

Promoting Best Practices

The humanitarian community struggles to meet best practices in GBV data collection and sharing. This struggle is, in part, due to the fact that both service providers and coordinating agencies are not aware of how long-standing ‘habits’ within the humanitarian community are actually in violation of international standards in service provision and data collection and sharing.

Examples of these long-standing ‘bad habits’ include:

- Clients are not provided the opportunity to give their informed consent before their information is shared;
- Clients are not aware of how their information is shared;
- Information on individual clients that includes their name and other identifiable information is often shared;
- Coordinating agencies mandate that service providers submit individual client files (i.e. intake or incident report form) as routine reporting, including identifiable information and details only useful to the service provider;
- A casual approach to storing data – for example, client files are kept in piles on a desk – or electronic files with sensitive information are sent to multiple people;
- Overall lack of clarity about how and why data is shared and with whom;
- Emphasis is placed on quantity of data vs. quality and appropriateness of data collected and shared.

These are common examples across humanitarian contexts that place undue risk on GBV survivors and the actors whose job it is to assist them. These common practices do not adhere to ethical and safety standards upheld by Social Work, Health, Mental Health and Research institutions.

The Gender-Based Violence Information Management System (GBVIMS) was developed to end harmful practices in data collection and sharing and to assist humanitarian actors and service providers with the management of their GBV information.

Examples of best practices recognized and upheld by the GBVIMS are as follows:

- ✓ Service provision must be available to GBV survivors if data is to be gathered from them
- ✓ Survivor/incident data must be non-identifiable
- ✓ Survivor/incident data can only be shared with the informed consent of the client
- ✓ Client case files (i.e. intake or incident report forms) are only shared within the context of a referral and with the consent of the survivor
- ✓ Client data must be protected at all times and only shared with those who are authorized
- ✓ An agreement must be established in collaboration with service providers to determine how data will be shared, protected, used and for what purpose – before data is shared

For more information on best practices see the World Health Organization’s [Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies](#), *Researching Violence against Women: A Practical Guide for Researchers and Activists*.

The GBVIMS provides the tools and processes for service providers and coordinating agencies to adhere to best practices in data collection and sharing. Learn more about the tool and see samples on our website at www.gbvims.org

