lack of buy-in at national level influencing uptake in individual institutions[201]. This has meant that the GBVIMS local coordinators and UNHCR Protection Staff currently remain crucial for coordination and compilation. These staff members also provide the technical support necessary to support data collectors and are supported themselves by the current GBVIMS National Coordinator.[202]

The Colombian GBVIMS SC (UNFPA, UNHCR and GBVIMS National Coordinator) has also trained[203] national level actors in the MOH, Attorney General's Office, Justice and Ombudsman's Office,

[197] Estrategia de transferencia/sostenibilidad del Sistema de Gestión de Datos sobre Violencia Basada en Género – GBVIMS en Colombia y recomendaciones a cada estrategia local, UNHCR and UNFPA [Handover/sustainability strategy for GBVIMS in Colombia and recommendations for local implementation, UNHCR and UNFPA]
[198] KIIs in Villavicencio, Tumaco and Bogota
[199] The Tumaco Mayor is halfway through a four-year term and there were concerns raised by GBVIMS users that things will change with a new mayor, especially if he/she is from a different political party.
[200] In Villavicencio there is dispute over which office should, and has the resources to fulfil the role of compiling agency.
[201] In Tumaco the Municipal Secretary of Health has paused their coordination role based on National MOH advice.
[202] Participant at the February 2014 GBVIMS TOT in Ethiopia.
[203] One day training was conducted in March 2012 at national level for Legal Medicine, MOH, NHI, Welfare Institute for Children (ICBF) and Attorney General's Department.

Forensic Office, Colombian Institutive of Family Welfare and the Victims Unit to ensure that clear understanding of the GBVIMS purpose and value. Being able to demonstrate local level results has provided clear evidence and a basis from which to discuss improvement of national level systems and processes. For example, UNFPA facilitated a visit by central government agencies to the municipalities of Tumaco and Buaventura in March 2013 to learn more about the GBVIMS. Following this visit, the Attorney General's Department and Forensic Medicine have both requested further discussions on the possibilities of joint analysis and triangulation with GBVIMS data at municipal level.[204]

The evaluation team notes two key challenges and risks with engaging national government, as follows:

Maintaining integrity of the system: Advocacy efforts to improve national systems have not led to a complete uptake of the GBVIMS among all users. Rather, component tools have been adopted and/or have influenced existing systems. In a lessons-learned paper on the National Hospital rollout in Kenya, it was highlighted that only using the MS Excel based IR, or a set of standardised data points for GBV, was not sufficient to ensure effective, comparable data.[205] This risked the system no longer being able to ensure data is being collected in an ethical, survivor-centred and standardised manner. This raises questions about whether the system can be broken apart and still maintain integrity.

Maintaining quality: Another clear challenge is to maintain safe and ethical practices and data quality when rolling out on a large scale. The evaluation team identified a need for strengthened training and monitoring in the larger-scale UNFPA/MOG Data Mapping, particularly around the process of obtaining survivor consent, guiding principles for working with survivors, using the Classification Tool and Intake Forms and ensuring the latest version of the forms are being used in the field. One of the key lessons learned by IRC[206] was that successful implementation of the GBVIMS, especially in the initial rollout period, requires frequent and appropriately resourced monitoring mechanisms and assigning of accountability for upholding the guiding principles.

4.4.3 GBVIMS SC Management Of Factors Influencing Project Sustainability

Global-level respondents highlighted the importance of continuing to build regional and country level capacity and ownership, and its importance to ongoing GBVIMS sustainability is well recognised by the GBVIMS SC. Regional representatives from UNFPA in West and Central Africa (covering DRC, Chad, CAR, Cote d'Ivoire and Guinea)[207] and UNHCR in East Africa participated in the February 2014 Global GBVIMS Advanced Skills Training. The West Africa regional representative was part of the EAG for this evaluation. Obtaining buy-in and support of regional and country level decision makers was also highlighted as important to ensure that the GBVIMS is seen as an essential component of GBV prevention and response programming.

