

GENDER-BASED VIOLENCE CASE MANAGEMENT CAPACITY BUILDING INITIATIVE

2020

PERIODIC REVIEW

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I. INTRODUCTION AND BACKGROUND

One in three women and girls around the world will experience physical and/or sexual violence – two forms of Gender-based Violence (GBV) – in their lifetimes.¹ This estimate does not include the numerous undocumented incidents or less recognized forms of GBV, such as child marriage or trafficking for the purposes of sexual exploitation and abuse. Conflict and disasters magnify these life-threatening human rights violations, making GBV in Emergencies (GBViE) one of the greatest challenges faced by emergency-affected communities around the world. GBViE programming is a targeted approach to achieving Sustainable Development Goal (SDG) targets for gender equality² and accelerating progress toward other SDGs, specifically:

- Ending all forms of discrimination against all women and girls everywhere (target 5.1);
- Eliminating all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation (target 5.2).

In humanitarian situations, GBV service provision through GBV case management is the primary entry point for survivors to receive crisis and longer-term psychosocial support, especially since more established health and social services are typically lacking in emergency settings. GBV case management is a collaborative, multi-sectoral process that assesses, plans, implements, coordinates, monitors and evaluates available resources, options and services to meet an individual survivor's needs and to promote quality, effective outcomes.

Over 10 years ago, the GBV Information Management System (GBVIMS³) was designed to improve programming and advocacy for the benefit of GBV survivors through the safe and ethical collection, management, sharing and analysis of service provision data. This interagency initiative⁴ was initially developed to ensure that information was shared from the perspective of survivors, while complying with global standards such as the World Health Organization recommendations.⁵ The GBVIMS is not just a set of statistical tools, but a standard-setting holistic initiative that seeks to strengthen frameworks for survivor-centered GBV response, both in terms of how GBV information is managed and how service providers deliver care to survivors and handle their cases. Over the years, the GBVIMS Global Team⁶ have cautioned GBVIMS users that information management systems are not a substitute for, but rather a complement to, existing GBV case management processes.

In 2014, the GBVIMS Global Team conducted an evaluation⁷ of the GBVIMS which identified the need for capacity building on GBV case management either before or during a GBVIMS rollout. This evaluation prompted multiple requests from service providers for a tool that would go beyond data collection to guide and support caseworkers throughout the steps of GBV case management. GBV case management is the foundation of GBVIMS work since data is collected as part of service provision to inform programming and improve service delivery for survivors of GBV.

¹ World Health Organization, *Global and Regional Estimates of Violence against Women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, WHO, Geneva, 2013, p. 42.

² [Goal 5: Achieve gender equality and empower all women and girls.](#)

³ Gender-Based Violence Information Management System [website](#).

⁴ Involving the International Medical Corps, International Rescue Committee, UN Population Fund, UN High Commissioner for Refugees and the UN Children's Fund.

⁵ https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

⁶ The GBVIMS Global Team is comprised of representatives from UNICEF, UNFPA, UNHCR, IMC and IRC. It includes the GBVIMS Steering Committee – the interagency governing body of the GBVIMS at global level – and the GBVIMS Technical Team – the interagency implementation body that develops tools and resources and provides day-to-day technical support to countries using the GBVIMS and Primero/GBVIMS+.

⁷ GBVIMS Evaluation Brief, September 2014 is available [here](#)

II. OVERVIEW OF THE GBV CASE MANAGEMENT CAPACITY BUILDING INITIATIVE

As a result of the evaluation mentioned above, the GBVIMS Global Team spearheaded a project from 2014 to 2016 in six countries thanks to funding from the Government of Canada's Department of Foreign Affairs, Trade and Development. This project aimed to better understand the needs that came out of the evaluation. The funding from the Government of Canada was used to conduct more thorough assessments of specific gaps in service delivery and data collection and develop country-specific strategies to address those needs in each of the six countries of implementation. The assessments highlighted a major gap: the need for global guidance on how to deliver GBV CM in humanitarian settings.

This two-year project laid the groundwork for what would eventually become the GBV Case Management Capacity Building Initiative and culminated in June 2017 – thanks to funding from the U.S. Office of Foreign Disaster Assistance (OFDA) – with the publication of the *Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to survivors of gender-based violence in humanitarian settings*⁸ (referred to in this document as *Interagency GBV CM Guidelines*).

The new *Interagency GBV CM Guidelines* set interagency standards for providing care, support and protection to GBV survivors, with a focus on GBV case management, and are accompanied by practical tools and training materials. The guidelines outline a framework for GBV CM programs to incorporate a survivor-centered approach, adhere to guiding principles, guide consent and referral processes; and provide technical guidance, for example on case action planning and safety planning, for GBV CM responses to specific types of violence and populations, e.g. adolescent girls and early marriage, survivors with disabilities and intimate partner violence, to name a few examples. Long awaited by the GBV community globally, the *Interagency GBV CM Guidelines* are essential for setting standards and providing guidance for GBV case management service provision to better meet the needs of GBV survivors in humanitarian settings.

Following the 2017 publication of the *Interagency GBV CM Guidelines*, the GBVIMS Global Team invested in a capacity-building initiative to operationalize the guidelines: the GBV Case Management Capacity Building Initiative (GBV CM CBI). In 2017-2018, pilot projects were implemented in Bangladesh, Mali, Nigeria and Somalia to finalize and test the approach of the GBV CM CBI, as well as training materials and tools. Since September 2018 and thanks to funding from OFDA, more comprehensive rollouts of the GBV CM CBI have taken place in five target countries: Bangladesh, Central African Republic, Libya, Niger and Yemen. The overview of the GBV CM CBI can be found in Annex 1.

In parallel, the GBVIMS Global Team also invested in the development of a groundbreaking web application to enable humanitarian actors to safely collect, store, manage and share data for incident monitoring as well as document the full GBV case management process: Primero/GBVIMS+. It is a module within the Protection Related Information Management System (Primero) and the only globally endorsed GBV digital information management system that ensures safe and ethical documentation of both the GBV case management process and GBV data management.⁹ Where possible, the GBVIMS Global Team tried to align its investment in GBV CM capacity building with Primero/GBVIMS+ rollouts. Out of the eight GBV CM CBI countries, Primero/GBVIMS+ was successfully rolled out in Bangladesh, Libya and Nigeria in 2019 and is planned for rollout in Somalia in the 4th quarter of 2020.

⁸ *Interagency GBV CM Guidelines* are available [here](#)

⁹ To know more about Primero/GBVIMS+ watch the following intro [video](#) or visit <https://www.gbvims.com/primero/>

The overall objective of the GBV CM CBI was to strengthen capacity on GBV case management and support country-level service providers to provide quality care, with a focus on safe, ethical and comprehensive service provision. The main output of the GBV CM CBI was to develop a national pool of trainers on GBV case management – a cadre of country-level GBV actors with enhanced understanding and commitment to GBV case management based on the *Interagency GBV CM Guidelines* and accompanying tools and training materials. Through a competitive application process, individuals were invited to attend an in-country training of trainers (ToT) where participants were evaluated and, when they met the outlined criteria, certified as trainers.

Participants that were certified during the ToT composed the in-country Pool of trainers. This Pool of trainers was in turn tasked with delivering stepdown trainings on GBV case management (GBV CM) to continue building capacity among service providers in their respective countries. Certified trainers could access a small pool of funding dedicated for stepdown trainings and disseminated through the coordination body in country. For a detailed implementation guide of each phase, please refer to the accompanying GBV CM CBI Rollout Strategy¹⁰ developed by the GBVIMS Global Team.

III. PERIODIC REVIEW METHODOLOGY

This periodic review was designed to ensure an interagency, global-level review of the GBV CM CBI following its implementation in all eight countries. The periodic review was conducted by the GBVIMS Technical Team through a (1) desk review of monitoring and evaluation (M&E) documents completed by training facilitators and country focal points, combined with (2) key informant interviews of GBV CM CBI focal points and/or participants from each country of implementation and (3) sharing of lessons learned by ToT facilitators and GBV CM Focal Points during three virtual exchanges.

Desk Review

Several M&E documents were used to document and track progress of the GBV CM CBI. The desk review includes the revision of the following:

- 1 *Global Database of GBV Case Management Trainers* – an XLS document listing certified trainers for each country including organization and job title, contact information, certification tier level and any other relevant comments;
- 2 *Mission Report* – a report outlining objectives, activities, outcomes and recommendations drafted following each in-country mission to deliver a GBV CM ToT;
- 3 *GBV CM ToT Final Evaluation Survey* – a survey administered to ToT participants to gather overall feedback from the ToTs and recommendations for improvement;
- 4 *Training Report* – a report disseminated to the Pool of trainers to be completed after each stepdown training to outline the training objectives, agenda, participant profiles as well as recommendations;

¹⁰ The GBV CM CBI Rollout Strategy is a practical guide for field practitioners to implement a GBV CM CBI based on the GBVIMS Global Team's experience implementing the GBV CM CBI in eight countries, complete with the accompanying tools developed by the GBVIMS Global Team.

- 5 *GBV Case Management Training Pre- and Post-Test and Pre- and Post-Test Results Matrix* – participants for both the ToT and stepdown trainings were administered a GBV CM concepts test before and at the end of the training to monitor progress as a result of the training; and
- 6 *Monitoring Matrix of the Pool of Trainers* – an XLS document to track stepdown trainings delivered by the Pool of trainers.

