

GENDER-BASED VIOLENCE CASE MANAGEMENT CAPACITY BUILDING INITIATIVE

2020

ROLLOUT STRATEGY

September 2020



USAID
FROM THE AMERICAN PEOPLE



Primero



**International
Medical Corps**



UNHCR
The UN Refugee Agency



JNFPA

unicef 

TABLE OF CONTENTS

I. PURPOSE	4
II. INTRODUCTION AND BACKGROUND	4
A. Interagency GBV Case Management Guidelines	5
B. The GBV Case Management Capacity Building Initiative	5
III. IMPLEMENTATION GUIDE	6
A. Phase 1: Planning & Preparation	6
B. Phase 2: Training of Trainers	10
C. Phase 3: Follow up	11
IV. GLOSSARY	13
V. ANNEXES & TOOLS	14

ACKNOWLEDGMENTS

This document outlines a recommended approach to building capacity in gender-based violence (GBV) case management. The approach is based on a 3-year initiative led by the Gender-based Violence Information Management System (GBVIMS) Steering Committee¹, to rollout and build capacity on the *Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-based Violence Survivors in Humanitarian Settings*², released in 2017³. This approach was piloted in 3 countries: Mali, Nigeria and Somalia between 2017-2018. These pilots led to the development of the GBV Case Management Capacity Building Initiative (GBV CM CBI), which was in turn implemented in 5 additional countries: Bangladesh, Central African Republic, Libya, Niger and Yemen.

The GBVIMS Steering Committee would like to thank the following people for their contributions to this document: Caroline Masbounji and Virginia Zuco Silva, who led the writing and review process for this resource and the accompanying tools, and the interagency review group comprised of members of the GBVIMS Steering Committee: Catherine Poulton, Christine Heckman, Emily Krasnor, Meghan O'Connor, Janis Risdell, Kate Rougvie, and Micah Williams. Additional reviewers who contributed to specific sections of the document include Laura Canali, Dorcas Erskine, Sunita Palekar Joergensen, Elfriede Kormawa, Kathryn McCallister, and Christian Sabum. We would like to thank several colleagues from countries of implementation that helped shape this strategy and document and who provided guidance and feedback through countless exchanges and interviews: Anne Acham, Shirin Aktar, Richa Biswas, Irmak Bohlinger, Oswald Chishugi, Christiana Gbongo, Souzana Humsi, Loretta Jesusdoss, Zara Kareto, Samsad Khan, Elizabeth Kigen, Aliou Maiga, Chacha Maisori, Osman Mohamed Mohamud, Gertrude Mubiru, Brenda Nabirye, Saif Naeem, Arhyel Ngada, Tamara Obonyo, Sylvia Opinia, Ken Otieno, Anifa Soumana, Bidita Jawher Tithi, Amadou Yalcouyé, and Adama Yusuf. We would also like to thank the interagency teams and other participating organizations in Bangladesh, Central African Republic, Libya, Mali, Niger, Nigeria, Somalia and Yemen who provided opportunities to pilot and rollout the GBV CM CBI. Lastly, this resource would not have been possible without the generous support of the United States Office of Foreign Disaster Assistance.



¹ The GBVIMS Steering Committee is comprised of global GBV experts from International Medical Corps, International Rescue Committee, UN Population Fund, UN High Commissioner for Refugees and the UN Children's Fund

² Available [here](#)

³ The GBVIMS Steering Committee also led the development of these Guidelines thanks to generous support from OFDA

I. PURPOSE

This document recommends a strategy that aims to provide GBV service providers in humanitarian settings with a harmonized approach to building capacity on GBV Case Management (GBV CM). The Rollout Strategy is based on lessons learned from implementations of the GBV Case Management Capacity Building Initiative (GBV CM CBI) led by the GBVIMS Global Team⁴. It is a practical guide for field practitioners to implement a GBV CM CBI, complete with the accompanying tools developed by the GBVIMS Global Team (found in the Annexes). It is based on the GBVIMS Global Team's experience implementing the GBV CM CBI in eight countries. The approach outlined here within is designed to be carried out at an interagency level and is therefore best coordinated and implemented through an interagency coordination body in country, (e.g. GBV sub-cluster) or more specifically, a GBV case management specific working group (e.g. GBV Case Management Task Force). The Rollout Strategy is intended to complement the GBV CM CBI Periodic Review which provides more details on each implementation, including successes, challenges and lessons learned.

II. INTRODUCTION AND BACKGROUND

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.

The GBV Information Management System (GBVIMS)⁵ was created in 2007 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 initiative⁶ was initially developed to ensure that GBV incident information was shared with the informed consent of survivors, in line with global standards such as the World Health Organization (WHO) recommendations.⁷ The GBVIMS is not just a set of statistical tools, but a standard-setting holistic initiative that seeks to strengthen a survivor-centered GBV response, both in terms of how GBV information is managed and how service providers deliver care to survivors.

In 2014, the GBVIMS Global Team conducted an evaluation⁸ 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.

⁴ The GBVIMS Global Team is comprised of a Steering Committee – the interagency governing body of the GBVIMS at global level – and a Technical Team – the interagency implementation body that provides day-to-day technical support to countries using the GBVIMS and develops tools and resources.

⁵ Gender-Based Violence Information Management System [website](#)

⁶ Involving IMC, IRC, UNFPA, UNHCR and UNICEF

⁷ https://www.who.int/gender/documents/QMS_Ethics&Safety10Aug07.pdf

⁸ GBVIMS Evaluation Brief, September 2014 is available [here](#)

A. Interagency GBV Case Management Guidelines

As a result of the aforementioned evaluation, 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 CM CBI 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*⁹ (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, like guidance 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.

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.¹⁰

B. The GBV Case Management Capacity Building Initiative

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.

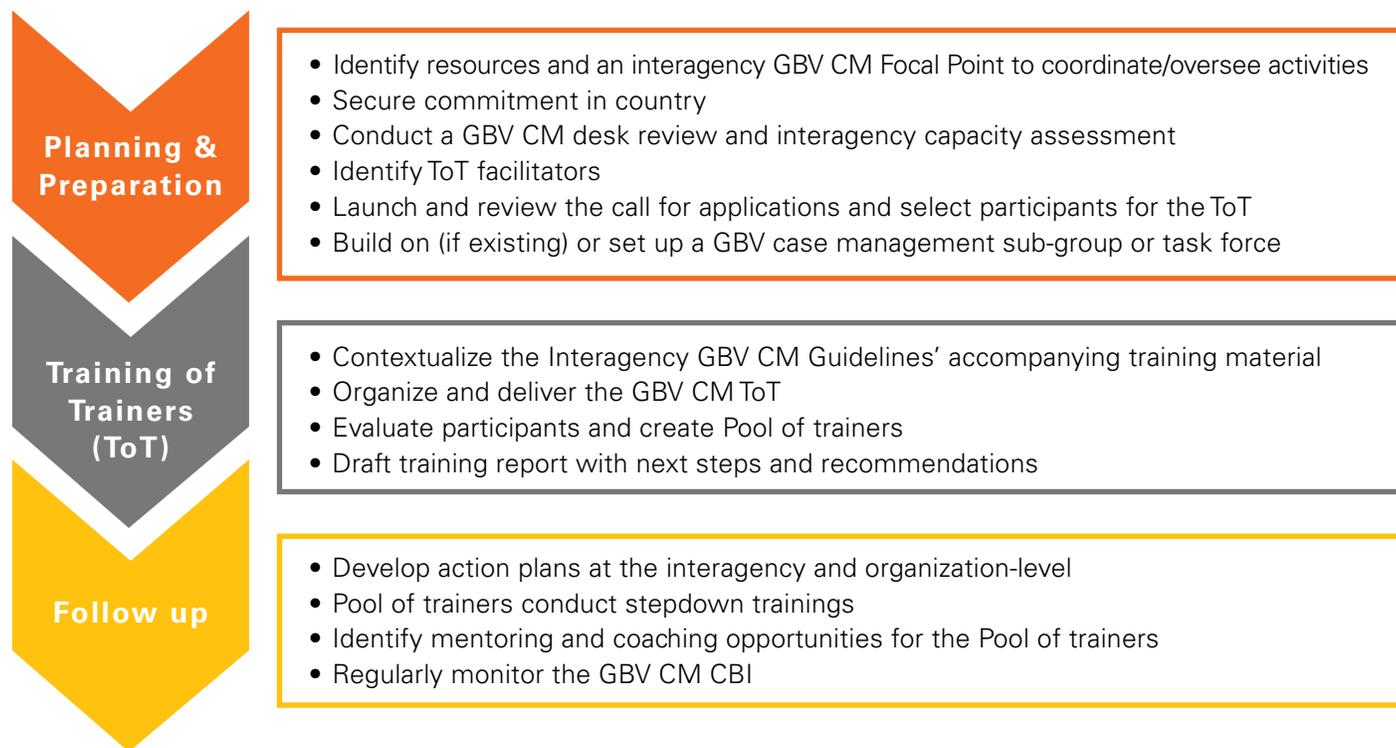
Where possible, the GBVIMS Global Team tried to align this investment in GBV CM capacity building with Primero/GBVIMS+ rollouts. Out of the eight GBV CM CBI countries, Primero/GBVIMS+ was successfully rolled out in Bangladesh, Libya and Nigeria in 2019 and is planned for rollout in Somalia in the 4th quarter of 2020.

