

Linking Data Analysis to Programming Series: No. 1

The Gender-Based Violence Information Management System (GBVIMS) enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyze and share data reported by GBV survivors.¹ Through this system, information is gathered in the course of providing psychosocial or health services to a GBV survivor. Information collected includes summary details about reported incidents of violence, de-identified profiles of the survivor and the perpetrator, and the referral pathway.

Putting Data to Use

In countries where the GBVIMS is implemented, there are many different ways to utilize service-based data to inform programming. This note shares the experiences of using GBVIMS data for program improvement and development from the International Rescue Committee's (IRC) Women's Protection and Empowerment Programs (WPE) in Kenya and Liberia. In both Kenya and Liberia, IRC's WPE programs provide psychosocial services to GBV survivors and use the GBVIMS to capture service-based data.

Linking GBVIMS data analysis to programming involves looking at trends and trying to understand them in the broader context in which the violence has been reported. The data collected and stored in the GBVIMS is labeled 'service-based' because the data is collected at the point of and in connection with the provision of services for GBV survivors. The GBVIMS can provide one source of data to inform programming and is best used in combination with other data sources such as surveys, needs assessments, situational analyses, focus group discussions, client satisfaction surveys, and evidence-based research.² It should be noted as well this data is not prevalence data, nor does it capture all incidents, only those incidents reported to service providers using the GBVIMS. Moreover, qualitative observational and contextual information, including changes in the situation that may have had an effect on the trends, from organizations working in the same location will help create a more comprehensive picture of the GBV being reported and the potential avenues for action.³



Kenya: How GBVIMS Data Started Discussions with Community Leaders

Context: In Dadaab (Hagadera and Kambioos), the site of several refugee camps in northern Kenya and host to mainly Somali refugees, WPE offers psychosocial support and counseling to survivors of GBV. Community leaders in the camp had only a vague understanding of the needs the WPE program was addressing for survivors in the camp. They knew that the WPE program provided non-food items like dignity kits to vulnerable women. They knew very little, however, about the counseling and psychosocial services that were provided. In addition to the lack of information about services that were available to survivors and women and girls in general, there was also a lack of understanding about the role community leaders could play in supporting GBV survivors and the types of GBV being reported. In general, there was an absence of interest in program activities and the issues associated with GBV.

¹ For more information, visit www.gbvims.com

² See Guidance Note 'The GBVIMS and Other Sources of Data'

³ For more information on how to generate analysis, cleaning data, or how to interpret data, see the GBVIMS Data Analysis E-Learning Tool on gbvims.com.

Service-Based Data: GBVIMS data generated from the WPE program revealed two critical trends: 1) Many of the survivors seeking services reported intimate partner violence or violence perpetrated by someone other than an intimate partner that occurred in the home, as indicated in the GBVIMS database by the alleged perpetrator-survivor relationship and the location of incidents in the system; and 2) A majority survivors of sexual assault reported outside the critical 72 hour timeframe⁴.

Linking Data to Programming: After internal discussions within the WPE program about what action to take based on the trends, WPE staff decided to share this critical information with community leaders as a way to start a broader conversation about GBV. At the first meeting with about 60 community leaders from all administrative sections and representing section leaders, camp chair-people, block leaders, and traditional justice leaders, WPE staff drew on a flipchart the trends in reporting, types of violence reported, and formed an agenda for a second meeting to discuss and understand the community point of view and agree on next steps.

At the next meeting, they shared statistics, in the form of percentages drawn on flipcharts, on the incident time of day, common incident locations, time elapsed between incident and report, and the relationship between alleged perpetrators and survivors. WPE staff then engaged the community leaders in a discussion on the meaning of the statistics using guiding questions such as: 1) What could be risks of seeking services late; 2) What could have contributed to high or low reporting; 3) What can be done to improve the situation (by leaders, by the community, and by WPE); and 4) What does it tell us when the statistics show most incidents occur in the home. WPE staff shared information on some of the challenges that survivors faced when seeking comprehensive services. This included security personnel in police stations and community leaders blaming the survivor for waiting to report an incident, with comments such as “where were you all this time,” and asking survivors to explain what they were there to report before allowing entrance to agency offices. In some instances, survivors were being dismissed without being heard claiming they were only looking for resettlement and being blamed for “reporting their husbands.” Through these discussions, community leaders concluded that intimate partner violence and violence in the home was a common risk in the community and also that survivors of rape or sexual assault were not seeking or receiving health services within the key 72 hour timeframe.

After engaging in these discussions, it deepened many of the community leaders’ understanding of the issues that the WPE program had been trying to address and the role the community leaders could play to assist survivors in reaching services. As a result of these meetings, the WPE program was able to provide opportunities for community leaders to support survivors and to be involved in reducing violence against women and girls. Specific examples of ways community leaders have become involved include:

- *Referrals to Service Provider.* After discussions, it was clear one of the primary ways to better help survivors was for community leaders to refer or accompany them to WPE when violence was reported to them.
- *Supporting Access to Services.* In addition to referring survivors to the WPE program, community leaders also supported survivors to access other services such as the police, connecting them to temporary safe homes, and for any follow-up services. At times, this included accompaniment, if needed and requested by the survivor.