Key Informant Interviews

In addition to reviewing the documents listed above, members of the GBVIMS Technical Team (TT) conducted interviews with relevant stakeholders in each country of implementation. Using the *Questionnaire for the GBV CM CBI Periodic Review* (Annex 2), the GBVIMS TT interviewed GBV CM CBI focal points, GBV coordination body Coordinators (e.g. GBV sub-cluster Coordinator), certified trainers, and/or interagency GBVIMS Coordinators in each country of implementation. Depending on availability, in a few countries several key informants were interviewed while for other countries only one interview took place. The interview was comprised of seven questions asking about overall impressions, sustainability, successes and challenges, as well as a personal evaluation of the in-country Pool of trainers. Names of individuals that participated in the interviews are listed by country in the next section.

Virtual Exchanges

Two virtual exchanges were administered via Zoom to bring together ToT facilitators to share their experiences, lessons learned and recommendations. A first exchange took place in August 2019 after the ToTs in Libya, Niger and Yemen in which seven facilitators came together to share their experiences. A second exchange took place in March 2020 after the ToTs in Bangladesh and CAR, bringing together six facilitators. These two focus groups were intended to give those facilitating the ToTs and liaising with in-country focal points the opportunity to highlight successes and lessons learned from the GBV CM CBI. The results are highlighted in section VI.

A third exchange took place in August 2020 to bring together all the GBV CM CBI Focal Points – referring to the individuals that supported planning and coordinated follow up activities of the GBV CM CBI. Some countries recruited a dedicated focal point while in other countries an in-country position (e.g. GBV sub-sector Coordinator or GBVIMS Coordinator) took on the responsibilities of the GBV CM Focal Point. Thirteen individuals participated: six ToT facilitators from the GBVIMS Global team, one Regional Advisor from the GBV AoR who co-facilitated the ToT in CAR, and seven GBV CM Focal Points representing six implementation countries. This was a unique opportunity for GBV CM Focal Points to share but also hear experiences from others in similar roles. The goal was to foster a peer-coaching environment.

IV. GBV CM CBI RESULTS BY COUNTRY

The GBV CM CBI is unprecedented both in approach and scale. Several individuals interviewed for this periodic review from countries of implementation mentioned wanting to adopt the approach of creating a pool of in-country experts for other projects and initiatives. Several interviewees also mentioned **that being able to identify and rely on human expertise in country was not only more sustainable but created a sense of empowerment, pride and camaraderie among actors** who are used to requesting support from ‘global experts’ that are not always available and often lack contextual expertise.

The below table provides a snapshot of GBV CM CBI overall footprint by country. More detailed results from each country are available in below. **Through this initiative and across all eight countries of implementation, more than 3,303 individuals were trained on GBV CM based on the *Interagency GBV CM Guidelines*.**¹¹ Unfortunately participant data disaggregated by sex and exact number of stepdown trainings is not available for Bangladesh, so an accurate total number of stepdown trainings delivered and overall breakdown of men and women trained is not available, although this data is available for the other seven countries of implementation. **The GBVIMS Global Team¹² trained and evaluated 237 individuals, of which 148 were certified to make up the Global Pool of trainers.** Excluding Bangladesh, **more than 73 trainings have been delivered across the other seven countries** and more are still being delivered in several countries as of September 2020. Bangladesh and Libya both currently¹³ have dedicated GBV CM Focal Points in place that are actively engaging with and supporting their respective Pool of trainers.

Country	Bangladesh	CAR	Libya	Mali	Niger	Nigeria	Somalia	Yemen	TOTAL
ToT year	2018 & 2019	2020	2019	2017	2019	2018	2017 (2) & 2018	2019 & 2020	
ToT Participants	45	25	21	22	22	24	58	20	237
Certified	34	18	11	22	17	16	24	6*	148
• Tier 1: can train alone	28	13	4	15	12	7	12	0	91
• Tier 2: train with a more experienced trainer	4	5	7	7	5	9	12	6*	55
Stepdown trainings delivered	?	5	3	27	5	8	21	0	73**
Total trained	758	61	95	873	127	184	1205	0	3,303
• Men trained	?	28	82	415	83	53	507	0	1269
• Women trained	?	33	13	458	44	131	698	0	1597

* Please refer to the section on Yemen for further explanation about certified trainers and stepdown trainings.

** The exact number of stepdown trainings is not known for two reasons: 1. Stepdown trainings are still being delivered in Bangladesh and Libya; 2. The exact number of stepdown trainings delivered in Bangladesh is not known although the total number of individuals trained is accurate as of September 2020.

¹¹ Stepdown trainings are still ongoing; therefore, the number is still increasing as of September 2020.

¹² ToTs were facilitated by members of the GBVIMS Global Team and in several countries with the support of GBV CM experts from the GBV AoR, UNFPA, UNHCR and UNICEF

¹³ As of September 2020

A. BANGLADESH

The legacy GBVIMS was rolled out in Bangladesh in June 2018. In December 2019, Bangladesh launched a pilot rollout of Primero/GBVIMS+. There are currently 18 GBVIMS user organizations including 6 using Primero/GBVIMS+.

GBV CM ToT organized by: UNICEF, UNFPA and UNHCR

GBV CM ToT facilitated by: 2018: Caroline Masbounji (UNICEF); Georgette Schutte (UNHCR); Céline Calve (UNHCR); **2019:** Dorcas Erskine (UNICEF); Janis Risdell (UNHCR); Elfriede Kormawa (UNICEF)

GBV CM Focal Point: Dedicated focal point recruited by UNICEF in April 2020

GBV coordination mechanism in place: GBV sub-sector led by UNFPA, GBVIMS Task Force led by UNHCR

Evaluation interview conducted with: Anne Acham (UNICEF) GBV CM Focal Point, Shirin Aktar (UNHCR), Samsad Khan (UNHCR), Lorett Jesudoss (UNHCR), Richa Biswas (UNICEF), Gertrude Mubiru (UNICEF), Aliou Maiga (UNFPA), Chacha Maisori (UNFPA), Bidita Jawher Tithi (UNFPA)

An initial GBV case management training took place in June 2018 as part of a planned Primero/GBVIMS+ rollout. It was the very initial stages of the GBV response in Cox's Bazar and very few organizations had GBV case management programs in place. In total, 38 individuals applied and 18 were invited to participate in the training, representing 10 organizations. 13 participants were certified as trainers: 10 were deemed able to train without supervision (tier 1) and 3 would require the support of a more experienced trainer (tier 2). Certified trainers went on to train 234 GBV staff working in Cox's Bazaar on GBV case management.

The second GBV CM ToT took place in Cox's Bazaar in December 2019 and was jointly organized by UNFPA, UNHCR and UNICEF. There were 53 applicants of which 26 were selected to participate in the first 5-day training on GBV CM and 23 advanced to the 3-day ToT. Among the selected participants 81% were female and 19% were male and represented 16 organizations (2 UN agencies, 12 INGOs and 2 national NGOs). In the pre-test, participants scored on average 78%, and for the post-test, participants scored on average 94%, which represents a 20% increase. Based on participant evaluations, the GBVIMS Global Team certified 22 people who demonstrated the ability to deliver trainings on their own without supervision (tier 1). One participant was found to need additional capacity building and professional development before being able to train on GBV CM (tier 3).

Feedback on the ToT was largely positive. Overall, 100% of participants found the format of the ToT to be relevant. 35% of participants stated that the ToT exceeded their expectation and 64% reported that the ToT fulfilled their expectations. All participants reported that they felt equipped to facilitate a GBV case management training following the ToT and particularly liked the application of the theory using group activities and role plays. Although 95% of participants agreed that the time given for preparing for the ToT was appropriate, they would have liked

“When the emergency evolved, all of a sudden [many] organizations came to support GBV survivors, but the capacity of case workers and organizations was really limited. These two trainings transformed organizations from non-GBV to GBV [experts]. Now we have several organizations who are known as quality service providers.”

– member of GBV sub-sector
in Cox's Bazaar

more time in the training dedicated to developing facilitation skills. Stepdown trainings were planned to start taking place in March and April 2020 but have unfortunately been cancelled due to the COVID-19 pandemic.

The GBV CM CBI was considered largely successful by focal points interviewed during the evaluation. The primary achievements are the establishment of a Pool of trainers, the standardization of GBV case management service provision and the increased networking among organizations working in Cox's Bazaar.

The Pool of trainers was lauded several times as the backbone to this initiative. One interview respondent called it "crucial." The establishment of the Pool of trainers improved the overall GBV response in Cox's Bazaar thanks to a large Pool, likely the result of two in-country trainings of trainers, combined with an active Pool of trainers that delivered numerous stepdown trainings, submitted training reports and communicated regularly with the coordination body in country.

The ToT established a baseline for standards and guidelines and the availability of a local Pool of trainers allowed these to, in turn, be passed on to more individuals and organizations than a single training ever would have reached. Several participating organizations recognized that the services they were providing were not really GBV case management and through training better understood what GBV case management is and how to provide this service. In addition, the GBV CM CBI improved working relationships and networking across organizations. It became easy to link facilitators, from the Pool of trainers, to organizations who needed trainings and organizations became more prone to lean on one another for support, especially in addressing challenges in service provision.