⁹ Interagency GBV CM Guidelines are available [here](#)

¹⁰ To know more about Primero/GBVIMS+ watch the following intro [video](#) or visit www.gbvims.com/primero

III. IMPLEMENTATION GUIDE

The GBV CM CBI was designed as an interagency initiative so its success depends on active communication and collaboration in country. The following guide is informed by lessons learned from all eight implementations of the GBV CM CBI led by the GBVIMS Global Team. Based on learning from the pilot rollouts, the GBVIMS Global Team designed the GBV CM CBI with 3 phases of implementation: (1) Planning & Preparation, (2) In-country Training of Trainers (ToT), and (3) Follow up. Finally, the Annexes include all the tools developed and used by the GBVIMS Global Team for the implementation of the GBV CM CBI. The below diagram provides a quick overview and then each phase is described in more detail in the subsequent sections.



A. Phase 1: Planning & Preparation

This first phase, estimated to take 8-12 weeks, is key to building a strong foundation for and ensuring successful and sustainable implementation and buy-in for the GBV CM CBI. This phase consists of the following activities:

- (1) Identify resources:** Before starting the rollout, ensure that agencies and organizations involved can allocate financial and human resources to ensure a successful outcome. To successfully promote interagency collaboration, the responsibility to fund activities linked to this initiative should be shared in-country and between several organizations and/or agencies. As part of the GBVIMS Global Team implementation, UNICEF¹¹ channeled funds to country-level actors, mostly through UNICEF and UNFPA country offices, to implement the GBV CM CBI. This meant that each country of implementation received funding for activities in-country with the expectation that it would be complemented by in-country resources, both financial and human. Countries that also identified in-country resources had a more successful and longer-lasting implementation. For example, in Libya funds from the GBV CM CBI had been spent by the 4th quarter of 2019 but in-country contributions have allowed for a dedicated GBV CM Focal Point to still be in place and stepdown trainings to still be delivered as of September 2020.

¹¹ The GBV CM CBI was funded by OFDA through UNICEF HQ.

When identifying resources¹² to rollout the GBV CM CBI considerations include:

- Funding for a GBV CM Focal Point: additional resources would be needed to recruit a GBV CM Focal Point for a minimum of 4-6 months if an existing position in-country is not able to take on this role in its entirety, as outlined in bullet (2) below;
- Costs for the ToT: funds to cover an in-country ToT (8-9 days) for 20 participants in a centralized location including venue, meals, materials and printing needs, as well as travel fare, DSA and accommodations for participants, depending on policies in-country;
- Funding for stepdown trainings, at the interagency or organizational level: participating organizations should commit existing capacity building funds towards stepdown trainings or organizations could choose to jointly fundraise. The amount of funding will depend on the number of stepdown trainings planned.

Country programs interested in rolling out the GBV CM CBI but lacking expertise to deliver the ToT in-country can request support from the GBVIMS Global Team (or other global resources such as the GBV AoR Regional Emergency GBV Advisors and Specialists – REGA/S) to help facilitate the ToT. A deployment of GBVIMS Global Team members would be dependent on timeline and availability and would likely require a budget for travel and DSA.

(2) Identify an interagency GBV Case Management Focal Point (referred to henceforth as GBV CM Focal Point): This position is essential but does not need to be a full-time role. The GBV CM CBI functions best when supported by a dedicated GBV CM Focal Point to oversee implementation and provide quality assurance. If lack of funding excludes the possibility to recruit a dedicated position, at minimum, an existing position would need to be able to dedicate 50% of a full-time role for the first 4-6 months of this initiative. It is imperative that this role is recruited/identified in advance of starting Phase 1. The GBV CM Focal Point is intended to operate in an interagency capacity and to have strong knowledge base of GBV case management and interagency coordination. This position leads the planning and preparation phase, supporting dissemination of information to GBV actors in country, facilitating the ToT participant selection process, and overseeing the organization of the ToT. The GBV CM Focal Point should ideally have expertise in GBV CM and therefore be able to support the delivery of the ToT but can also just support logistics. The GBV CM Focal Point then oversees Phase 3 by acting as the primary liaison for the Pool of trainers and monitoring the delivery of stepdown trainings. For more, see Annex 3 for the Terms of Reference for the GBV CM Focal Point.

Hiring a dedicated position, like in Bangladesh and Libya, resulted in more successful and sustainable implementations. In two other countries of implementation, this role was taken on by the Sub-Cluster/Sub-Sector Coordinator, and that posed challenges as these positions are already often overtasked. In Yemen, UNFPA dedicated a GBV programme staff other than the GBV Sub-sector Coordinator, to take on this role and that was an effective strategy as well. The GBVIMS Global Team is available to help identify relevant candidates for the GBV CM Focal Point role, if requested.

(3) Secure commitment in country: The GBV CM CBI was designed as an interagency initiative and successful implementation depends on collaboration and commitment across participating actors. At the very early stages of the initiative, it is crucial to ensure that senior management from participating UN coordinating agencies and GBV CM organizations are properly briefed on this initiative and fully committed to its implementation. To ensure that the GBV interagency coordination body (e.g. the GBV sub-cluster or the GBV CM Task Force¹³) is fully aware and agrees to implement the GBV CM CBI, the interagency coordinator of this group is asked to

¹² Resources explicitly mentioned are in addition to resources needed for service provision (e.g. accommodating safe spaces (e.g. separators), safe storage for paper files (e.g. locked cabinets), ICT equipment for data entry, especially if transitioning to Primero/GBVIMS+ (e.g. desktops, laptops, mobile devices for data entry), etc.

¹³ In countries where a GBV Case Management Task Force is in place this responsibility could be shared or even led by the task force but should include the wider GBV coordination group membership.

sign a commitment letter outlining the role and responsibilities of the interagency group following a consultation with its members. The Interagency Commitment Letter can be found in Annex 4.

Participating organizations demonstrate their commitment by having a supervisor of any applicants sign the application form which outlines expectations and commitments for participating individuals (see bullet (6) below for more details). Buy-in and commitment from the coordinating agency's senior management and the coordination group's membership are equally important. In Bangladesh, UNFPA, UNHCR and UNICEF set up an interagency consultative body in which all three agencies dedicated funds and actively supported this initiative. This would not have been possible without senior management buy-in and commitment, as well as in-country financial contributions to sustain the initiative beyond the initial funding provided by UNICEF HQ.

(4) Conduct a GBV CM desk review, and interagency capacity assessment:

- The GBV CM Focal Point should conduct a **desk review** of existing in-country resources related to GBV services, and specifically GBV case management. This includes any existing assessments or evaluations of the GBV response or service provision, training reports, Standard Operating Procedures (SOPs) at the coordination level (including GBV Case Management Standard Operating Procedures), Terms of Reference of the GBV coordination group(s), referral pathways or 3/4Ws, the GBVIMS Information Sharing Protocol, and any other relevant documentation.
- To complement the desk review, the GBV CM Focal Point will support the **Interagency Capacity Assessment**. The tool (Annex 2) includes a series of questions designed to evaluate GBV case management practices and protocols across agencies and organizations providing services to survivors of GBV in-country. It identifies strengths and gaps in GBV case management to inform what specific areas need support/strengthening. The interagency GBV Coordinator in country (e.g. the GBV sub-cluster Coordinator) is typically best placed to oversee the administration of the Interagency Capacity Assessment to the GBV coordination body members and should complete it during a coordination meeting to gain input from the GBV coordination group member organizations, particularly GBV CM service providers.

(5) Identify ToT facilitators: Selecting appropriate facilitators is necessary to have the added expertise necessary to evaluate participants. The GBVIMS Global Team will screen the selected proposed trainers for the ToT to ensure the right profile is identified. Pending availability, members of the GBVIMS Global Team could also be available to deliver a ToT. At least two, and ideally three, facilitators are recommended to deliver a GBV CM ToT. ToT facilitators should meet the following criteria:

- ✓ Previously participated in a GBV case management ToT or a similar training based on the *Interagency GBV CM Guidelines*;
- ✓ Delivered at least two full trainings (five days) on GBV CM;
- ✓ Experience in performance evaluation – e.g. in a supervisory role – or in delivering ToTs.

A GBV CM Focal Point with the right background could be one of the facilitators but should at minimum oversee on-site logistics. The GBV CM Focal Point should lead communication with the GBVIMS Global Team to support the identification of ToT facilitators. The facilitators should in turn support the ToT applicant selection process outlined in bullet (6).

(6) Launch and review call for applications for the ToT: The call for applications for the ToT should be launched through the GBV coordination body in country. Interested applicants are asked to complete the ToT Application and Pre-training Assessment Form (Annex 5). Ensuring that ToT candidates have the appropriate profile is critical (Annex 7 provides the intended GBV CM Candidate Profile). For this reason, each applicant needs to meet the below requirements to be eligible to participate in the ToT:

- ✓ Mastery of GBV Core Competencies: Understands and applies survivor-centered approach; applies the GBV Guiding Principles (right to safety, confidentiality, dignity and self-determination, and non-discrimina-

tion); believes in gender equality and applies, promotes and integrates gender analysis into humanitarian programming; and uses emotional intelligence;

- ✓ Experience in GBV case management either in direct service delivery (i.e. a frontline caseworker or a supervisor of caseworkers) or in the management of GBV case management programmes;
- ✓ Experience facilitating and delivering trainings (certified trainers are asked to deliver stepdown trainings on GBV case management and to provide “coaching” to applicants that are not selected and participants who are not certified).