Further, GBVIMS Global Team members noted the need to engage key actors and identify how to build capacity for the GBVIMS into emergency preparedness and contingency planning. The evaluation team notes an opportunity to take advantage of the window in the emergency development continuum to influence development/review of national data systems in terms of standardisation and safe and ethical practices.

In Haiti, a UNFPA assessment mission found that existing (pre-earthquake) national data collection instruments, while aligned with global standards, did not include a small number of data points specific to the post-earthquake context, the inclusion of which could clearly be used to improve GBV

[204] KIIs Bogota, Tumaco
[205] Lessons Learned, GBVIMS Pilot In National Hospitals , Kenya
[206] GBV Information Management System: Initial Lessons Learned from the Roll Out, Democratic Republic of the Congo, February 2011 – 2013, Women's Protection and Empowerment, IRC.
[207] FINAL REPORT: Following-Up on the Brussels Call to Action: Scaling-up UNFPA's efforts to address gender-based violence GBV in conflict, disaster, transition and recovery contexts, March 2010

prevention and response programming.[208] Mapping of existing GBV data collection systems, as part of emergency preparedness would be useful in laying the foundations for engagement. This is potentially a role of country offices as part of general emergency preparedness.

The Haiti example also reinforces the potential for the GBVIMS to be applied in humanitarian settings characterised by natural disasters. One survey respondent noted that there are requests from such settings, but there is a need for reflection on whether the tools are appropriate, how the rollout process and tools can be adapted, and how to engage with existing government and NGO systems to promote adherence to the guiding principles in the context of GBV data collection, management and sharing. This is an area that requires exploration by the GBVIMS SC.

Finally, the adaptability of the GBVIMS to user needs while maintaining its original function is a major sustainability factor. The GBVIMS is one system in a crowded and dynamic humanitarian market. For field staff - the primary users of these tools - this can be confusing and exhausting. A former NGO GBV Programme Manager in South Sudan recalled, *'people in the field often begged global leads to please stop designing systems that can't talk to each other!'* Faced with these challenges, field staff institute creative solutions to reduce workload and maximise efficiency. In Somalia, field staff working on child protection and GBV merged GBVIMS data points into the CPIMS to reduce what they saw as a double workload and have access to a case management tool.[209] In Dadaab, SCI, with the support of the IRC Information Management Specialist, also merged GBV data points into CPIMS to 'carve out GBV' cases from their CP programming and be able to join in sharing and analysis of GBV cases in the camps.[210] There is a clear demand for more integrated systems. The primary concern about linking CPIMS, a case management system, and GBVIMS is compromising confidentiality. One respondent requested that guidance and learning on merging of GBVIMS and CPIMS should be shared with other countries to ensure best practices are being followed.

The ability of the GBVIMS to interact with other systems is crucial to its sustainability. According to a global level respondent, the GBVIMS has deliberately been kept simple so it can be easily used and adapted by other systems. The GBVIMS Global Team identified systems interoperability as a key sustainability issue and recently presented a session on this at the Advanced Skills Training in Ethiopia.[211] The SC has also actively engaged with the UNICEF consultant tasked with developing and testing PRIMERO, *Protection Related Information Management for Emergency Response Operations*, and discussions are ongoing on compatibility and the evolution of a 'next generation' GBVIMS. [212] Ongoing active engagement is crucial.

[208] Coordinating GBV in the Haiti earthquake response: Issues and Actions for UNFPA Haiti, Mission Report, May 2011, p.13
[209] KII Somalia GBV working group members.
[210] KII and FGD SCI staff, Dadaab
[211] Power point slides Day Six, Addis Abada, 15-22 February, 2014
[212] GBVIMS Steering Committee Annual Retreat 2013, Consolidated Notes, 3 to 6 December 2013, p.18-22, Annex 2.

Chapter Five – Conclusions and Recommendations

This chapter presents conclusions based on the analysis of the main findings by the evaluation team and a number of recommendations for UNFPA, UNICEF, UNHCR and IRC for their consideration for moving forward with the GBVIMS initiative. The recommendations are directed to the GBVIMS SC, EAG, regional offices, country offices and/or GBV coordinators/program managers as appropriate and are rated high (0-6 months), medium (0-9 months) or low (0-12 months) priority.