One interviewee stated that the GBV CM CBI helped with high rates of staff turnover in Cox's Bazaar thanks to the creation of a national Pool of trainers and delivery of step-down trainings. **This rendered the initiative sustainable beyond the initial training.** The level of participants for the ToT in 2019 was deemed very high, demonstrating a transference of learning in the previous year. Several participants in the 2019 ToT had attended a stepdown training in the previous year, indicating that quality was maintained throughout the initiative.

Staff turnover does remain an ongoing challenge but the biggest challenges of the GBV CM CBI in Cox's Bazaar had been delays recruiting a GBV CM Focal Point and the COVID-19 pandemic. The ToT was postponed once to allow more time for the recruitment process as the goal was to have the GBV CM Focal Point in place before the ToT. In the meantime, to fill the gap, the interagency coordination group in country divvied up the responsibilities of the GBV CM Focal Point but this resulted in a lack of dedicated attention to the initiative and lack of time/space to address some bigger picture goals including assessing individual organizations' services and GBV CM Standard Operating Procedures (SOPs), as well as improving coordination and participation of the GBV CM Task Force, which was considered weak in country. The team in Cox's Bazaar also found the participant selection process lengthy and time-consuming from the country-program side, which is already stretched and overwhelmed.

The momentum of the GBV CM CBI was impacted by the delays in the recruitment of a GBV CM Focal Point. In retrospect, the interagency coordination team interviewed wondered if hiring a national staff would have proven faster and more fitting. After delays to an already lengthy recruitment process, the GBV CM Focal Point position was finally filled in April 2020. She and the Pool of trainers have been able to pick up momentum: stepdown trainings are actively being delivered, the GBV CM Focal Point gathers the Pool of trainers bi-weekly to ensure an exchange of lessons learned, the GBV CM focal Point has also organized several mentoring opportunities for the Pool of trainers, including remote trainings on transitioning to remote GBV CM and report writing skills, to

"The capacity of our case management teams has improved dramatically over the last year. We are able to learn more about our service gaps for survivors, the typology of GBV cases encountered to tailor our GBV prevention programming accordingly... I have seen improvement in how our GBV teams deliver training themselves, more confidently, interactive and we are proud to have two of our staff members as part of the interagency GBVIMS Pool of trainers now."

– participant in Bangladesh

help address identified gaps. The COVID-19 pandemic has forced many organizations to shift to remote GBV CM forcing them to navigate adapting service provision and capacity building to this new modality. The availability of a GBV CM Focal Point has proven essential to provide dedicated focus to ensure the Pool of trainers knows where to raise needs and concerns and create capacity building and exchange opportunities to address those needs.

The interagency coordination team interviewed did recommend improving government engagement in the future, especially the Ministry for Women and Children's Affairs who provide direct services in host communities. The interagency team hopes to utilize the presence of a globally endorsed Pool of trainers to strengthen collaboration with the Ministry.

B. CENTRAL AFRICAN REPUBLIC

The legacy GBVIMS was rolled out in Central African Republic in March 2014. There are currently 8 GBVIMS user organizations.

GBV CM ToT organized by: UNFPA

GBV CM ToT facilitated by: Virginia Zuco Silva (UNICEF); Oswald Chishugi (UNFPA)

GBV CM FP: assigned to UNFPA GBV staff member but person left unexpectedly, and duties were absorbed by the GBV sub-cluster Coordinator

GBV coordination mechanism in place: GBV sub-cluster

Evaluation interview conducted with: Lamine Traore (UNFPA) GBV sub-cluster Coordinator

The GBV CM ToT took place in Bangui, Central African Republic (CAR) in February 2020. The training was originally planned for September 2019 but had to be postponed due to staff turnover in country which impacted the application process resulting in not enough participants (less than 14) for the ToT. The GBVIMS Technical Team in collaboration with the interagency planning team in country, comprised of UNFPA and UNICEF, decided to postpone the training date to be able to re-launch the call for applications. Due to end of year commitments, the ToT was moved to early 2020.

37 individuals applied for the ToT, organized by UNFPA, and 26 were selected. After one participant cancelled last minute due to a family emergency, 18 women and 7 men – representing 3 UN agencies, 9 INGOs, 4 national NGOs, the Ministry of Health, the Ministry of Women's Promotion and Child Protection and the ICRC – attended the initial 5-day GBV CM training. Among them, 21 proceeded to the 3-day ToT. Participants scored on average 67% on the pre-test and 87% on the post-test, a 20% improvement over the course of the first 5 days alone. Only 9 participants scored over 75% on the pre-test but 25 of 25 participants scored above 75% on the post-test. Only two participants scored 90% on the pre-test but 12 participants scored 90% or higher on the post-test.

18 participants were certified as trainers: 13 deemed able to train without supervision (tier 1), 5 certified to be able to train with a more experienced trainer (tier 2) and 3 found to need additional capacity building and pro-

“The GBV case management capacity building initiative catalyzed a process in CAR.”

– GBV sub-cluster coordinator

professional development (tier 3). All participants (100%) found that the training¹⁴ exceeded their expectations and 96% of participants agreed that the knowledge and skills learned were applicable to their daily work. The most common suggestion for improving the training was to give more time for group activities and exchanges during discussions or to add days to the duration of the training. Participants indicated on their final evaluations that they appreciated the facilitation, the structure of the training, the introduction to standardized tools and the opportunity to interact with each other.

Unfortunately, due to the COVID-19 outbreak stepdown trainings were limited as the global pandemic hit shortly after the ToT, imposing movement and gathering restrictions. UNFPA, with the support of the Pool of trainers, did successfully deliver 5 stepdown trainings in 5 different regions, following restriction guidelines: facilitators and participants wore personal protective equipment (PPE) and gatherings were limited to 10 people or less.

In CAR, the GBV sub-cluster coordinator had to absorb the role of GBV CM Focal Point. A UNFPA programme staff had been tasked with the role, but she unexpectedly departed her post. Although coordinating the GBV CM CBI through the in-country coordination mechanism facilitates multiple aspects, the coordinator is often too tasked to also absorb this role in its entirety.

The GBV CM CBI has been largely successful in CAR. “In the GBV sub-cluster meeting [after the ToT], one member-organization shared that they received funding to open a *centre d’ecoute*¹⁵ in a very unstable area and they asked certified trainers to help train their staff,” shared the GBV sub-cluster Coordinator during the periodic review interview. **During the interview he also shared that all new projects/proposals in CAR that have been introduced since the ToT include a line for capacity-building, a major achievement of the GBV CM CBI.** Many large organizations in CAR – for example Oxfam – have requested to participate in stepdown trainings or otherwise be trained by members of the Pool of trainers. The Coordinator also shared that he feels another achievement of the GBV CM CBI is a visible transition in service provision from basic psychosocial support to the delivery of full GBV case management.

The global outbreak of COVID-19 shortly after the ToT was the biggest challenge to date. Many GBV service providers in CAR were impacted by restrictions and community fear. Many organizations in CAR experienced a reduction in number of GBV survivors accessing services – likely due to movement restrictions and fear of contracting the virus. Organizations remain increasingly worried about losing grants/funding to operate.

The interviewee found the Pool of trainers to be a solid group and both committed and proactive. Members of the Pool of trainers created a WhatsApp group to keep in touch, network, communicate, share and collaborate. They feel responsible in their roles and feel a sense of duty to build capacity where they work but also across the country. “It is also a huge need and the full Pool of trainers will be used,” shared the GBV sub-cluster coordinator.

The GBV sub-cluster Coordinator, who acted as the GBV CM Focal Point, was impressed with how well the GBV CM CBI rollout went in CAR considering how under resourced most organizations are in country. He shared that capacity in country is low due to limited access to opportunities. He attributes the success to date to the creation of a pool of expertise in country that feels validated, honored and responsible. “Having people here in country

COUNTRY HIGHLIGHT

The Pool of trainers in CAR formed a group chat in WhatsApp to stay in touch and have since used it regularly to share information, collaborate, and support one another. It is most recently being used to regularly share updates related to the COVID-19 outbreak as well as resources as they become available in French.

¹⁴ In CAR, the facilitation team administered a final training evaluation on day 5 but forgot to administer the ToT evaluation on day 8. The results shared are pulled from the evaluations for the 5-day GBV CM training.

¹⁵ This is the French term for a women’s center, a one-stop center to access support services for women and girls, including GBV services. Centre d’ecoute translates to listening center.

empowered was really impactful. I would love this model to be replicated with other projects," he shared in the interview.

The Coordinator also shared that he was initially concerned about the level of the ToT as many GBV service providers in CAR could benefit from a basic GBV concepts training. He applauded the format of the ToT and felt that spending the first day and half reviewing GBV guiding principles and basic concepts helped lay a foundation before diving into the more technical aspects of GBV case management.

C. LIBYA

Libya rolled out Primero/GBVIMS+ in Dec 2019. There are currently 2 user organizations but more will go live in 2020.