Applicants need to submit the completed application, signed by their supervisor, along with a copy of their Curriculum Vitae (CV), and must indicate their commitment to the following:

- ✓ Participate fully in the ToT without absences (emergencies on a case-by-case basis);
- ✓ Complete the GBV CM ToT pre- and post-test;
- ✓ If selected for the Pool of trainers (criteria outlined in section B bullet (3) below), support the implementation of Phase 3 of the GBV CM CBI by:
 - Completing an Organization Action Plan (Annex 17);
 - 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) (Annex 15) in collaboration with other trainers for each delivered training and complete other relevant monitoring & evaluation tools related to the training(s) delivered;
 - Support the implementation of the Interagency Action Plan (Annex 16) as requested.

Candidates should already have a foundation of GBV case management knowledge and skills. Those providing direct GBV case management services should be prioritized. In particular, the GBV CM CBI should ensure the participation of local organizations and national staff for the sustainability of the initiative and ensure that candidates chosen for the Pool of trainers represent different zones in-country ensuring wide geographic coverage. The process of selection should be led by the GBV CM Focal Point in collaboration with the GBV CM ToT facilitators and the GBV coordination body Coordinator, using the Review Matrix for Selection of ToT participants (Annex 6).

When the GBVIMS Global Team implemented the GBV CM CBI, participants were selected in consultation with in-country actors. A larger interagency consultative body¹⁴ can be created to oversee the selection of participants, if other members of the coordination group want to be involved. This was successfully done in Bangladesh, where representatives from UNFPA, UNHCR, UNICEF and the GBV sub-sector Coordinator worked with the GBVIMS Global Team to select participants. The GBVIMS Global Team can be available to provide the ToT facilitators with technical guidance for the participant selection process if necessary. The GBV CM Focal Point¹⁵ will be responsible for informing selected participants and inviting them to attend the ToT¹⁶.

- (7) **Build on (if existing) or set up a GBV case management sub-group or task force:** it should be composed of GBV CM service providers as well as GBV coordinating agencies. In some places, this group may already exist. If a sub-group dedicated to GBV CM does not exist, establishing one is recommended to greatly improve the success of the GBV CM CBI. The availability of a GBV CM group allows for added transparency in ToT participant selection. The group, in addition to other defined responsibilities, should also review the interagency capacity assessment (see above) and help select the dedicated thematic sessions for the ToT based on identi-

¹⁴ This body was usually composed of country-level representatives of the organizations that compose the GBVIMS Steering Committee (namely UNFPA, UNHCR, UNICEF, IRC and IMC) and was led by the Coordinator of the GBV coordination group or the GBV CM Focal Point for the initiative if s/he had been identified. Any additional organizations could be part of the consultative body if they provide GBV case management services and are active in the GBV coordination group.

¹⁵ The GBV CM Focal Point refers to the role even if a dedicate position is not recruited. In countries where this role is absorbed by an existing position, s/he is still referred to as the GBV CM Focal Point for the purpose of this initiative.

¹⁶ It is also recommended to inform candidates that were not selected and share other opportunities (if any) to build their skills on GBV CM and/or facilitation.

fied needs. It is recommended that the GBV coordination group leads the set-up of this GBV CM sub-group ensuring a collaborative and inclusive process. The GBV CM CBI in Nigeria was implemented through the existing GBV CM Working Group, ensuring widespread and active participation of GBV CM service providers in country.

B. Phase 2: Training of Trainers

Phase 2 includes delivering the GBV CM ToT with the goal of certifying GBV case management staff as trainers. The ToT is 8-9 days long and should be delivered in two parts: part 1 includes a 5-day GBV case management training and part 2 entails 3-4 days of participant evaluations. Phase 2 consists of the following:

(1) **Contextualize the Interagency GBV CM Guidelines accompanying training material:** Training materials are available as part of the Interagency GBV CM Guidelines accompanying training package. The accompanying Facilitator's Guide provides options for 3-, 4- and 5-day GBV CM trainings.¹⁷ The *Interagency GBV CM Guidelines* accompanying training materials¹⁸ include 19 different modules ranging from GBV basics review, including GBV attitudes and perceptions, GBV guiding principles and a survivor-centered approach, to an overview of GBV case management and steps, including supervision and staff care, and thematic areas: GBV case management for cases of intimate partner violence (IPV), mediation (in cases of IPV), adolescent girls and early marriage, male survivors of sexual violence, female survivors of sexual violence, survivors with disabilities, or LGBTI survivors. It is important to select an array of topics according to needs and context, while ensuring the basics of GBV CM service provision are covered. A proposed agenda for the full GBV CM ToT developed by the GBVIMS Global Team for the GBV CM CBI is available in Annex 8.

(2) **Organize and deliver ToT:** The GBV CM Focal Point oversees the logistical preparation of the ToT, namely:

- Securing interpretation services into the local language¹⁹, if needed;
- Organizing logistics for participants (e.g. DSA, accommodation, transportation, etc.);
- Booking of the venue and meals for the duration of the ToT;
- Procurement of material needed for the training;
- Printing handouts and any other relevant materials; and
- Supporting the on-site logistics and administrative components during the training.

The ToT should be delivered by a minimum of two, and ideally three, facilitators and include a maximum of 20 participants. The first five days (part 1, sample in Annex 8) should cover key topics including a review of GBV fundamentals, a deep dive into GBV CM, including supervision and staff care and dedicated sessions for specific thematic areas. The last 3-4 days²⁰ (part 2, sample in Annex 8), should cover an overview of facilitations skills and participant presentations and evaluations. The facilitation team will divide participants into pairs. Each two-person team is tasked with presenting an assigned session and are observed and evaluated. Participants will be able to provide feedback on their experience by completing a GBV CM ToT Final Evaluation (Annex 11).

(3) **Evaluate participants and create Pool of trainers:** Active participation during part 1 of the training, post-test scores, and individual evaluations inform who qualifies for the Pool of trainers

During the five-day GBV CM training (part 1), participants complete a pre- and post-test (Annex 9) to assess knowledge acquired. A minimum score of 75% on the post-test is recommended to be eligible for the Pool of trainers.

¹⁷ The Interagency GBV CM Training Facilitator's Guide is available [here](#).

¹⁸ The Interagency GBV CM Training Materials are available [here](#).

¹⁹ The IA GBV CM Guidelines and accompanying training materials are available in Arabic, English and French.

²⁰ Whether 3 or 4 days are needed for the evaluations of participants is strictly dependent on the number of ToT participants.

During part 2, the ToT facilitators will complete a GBV CM ToT Assessment of Trainers (Annex 13), to individually assess participants based on outlined criteria. Participants are asked to complete a Self-Evaluation (Annex 12) to self-reflect on their experience.

It is recommended that dedicated time be allocated for bilateral feedback with each participant to share feedback on performances, test scores, general observations and level of certification. Based on their overall evaluations, participants are placed into one of three tiers:

- Tier 1: Able to deliver training on his/her own without supervision;
- Tier 2: Should train with a more experienced trainer (from tier 1);
- Tier 3: Requires more theoretical knowledge and on-the-job practice before delivering a training.²¹

Participants in Tiers 1 and 2 are included in the in-country Pool of trainers and added to a Database of GBV Case Management Pool of trainers (Annex 14), as well as the Global Database of GBV CM Trainers managed by the GBVIMS Global Team. Tier 3 members are asked to further build knowledge and are not included in the Pool of trainers.

- (4) **Draft training report with next steps and recommendations:** The ToT facilitators should draft a training report to outline achievements, next steps, and recommendations for different actors, including the GBV coordination body members or Coordinator, GBV CM Focal Point, service providers and UN agencies and donors. The report should be reviewed by the GBV CM Focal Point and shared with the GBVIMS Global Team, the GBV coordination group and the GBV CM sub-group, and the Pool of trainers.

C. Phase 3: Follow up

This phase aims to expand the reach of the GBV CM CBI and improve GBV service delivery in-country in the medium- and long-term to maximize impact and ensure sustainability. Phase 3 is primarily focused on the delivery of GBV CM trainings by the Pool of trainers but also includes the development of action plans to address ongoing needs in GBV CM service provision. The GBV CM Focal Point is responsible for tracking follow up activities. The length of Phase 3 is dictated by in-country needs, active participation, and available resources (in Mali and Somalia, for example, Phase 3 lasted over a year thanks to resources and commitment in country). Phase 3 includes the following activities:

- (1) **Develop and implement action plans at the interagency and organization-level:** To ensure that GBV case management services align with standards outlined in the Interagency GBV CM Guidelines, the GBV CM Focal Point will lead the development of an Interagency Action Plan (Annex 16), in collaboration with the GBV coordination group and/or GBV CM sub-group, if available. Each organization that attended the GBV CM ToT is also asked to develop an internal Organization Action Plan (Annex 17). The interagency and organization action plans aim to ensure that GBV services are survivor-centered, safe, ethical and of quality. The content of these action plans should address needs identified in the capacity assessment done in Phase 1. The action plans look at different areas of the GBV service provision, namely:

- Programming/set-up, including guidelines for engaging communities, how to set-up safe and confidential spaces for GBV service provision, how to recruit and their requirements;
- Training of GBV caseworkers, supervisors and interpreters on the *Interagency GBV CM Guidelines*, *Caring for Child Survivors of Sexual Abuse*²² and GBVIMS basic tools²³, if applicable;

²¹ ToT facilitators should provide guidance or options to those in Tiers 2 and 3 to develop skills (e.g. share resources, training opportunities, etc.).