Conclusion 1

The GBVIMS has been implemented without a clear and systematic M&E framework to guide planning and monitoring. No baseline data was originally established and no comprehensive M&E framework designed. With expansion and increased application in a broad range of settings, comes an increased risk of variable quality and integrity of the system. Parameters need to be set within which strategic planning can occur, accountability can be ensured and for which funding can be obtained.

Further, monitoring during the implementation and maintenance phase at the point of service provision needs to be emphasised in the rollout process.

Origin: *Evaluation Questions 1, 2, 3*

Evaluation Criteria: *Relevance, Effectiveness, and Efficiency*

Recommendation 1.1 Articulate a comprehensive M&E framework

Priority: HIGH (0-6 months)

GBVIMS SC members and GBVIMS EAG

For the next stage of GBVIMS implementation, a comprehensive and systematic M&E framework at global, regional and country levels should be developed. This should articulate the vision, strategy and results-based management approach for ongoing GBVIMS initiatives. This will need to be a broad framework applicable to the different member agencies of the GBVIMS SC, which should be anchored in the GBVIMS SC member strategic planning documents. It is recommended that this should include at a minimum:

- Creation of an interagency subcommittee with representatives from all GBVIMS SC member agencies (potentially including current members of the GBVIMS EAG) and including M&E and GBVIMS experts to drive and facilitate the process;
- Development of an agreed logic model (Theory of Change);
- Development of a vision statement which is aligned to and anchored in the strategic planning documents of the GBVIMS SC member agencies;
- Engagement of regional and country offices in strategic visioning processes (e.g. where do they see their work on the GBVIMS in five years time?);
- Undertaking mapping of linkages within GBV programming and within other data initiatives;
- Defining the strategy, direction and resources required for the next five years of GBVIMS implementation. This information can be shared with potential donors and supporters.
- Strengthening the Results Based Management approach:
    - Establishment of a monitoring framework and agreement on a simple set of standard indicators that can be tailored to specific contexts. These should include indicators at global, regional, country and service provider level and can be shared with GBVIMS users as a resource. Indicators should also be included that capture how the GBVIMS is improving services for survivors. Existing indicators used for GBVIMS and GBV in Emergencies programming by SC member agencies should be considered for inclusion.

- Agreement on a standardised monitoring mechanism for the GBVIMS Global Team to monitor rollout progress. This could take the form of an annual email survey with basic standardised questions for GBVIMS focal points to track progress.
- Existing tools such as the GBVIMS Project Proposal Logical Framework (see **Annex 12**) and the IRC GBVIMS Monitoring Checklist (see **Annex 13**) for monitoring with service providers should be reviewed for potential use as resources and options for expansion considered.

Regional and Country Offices

- Regional and country offices should provide leadership by ensuring that the GBVIMS is explicitly referenced in their strategies and their monitoring frameworks are in line with those developed at global level. This can be achieved by reviewing plans and strategies and updating as appropriate;
- Country offices in particular should provide guidance to GBVIMS users on monitoring tools and mechanisms that are available to use at the point of service provision. These tools should be promoted through GBV coordination bodies and working groups and by GBVIMS consolidating agencies. For example, the IRC GBVIMS Monitoring Checklist for monitoring with service providers could be adapted into a simple monitoring tool.

GBV Coordinators/Program Managers

- SPs using the GBVIMS should have internal processes in place to conduct regular monitoring of the use of the tools at the point of service provision. This should take into account:
  - How SPs are actually using the Classification, Consent and Intake Forms with survivors;
  - Whether data protection and security protocols are being maintained and followed;
  - Whether tools are being systematically maintained in terms of versions being used and ability to meet the data needs of users;
  - Whether the language on forms is appropriate to the context.