GBV CM ToT organized by: UNFPA

GBV CM ToT facilitated by: Caroline Masbounji (UNICEF); Laura Canali (IMC)

GBV CM Focal Point: assigned to UNFPA GBV staff member until Dec 2019; dedicated Focal Point recruited through IRC in 2020

GBV coordination mechanism in place: GBV sub-sector

Evaluation interview conducted with: Irmak Bohlinger (UNICEF) GBV CM Focal Point, Souzana Humsi (UNFPA) acting GBV CM Focal Point (until Dec 2019), Ken Otieno (UNFPA) GBV sub-sector Coordinator

The GBV CM ToT took place in Tunis, Tunisia, between March 25 and April 2, 2019 and was organized jointly by UNFPA and UNICEF. 46 individuals applied of which 21 were selected for the 5 five days on GBV CM and 18 advanced to the final 3-day ToT. Among the selected participants, 81% were female and 19% were male and represented 14 organizations: 4 UN agencies, 4 INGOs and 6 national NGOs. Participants scored in average 61% on the pre-test and 87% on the post-test, an increase of 26%. 11 participants were selected for the Pool of trainers: 4 were certified at tier 1 (able to train alone) and 7 were certified at tier 2 (needs to train with a more experienced trainer).

Most participants (93%) found the ToT to be relevant. 63% shared that the ToT went beyond their expectations and 31% stated it was in line with their expectations. All participants of the ToT said they feel equipped to facilitate a GBV CM training following the ToT, despite only 52% finding the training length to be appropriate for the content covered. Participants particularly lauded the individual and group feedback on their individual facilitation. Although 74% found the training methodology very good, they would have appreciated more role plays, as well as a break between the five-day GBV CM training and the three-day ToT. In 2019, the Pool of trainers delivered 3 stepdown trainings, training a total of 95 individuals on GBV CM (82 women and 13 men).

For most participants, this was their first GBV case management training. The ToT highlighted the fact than many organizations who identified as providing GBV case management services were just providing basic psychosocial support. The fact that several participants were certified and able to deliver stepdown trainings rendered the GBV CM CBI successful in Libya. **One of the main achievements of the rollout in Libya was being able to bring**

this capacity building opportunity to local organizations. “Local organizations became more empowered and demonstrated it during coordination meetings while defending the need for GBV programming during the HNO process,” shared one interviewee. Service providers were introduced to global standards and a structured process and this resulted in improved service delivery quality. During the periodic review interview the acting GBV CM Focal Point shared, “Service delivery is not perfect yet, but we have seen an improvement. For example, organizations were now correcting small details like establishing a separate room for interviews with survivors.” **Most notably, a GBV Case Management Task Force (CMTF) was established in Libya and SoPs were finalized that include a section on GBV CM.**

Bringing in all the partners including national partners felt like a huge success to the GBV sub-sector Coordinator. Due to security and visa issues, participants were brought to Tunis, Tunisia for the ToT and despite logistics and security challenges, including the airport in Tripoli being actively bombed, the interagency team still successfully got all the partners to Tunis.

Translation posed an issue during the applicant selection process, when translating the training content, during the training due to lack of facilitators from the GBVIMS Global Team that spoke Arabic. The interagency coordination team successfully organized one stepdown in Tunis that was facilitated by the Pool of trainers in Arabic which was a much needed follow up for many participants.

Both interviewees highlighted that ideally, they would have wanted to deliver the ToT or another stepdown training in Libya – and not Tunis – as some partners were not able to participate due to political and security issues, including threats that the Government of Libya would show up to the training unannounced. The context in Libya remains a major challenge as delivering safe and confidential survivor-centered care to survivors of GBV is often difficult and risky (e.g. working in detention centers). Staff turnover has been another major challenge in Libya. Of the four trainers certified at tier 1, only one remains in her position in Libya.

The position of the GBV CM Focal Point was at first absorbed by an existing UNFPA staff as the country team struggled to recruit a dedicated person. Juggling other responsibilities led to not being able to dedicate as much time as desired to the GBV CM CBI. In addition, the acting GBV CM Focal Point was not granted a visa to enter Libya which stifled follow up on planned activities. Both the GBV sub-sector Coordinator and acting GBV CM Focal Point contracts terminated at the same time shortly after the ToT, which impacted momentum. Fortunately, a dedicated GBV CM Focal Point was recruited in early 2020 by the International Rescue Committee thanks to funding from UNICEF and is actively engaging with the Pool of trainers. Additional stepdown trainings are being planned as of September 2020, and the GBV CM Focal Point is working with the GBVIMS Global Team to develop a plan to bring tier 2 certified trainers up to tier 1 to grow and strengthen the Pool of trainers in Libya.

Commitment across the Pool of trainers was highlighted as a challenge. Some members have been very active while some members haven't fulfilled their commitments of delivering at least one stepdown training and supporting the implementation of the Interagency GBV CM Action Plan. The GBV sub-sector Coordinator highlighted that several partners committed to follow up actions but without the ability to follow up in person, it became hard to verify and provide support. The GBV sub-sector coordinator finally shared that he hoped for increased leadership, participation and engagement in the newly established GBV CMTF, which wasn't very active at the time his contract terminated. This quickly turned around with the recruitment of the dedicated GBV CM Focal Point. This position has actively addressed needs in country through the adaptation of GBV CM SOPs for remote GBV CM and by reconnecting the Pool of trainers and service providers through the CMTF.

The sustainability of the GBV CM CBI seems directly tied to access to resources in Libya. INGOs, who have more resources and funding for capacity building, had an easier time committing to and delivering stepdown trainings. National partners lacked resources to organize trainings on their own and therefore adapted as best they could (e.g. participants from one national NGO delivered a stepdown training for their organization even though the trainers were not certified to train alone and should have leaned on the support of a more experienced trainer).

Interviewees shared that the GBV CM CBI, albeit successful and ongoing, informed a few lessons for future interagency initiatives. If possible, deliver trainings directly in Arabic and avoid translation to better ensure concepts are mastered and terminology is standardized. Many participants could have benefitted from more capacity building on facilitation skills, in particular more practice to build confidence in delivering trainings. Improving access to interagency opportunities for national and local organizations has remained a challenge to date as most humanitarian spaces tend to favor INGOs. The GBV CM Focal Point has also been working with the GBVIMS Global Team on how to adapt opportunities, especially capacity building, to better engage local organizations. The Organization and Interagency Action plans were developed in Libya after the ToT resulting in varying degrees of commitment, so the recommendation for the GBVIMS Global team was to ensure these are integrated upfront.¹⁶

Finally, the GBV CM CBI was deemed sustainable in the medium-term but to improve long term sustainability, organizations need to mobilize resources for stepdown trainings in advance of the ToT. This would also improve the commitment of members of the Pool of trainers to support interagency trainings outside of their organizations to more holistically improve service delivery in country.

D. MALI

Mali rolled out the legacy GBVIMS in 2015.

There are currently 35 organizations using the GBVIMS in Mali.

GBV CM ToT organized by: UNFPA and UNICEF

GBV CM ToT facilitated by: Maria Caterina Ciampi (UNICEF)

GBV CM FP: IA GBVIMS Coordinator absorbed role

GBV coordination mechanism in place: GBV sub-cluster

Evaluation interview conducted with: Amadou Yalcouye, IA GBVIMS Coordinator

Mali was one of the three pilot countries that helped shape the final approach of the GBV CM CBI. As a result, the implementation in Mali looked slightly different, including additional trainings as well as refresher trainings. The main activities still included a ToT to evaluate and certify trainers to create a Pool of trainers in Mali who would in turn be tasked with delivering stepdown trainings. The GBV CM Capacity Building pilots came out of a series of assessments conducted thanks to support from the Government of Canada that highlighted a need for increased capacity building in GBV CM, a need for expertise at the national level to sustain any investment in capacity building, and a need for standardized guidance and tools on GBV CM. As mentioned previously, these assessments also helped lead to the development of the 2017 *Interagency GBV CM Guidelines*.

The GBV CM ToT took place in Segou, Mali between 16-20 October 2017 and was jointly organized by UNICEF and UNFPA. 22 individuals (5 men, 17 women) participated and based on their evaluations, all 22 participants were confirmed as members of the Pool of trainers for Mali. Of these, 15 individuals (1 man and 14 women) were considered capable of delivering training alone without supervision (tier 1) and for 7 people (4 men and 3 women) it was recommended that they train with a more experienced trainer (tier 2). Participants of the ToT scored an

¹⁶ This recommendation directly influenced the approach in the final two ToTs – in Bangladesh and CAR – where action plans were completed as part of the last day of the ToT (day 8).

average 72% on the pre-test and 87.3% on the post-test, an increase of 15.3%. The GBVIMS TT led a second training during this same mission for 36 participants (20 men, 16 women) on GBV case management. This was not a ToT, so no additional trainers were added to the Pool of trainers.

Following the ToT, from December 2017 to December 2018, 9 members of the Pool of trainers helped facilitate 20 stepdown trainings, building the capacity of 597 service providers on a range of topics from GBV basic concepts to more technical GBV CM trainings. From January 2019 to December 2019, 5 certified trainers delivered an additional 7 stepdown trainings on GBV CM reaching 276 service providers. In total 873 service providers have been trained as a result of this initiative in Mali.