²² International Rescue Committee. (2012). *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. New York, NY: UNICEF and the Bill and Melinda Gates Foundation. Available at www.gbvresponders.org.

²³ Available at www.gbvims.com

- Supervision and staff care;
- Protocols, policies and procedures including guidelines for GBV caseworker caseload, high-risk cases, mandatory reporting, best interest procedures for child survivors, home visits, mediation, case closure, etc.;
- Information management, including forms for GBV CM, guidance on GBVIMS or Primero/GBVIMS+ if applicable, and other aspects of safe and ethical data management including data protection protocols, information sharing protocols, etc.

The Interagency Action Plan in Libya led to the revision of in-country GBV Prevention and Response Standard Operating Procedures (SOPs) to include considerations for GBV CM. In Central African Republic, organization action plans led to ensuring that any proposals submitted following the ToT include specific budget lines for GBV CM capacity building.

- (2) **Pool of Trainers conduct stepdown trainings at interagency level:** The primary activity outlined in the above-mentioned Action Plans is the delivery of stepdown trainings on GBV CM. Each certified trainer in the Pool of trainers is asked to deliver a minimum of one GBV CM training following the GBV CM ToT (as outlined under the participant commitments on page 9). Certified trainers who do not meet this requirement should be removed from the in-country Pool of trainers. It is highly recommended that certified trainers contribute to interagency trainings and avoid focusing solely on building capacity within their respective organizations. The goal is to further the interagency aspect of the GBV CM CBI and create opportunities for GBV service providers who did not qualify for the GBV CM ToT and Tier 3 participants to benefit from subsequent GBV CM capacity building opportunities. Following each stepdown training, facilitators should draft a training report (Annex 15) that outlines the results of the training, including the pre- and post-test scores, general feedback from participants, and recommendations for next steps.
- (3) **Identify mentoring and coaching opportunities for the Pool of trainers:** Phase 3 was designed to include additional mentoring and coaching opportunities for the Pool of trainers, in particular for those in Tiers 2 and 3 to be able to eventually qualify for Tier 1. One of the main responsibilities of the GBV CM Focal Point is to regularly assess the needs of the Pool of trainers and communicate and collaborate with the GBV coordination body and/or GBV CM sub-group and the GBVIMS Global Team to find opportunities to address these and build skills. The GBV CM Focal Point is responsible for organizing regular meetings with the Pool of trainers to foster exchanges of lessons learned and identify needs. The GBV CM Focal point is also responsible for follow up on the interagency and organization action plans. The GBVIMS Global Team is currently offering quarterly remote coaching sessions²⁴ that each take a deep dive into a specific area of GBV CM, following the administration of a survey to assess priority needs for thematic sessions.
- (4) **Regularly monitor the GBV CM CBI:** The initial interagency GBV CM capacity assessment serves as a baseline. The interagency and organization Action Plans along with the pre- and post-test results are used to assess effectiveness of the GBV CM CBI. The GBV CM Focal Point is asked to draft a report of ongoing progress every 6 months to be shared with the Pool of trainers, the GBV coordination group, the GBV CM sub-group, and if desired the GBVIMS Global Team. Available M&E tools include:
- GBV case management training pre- and post-tests (Annex 9);
 - Pre- and Post-test Results Matrix (Annex 10);
 - GBV CM ToT Final Evaluation (Annex 11);
 - Monitoring Matrix for the Pool of trainers (Annex 18);
 - GBV CM Interagency and Organization Action Plans (Annexes 16 and 17)

²⁴ The first of this series was delivered in September 2020 and covered GBV CM with survivors with disabilities. The next session is planned for December 2020 and will cover GBV CM Supervision.

IV. 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

V. ANNEXES & TOOLS

Annex 1: Overview of the Case Management Capacity Building Initiative

Annex 2: Interagency Capacity Assessment

Annex 3: Terms of Reference for the GBV Case Management Focal Point

Annex 4: Interagency Commitment Letter

Annex 5: GBV Case Management ToT Application and Pre-Training Assessment

Annex 6: Review Matrix for Selection of ToT Participants

Annex 7: GBV Case Management Candidate Profile

Annex 8: GBV Case Management ToT Sample Agenda

Annex 9: GBV Case Management training pre- and post-test

Annex 10: Pre- and Post-test and Participants Feedback results matrix

Annex 11: GBV Case Management ToT Final Evaluation

Annex 12: Self-Evaluation of Trainers

Annex 13: GBV Case Management ToT Assessment of Trainers

Annex 14: Database of GBV Case Management Pool of trainers (Template)

Annex 15: Training Reporting Template

Annex 16: GBV CM Action Plan Template, Interagency

Annex 17: GBV CM Action Plan Template, Organizations

Annex 18: Monitoring matrix for the Pool of trainers

Most tools are available in English only, although several have been translated into Arabic and/or French

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.¹

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

¹ 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.

ANNEX 2: INTERAGENCY CAPACITY ASSESSMENT

Purpose: This Interagency Capacity Assessment was developed by the GBVIMS Global Team and is designed to be self-administered by the Interagency Coordinator of the GBV coordination group at country-level in order to assess GBV case management practices and protocols at the interagency level. Please respond as honestly and accurately as possible. Your answers will help identify strengths and gaps in your service provision and determine what technical support related to GBV case management is needed.

INTERAGENCY CAPACITY ASSESSMENT

Name of respondent (first name, last name):

Organization:

Email:

Position:

Duty station:

Set-up and staffing

1. How many organizations provide GBV Case Management in your country of operation?

Please add the name of the organizations.

2. What is the average ratio of GBV caseworkers to supervisors (ex. 1 supervisor for every 3 caseworkers)?

3. Do the GBV caseworkers represent the ethnic, religious and cultural background of the population being served? Please explain.

4. Do caseworkers speak the language(s) spoken by survivors so survivors can communicate in their first language? Please explain.

Context

5. What are some of the external/contextual factors that affect service providers' ability to provide quality GBV case management services to survivors? Please review any available report on the GBV situation.

6. What are some of the internal challenges that service providers face in providing survivor-centered GBV case management services to survivors?

Capacity building

7. Have there been any interagency trainings on the GBV Guiding Principles (right to safety, confidentiality, self-determination and dignity, non-discrimination) in the past 12 months? If yes, when and who facilitated the training(s)?

8. Have there been any interagency trainings on GBV case management in line with the Interagency GBV Case Management Guidelines (released in 2017) in the past 12 months? If yes, when and who facilitated the training(s)?

9. Have there been any interagency trainings on Caring for Child Survivors of Sexual Abuse in the past 12 months? If yes, when and who facilitated the training(s)?

10. Is there another GBV case management capacity building initiative ongoing in country? If yes, please explain.

Self-care and supervision

11. Do organizations providing GBV case management services have resources for staff/self-care¹? Please explain.

12. Do organizations providing GBV case management services have supervision protocols in place²? Please explain.

¹ These could include inductions, written materials, time or stress management workshops, learning sessions on relevant topics (e.g. work/life balance, conflict resolution, compassion fatigue, vicarious trauma), visits from staff care counsellors or supervisors in hard-to-reach locations, access to a helpline, peer support systems, individual consultations with in-house staff counselor, referrals, etc.

²

Coordination and resources

13. Does a functioning GBV coordination mechanism (e.g. GBV sub-cluster/sub-sector/working group) exist in your location? If yes, please review the Terms of Reference, Standard Operating Procedures (SOPs) or other relevant documentation for this group.

14. Does a dedicated GBV case management working group or task force exist in your location? If yes, please review the Terms of Reference, Standard Operating Procedures (SOPs) or other relevant documentation for this group.

15. Is there an updated mapping or '3W' of local medical/health, psychosocial, legal/justice, and protection/safety services readily available for GBV caseworkers to facilitate referrals? If yes, please explain.

16. Do you have a GBV case management SoP or protocol in place at the interagency level³? If yes, please explain.

17. Do you have guidelines on how to ensure that community members are aware that services exist and are informed about where, when and how to access them⁴? If yes, please explain.

³ This should include references to a survivor-centered approach, code of ethics for staff, how cases are received or assigned, mandatory reporting requirements including for PSEA cases, risks of home visits, how 'high-risk' cases will be handled, risks associated with mediation with perpetrator(s), how to deal with child survivors, how to close cases, staff care, supervision, data protection including data evacuation, and standardized forms for GBV case management.

⁴ The outreach strategy should also include guidelines about how to identify cases in a safe and confidential manner. Third party reporting and forced disclosure should be specifically mentioned as bad practices.

Information Management

18. Do any organizations use the GBVIMS and/or Primero/GBVIMS+ in your country of operation? If yes, please explain how many organizations share their data and since when the system has been rolled out.

19. Is there a GBVIMS Information Sharing Protocol in place in your country? If yes, please explain.

20. Do you have standardized forms for GBV case management at the interagency level? If yes, please explain.

21. Is there any other information management system in place in your country to collect GBV-related data? If yes, please explain.