Conclusion 2

The GBVIMS has been highly relevant and effective in offering a safe and ethical solution for GBV data collection, management and sharing. The evaluation team found evidence that five years of GBVIMS rollouts have contributed to improving safe and ethical collection, handling, analysis and sharing of GBV data in accordance with planned outputs. These processes have contributed to enhanced services for survivors through better-targeted programming, mobilisation of funding for GBV prevention and response activities and coordination of actors to improve services for survivors in accordance with planned outcomes.

There is increasing GBVIMS technical expertise and available resources at country levels, and some involvement of national governments in funding and managing the system. However, the GBVIMS is currently not sustainable without ongoing technical and funding support mobilised through the member agencies of the GBVIMS SC.

Origin: *Evaluation Questions 1, 2, 3,4*

Evaluation Criteria: *Relevance, Effectiveness, Efficiency and Sustainability*

Recommendation 2.1 Develop diversified and long term funding strategies

Priority: MEDIUM (0-9 months)

While no immediate funding issues have been identified, part of the development of the strategic planning process among member agencies of the GBVIMS SC should include comprehensive, diversified[213] and long term funding strategies. These funding strategies should be broad enough to

[213] This is in line with the UNFPA Strategic Plan 2014 – 2017 (p.p.15, 17) which highlights increasing efforts to seek additional funding from non-traditional funding sources

cover support for merged systems strengthening initiatives (see Conclusion and Recommendation 3 below). The evaluation team recommends at a minimum that this include:

GBVIMS SC members

- Develop an evidence-based case for donors and other agencies, as well as regional and country offices on the achievements and importance of the GBVIMS in strengthening systems for GBV prevention and response in humanitarian settings. The findings of this evaluation should contribute to this proposal;
- Advocate for the inclusion of explicit funding with Regional and Country Offices in their regular protection or GBV budgets.

Regional and Country Offices

- Include allocated funding for GBVIMS related activities in regular protection or GBV budgets.

Recommendation 2.2 Institutionalise the GBVIMS

Priority: MEDIUM (0-9 months)

To help ensure sustainability, safe and ethical practices intrinsic to the GBVIMS must be institutionalised across a number of levels: global, regional and local. The evaluation team recommends the following:

GBVIMS SC members, Regional Office and Country Offices

- Internal advocacy as appropriate for each member agency of the GBVIMS SC should be conducted to institutionalise the GBVIMS across agencies;
- Integration of GBVIMS into existing positions/job descriptions at regional level and country level where appropriate;
- Institutionalising the GBVIMS in Information Management Initiatives and trainings across GBVIMS SC member agencies;
- Institutionalising the GBVIMS in all broader GBV in humanitarian emergencies training for the respective agencies;
- Explicitly reference the GBVIMS in global/regional/country strategic plans and in M&E frameworks.

Country Offices and GBV Coordinators/Program Managers

- Include the GBVIMS in programme and operational documents including budget lines and specific activities to ensure there are sufficient resources available and allocated, and in relevant monitoring and accountability frameworks.
- Agencies should also include GBVIMS responsibilities in job descriptions and performance appraisal documents to ensure staff are aware of their responsibilities, are supported in fulfilling them and their performance is monitored.

Conclusion 3

The GBVIMS initiative is not just a system for managing information. It is a fundamental component of the enhancement of comprehensive GBV prevention and response in humanitarian crises. Ideally, quality services (including the capacity to provide appropriate survivor care and case management) and interagency referral and coordination mechanisms are in place before implementing the GBVIMS. However, by rolling out the GBVIMS, gaps in quality survivor centred care and referral pathways are highlighted enabling steps to be taken to strengthen and refine these systems through capacity development, refocusing programming, advocacy and resource mobilisation. Importantly the data and analysis from the GBVIMS contributes to the evidence base through which support can be sought and results can be demonstrated. While the GBVIMS can be an entry point for systems strengthening and survivor-centred programming, resources and structures are needed in the organisations/agencies using the GBVIMS to ensure this happens and to prevent the safety and ethical principles underlying the GBVIMS being compromised. The GBVIMS SC has recognised this

and there are already moves towards initiatives to link GBVIMS rollout with improving service delivery and coordination. The potential to move forward and capitalise on this is significant.