The biggest success according to the GBVIMS Coordinator who acted as GBV CM Focal Point is that almost all organizations working in GBV in Mali (UN, NGO, etc.) have used the Pool of trainers to train their GBV caseworkers, demonstrating the effectiveness of creating a national pool of experts to ensure service provision aligns with interagency global standards. He identified three major achievements of the GBV CM CBI: (1) the establishment of qualified human resources at the national level, the Pool of trainers; (2) access for women's organizations and national NGOs to quality trainings based on global guidelines; and (3) the integration of the IA GBV CM Guidelines in capacity building initiatives led by the GBV sub-cluster. The GBVIMS Coordinator shared, "Every year the GBV sub-cluster implements a capacity building initiative for member organizations and as a result of this initiative, the sub-cluster has committed to building capacity on GBV CM and the *Interagency GBV CM Guidelines*."

The implementation in Mali did face some challenges as well. Resources to finance stepdown trainings were limited and, in some cases, lacking. Staff turnover impacted the availability of members of the Pool of trainers. Only 11 of 22 certified trainers facilitated more than one stepdown training and 8 of the trainers never delivered any stepdown trainings. In addition, many trainers have moved to new organizations and in some cases work in other protection-related fields but not specifically GBV.

The GBVIMS Coordinator shared that the GBV CM CBI is considered as extremely successful to date in Mali but the need to ensure that all GBV service providers and caseworkers are trained on the *Interagency GBV CM Guidelines* as part of their onboarding is a never-ending task.

The interviewee felt that the initiative wasn't as sustainable as it could have been due to funding constraints in delivering stepdown trainings. This in conjunction with mobility issues and availability of certified trainers did not allow the GBV CM CBI to reach all zones in Mali. His main recommendations were the need for a refresher training for the Pool of trainers and access to funds to deliver more stepdown trainings, especially in areas that have not been touched to date. Despite funding constraints, the major takeaway in Mali has been the availability of expertise in country to build capacity at a local and international level.

"Every year the GBV sub-cluster implements a capacity building initiative for member organizations and as a result of this initiative, the sub-cluster has committed to building capacity on GBV CM and the *Interagency GBV CM Guidelines*."

– GBVIMS coordinator

E. NIGER

Niger rolled out the legacy GBVIMS in 2015 and currently has 4 organizations using the system.

GBV CM ToT organized by: UNFPA

GBV CM ToT facilitated by: Christian Sabum (UNFPA); Virginia Zuco Silva (UNICEF)

GBV CM Focal Point: GBV sub-cluster Coordinator absorbed role

GBV coordination mechanism in place: GBV sub-cluster

Evaluation interview conducted with: Anifa Soumana, GBV sub-cluster Coordinator

The GBVIMS Technical Team facilitated the ToT in Niamey in July 2019. The training was organized by UNFPA. 52 individuals applied of which 24 were selected to participate and 22 actually attended the training (ten women and 12 men). Participants represented five INGOs, six national NGOs, two UN agencies (UNFPA and UNICEF), the Ministry of Women's Promotion and Child Protection (Ministère de la Promotion de la Femme et la Protection de L'Enfant - MPF/PE), and the International Organization for Migration.

Participants scored on average 74.7% on the pre-test and 91.9% on the post-test. This demonstrates a 17.2% improvement. 15 of the 22 participants received a score of 75% or higher on the pre-test and 21 participants scored a 75% or higher on the post-test. Two participants scored a perfect score (100%) on the pre-test and eight scored 100% on the post-test. 17 participants were certified to be included in the Pool of trainers: 12 were certified at tier one (capable of delivering a training without supervision) and 5 need to train with a more experienced trainer (tier 2)

All participants (100%) found the ToT to be relevant and 95% of participants agreed that the knowledge and skills learned during this training will be applicable in their daily work. 95% of participants felt the training either exceeded or met their expectations and the remaining 5% felt the training partially met their expectations. The most common suggestion shared to improve the training was to dedicate more time for group activities and group discussions.

In Niger, the responsibilities of the GBV CM Focal Point were absorbed by the GBV sub-cluster Coordinator. During the interview, he shared that he found this initiative very impactful and very successful. **"Before the initiative, we did not know which members of the GBV sub-cluster had the skills to build capacity on GBV case management. Now we have a Pool not only to provide technical support but also to support coordination. We have a mapping of human resources in Niger. We plan to use this Pool along with the global resources to build capacity across sectors."** The Pool of trainers in Niger remains very active. During the ToT, similarly to CAR, they created a group on WhatsApp to send messages and to date, as of September 2020, use this group to stay in touch, ask questions, support each other and share information. The GBV sub-cluster Coordinator wants to replicate this model/approach with other ToTs. He shared that doing an in-depth ToT and then certifying a pool of in-country experts is what made this initiative so professional and so sustainable. He shared there was a lot of pride in and among the Pool of trainers and in their capacity to transfer knowledge and in turn improve service delivery in Niger.

Despite the overall positive imprint of the GBV CM CBI, there were a few challenges in Niger. The GBV sub-cluster Coordinator shared that the initiative could have been better communicated across the full membership of

the GBV sub-cluster to foster wider participation and engagement. He found it challenging to properly follow activities after the ToT due to competing priorities and felt overwhelmed at times by the needs of the GBV CM CBI. He suggested that a dedicated focal point would improve the footprint of the initiative. Another recommendation, was to have annual face to face gatherings for the Pool of trainers to exchange, share lessons learned and provide an opportunity for peer-to-peer coaching, in addition to a refresher training six months after the ToT to re-evaluate trainers certified at Tier 2 and determine if they are now ready to move up to Tier 1. He also highlighted that it would have been helpful for in-country actors, primarily participating organizations, to identify funds or fundraise, specifically for step-down trainings in advance of the ToT to increase the reach of the GBV CM CBI.

F. NIGERIA

The legacy GBVIMS was rolled out in April 2016. There are currently 11 GBVIMS user organizations. Of these, 7 upgraded to Primero/GBVIMS+ in 2019.

GBV CM ToT organized by: UNFPA

GBV CM ToT facilitated by: **Caroline Masbounji (UNICEF);** Kate Rougvie (UNFPA); Anita Akumiah (UNFPA)

GBV CM Focal Point: IA GBVIMS Coordinator absorbed role

GBV coordination mechanism in place: GBV sub-sector

Evaluation interview conducted with: Christiana Gbongo (IMC) service provider; Zara Kareto (UNFPA) GBVIMS Coordinator; Elfriede Kormawa (UNICEF) former GBVIMS Coordinator; Brenda Nabirye (UNICEF) GBViE Specialist; Arhyel Ngada (EYN) certified trainer; Tamara Obonyo (FHI 360) GBV sub-sector co-lead; Sylvia Opinia (UNFPA) GBV sub-sector Coordinator; and Adama Yusuf (UNICEF) certified trainer.

Nigeria was one of the three pilot countries that helped shape the approach for the GBV CM CBI. In Nigeria, the GBV CM CBI was implemented through the GBV Case Management Thematic Working Group (GBV CM TWG). Over 100 individuals applied for the GBV CM ToT and 24 of them were selected by the GBVIMS Global Team, in consultation with the GBV CM TWG. Selected participants represented 13 organizations.

The GBV CM ToT took place August 22-19, 2018 and was organized by UNFPA. This ToT was the first pilot of what would then become the standard approach of the GBV CM CBI for the 5 countries of implementation under the OFDA-funded project. The first five days covered an overview of GBV CM using the accompanying training modules of the *Interagency GBV CM Guidelines*. The last three days gave participants the opportunity to practice training others using the same training modules. Of the 24 participants, 16 were certified as trainers. Seven were deemed capable of delivering a training alone (tier 1) and nine were placed in tier 2, meaning they were asked to train with a more experienced trainer (from tier 1).

Participants scored an average 71% on the pre-test and 95% on the post-test, a 24% increase. Overall, participants found the duration of the workshop appropriate (71%) as well as the time allocated to each session and discussion appropriate (81%). The course fulfilled the expectations of all participants. Overall, participants found the ToT to be relevant (94%) and found that they had appropriate time to prepare their presentations (83%). Most

participants (83%) felt the ToT exceeded their expectations and felt the feedback provided on their performances to be very good (83%). Most participants agreed that the ToT equipped them with the knowledge and skills necessary to facilitate a GBV CM training (93%).

In Nigeria, the GBV CM CBI directly preceded the rollout of Primero/GBVIMS+. Several interviewed felt the investment in building capacity on GBV CM led to a more successful rollout of GBVIMS+. One interviewee highlighted that the interagency spirit was the most successful aspect of the initiative. Stepdown trainings were delivered in three states across Nigeria and **several partners that had not directly benefitted from the initiative were able to call on the Pool of certified trainers for help build their capacity.** Other interviewees remarked an improvement in quality of services delivered to survivors. Similarly to other countries, the availability of an in-country pool of experts was also a major success. “The GBV Sub-Sector knew they could reach out to [the GBVIMS Coordinator] when they needed capacity building. There was a collaborative spirit in the GBV Sub-Sector.

One challenge was monitoring activities and stepdown trainings. The GBV CM CBI likely had a greater impact in Nigeria than is documented as at first there was no role to oversee its implementation. The GBV CM Focal Point role was eventually absorbed by the Interagency GBVIMS Coordinator who successfully supported the Pool of trainers and monitored ongoing activities. Funding was an ongoing challenge in Nigeria as well. The GBV CM CBI was implemented solely using in country funds, which were limited. Many participants selected for the ToT would have benefitted from additional capacity building on GBV basic concepts in advance of the ToT. It was challenging to deliver a technical ToT on GBV CM when some of the foundation was lacking. Another challenge highlighted in the interviews were varying commitment levels by members of the Pool of trainers following the ToT. Some certified trainers never delivered a single training and staff turnover remains a challenge.