ANNEX 3: GBV CASE MANAGEMENT FOCAL POINT TERMS OF REFERENCE

The **GBV Case Management Capacity Building Initiative** (GBV CM CBI) aims to strengthen capacity on GBV case management. The overall objective of this initiative is to support country-level service providers to provide quality care, 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 recently launched ***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.¹

Background

The GBV CM CBI is divided into three phases:

- I. Preparation & Planning: This phase consists of securing commitment and identifying resources in country; assessing the capacity of existing actors in terms of GBV case management practices and strengthening or establishing a GBV CM sub-group; conducting a desk review on available resources related to GBV case management in-country; and identifying facilitators and selecting the participants for the training of trainers (ToT).
- II. In-person training of trainers (ToT): This phase consists of organizing and delivering an in-country ToT based on the Interagency GBV CM Guidelines and creating a Pool of trainers based on individual assessments during the ToT.
- III. Follow up phase: Following the ToT participating actors develop interagency and organisational action plans to ensure that GBV case management protocols and practices are in line with the Interagency GBV CM Guidelines; the Pool of trainers prepare and deliver step-down training and access additional mentoring and coaching opportunities.

Purpose

In coordination with existing GBV coordination mechanism in country (i.e. GBV sub-sector, sub-cluster or working group) the GBV Case Management Focal Point is responsible for driving the successful implementation of the GBV CM CBI in-country.

Expected Results and Description of Responsibilities

The GBV Case Management Focal Point (GBV CM Focal Point) will facilitate the implementation of the GBV CM CBI in-country, supporting organizations that are providing GBV case management to meet the standards in terms of protocols and practices as outlined in the *Interagency GBV CM Guidelines*. The GBV CM Focal Point does not need to be a full-time role but requires a minimum of 50% of a full-time position for the first four to six months of implementation of the GBV CM CBI. The GBV CM Focal Point should work in close collaboration with the GBV coordination group and GBV CM sub-group, if available, as well as other sectors (i.e. Child Protection and Protection) in order to ensure synergy in approaches and standards. The GBV CM Focal Point oversees the organization of the in-country ToT and follow up activities, as well as monitors the Pool of trainers and implementation of capacity building activities. This role requires the ability to work across agencies as it will support all GBV case management service providers.

1. Coordination

- Support the development of an interagency action plan with the GBV coordination group².

¹ Available at: <http://gbvresponders.org/response/gbv-case-management/> (accessed May 1, 2017).

² Depending on the country, the coordination of GBV Case management could be done through the GBV sub-sector/sub-cluster/working group or a specialized coordination group working on GBV case management specifically (i.e. case management task force).

- Hold regular meetings with the Pool of Trainers to follow up on the implementation of the action plan, availability, feedback on step-down trainings, etc.
- Draft or update interagency protocols and procedures (i.e. SoP) to improve practices and standards for GBV case management in consultation with existing GBV coordination groups.
- If needed, recommend changes to the Pool of trainers (i.e. if staff are no longer available) or flag to the GBV coordination group and the GBVIMS Global Team any challenges linked to the Pool of trainers (i.e. staff turnover, lack of availability, etc.)

2. Capacity Building

- Regularly meet with GBV case management service providers to assess their capacity building needs.
- Support in-person or remote delivery of step-down trainings by the Pool of trainers. This includes following up on the disbursement of the funds (if any) to support step-down trainings. When needed, support the adaptation of the content of the training to fit the needs of the participants.
- Coordinate the organization of remote or in-person trainings (in-depth or refresher), coordinate coaching and mentoring in collaboration with the GBVIMS Global Team.
- Conduct quality checks with case management organizations on tools in place to ensure quality service delivery. This includes forms, protocols and procedures.

3. Monitoring & Evaluation

- Maintain an updated list of the Pool of trainers (including up-to-date contact information).
- Collect training reports, including results of pre- and post-tests for the step-down trainings.
- Track results related to the step-down trainings using the M&E forms provided by the GBVIMS Global Team.
- Support the completion of the final evaluation of the GBV CM CBI.

4. Communication

- Hold quarterly meetings with the GBV coordination body Coordinator and the GBVIMS Global Team to review the results of the GBV CM CBI and plan for the next steps.
- Communicate with the GBV coordination body Coordinator and the GBVIMS Global Team any gaps identified in the present guidelines during rollout.

Competencies and Qualifications

- Mastery of gender-based violence issues in their respective contexts, with experience in humanitarian programming;
- At least 2 years of experience implementing GBV case management programs;
- Experience in training or facilitation in order to form teams that can train on GBV case management and provide “coaching”;
- Experience in supervision of GBV case workers;
- Demonstrated organizational skills: the ability to work independently and productively with multiple stakeholders in a fast-paced environment;
- Demonstrated understanding of issues related to confidentiality, data safety and other ethical concerns related to the sharing of sensitive data between humanitarian agencies;
- Excellent interpersonal and communication skills: the ability to successfully and effectively liaise with people in a wide range of functions in a multi-cultural environment;
- Fluency in _____ [ADD LANGUAGE(S) ACCORDING TO CONTEXT].

ANNEX 4: INTERAGENCY COMMITMENT LETTER

I, _____, from _____, in my capacity of Coordinator of the
NAME AGENCY
_____, hereby express the commitment of the _____
NAME OF COORDINATION GROUP NAME OF COORDINATION GROUP
to engage in the interagency GBV case management capacity building initiative (GBV CM CBI) in

COUNTRY

I understand that participation in this initiative will require the commitment to:

- Ensure the identification of a GBV Case Management Focal Point ([Annex 3](#)) who can oversee the implementation of the GBV CM CBI at the interagency level¹;
- Support the desk review of existing resources related to GBV case management in-country, including the completion of the Interagency Capacity Assessment ([Annex 2](#));
- Support the identification of ToT facilitators in collaboration with the GBVIMS Global Team;
- Send out the call for applications for the GBV case management training of trainers (ToT) and support collecting and compiling applications;
- Participate in selecting the final list of candidates for the ToT;
- Support the organization and planning for the in-country ToT;
- Support the development of an interagency action plan to ensure that GBV case management protocols and practices are in line with ***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)***;
- Coordinate the Pool of trainers and oversee the implementation and documentation of all step-down trainings delivered on GBV case management;
- Support the organization of coaching and mentoring opportunities for the Pool of trainers in collaboration with the GBVIMS Global Team;
- Share relevant M&E documentation related to the GBV CM CBI with the GBVIMS Global Team.

SIGNATURE

DATE

¹ See the Terms of Reference for the GBV Case Management Focal Point (Annex 3)

ANNEX 5: GBV CASE MANAGEMENT TOT APPLICATION AND PRE-TRAINING ASSESSMENT

_____ COUNTRY

Purpose: This application form should be completed by candidates for the GBV Case Management Training of Trainers (ToT) that will be held between _____ in _____.

DATES

CITY, COUNTRY

Applicants need to submit their application by email, together with their Curriculum Vitae (CV), before

_____ directly to _____,

DATES

NAME, POSITION AND EMAIL OF GBV CM FOCAL POINT IN-COUNTRY

copying to _____.

NAME, POSITION AND EMAIL OF GBV COORDINATION GROUP COORDINATOR IN-COUNTRY

Applicants will be informed of their selection by the _____

NAME, POSITION AND EMAIL OF FOCAL POINT IN-COUNTRY

_____ by _____.

DATE

PERSONAL INFORMATION

<i>First Name, Last Name</i>	<i>Sex (Male or Female)</i>
<i>Email address:</i>	<i>Phone number:</i>
<i>Function/Job Title</i>	<i>Organization</i>
<i>Employed in current position since (month/year)</i>	<i>Duty Station</i>

EDUCATIONAL AND PROFESSIONAL BACKGROUND

What subject(s)/discipline(s) did you study in college or university? Did you receive a degree? If yes, in what?

Describe the responsibilities you have in your current position. What is your specific role with regards to GBV case management?

MOTIVATION

Why do you want to participate in this training on GBV case management?

What challenges do GBV caseworkers and their supervisors face in your area of intervention?

What specific issues would you like to see addressed in a GBV case management training?

How will you apply what you learn during this training in your current position and/or in the future?

PREVIOUS TRAINING(S) ON GBV CASE MANAGEMENT

To date, have you attended any full trainings on GBV case management (5 to 10 days)?

Yes No

If yes, when?

- In the past three months
- In the past six months
- In the past year
- Over a year ago

If yes, who provided the training?

- Our own organization
- Another organization
- Interagency actor

If yes, where was the training offered?

- In the location where I work
- In the capital city of the country
- In another country

To date, have you attended any refresher trainings on GBV case management (less than 5 days)?

Yes No

If yes, when?

- In the past three months
- In the past six months
- In the past year
- Over a year ago

If yes, who provided the training?

- Our own organization
- Another organization
- Interagency actor

If yes, where was the training offered?

- In the location where I work
- In the capital city of the country
- In another country

PREVIOUS EXPERIENCE AS A TRAINER ON GBV CASE MANAGEMENT

Have you delivered any trainings or given information sessions on GBV case management?
(These could be internal or in the context of sub-cluster meetings - GBV, CP or other)

Yes No

If yes, please provide some details of the context.

THEMATIC AREA PRIORITIES

Please select your top 3 thematic priorities that you would like to receive further training on:

- | | |
|---|---|
| <input type="checkbox"/> GBV Case Management Responses to Intimate Partner Violence | <input type="checkbox"/> Case Management with Male Survivors |
| <input type="checkbox"/> Case Management with Adolescent Girls & Early Marriage | <input type="checkbox"/> Case Management with LGBTQI Survivors |
| <input type="checkbox"/> Case Management with Survivors with Disabilities | <input type="checkbox"/> Case Management Responses to Sexual Violence for Women and Girls |
| | <input type="checkbox"/> Intimate Partner Violence and Mediation |
| | <input type="checkbox"/> Other: |

Are there specific issues and challenges you face as a caseworker that you would like us to be aware of?