Origin: *Evaluation Questions 1, 2*

Evaluation Criteria: *Relevance, Effectiveness*

Recommendation 3.1 Explore a merged initiative on improved service delivery, information management and interagency coordination.

Priority: MEDIUM (0-9 months)

In recognition of the importance of quality services on which to base the GBVIMS, of the fact that the implementation of the GBVIMS to date has highlighted gaps in quality survivor-centred care, and that the GBVIMS itself is a fundamental part of strengthening systems for GBV prevention and response in emergencies and of demonstrating results, the evaluation team recommends that a merged systems strengthening initiative be explored by the GBVIMS SC. The model proposed for the Government of Canada funded interagency initiative 'Developing Field Level GBV Capacity for Improved Service Delivery, Information Management and Interagency Coordination,' is a very positive example.

The evaluation team recommends at a minimum, that the following steps be taken:

GBVIMS SC members

- As part of strategic planning, include discussions about the GBVIMS as one component of a broader systems strengthening initiative incorporating improved survivor-centred service delivery, information management and interagency coordination;
- Continue to document lessons learned from the two-year Canada project with a view to feeding into the design of a merged initiative;
- Continue initiatives to link training on CFS with GBVIMS Assessments[214] and document lessons learned which could inform future merged initiatives;
- Define exactly what 'quality' care means, establishing indicators, training benchmarks and quality standards;
- Explore potential packaging and sharing of simple CFS and Case Management training materials that synch with the GBVIMS;
- Publicise the IASC Caring for Survivors of Sexual Violence in Emergencies package (on the GBVIMS website) among GBVIMS users at country level;
- Include the IRC/UNICEF Caring for Child Survivors of Sexual Abuse Guidelines *(Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, 2012)* on the GBVIMS website and publicise among GBVIMS users at country level.

Conclusion 4

The ongoing need for the GBVIMS Global SC and Technical Team to ensure that the momentum of the GBVIMS can be maintained and expanded is clear. Their remote and onsite technical support has been invaluable to the GBVIMS rollout efforts to date. Importantly, over the last five years country and regional level expertise has been developed. Skills and capacity at this level needs to be further promoted and supported in innovative and cost effective ways.

[214] There were plans in 2014 to do this in West Africa (Mali, Niger, Guinea, Mauritania, Burkina Faso) and Somalia and South Sudan.

The importance of regular and broadly targeted refresher training, mentoring, and clear and accessible guidance for SP to ensure tools are being used as intended, was consistently emphasised as important to maintain quality.

Origin: *Evaluation Questions 2, 3, 4*

Evaluation Criteria: *Effectiveness, Efficiency and Sustainability*

Recommendation 4.1 Ensure Adequate and Appropriate Human Resources

Priority: MEDIUM (0-9 months)

GBVIMS SC members

- Continue support for the current GBVIMS Technical Team.
- In order to support a merged initiative (Recommendation 3.1) the current GBVIMS Technical Team should be expanded to include additional positions (at least two persons) ensuring specific expertise among the team on survivor-centred care (CFS and Case Management). Further the Interagency Coordinator should also have expertise in survivor-centred care.
- Member agencies of the GBVIMS SC should invest more in building regional networks and pools of expertise for GBVIMS implementation.
- The GBVIMS SC should facilitate regular (annual) regional trainings to build regional and country level capacity on GBVIMS rollout and maintenance.
    - Trainings should be explicitly tailored to experienced users and those just beginning to use, or being introduced to, the system (one option would be to hold consecutive events with a three day training for new users and a two day workshop for existing users). Training needs assessments should be conducted prior to these trainings to ensure that topics are appropriately targeted;
    - Systematic monitoring of training participants should be conducted to track how they are using the skills and knowledge acquired and whether they have any support needs.
- GBVIMS SC should conduct a skills audit and establish lists of GBVIMS experts (beyond those who have attended a training) available at local, country and regional level who may be available for short term contracts to supplement the support of the GBVIMS Technical Team;
- Member agencies of the GBVIMS should advocate for inclusion of the GBVIMS in TORs/job descriptions for GBV program staff.
- In order to enhance emergency preparedness efforts, GBVIMS training should be extended to include existing roster staff (NRC, DRC, RedR, etc – those who already have MOUs with UNHCR, UNICEF and UNFPA).