“For the subsector, having a Pool of trainers greatly contributed to improved knowledge of government, INGO and NGO staff on GBV CM. The Pool of trainers was able to deliver trainings to different humanitarian agencies and the Ministry of women affairs and social development social workers, thereby improving the general understanding of case management among actors.”

– Interview from Nigeria

The GBV CM CBI achieved improved coordination and knowledge of referral pathways. As a result of this initiative, the GBV CM Thematic Working Group (TWG) was strengthened in Nigeria and SOPs were developed at the interagency level. Interviewees felt that the GBV CM CBI resulted in improved use of the GBVIMS by improving capacity of caseworkers that are also responsible for data collection. Caseworkers improved communication and shared better understanding how to talk to survivors, how to ask open questions, and how to capture details in the GBVIMS intake form. Caseworkers became more proactive and provided more feedback to supervisors on gaps and needs. The Pool of trainers is considered strong and its members have a good reputation in Nigeria. “This initiative helped strengthen the capacity of all partners,” shared one interviewee.

“Indeed, the methodology is sustainable but requires coordination and leadership from the sub sector.,” shared the GBV sub-sector Coordinator. Ensuring sustainability moving forward largely depends on continued investment by in country actors. Interviewees were unanimous in feeling that the Pool of trainers would benefit from a refresher training and coaching opportunities. Another recommendation was to make part 1 of the training six days in length and dedicate one optional day to a review of GBV basic concepts for those who need it. Others felt there is a need for more capacity building on supervision and how to support GBV CM staff. One interviewee shared, “We should be able to provide guidance to country offices to include budget for the capacity building initiative as part of the HNO/HRP process to ensure sustainability.”

G. SOMALIA

The GBVIMS was rolled out in Somalia in 2013. There are currently 39 organizations using the system. A pilot rollout of Primero/GBVIMS+ is planned for 2020.

GBV CM ToT organized by: UNFPA, UNHCR and UNICEF

GBV CM ToT facilitated by: Maria Caterina Ciampi (UNICEF); Kate Rougvie (UNFPA)

GBV CM Focal Point: IA GBVIMS Coordinator absorbed role

GBV coordination mechanism in place: GBV sub-cluster

Evaluation interview conducted with: Elizabeth Kigen, former GBVIMS Coordinator

Somalia was the first pilot country for the GBV CM CBI. In 2015 and 2016, the GBVIMS Task Force in Somalia developed a Capacity Development Strategy for GBVIMS user organizations through the aforementioned project funded by the Canadian government. The Capacity Development Strategy identified the need to provide trainings on GBV CM, as well as refresher trainings and follow-up to ensure knowledge and skills acquired were applied in practice. The GBVIMS Global team delivered trainings on GBV CM in 2016 in two zones: Puntland and Somaliland. In early 2017, the GBVIMS Global Team supported the delivery of an additional GBV CM training in Mogadishu. 27 GBV service providers from the South Central zone and 4 key UN GBV staff from UNFPA, UNHCR, UNICEF were trained on GBV CM. The 4 UN staff spent an additional week being trained as trainers and were tasked with delivering a follow up training on GBV CM one week later to another 17 service providers in Somali.

“The GBV CM capacity development project strengthened interagency collaboration. When [the assessment and project] first started, UN agencies were barely speaking and by end they were actively working together.”

– Former GBV CM Focal Point in Somalia

In late 2017, the GBVIMS Global team returned to Somalia to deliver a GBV CM ToT. This ToT took place from 13-18 September 2017 in Mogadishu and was jointly funded and organized by UNICEF, UNFPA and UNHCR. 30 service providers that had previously participated in one of the GBV CM trainings were invited to the ToT. Of these, 24 were certified as trainers, 12 in tier 1 – able to train alone – and 12 in tier 2 – recommended to train with a more experienced trainer from tier 1. In 2018, the GBVIMS Global Team returned to Somalia one last time to deliver a 3-day refresher training for the Pool of trainers. 21 trainers (10 men, 11 women) and 6 UN agency staff participated in the refresher training.

The implementation in Somalia was unique as it preceded the GBV CM CBI but laid the foundation for the approach and strategy. In Somalia, UNHCR, UNFPA and UNICEF came together and pooled resources to fund the Capacity Development Strategy as well as follow up stepdown trainings. Since 2018, the Pool of trainers in Somalia have delivered 21 stepdown trainings, training a total of 1,205 individuals of which 698 were women. Stepdown trainings ranged from basic GBV concepts to more technical trainings on GBV CM.

The GBVIMS Coordinator who acted as GBV CM Focal Point in Somalia shared that the GBV CM CBI was extremely successful and sustainable in Somalia. **It strengthened interagency collaboration and reached many caseworkers who otherwise did not have access to similar opportunities. It strengthened**

collaboration with government by improving trust between NGOs and government. It strengthened the role of the GBVIMS task force in country and complemented the expansion to 20 new data gathering organizations that started using the GBVIMS during its implementation.

The Somali context was the major challenge as Somalia is in practice three countries and there are complex sensitivities when crossing into different zones – governance issues, recognizing passports and other political issues. The interviewee felt the Pool of trainers is very strong in Somalia and even suggested that some of trainers in tier 2 would have been placed in tier 1 if they had been evaluated in Somali. She felt that having to participate in a ToT and be evaluated in English was an added challenge for some participants. She shared, “In general, I felt that the majority of trainers are strong and since delivering stepdown trainings, several are ready to be reassessed and moved up to tier 1.”

As acting GBV CM Focal Point, she had hoped to establish a GBV case management working group, but this was not accomplished during her time in Somalia. She invested a lot on fostering an open and collaborative environment within the Pool of trainers and when handing over to the new GBVIMS Coordinator recommended he maintain regular communication, monitor follow up, and identify opportunities for exchange for the Pool of trainers.

When interviewed, the acting GBV CM Focal Point shared that a major achievement of this initiative was aligning it with improvement/expansion of the GBVIMS in Somalia. These standardized tools, service delivery, and data collection all resulted in more thorough and quality GBV case management services for survivors.

H. YEMEN

GBVIMS has not yet been rolled out in Yemen.

GBV CM ToT organized by: UNFPA and UNICEF

GBV CM ToT facilitated by: **Kate McCallister (UNHCR)**; Laura Canali (IMC); Dorcas Erskine (UNICEF); Sunita Palekar Joergensen (UNICEF)

GBV CM Focal Point: UNFPA GBV sub-cluster Training Associate absorbed role

GBV coordination mechanism in place: GBV sub-cluster

Evaluation interview conducted with: Saif Naeem participated in the GBV CM Focal Point exchange

The 8-day Case Management ToT was held between June 30 and July 7, 2019 in Amman, Jordan and was jointly organized by UNFPA and UNICEF. 80 individuals initially applied to attend the training, of these 18 participants were selected to participate. However, only 14 participants (12 women and 2 men) representing 10 organizations (2 UN agencies, 3 INGOs, 4 local NGOs, and the local government (MOSAL)), and working in North and South Yemen were able to travel to Amman to attend the ToT. Six of them were selected in a consultative process between the GBVIMS technical team and the GBV sub-cluster, while most of them (8 out of 14 participants) were added by the GBV sub-cluster co-leads based on geographic coverage, active participation to the GBV sub-cluster, and feasibility to travel to Jordan. These were selected without the GBVIMS technical team’s input, and therefore

had an impact on the certification process as noted below. Furthermore, several individuals originally selected to attend the ToT were not able to because of logistical challenges related to visas and flights.

Based on participants' performance and individual feedback on their level of confidence with the topics, participants' capacity was determined to be too low and none of the training participants were certified. This was somewhat expected by the GBVIMS Global Team and ToT facilitation team based on Phase 1. There were still some notable improvements during the ToT highlighted by an overall increase in pre- and post-test scores. A key challenge was that general capacity was very low to begin with. This ToT was the first GBV case management training for most participants, highlighting the fact that many of the organizations did not provide formal GBV case management services but rather basic psychosocial support and referrals. In addition, structural challenges linked to the context in Yemen, create risks and limit the ability to provide safe and confidential survivor-centred care to GBV survivors.

The GBVIMS Global Team determined the need to have a follow up training for participants that attended the ToT and those who were unable to attend it, and for this training to be delivered in Arabic. The follow up training did not aim at certifying participants as trainers but rather build their capacity on GBV CM and help outline next steps in terms of capacity building of service providers in Yemen on GBV CM. As a result, the GBVIMS Global Team – through UNICEF – hired an external, Arabic-speaking consultant, to deliver a more in-depth training on GBV CM through a six-week remote series.

Due to intermittent connectivity and movement restrictions due to COVID-19, limiting access to offices with more stable internet, the series was delivered using Google classroom and the ROSA app. The series included:

- ✓ One weekly pre-recorded and downloadable lesson;
- ✓ Pre-session reading and post-session homework assignments.

The outbreak of COVID-19 hit in the middle of the series so one session was dedicated to discussing considerations of COVID-19 and related restrictions and reviewing practical considerations for shifting to remote GBV CM.