Yes No

If yes, please use this space to provide a brief description of the issue(s).

In order to be certified as a trainer on GBV Case Management and join the *Pool of Trainers* for _____, we expect you to:

COUNTRY

- ✓ Complete the Application and Pre-Training Assessment for GBV Case Management Training of Trainers and email it along with your Curriculum Vitae (CV) by _____ directly to

DATES

_____, copying to

NAME, POSITION AND EMAIL OF GBV CM FOCAL POINT IN-COUNTRY

_____.

NAME, POSITION AND EMAIL OF GBV COORDINATION GROUP COORDINATOR

- ✓ During the ToT, complete the GBV Case Management ToT pre- and post-tests.
- ✓ Fully attend all days of the GBV Case Management ToT (no absences allowed) _____
in _____.

DATES

CITY, COUNTRY

- ✓ Achieve a minimum score of 75% on the GBV Case Management ToT post-test.
- ✓ Present your assigned session during the last three to four days of the ToT (in collaboration with other trainers) and receive feedback from the facilitation team.
- ✓ Commit to the following:
 - Deliver at least one GBV case management training in your location/country, including drafting and sharing a training report;
 - Support the implementation of the interagency action plan;
 - Complete the final evaluation survey on the GBV Case Management Capacity Building Initiative.

I, _____, from _____, hereby express my commitment to engage as a full participant in the interagency GBV case management ToT and Pool of trainers as outlined above.

NAME

AGENCY

DATE

SIGNATURE

NAME AND POSITION

As the supervisor of _____, I _____ hereby express my support of his/her/their application for interagency GBV case management ToT and Pool of trainers as outlined above. I understand that participation in this workshop will require him/her/them to participate in interagency capacity activities as outlined above, and I will ensure that s/he/they are provided with the space within their existing workplan/objectives to allow such implementation.

NAME OF APPLICANT

SUPERVISOR NAME

DATE

SIGNATURE

NAME AND POSITION

ANNEX 7: GBV CASE MANAGEMENT CANDIDATE PROFILE

The Gender-based Violence Case Management Capacity Building Initiative (GBV CM CBI) aims to train front line GBV case management service providers as trainers and mentors in their communities and country. The GBV case management training of trainers (ToT) is not a basic training. It targets individuals who have theoretical knowledge and practical experience in GBV and case management. Candidates for the ToT must deliver, supervise or oversee GBV case management services.

GBV Case Management Candidate Profile

Candidates selected to join the Pool of trainers, a national capacity building team on GBV case management, must be service providers with direct experience working with GBV survivors. Priority is given to national staff or staff who hold a long-term contract, in order to support the sustainability of the GBV CM CBI.

Here is the suggested profile for candidates interested in attending the GBV case management ToT:

- ✓ Mastery of GBV Core Competencies: Understands and applies survivor-centered approach; applies the GBV Guiding Principles (right to safety, confidentiality, dignity and self-determination, and non-discrimination); believes in gender equality and applies, promotes and integrates gender analysis into humanitarian programming; and uses emotional intelligence;
- ✓ Experience in GBV case management either in direct service delivery (i.e. a frontline caseworker or a supervisor of caseworkers) or in the management of GBV case management programmes;
- ✓ Experience facilitating and delivering trainings (certified trainers are asked to deliver stepdown trainings on GBV case management and to provide “coaching” to applicants that are not selected and participants who are not certified).
- ✓ Fluency in _____ [ADD LANGUAGE(S) ACCORDING TO CONTEXT].

Ideal candidates will come to the GBV case management ToT with basic understanding, knowledge and skills on GBV. The GBV CM CBI aims to further participants’ professional development by providing them with targeted capacity building in GBV case management as well as facilitation skills.

Candidates may be employees of the United Nations, NGOs, local community organizations, government structures, educational institutes, and organizations advocating for women’s rights. Candidates chosen for the Pool of Trainers should also represent different zones in country to ensure a wide geographic coverage.

Each candidate must submit an application signed by their supervisor, as well as a copy of their CV.

Expectations for the GBV Case Management Pool of Trainers

Selected participants must:

- ✓ Participate fully in the ToT without absences (emergencies on a case-by-case basis);
- ✓ Complete the GBV CM ToT pre- and post-test;

Afterwards, they must commit to delivering at least one training on GBV case management as well as supporting the implementation of both organisational and interagency action plans.

Candidates' supervisors must provide proof of their approval and commitment to the GBV CM CBI by signing the application. If a participant has to leave his/her post and can no longer continue to support the GBV CM CBI, s/he (or his/her supervisor) will have to inform the national GBVIMS Coordinator or GBV sub-cluster/sub-sector/working group Coordinator so s/he can identify a suitable replacement.

After participating in the GBV case management ToT, if selected for the Pool of trainers, members must commit to supporting the implementation of Phase 3 of the GBV CM CBI by:

- Completing an Organization Action Plan (Annex 17) to ensure that protocols and GBV case management practices comply with the ***Interagency Guidelines for Providing Care and Case Management Services to Survivors of Gender-based Violence in Humanitarian Settings***¹;
- 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) (Annex 15) in collaboration with other trainers for each delivered training and complete other relevant monitoring & evaluation tools related to the training(s) delivered;
- Support the implementation of the Interagency Action Plan (Annex 16) as requested.

The Selection Process

The selection process will be facilitated by the GBV CM ToT facilitators in collaboration with the GBV Case Management Focal Point and/or the Coordinator of the GBV in-country coordination group.

¹ Available at: <http://gbvresponders.org/response/gbv-case-management/> (accessed May 1, 2017).

ANNEX 8: GBV CASE MANAGEMENT TRAINING OF TRAINERS (TOT)

SAMPLE AGENDA

[City, Country]

[Dates]

TRAINING DAY 1 – [DATE]

9.00 – 10.30	Welcome, Introduction, Expectations and Pre-test
10.30 – 11.45	Coffee break
10.45 – 12.30	Session 1: GBV Basics Review
12.30 – 13.30	Lunch
13.30 – 15.00	Session 2: GBV Attitudes and Perceptions
15.00 – 15.15	Coffee break
15.15 – 16:45	Session 3: GBV Guiding Principles and survivor-centered approach
16.45 – 17:00	Daily Evaluation and Wrap-up

TRAINING DAY 2 – [DATE]

9.00 – 9.30	Welcome and Review of Day 1
9.30 – 10.30	Session 4: Communication Skills
10.30 – 10.45	Coffee break
10.45 – 11.45	Session 4: Communication Skills (cont'd)
11.45 – 12.30	Session 5: Overview of GBV Case Management
12.30 – 13.30	Lunch
11.45 – 12.30	Session 6: GBV Case Management Step 1 – Introduction and Engagement
13.30 – 15.00	Coffee break
15.15 – 15.45	Session 6: GBV Case Management Step 1 – Introduction and Engagement (cont'd)
15.45 – 16.45	Session 7: GBV Case Management Step 2 - Assessment
16:45 – 17.00	Daily Evaluation and Wrap-up

TRAINING DAY 3 – [DATE]

9.00 – 9.30	Welcome and Review of Day 2
9.30 – 10.30	Session 7: GBV Case Management Step 2 – Assessment (cont'd)
10.30 – 10.45	Coffee break
10.45 – 11.45	Session 7: GBV Case Management Step 2 – Assessment (cont'd)
11.45 – 12.30	Session 8: GBV Case Management Step 3 – Case Action Planning
12.30 – 13.30	Lunch
13.30 – 14.30	Session 8: GBV Case Management Step 3 – Case Action Planning (cont'd)
14.30 – 15.00	Session 9: GBV Case Management Steps 4, 5 & 6 – Implementation, Follow-up and Case Closure
15.00 – 15.15	Coffee break
15.00 – 16.45	Session 9: GBV Case Management Steps 4, 5 & 6 – Implementation, Follow-up and Case Closure (cont'd)
16.45 – 17.00	Daily Evaluation and Wrap-up

TRAINING DAY 4 – [DATE]

9.00 – 9.30	Welcome and Review of Day 3
9.30 – 10.30	Session 10: Thematic Session 1
10.30 – 10.45	Coffee break
10.45 – 13.00	Session 10: Thematic Session 1 (cont'd)
13.00 – 14.00	Lunch
14.00 – 15.00	Session 11: Thematic Session 2
15.00 – 15.15	Coffee break
15.15 – 16:45	Session 11: Thematic Session 2 (cont'd)
16:45 – 17:00	Daily Evaluation and Wrap-up

TRAINING DAY 5 – [DATE]

9.00 – 9.30	Welcome and Review of Day 4
9.30 – 10.30	Session 12: Supervision
10.30 – 10.45	Coffee break
10.45 – 13.00	Session 12: Supervision (Cont.)
13.00 – 14.00	Lunch
14.00 – 15.00	Session 13: Staff Care
15.00 – 15.15	Coffee break
15.15 – 16:00	Session 13: Staff Care (Cont.)
16:00 – 17:00	Post-test, feedback form and closing Orientation on the ToT (division of groups/modules)

BREAK (1-2 days) – ToT Agenda follows

TRAINING DAY 6 (ToT) – [DATE]

9.00 – 9.30	Welcome Presentation of the structure of the ToT
9.30 – 10.30	Facilitation skills 101
10.30 – 10.45	Coffee break
10.45 – 12.30	Preparation time
12.30 – 13.30	Lunch
13.30 – 15.00	Participant Group 1: GBV Basic Review (incl. 30 min for debrief & feedback)
15.15 – 16:00	Coffee break
15.15 – 16.45	Participant group 2: GBV Attitudes and Perceptions (incl. 30 min for debrief & feedback)
16.45 – 17.00	Wrap-Up