Regional and Country Offices

- Maintain a roster of regional and country level experts who may be available for short-term technical inputs and allocate funding to support these inputs;
- Promote, facilitate and allocate funding for learning events, supporting GBVIMS users to exchange ideas and actively learn from each other. Depending on the size of the geographical area covered, this could be a face-to-face event, a webinar, or teleconference every 6-12 months. The agenda should be set based on input from participants and may include sessions on strategies used to address common challenges and obstacles, or sharing innovations and adaptations;
- Facilitate and allocate funding for in-country/regional cross-learning exchanges, e.g. across different sites within a country or regionally depending on the context, and consider possible initial facilitation by Technical Team member;

- Conduct and allocate funding for regular informal refresher training that can be onsite, low key and utilise existing resources.

GBV Coordinators/Program Managers

- Agencies should conduct and allocate funding for regular internal trainings (or lobby their coordinating agency or country office to facilitate one). These can be informal, onsite, low key and utilise existing resources such as the E Learning Tool on Data Analysis.

Conclusion 5

Existing GBVIMS support materials are useful and appreciated but could be better exploited by simplification and more effective dissemination. Despite no major gaps, there is a need for innovative and systematic strategies to ensure they are being used as effectively as possible. There is also a clear demand for a mechanism to share lessons between GBVIMS users to provide motivation and promote good practice, in particular regarding data analysis and interpretation, engaging government, and working with CBOs. Significant potential benefits exist in sharing examples of how the GBVIMS is being rolled out in different settings, what others are doing with their GBVIMS data, and to highlight GBVIMS champions to provide inspiration and lessons that can be applied broadly and enhance the effectiveness of implementation.

Origin: *Evaluation Questions 2, 3*

Evaluation Criteria: *Effectiveness. Efficiency*

Recommendation 5.1 Develop a Knowledge Management and Learning Strategy

Priority: MEDIUM (0-9 months)

Moving forward with the GBVIMS should entail capitalising on existing information resources and ensuring that learning is widely shared. The evaluation team recommends that this include, as a minimum:

GBVIMS SC members

- Catalogue and review existing tools e.g. Legal Intake Form, Medical Intake Form – and assess where are they being used, what do they look like and how do they differ, and establish what lessons can be shared from this.
- Catalogue and review existing support materials, including their current use at field level (consider obtaining field-level input through using a web survey);
- Develop/formalise complementary high-tech and low-tech dissemination strategies for promotion of existing and new support materials:
    - High-tech – strengthen and expand web based dissemination for those with consistent access to Internet. For example utilise social networking sites such as Facebook and Twitter;
    - Low-tech – develop an email newsletter disseminated through GBVIMS coordinators or programme managers and also consider SMS 'blasts' to disseminate updates on new materials as they become available (for example the Guidance Notes).
- Capture, catalogue and publish existing learning resources to identify those that can be shared or need adaptation (consult with IRC, IMC and other agencies who have produced lessons learned documents to seek permission, review and publish documents on the GBVIMS website);
- Consider adding a repository of good practice accessible to GBVIMS registered users, and invite submissions on an annual basis;
- Consider innovative and engaging methods of sharing learning and promoting materials. For example, podcasts, video interviews with GBVIMS users sharing their success stories, 'testimonials', (this can be low budget as demonstrated by the Colombia YouTube videos) using smart phones and publishing on the GBVIMS website;

- Review language needs of GBVIMS users across range of resources and consider cost-effective methods to produce and ensure use of different language resources. For new rollouts, language requirements should be established early in the rollout phase and resources mobilised by participating agencies, and also routinely tested and revisited to ensure appropriateness.