The invitation to the training series was sent to 23 individuals: 14 that had attended the GBV CM ToT in Amman, individuals that were accepted for this ToT but could not attend because of challenges obtaining their flights or visas, and a few participants recommended by the UNICEF Yemen office.

Out of the 23 participants, 21 showed interest in participation. Over the course of the training 2 participants did not continue with the web-series: one withdrew because of limited access to internet and challenges with her work load while working from home; and the other participant did not respond to several attempts at follow up and so was removed from the training. 3 additional participants didn't submit all the required assignments. As a result, 16 participants completed the entire training and received participation certificates: 13 women and 3 men, representing 2 INGOs, 5 national NGOs, 2 UN agencies and 1 Ministry. Of these, 6 participants scored above an 80% on the post-test. Even though the remote series did not aim to certify participants, these 6 are included in the Global Pool of trainers to access coaching and mentoring opportunities.¹⁷

Country Highlight

After the ToT in Amman, two of the top-five participants who were from two Yemeni NGOs were able to travel to Tunis, Tunisia to participate in an interagency stepdown training in Arabic organized by the GBV CM Focal Point in Libya and facilitated by members of the Libyan Pool of trainers.

¹⁷ Including the GBVIMS Global Team quarterly remote coaching series launched in September 2020.

44% of participants expressed that the training series exceeded their expectations, 37.5% training expressed that it met their expectations with only 1 participant who shared that the training did not meet expectations. 62.5% expressed that the facilitation way was very useful, 25% found it useful and only 1 participant did not find the facilitation useful. Regarding the content of the training, 44% expressed that they are very ready to conduct or supervise GBV CM and 56% said that they are ready. As for the question on whether they are ready to support on GBV case management capacity building, again 44% expressed that they are very ready to conduct or supervise GBV CM and 56% said that they are ready.

V. GLOBAL TRENDS

Overall, the GBV CM CBI was lauded across countries of implementation. It is remarked as positive, impactful and sustainable. The creation of a Pool of trainers has left countries feeling ownership and confidence in their own abilities to not depend on global experts residing outside their countries. It has also left participants wanting more: more coaching, more mentoring, more opportunities to dive into more nuanced aspects of GBV CM service provision. The response was resounding, and most individuals interviewed praised the approach. All contributors to this periodic review spoke about the initiative positively and found the Pool of trainers in their respective countries either strong or very strong.

Staff turnover remains a challenge in the humanitarian field, despite the GBVIMS Global Team's dedication to ensuring national organizations and national staff were strongly represented in the ToTs to attempt to address this. Of the 148 certified trainers across all eight countries of implementation, 63 represent national NGOs (43%). In some countries, e.g. Mali and Nigeria, certified trainers left their positions but remain in the GBV field in country and therefore maintain their status as certified trainers and members of the Pool of trainers. In some countries, e.g. Libya, some trainers have left the country and/or the GBV field and are therefore no longer in the Pool of trainers. One recurrent request across interviewees is the need for a specific plan on how to raise tier 2 and tier 3 participants up to tier 1 to continue to grow the Pool of trainers and mitigate staff turnover.

Another trend across countries of implementation was a request to invest more of the ToT on teaching facilitation skills. The ToT focused largely on GBV CM technical content, but most participants felt they needed more capacity building on delivering trainings as well, since they were evaluated on their facilitation as well as session content.

Countries that identified or hired a dedicated GBV CM Focal Point had a longer and in turn more successful implementation. Across all countries of implementation, only two hired dedicated GBV CM Focal Points (Bangladesh and Libya) and these are the two countries where activities are ongoing as of September 2020. Three countries implemented the GBV CM CBI through their GBVIMS Coordinator (Mali, Nigeria and Somalia) and in one country the responsibility was assigned to a UNFPA staff in country (Yemen). In two countries (CAR and Niger), the responsibilities were absorbed by the GBV coordination body Coordinator (e.g. GBV sub-cluster). This position is already over-tasked and often doesn't have the ability to dedicate the needed attention to the GBV CM Focal Point role. This has driven the recommendation to identify or recruit a position that acts in an interagency capacity and can dedicate a minimum of 50% time to this role.

The GBV CM CBI greatly complimented the rollouts of Primero/GBVIMS+. This unique digital platform supports GBV caseworkers throughout the GBV CM process in addition to supporting data collection and analysis. GBV caseworkers that participated in the GBV CM CBI were better equipped to use the GBV CM forms included in GBVIMS+ to improve their assessment, case action and safety planning, follow up and case closure of GBV cases.

The 2020 COVID-19 pandemic brought a global shift towards remote service provision. This global crisis served as a reminder of the ever-shifting nature of humanitarian work and ongoing need to adapt and contextualize global guidance. The *Interagency GBV CM Guidelines* established needed standards and protocols for GBV CM but the need for ongoing adaptation and capacity building is ever growing.

VI. LESSONS LEARNED FROM FACILITATORS

The GBVIMS Global Team facilitated the ToTs with the support of GBV CM experts from the GBV AoR, UNFPA, UNHCR and UNICEF. Fifteen facilitators from these agencies and interagency bodies facilitated the ToTs delivered in all 8 countries of implementation. The following are lessons learned from their experiences delivering trainings and evaluating participants.

Coordination

Interagency collaboration and commitment, among other things, impacted the ease and success of the GBV CM CBI. In Libya, UNFPA and UNICEF worked together to implement the GBV CM CBI. In Bangladesh and Somalia, UNFPA, UNHCR, and UNICEF pooled resources to ensure longer term support including having a GBV CM Focal Point in place for more time as well as ensuring the availability of interagency funding for stepdown trainings. Having a GBV CM Focal Point in place facilitated communication, monitoring of stepdown trainings and the implementation of actions outlined in the action plans.

Application process

The success of the application process depended largely on the dedication of the in-country GBV CM Focal Point. In countries where this role was absorbed by the GBV coordination body Coordinator, this position had less time to dedicate to the assessment of participants. In addition, selecting the right candidates for the ToT was challenging in countries with limited GBV CM capacity. In Yemen and CAR, most applicants had never received a formal GBV CM training before the GBV CM CBI, so many applicants didn't meet the outlined criteria, but participants had to be selected regardless. In Bangladesh, capacity and applicant profiles were high due to previous investments in GBV CM capacity building. Several facilitators suggested integrating an assessment of attitudes and perceptions as part of the selection process to better screen applicants that would benefit most from the GBV CM CBI. Several facilitators also suggested incorporating pre-work – using the ROSA app¹⁸ and GBV Blended Curriculum¹⁹, for example – to review the basics and lay a foundation in advance of the GBV CM ToT.

Engagement of local NGOs depended largely on their involvement in the interagency GBV coordination body. This felt like a limitation of the GBV CM CBI and several facilitators felt that the initiative could have been better communicated among local actors to reach those often working in the least resourced and accessible zones. This left the GBVIMS Global Team with an important question: how can global actors better include smaller, informal groups that are providing services but may not be active or even members of humanitarian coordination mechanisms?

¹⁸ For more visit on the Remote-Offered Skills Building, click ROSA

¹⁹ For more information, click GBV Blended Curriculum

ToT content

Facilitators felt they could have better adapted the training content to meet the needs of participants in the ToT. In Bangladesh, capacities were very high, and some sessions came across as basic, whereas in Nigeria and Yemen, most of the material was newly framed for participants who were not previously familiar with GBV CM as a 6-step process. Many group activities did not translate in non-western cultures despite attempts to contextualize role plays and scenarios. The training materials are comprehensive and thorough, but facilitators should invest more time in adapting to the culture, context and capacity needs. Most ToTs were delivered by two facilitators, but a third facilitator is recommended due to the length and intensity of the ToT.

Facilitators felt that the practicality of the training would improve if more time was dedicated to introducing or reviewing GBV CM forms. The *Interagency GBV CM Guidelines* include tools and forms to support all the steps of GBV CM. Participants often asked for specific forms and templates. Countries that simultaneously rolled out Primero/GBVIMS+ received in depth training on the GBV CM forms included in the digital platform, which are based on the forms *Interagency GBV CM Guidelines*.

Trainer certification

The tiered approach to certification has allowed individuals in country to continue to develop skills with the support of their peers. It has also allowed for larger Pools of trainers by including experts at two levels. Bringing tier 2 certified trainers up to tier 1 is an important next step in the GBV CM CBI. The GBVIMS Global Team has facilitated a few discussions on this topic including insight from implementation countries. A shareable plan is an intended next step following the release of the Rollout Strategy and this Periodic Review. The ToT would also benefit from more clear criteria on how to evaluate participation in the ToT part 1, the first five days dedicated to GBV CM. This was done more ad hoc so facilitators suggested outlining criteria for participation.

In Somalia, thanks to interagency collaboration and pooling of resources among UNFPA, UNHCR and UNICEF, the GBVIMS Global Team delivered two GBV CM trainings and then returned during a separate mission to deliver the ToT. Only candidates that had previously participated in the GBV CM training were invited to apply to the ToT. This approach proved successful to address low capacity.