TRAINING DAY 7 (ToT) – [DATE]

9.00 – 9.15	Welcome
9.15 – 10.45	Participant Group 3: Guiding Principles and survivor-centered approach (incl. 30 min for debrief & feedback)
10.45 – 11.00	Coffee Break
11.00 – 12.30	Participant Group 4: Communication Skills (incl. 30 min for debrief & feedback)
12.30 – 13.30	Lunch
13.30 – 15.00	Participant Group 5: GBV Case Management Step 1 – Introduction and Engagement (incl. 30 min for debrief & feedback)
15.00 – 15.15	Coffee Break
15.15 – 16.45	Participant Group 6: Module 8: GBV Case Management Step 2 – Assessment (incl. 30 min for debrief & feedback)
15.15 – 16.45	Wrap-Up

TRAINING DAY 8 (ToT) – [DATE]

9.00 – 9.15	Welcome
9.15 – 10.45	Participant Group 7: GBV Case Management Step 3 – Case Action Planning Part 1 (incl. 30 min for debrief & feedback)
10.45 – 11.00	Coffee break
11.00 – 12.30	Participant Group 8: GBV Case Management Step 3 – Case Action Planning Part 2 (incl. 30 min for debrief & feedback)
12.30 – 13.30	Lunch
13.30 – 15.00	Participant Group 9: GBV Case Management Step 4 & 5 – Implementation and Follow up (incl. 30 min for debrief & feedback)
15.00 – 15.15	Coffee break
15.15 – 16.45	Participant Group 10: GBV Case Management Step 6 – Case Closure (incl. 30 min for debrief & feedback)
16.45 – 17.00	Wrap up

TRAINING DAY 9 (ToT) – [DATE]

9.00 – 9.15	Welcome
9.15 – 13.00	Individual Feedback – bilateral meetings with each participant (10-12 min each) to provide feedback and certification level

ANNEX 9: GBV CASE MANAGEMENT TRAINING: PRE- AND POST-TEST

LOCATION, COUNTRY OF TRAINING

DATES

Name (first, last): _____

Organization: _____

Indicate if you are completing: Pre-test or Post-test

Instructions:

Please read the following questions carefully and answer them as completely as possible.

1. What are the causes of GBV?

2. What are the possible consequences of sexual violence?

3. Name and describe the Guiding Principles for working with GBV survivors.

4. What are some of the reasons a survivor may not want to report GBV?

5. What body language can you use to create a welcoming and comfortable environment for the survivor?

6. What are the steps of GBV case management?

7. Describe how you should start your first session with a survivor (Introduction and Engagement).

8. When is informed consent sought during GBV case management?

9. Explain the main areas of need that you must assess with survivors.

10. Explain what happens during a follow-up session with a survivor.

11. What are the main criteria for knowing when to close a case?

Participants feedback form		# of responses	Percentages
I found the ToT to be	Relevant		
	More or less relevant		
	Not relevant		
I found the time given for the preparation to be appropriate	I agree		
	I partially agree		
	I disagree		
Did the ToT fulfill your expectations?	Yes, beyond		
	Yes, according		
	Partially		
	Not at all		
I found the feedback provided on my performance during the ToT to be	Very good		
	Good		
	Not so good		
	Not good at all		
Did you feel the ToT equipped you to facilitate a CM training?	Yes		
	To a certain extent		
	Not at all		
What did you like in the ToT?	<i>Add more common responses.</i>		
Do you have any suggestion to improve the ToT?	<i>Add more common responses.</i>		
Do you have any additional comments for the facilitators?	<i>Add more common responses.</i>		

ANNEX 11: GBV CASE MANAGEMENT TOT FINAL EVALUATION

LOCATION, COUNTRY OF TRAINING

DATES

1. I found the format of the ToT to be:

- Relevant**
- Somewhat relevant**
- Not relevant**

Please explain:

2. I found the time given to the preparation of the sessions appropriate.

- I agree**
- I partially agree**
- I disagree**

Please explain:

3. Did the ToT fulfill your expectations?

- Yes, beyond my expectations**
- Yes, according to my expectations**
- Partially**
- Not at all**

Please explain:

4. I found the feedback provided on my performance during the ToT to be:

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

Please explain:

5. Do you feel the ToT equipped you to facilitate GBV case management trainings?

- Yes**
- To a certain extent**
- Not at all**

Please explain:

6. What did you like in the ToT? What were the strong points of the workshop?

7. Do you have any suggestions to improve the ToT? Please explain what should be improved and how it should be improved.

8. Do you have any additional comments for the facilitators?

ANNEX 12: GBV CASE MANAGEMENT TRAINER'S SELF-EVALUATION FORM

This form is to be used by GBV case management ToT participants to self-reflect on their performance. This form is intended to guide an exercise of self-reflection. Ratings and comments added will not directly influence participants' final evaluations. Participants are encouraged to be as honest as possible while reflecting on their own performances.

Trainer's Name: _____

Date of Training: _____

Location of Training: _____

- ✓ Tick the box in the column titled **'Yes'**, if you are fully satisfied that you met your own expectations.
- ✓ Tick the box in the column titled **'To Be Reinforced/Improved'**, if you feel you have not met fully met your own expectations.

Did I...	Yes	To Be Reinforced/ Improved	Comments
• prepare my lessons well?			
• relate the information to what participants already know?			
• ask questions and lead discussions to encourage trainees to participate?			
• speak and write clearly?			
• illustrate ideas with examples?			
• answer questions correctly and completely?			
• make session objectives and expectations clear from the beginning?			
• give an overview of what the session will cover?			
• involve all participants, not just some?			
• give time for participants to practice, study and review?			
• reinforce and repeat important points?			
• use a variety of different training methods to keep things interesting and to accommodate diverse learning styles?			
• help participants relate what they are learning to their work?			
• ask participants for suggestions on how to improve the course?			
• collaborate effectively with other members of the training team?			

• What I liked about the sessions:

• What I learned from this experience:

• What I can do to improve as a trainer:

• Additional comments:

ANNEX 13: GBV CASE MANAGEMENT TOT ASSESSMENT OF TRAINERS

DATE/S PLACE PRE-TEST SCORE:	NAME OF TRAINER MODULE/S FACILITATED POST-TEST SCORE:				
TRAINING SKILLS OBSERVED	Poor	Average	Good	Very Good	
PREPARATION: Set-up and organized technology, organized handouts and training materials before the session.					
CONTENT/SUBSTANCE: Gave overview of session objectives, understood concepts, used a variety of different explanations and examples to illustrate ideas, reinforced and repeated important points, related the information to what participants already know, gave time to participants to practice, study and review.					
COMMUNICATION/PRESENTATION SKILLS: Spoke and wrote clearly, projected voice, had a responsive and engaging attitude, moved around the room, maintained eye contact with trainees, encouraged participants to ask questions, demonstrated respect for all views, used humor appropriately.					
TIME MANAGEMENT: Started on time, kept a good pace, adjusted timeframe as needed, ended on time.					
INTERACTION WITH TRAINEES: Involved all participants, answered questions correctly and completely, helped trainees relate material to their job.					
COLLABORATION WITH CO-TRAINERS: Communicated well with co-trainers, collaborated effectively with other trainers.					
OVERALL ASSESSMENT:					
RECOMMENDATION:					
<input type="checkbox"/> Able to deliver training on his/her own without supervision <input type="checkbox"/> Should train with a more experienced trainer <input type="checkbox"/> Requires more theoretical knowledge and on-the-job practice before delivering a training					
DATE/S	NAME OF ASSESSOR:				

ANNEX 15: TRAINING REPORTING TEMPLATE

Country/City where the training took place	
Dates of the training	
Name(s) of facilitator(s) and organization(s)	
Report Date	
Report drafted by	
Host Agency or organization	

INTRODUCTION

Provide brief information about the training and the organization. Highlight any challenges faced in the process.

ATTENDANCE

Provide an overview of the number of participants (male/female) and the organizations they belong to. Highlight any challenges or noticeable information from the participants/attendance.

TRAINING CONTENT

Provide an overview of the content of the training including any specific thematic sessions covered. Mention comments related to the content or feedback from participants. Make sure to attach the agenda in the Annexes of the report.

TRAINING OUTCOMES

In this section, provide information about the pre- and post-test scores and progression. Include a brief summary of the participants' feedback. Include a summary of the facilitator(s)' feedback. Highlight any challenges or achievements linked to the training.

RECOMMENDATIONS AND NEXT STEPS

Include a few recommendations and next steps following the training. Make sure to identify responsible persons and a timeframe for their completion.

No.	Recommendation(s)	Priority ¹	Responsible person(s) ²	Deadline
		High		
		Medium		
		Low		

ANNEXES

1. Attach Agenda of the GBV case management Training
2. Attach pre-post test result matrix

¹ Allocate a priority for each recommendation: High (color code RED), Medium (color code ORANGE) or Low (color code GREEN).

² Be as specific as possible when it comes to allocating responsibilities to implement each recommended action.

ANNEX 16: GBV CASE MANAGEMENT ACTION PLAN – INTERAGENCY (TEMPLATE)

Purpose: This template was developed by the GBVIMS Global Team for GBV service provider organizations as a guide to comply with the Interagency GBV Case Management Guidelines¹. The GBV Case Management Interagency Action Plan is a reference for the Interagency group to ensure that services provided to women and girls who experience GBV are survivor-centered, safe, ethical and of quality. This is developed usually in parallel of the rollout of the GBV Case Management Capacity Building Initiative (GBV CM CBI).