Regional and Country offices

- Regional Offices and Senior Management of Country Offices should review awareness of GBVIMS users in the context of the materials available and ensure that they are able to access them, and consider awareness-raising measures.

GBV Coordinators/Program Managers

The evaluation team recommends that Program Managers/Coordinators should ensure the following:

Tool Maintenance: Establishment of a standardised process for customisation, including:

- Appropriate sign-off on updated versions;
- Removal of previous iterations from availability (deletes from files and/or removes from offices) and regular review to corroborate;
- Ensuring that the version and date are clearly printed on all forms.

Periodic review of Intake Form/IR:

- To ensure that tools are providing users with the information they require, it is highly recommended that individual agencies or interagency groups (depending on the context) hold regular structured reflection to determine which data points are critical for supporting improvements in service delivery, coordination, resource mobilisation and advocacy in the various contexts. This should be facilitated by senior management staff or the consolidating/coordinating agency. Any suggested changes to data points should be first discussed with the GBVIMS Technical Team;
- Document commonly asked questions on the use of the form so they can be compiled from others to learn from. An example is the Global Team website but there is also value at country level in light of different contexts and some different tools.

Promotion and Simplification of Resources:

- Produce simplified materials and guidance for staff using the GBVIMS based on currently available GBVIMS support materials. For example, the three page guidance on the process for classifying GBV types, reminders about asking for informed consent, and the guiding principles for working with survivors could simply be printed out, laminated, or developed into small flip cards with key information which staff can easily access in their places of work.

Conclusion 6

The GBVIMS tools, practices and procedures have been developed at an interagency level and refined and field-tested globally over five years of implementation resulting in a valuable body of work on safe and ethical data collection for GBV prevention and response practitioners. More broadly, the GBVIMS has become a platform that provokes discussion and reflection on the principles around safe and ethical GBV data collection and practice with a range of actors including national governments and actors using human rights monitoring systems. This is particularly important in light of increasing global attention and focus on CRSV.

Origin: *Evaluation Questions 1, 2*

Evaluation Criteria: *Relevance, Effectiveness*

Recommendation 6.1 Broaden and strengthen dialogue and advocacy on safe and ethical data collection

Priority: MEDIUM (0-9 months)

As the data and GBV global agenda continues to grow, so do concerns about unethical or unsafe GBV data collection/verification processes. There is an opportunity for the GBVIMS SC member entities to position themselves as leaders in the field of safe and ethical GBV data management to help address these issues. The evaluation team specifically recommends:

GBVIMS SC members

- Seeking funding for a short-term consultant/s (3-6 months) to work with the GBVIMS SC to develop and operationalise an advocacy strategy on safe and ethical GBV data practices. Specific tasks could include:
  - Mapping of actors (e.g. UN Action Focal Points in key agencies, donors, senior managers);
  - Development of key advocacy material (e.g. how to apply the WHO guiding principles to human rights monitoring);
  - Development of key advocacy activities and mechanisms (e.g. workshops, seminars);
  - Assembling an evidence base of existing articles and reports on the importance of safe and ethical data collection and developing a briefing note based on these;
  - Contribute to the evidence base directly drawing on lessons learned from GBVIMS implementation to produce articles for publication.
- Identify and engage in opportunities to train actors (such as WPAs) involved in developing and using human rights monitoring instruments on safe and ethical data collection. Members of the Technical Team could conduct these trainings at both global and country levels.
- Continue development and dissemination of guidance notes (GN) for GBVIMS users at country level on interactions/intersections with human rights monitoring instruments. As well as ongoing interaction with MARA actors, consider interactions between the MRM system (Monitoring & Reporting Mechanism on grave violations of children's rights for UNSCR 1612) considering the number of countries with both systems (South Sudan, Colombia, DRC, CAR, Somalia, Nepal).[215]

Conclusion 7

The GBVIMS has been applied in many different stages of emergency response, in different settings (e.g. camp-based and non camp), with diverse populations (refugee, IDP, returnee, and conflict affected) and with a diverse range of users (UN agencies, local and national government agencies, CBOs, NGOs and INGOs). While the GBVIMS was created for use in *humanitarian settings*[216] the full range of models for GBVIMS implementation within the humanitarian context have not been clearly articulated. There are lessons to be learned from rollouts to date, particularly around working in low capacity settings and with CBOs, which could be useful for modelling GBVIMS implementation in the contexts of emergency preparedness and contingency planning and acute emergency response. Further, application of the GBVIMS in natural disaster affected settings has yet to be fully explored.