Pool of trainers

Facilitators unanimously agreed on the need to provide ongoing coaching to the members of the Pool of trainers across countries. Some suggested finding opportunities across countries and possibly leaning on certified trainers to help build capacity in other countries. The GBVIMS Global Team started delivering remote coaching Webinars in September 2020 with the goal of delivering themed coaching sessions quarterly to continue to build the capacity of the Global Pool of trainers. The first session delivered in September focused on GBV CM with survivors with disabilities and the next session, planned for December 2020, will cover supervision in GBV CM.

VII. OVERALL RECOMMENDATIONS

Overall this initiative had a wide breadth of success from building individual capacity on GBV CM to building in-country confidence and self-sufficiency. The GBVIMS Global Team's experience in implementing the GBV CM CBI in eight countries along with feedback from the various interviews and exchanges has informed the following recommendations.

- ✓ **Recruit or identify the GBV CM Focal Point before starting the planning phase.** Having a dedicated position to oversee the implementation of this initiative is directly correlated to its success and impact in country. The need for capacity building is not static and partners have evolving needs and turnover. It is important to have dedicated staff who can provide this type of support over time. While it does not require a full-time position, overseeing and following up on the GBV CM CBI required about 50% of a full-time position for a minimum of 4-6 months to ensure proper implementation. The GBV CM Focal Point is intended to operate in an interagency capacity and to have strong knowledge base of GBV CM and interagency coordination. The GBV CM Focal Point role is designed to facilitate the implementation of the GBV CM CBI in-country, support organizations providing GBV CM services to meet the standards contained in the *Interagency GBV CM Guidelines* and liaise with relevant stakeholders. The GBV CM Focal Point leads the organization of the in-country ToT and monitors the Pool of trainers and Phase 3 activities.
- ✓ **Offer periodic follow-up and support from global level** (e.g. the GBVIMS Global Team, HQ, GBV AoR, etc.) to provide additional mentoring opportunities and refresher trainings for the certified trainers.
- ✓ **Improve access for local NGOs and women's groups.** Since dissemination of information and communication was primarily managed through the coordination body in country, the participation of local NGOs and women's organizations was directly correlated to their participation in that coordination mechanism. In some countries this felt like a missed opportunity to reach organizations that are likely reaching many women and girls but not clearly visible in the humanitarian space.
- ✓ The development of the *Interagency GBV CM Guidelines* and accompanying training materials responded to a major ask from the humanitarian community at large but there is still a need to **translate materials into more localized languages** as this burden otherwise sits with certified trainers who often attend trainings in Arabic, English or French but then work in communities that speak local languages and dialects.
- ✓ **Action plans are integral to translating the GBV CM CBI into improved service provision.** Despite the intended goal to really operationalize best practices, participants often struggled to complete these or they fell towards the bottom of to do lists. Action plans should be presented as a required commitment from participating organizations, as the GBV CM CBI aims at improving services for survivors of GBV so a holistic look at service provision in country is necessary to make actual and often needed adjustments.
- ✓ To successfully promote interagency collaboration, the **responsibility to fund activities linked to this initiative should be shared in-country between several organizations or agencies.** Positive examples can be found in Libya where UNICEF and UNFPA jointly funded the initiative and in Bangladesh where UNHCR, UNFPA and UNICEF jointly funded the GBV CM CBI while engaging others to ensure resources were available for stepdown trainings to sustain ongoing capacity building.
- ✓ The GBV CM CBI can have an incredible impact in country both in scale and longevity. **Ensuring commitment across coordinating agencies and participating organizations is essential to ensure it is implemented with appropriate dedication to achieve its intended results.** As previously mentioned, the GBV CM CBI was designed as an interagency initiative and is most successful when actors come together in that spirit to improve service delivery practices and protocols in country.

VIII. GLOSSARY

CBI	Capacity Building Initiative
CM	Case Management
DGO	Data Gathering Organization
GBV	Gender-Based Violence
GBV CM	Gender-Based Violence Case Management
GBV CM CBI	Gender-Based Violence Case Management Capacity Building Initiative
GBV CMTF	Gender-Based Violence Case Management Task Force
GBViE	Gender-Based Violence in Emergencies
GBVIMS	Gender-Based Violence Information Management System
IM	Information Management
IMC	International Medical Corps
IPV	Intimate Partner Violence
IRC	International Rescue Committee
ISP	Information Sharing Protocol
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OFDA	Office of U.S. Foreign Disaster Assistance
ROSA	Remote-Offered Skill Building App
SDG	Sustainable Development Goal
SOP	Standard Operating Procedures
ToR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
3W	What does What Where
4W	What does What Where and When

IX. ANNEX 1: GBV CASE MANAGEMENT CAPACITY BUILDING OVERVIEW

The **GBV Case Management Capacity Building Initiative** (GBV CM CBI) was developed by the GBVIMS Global Team to strengthen capacity on GBV case management.

The overall objective of the GBV CM CBI is to support country-level service providers to provide quality care, as well as support and protection to GBV survivors, with a focus on safe, ethical and comprehensive GBV case management.

The specific purpose of the GBV CM CBI is to develop a national Pool of trainers on GBV case management and a cadre of country-level GBV actors with enhanced understanding and commitment to GBV case management based on the ***Interagency Gender-based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-based Violence Survivors in Humanitarian Settings (Interagency GBV CM Guidelines)*** and accompanying tools and training materials.²⁰

The GBV CM CBI is divided into three phases of implementation. For more detailed information on each phase and activities, please refer to the GBV CM CBI Rollout Strategy.

Capacity Building Phase	Description of Content
<p>Part I: Preparation & Planning</p> <p>(8-12 weeks in advance of the in-person training of trainers)</p>	<ul style="list-style-type: none"> • Identify resources and an inter-agency GBV CM Focal Point to coordinate/oversee activities • Secure commitment in country • Conduct a GBV CM desk review and interagency capacity assessment • Identify ToT facilitators • Launch and review the call for applications and select participants for the ToT • Build on (if existing) or set up a GBV case management sub-group or task force
<p>Part II: In-person training of trainers (ToT)</p> <p>(ToT lasts 8-9 days with a 1-2 break in between part 1 – a 5-day GBV CM training – and part 2 – a 3-4-day ToT)</p>	<ul style="list-style-type: none"> • Contextualize the Interagency GBV CM Guidelines' accompanying training material • Organize and deliver the GBV CM ToT • Evaluate participants and create a Pool of trainers • In order to be included in the certified Pool of trainers, participants must complete the ToT pre- and post-tests as well as the training final evaluation; achieve a minimum score of 75% on the post-test; and successfully pass the individual practical assessment on facilitation based on pre-defined criteria. • Draft training report with next steps and recommendations

²⁰ Available at: <http://gbvresponders.org/response/gbv-case-management/>.

Capacity Building Phase	Description of Content
<p>Part III: Follow up phase</p> <p>(length is resource dependent)</p>	<ul style="list-style-type: none"> • Develop action plans at the interagency and organization-level: The coordination group (e.g. GBV sub-cluster) and each participating organization are asked to develop and implement an action plan to ensure that GBV case management protocols and practices are in line with the Interagency GBV CM Guidelines; • Pool of trainers conduct stepdown trainings. Members of the Pool of Trainers must commit to: <ul style="list-style-type: none"> • Completing an Organization Action Plan; • Delivering at least one GBV case management stepdown training (including administering and grading pre- and post-tests and a training evaluation); • Drafting training report(s) in collaboration with other trainers for each delivered training and complete other relevant monitoring & evaluation tools related to the training(s) delivered; • Supporting the implementation of the Interagency Action Plan as requested. • Identify mentoring and coaching opportunities for the Pool of trainers • Regularly monitor the GBV CM CBI

If interested in implementing the **GBV Case Management Capacity Building Initiative** or for more information, you can contact the GBVIMS Global Team at gbvims@gmail.com.

IX. ANNEX 2: QUESTIONNAIRE FOR THE GBV CM CBI PERIODIC REVIEW

GBV CASE MANAGEMENT CAPACITY BUILDING INITIATIVE PERIODIC REVIEW

Purpose: This Interagency Periodic Review is designed to ensure regular monitoring of the GBV Case Management Capacity Building Initiative at the country-level. This questionnaire should preferably be administered by the GBVIMS Global Team during a face-to-face or phone interview with stakeholders. If this is not possible, the questionnaire can be administered in writing and answers will be compiled by the GBVIMS Global Team. Respondents include the GBV Case Management Focal Point or GBV sub-cluster/ sub-sector/working group Coordinator, trainers that are part of the Pool of trainers and other service providers, if relevant. The evaluation should be conducted after a minimum of six months of implementation.

GBV CASE MANAGEMENT CAPACITY BUILDING INITIATIVE - PERIODIC REVIEW

Name of respondent (first name, last name):

Organization:

Email:

Position:

Duty station:

1. What was/is your role in the GBV Case Management Capacity Building Initiative?

2. How would you rank the GBV Case Management Capacity Building Initiative for far?

- Successful
- Somewhat successful
- Not successful

Please explain:

3. What have been the main challenges of the GBV Case Management Capacity Building Initiative?

4. What have been the main achievements of the GBV Case Management Capacity Building Initiative?

5. What is your assessment of the Pool of trainers?

- Very good
- Good
- Not so good
- Not good at all

Please explain:

6. Would you say that capacity on GBV Case Management has been sustained following the GBV Case Management Capacity Building Initiative? Please explain

7. What are your recommendations moving forward to improve the GBV Case Management Capacity Building Initiative?