Organization(s) involved:

Name of the Interagency Focal Point for the GBV Case Management Interagency Action Plan:

Contact details of the Interagency Focal Point:

Date of completion/latest update:

Areas	Items	Responsible person	Contributor(s)	Deadline	Status (pending/ in process/done)
Programming/ Setup	Develop guidelines on how to ensure that community members are aware that services exist and are informed about where, when and how to access them ² .				
	Contextualize existing guidance on how to set-up safe and confidential spaces for service provision that women and girls can access without stigma or fear of being identified. (NON-NEGOTIABLE)				
Training	Develop a training plan.				
	Plan for step-down training with existing trainers based on the Interagency GBV Case Management Guidelines (IA GBV CM Guidelines).				
	Train caseworkers, supervisors and interpreters on caring for child survivors of sexual assault ³ .				

¹ GBV Interagency Case Management Guidelines, 2017: <http://www.gbvimms.com/gbv-case-management-guidelines/>

² The outreach strategy should also include guidelines about how to identify cases in a safe and confidential manner. Third party reporting and forced disclosure should be specifically mentioned as bad practices.

³ <http://gbvresponders.org/response/caring-child-survivors/>. The GBV case management training could include considerations on how to deal with child survivors. However, staff will only be equipped to provide GBV case management to child survivors once they have been trained on the Caring for Child survivors resource.

Areas	Items	Responsible person	Contributor(s)	Deadline	Status (pending/ in process/done)
Training	Conduct step-down trainings for caseworkers, supervisors and interpreters on GBVIMS Basic Tools (classification, intake form, consent form).				
	Train frontline workers (non-GBV actors) on how to deal with disclosure and referral pathways.				
Case Management System: Protocols, policies and procedures	Develop protocols, policies and procedures on: <ul style="list-style-type: none"> • Survivor-centered approach to care (incl. confidentiality and consent process) • Home visits⁴ • Mediation with perpetrators⁵ • High-risk cases (NON-NEGOTIABLE) • Case Closure (incl. client feedback) • Staff care • Staff safety 				
	Information Management	Adapt and use case management forms as per the IA GBV CM Guidelines, including at a minimum: <ul style="list-style-type: none"> • Consent Form • Assessment Form • Case Action Planning • Case Follow-Up Form • Safety Planning Form • Case Closure Form • Referral Form • Client Feedback/Satisfaction Survey 			
	Use a coding system for survivors and staff to ensure confidentiality.				
	Develop a protocol on sharing GBV data.				

For further information on the Interagency GBV Case Management Guidelines and/or the GBV Case Management Capacity Building Initiative, please visit www.gbvim.com.

⁴ According to international standards, home visits are not encouraged as they constitute a risk to the survivor's safety and the confidentiality of the case. It is recommended that, even in mobile service provision, a safe space be identified to provide case management services.

⁵ According to the Interagency GBV Case Management Guidelines, it is not recommended to conduct mediation with perpetrators (see pp. 103-105).

ANNEX 17: GBV CASE MANAGEMENT ACTION PLAN – ORGANIZATION (TEMPLATE)

Purpose: This template was developed by the GBVIMS Global Team for GBV service provider organizations as a guide to comply with Interagency GBV Case Management Guidelines¹. The GBV Case Management Organization Action Plan is a reference for organizations to ensure that services provided to women and girls who experience GBV are survivor-centered, safe, ethical and of quality.

Organization(s) involved:

Name of the Interagency Focal Point for the GBV Case Management Interagency Action Plan:

Contact details of the Interagency Focal Point:

Date of completion/latest update:

Areas	Items	Responsible person	Contributor(s)	Deadline	Status (pending/ in process/done)
Programming/ Setup	Develop an outreach strategy so community members are aware that services exist and are informed about where, when and how to access them ² .				
	Set-up/accommodate a safe and confidential space for service provision that women and girls can access without stigma or fear of being identified. (NON-NEGOTIABLE)				
	Recruit female caseworkers who have prior experience and/or training in active listening, psychosocial support and/or working with GBV survivors. (NON-NEGOTIABLE)				
	If caseworkers do not speak the same language as survivors, recruit and train female interpreters to work alongside caseworkers.				
Training	Train caseworkers, supervisors and interpreters on GBV case management based on the Interagency GBV Case Management Guidelines (IA GBV CM Guidelines). (NON-NEGOTIABLE)				

¹ Interagency GBV Case Management Guidelines, 2017: <http://www.gbvims.com/gbv-case-management-guidelines/>

² The outreach strategy should also include guidelines about how to identify cases in a safe and confidential manner. Third party reporting and forced disclosure should be specifically mentioned as bad practices.

Areas	Items	Responsible person	Contributor(s)	Deadline	Status (pending/ in process/done)
Training	Train caseworkers, supervisors and interpreters on caring for child survivors of sexual assault ³ .				
	Train caseworkers, supervisors and interpreters on GBVIMS Basic Tools (classification, intake form, consent form).				
Supervision and staff care	Recruit and/or assign a staff member in the role of GBV case management supervisor and ensure s/he is trained and/or mentored. (NON-NEGOTIABLE)				
	Allocate time for staff to hold peer-to-peer supervision sessions.				
	Conduct regular [Add frequency] meetings between caseworkers and supervisors to review active cases and provide guidance. (NON-NEGOTIABLE)				
	Offer caseworkers time/space/resources on stress management and/or self-care ⁴ .(NON-NEGOTIABLE)				
	Promote teambuilding and offer specific benefits to staff ⁵ .				
	Provide support to staff following a critical incident ⁶ .				
	Develop a staff care plan to ensure that caseworkers are supported by the organization.				

³ <http://gbvresponders.org/response/caring-child-survivors/>. The GBV case management training could include considerations on how to deal with child survivors. However, staff will only be equipped to provide case management to child survivors once they have been trained on the Caring for Child survivors resource.

⁴ These could include: inductions, written materials, time or stress management workshops, learning sessions on relevant topics (ex. work/life balance, conflict resolution, compassion fatigue, vicarious trauma), visits from staff care counsellor or supervisor to caseworkers in hard-to-reach locations, access to a helpline, peer support systems, individual consultations with in-house staff counselor, referrals, etc

⁵ This could include: regular team meetings, "away days" for team, annual staff retreats, vacation time, R&R, hardship compensation, access to transportation, mechanisms to receive support from home (annual leave, phone calls home, internet access, etc.)

⁶ These could include: culturally appropriate support, Psychological First Aid, Critical Incident Debriefing, evacuation, referrals, screening for mental health problems 3 to 12 months later, etc.

Areas	Items	Responsible person	Contributor(s)	Deadline	Status (pending/ in process/done)
Case Management System: Protocols, policies and procedures	Develop protocols, policies and procedures on GBV case management, including: <ul style="list-style-type: none"> • How cases are received • How cases are assigned • The maximum caseload per caseworker⁷ (NON-NEGOTIABLE) • The maximum number of high-risk cases per caseworker • The maximum caseload per supervisor (NON-NEGOTIABLE)⁸ 				
	Develop protocols, policies and procedures on: <ul style="list-style-type: none"> • Survivor-centered approach to care (incl. confidentiality and consent process) • Mandatory reporting in cases of Sexual Exploitation and Abuse (SEA) and possible national laws (NON-NEGOTIABLE)⁹ • Best Interest Determination (BID) of child survivors • Home visits¹⁰ • Mediation with perpetrators¹¹ • High-risk cases (NON-NEGOTIABLE) • Case Closure (incl. Client Feedback) • Staff care • Staff safety 				
	Develop a Code of Ethics for staff.				
	Implement a Code of Conduct for staff. (NON-NEGOTIABLE)				

⁷ Average caseworker-to-survivor ratio = Total number of caseworkers/Total number of active cases. Benchmark: 1:15 active cases, at the most 1:20

⁸ Supervisor to caseworker ratio = Total number of supervisors/Total number of caseworkers. Benchmark: 1:5 and no larger than 1:8.

⁹ It should include considerations on how to present mandatory reporting on SEA and potential national laws in line with survivor-centered approach as part of the consent process.

¹⁰ According to international standards, home visits are not encouraged as they constitute a risk to the survivor's safety and the confidentiality of the case. It is recommended that, even in mobile service provision, a safe space be identified to provide case management services.

¹¹ According to the CMGL, it is not recommended to conduct mediation with perpetrators (see pp.103-105).

Areas	Items	Responsible person	Contributor(s)	Deadline	Status (pending/ in process/done)
Information Management	Adapt and use GBV case management forms as per the IA GBV CM Guidelines, including at a minimum: <ul style="list-style-type: none"> • Consent Form • Assessment Form • Case Action Planning • Case Follow-Up Form • Safety Planning Form • Case Closure Form • Referral Form • Client Feedback/Satisfaction Survey 				
	Use a coding system for survivors and staff to ensure confidentiality.				
	Develop a protocol on sharing GBV data (identifying and non-identifying).				
	Develop a data protection protocol ¹² to ensure that GBV data (paper forms and electronic copies) are confidentially and safely stored and/or archived.				

For further information on the Interagency GBV Case Management Guidelines and/or the GBV Case Management Capacity Building Initiative, please visit www.gbvims.com.

¹² <http://www.gbvims.com/?s=data+protection>