Origin: *Evaluation Questions 1, 2*

Evaluation Criteria: *Relevance, Effectiveness*

Recommendation 7.1 Develop Rollout Models

Priority: LOW (0-12 months)

This second phase of GBVIMS implementation should focus on reflection and refinement of the approach to GBVIMS rollouts and set a clear framework for implementation. This should focus on the development of 'rollout models' that are applicable in different settings, but also acknowledge the fluidity of the humanitarian cycle and the changing contexts within which the GBVIMS is implemented. Lessons learned and good practices from past rollouts should be drawn upon. It is

[215] A recommendation in Field Mission to South Sudan in 2013, Field Mission Report South Sudan, 06 – 19 April, 2013
[216] 'Overview of the GBVIMS'

important that the GBVIMS is not seen as a system that is only suitable for a contained displacement setting. It has application in post-crisis and development contexts and could also be introduced as part of emergency preparedness. This is particularly important in advance of the rollout of PRIMERO. The evaluation team recommends at a minimum that this include:

GBVIMS SC members

- Document different rollout models in different emergency response work stages (acute, chronic humanitarian, transitional and recovery and emergency preparedness and contingency planning), in different settings (camp-based, non camp-based), in different contexts (conflict, disaster), and with different users (government, CBOs, INGOs, NGOs);
- Produce guidance on these different models, for example a list of minimum standards and reference to appropriate indicators in the M&E Framework, key lessons learned from implementation in these types of settings to date and include costings for rollout.

Conclusion 8

The MS Excel platform used for the IR is appropriate and effective for programme level data management and analysis and in low-tech contexts, but can be considered difficult to use in settings with many users and a high number of cases. The database itself however, is very relevant to SPs and in more complex settings, the Excel based IR has been adapted for other platforms. Considering the potential for compromising safety and ethical principles, ongoing guidance of the GBVIMS SC is important. There is interest in alternative platforms and new developments in technology, particularly the use of web-interface/cloud based storage to provide more user-friendly, flexible and secure options for SPs, although these may require up-front investments in technical solutions.

Origin: *Evaluation Questions 1, 2, 4*

Evaluation Criteria: *Relevance, Effectiveness, Sustainability*

Recommendation 8.1 Explore new Platforms

Priority: LOW (0-12 months)

GBVIMS SC members

The GBVIMS SC should continue to explore new platforms for the GBVIMS. The MS Excel based system is not appropriate for all users. The technical context is dynamic and there is potential for collaboration on new systems that capitalise on web-based technology and/or cloud-based storage. A menu of platforms could be supported, as MS Excel is still a good option for some settings, and guidance should be provided for migration to other platforms as contexts change.

The evaluation team specifically recommends that:

- The GBVIMS SC should continue active engagement with UNICEF on the development and testing of PRIMERO, *Protection Related Information Management for Emergency Response Operations*, and a 'next generation' GBVIMS.[217]
- The GBVIMS SC should establish the process, costs and outcomes (in terms of safe and ethical data collection) of alternative databases that are developed for the GBVIMS and good practice models should be shared with as part of a menu of platforms among GBVIMS users.

Country Offices

- Where new country-level platforms are developed, it is recommended that country offices document process, costs and outcomes for the Global Team to share with GBVIMS users.
- Further lessons or good practices around these new platforms, such as the data verification processes developed by the Data Entry Officers at the Comisaria de Familia in Villavicencio, Colombia, should be documented, reviewed and good practices shared with other users.

[217] GBVIMS Steering Committee Annual Retreat 2013, Consolidated Notes, 3 to 6 December 2013, p.18-22, Annex 2.