⁴ Survivors of sexual violence that report within 72 hours can receive the most complete care, including counsel on the possible health consequences, emergency contraceptives, prophylaxis for STIs, post-exposure prophylaxis, tetanus prophylaxis, and Hepatitis B vaccine. For more information on reporting this critical timeframe, visit <http://clinicalcare.rhrc.org/>

- *Advocating for Survivors.* Through these discussions, some leaders emerged as strong advocates for women’s issues and have since been instrumental in supporting survivors to address their many needs such as safety and security. They also recognized the need to prioritize the interests of survivors in the traditional justice mechanism and process.
- *Helping Target Men and Boys for Participation in SASA!*⁵ Through engagement with the WPE program, community leaders voiced that they felt men in the camp weren’t part of WPE programming, despite reporting trends that showed intimate partner violence was highly reported. They advocated for men to be involved in programming. Through these discussions, and with full support and participation from community leaders, the IRC began implementing SASA!

The WPE program further used the data analysis to target and design their campaign/advocacy messages. Following the analysis of the GBVIMS data that revealed a delay in the reporting of sexual violence, WPE staff asked members of the community (through GBV coordination meetings, focus groups, and women visiting the women’s center) how they interpreted the impediments to reporting within the critical 72 hour timeframe. Discussions with the community revealed that the implications of not reporting within 72 hours were not well-communicated. It was viewed instead as a way to force reporting to the police. With this knowledge, IRC partnered with health colleagues to organize joint sensitization meetings with the community over the course of a month to explain the link between reporting within 72 hours and health benefits.

- *Targeting Advocacy Campaigns.* In the subsequent month, all sexual violence cases reported to WPE were reporting within 72 hours enabling access to critical care. Without the analysis and feedback on interpretation with the community, the campaign could not have focused so acutely to dispel myths. The analysis made it possible to better communicate about the life-saving interventions available.



Liberia: How GBVIMS Data Contributes to National Action

Context: In Liberia, the WPE program has provided psychosocial services in multiple counties across the country for internally displaced people, residents, and refugees since the civil war. Work with communities indicated that intimate partner violence was not considered inappropriate nor was it viewed as a violation of human rights. Further, no law explicitly prohibited it or prescribed any punishment for perpetrators. Intimate partner violence was not seen as a priority for action.

Service-Based Data: GBVIMS data generated by the WPE program showed high reports of intimate partner violence by those accessing services. The statistics on the alleged perpetrator-survivor relationship as well as a breakdown of the types of violence provided additional contextual information on violence against women and girls: the survivors reporting violence were predominately women reporting physical assault by an intimate partner.

⁵ SASA! is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV. For more information, visit <http://gbvresponders.org/prevention/sasa/>

Linking Data to Programming: On a monthly basis, the WPE program shared trends in reported violence with the Ministry of Gender and Development and other key stakeholders in the GBV working group during national level meetings.

In these discussions, WPE staff shared the breakdown of types of violence perpetrated by intimate/former partners. They highlighted that a high percentage of reported violence was being perpetrated by intimate/former partners, and that, based on feedback from caseworkers, survivors were not reporting to the police or seeking justice because of a lack of trust and a perception that nothing would be done. Over time, the Assistant Minister of Health and Social Welfare, took up the cause and determined that this “requires some attention. IRC is the only one talking about it, but it needs national attention.”

Following that, IRC released a report called *Let me not die before my time*⁶ that focused on intimate partner violence as an acute problem in countries that are recovering from conflict, which included Liberia. The GBVIMS statistics included in the report and the trends previously shared in the national level meetings were combined with stories from women and other programmatic data to help make the case for action to stop intimate partner violence.

This report showing high numbers of intimate partner violence brought to the attention of decision makers the need to focus on the issue of intimate partner violence, the need for appropriate services for survivors, and the need for a national law on the issue.

Overall, the GBVIMS data helped to strengthen advocacy around intimate partner violence and contributed to the drafting of the first **Domestic Violence Act** in Liberia. The Act is currently under debate by the Ministries of Justice and Gender and Development before being presented to the President and submission to the legislature to become a law.

Lessons Learned

The examples above are just a sample of the various ways GBVIMS data can be used to inform programming or advocacy efforts. In these country case studies, there are also several general recommendations for the analysis process.

- *Don't set it and forget it.* The purpose of the GBVIMS is not just data collection but rather that the data should be *put to use* to improve programming and better support GBV survivors. Don't set up the system, and forget to use the data to inform your programming. Maintaining an information management system is a difficult task. Putting data to use helps staff see the immediate benefits (safe and ethical data collection) and the long-term benefits (analyzed data used to improve programming or advocacy efforts).
- *Graduated staff training.* In Kenya and Liberia, WPE staff benefited from a graduated/phased training on the GBVIMS. In initial trainings, the focus was on the core tools of the system and implementation. Once staff were proficient with data collection, they then moved on to focus on statistical generation, followed by interpretation and analysis. Similarly, in Kenya, the GBVIMS Data Analysis E-Learning Tool was introduced to staff once they were already fluent in the core features of the system. This allowed them to have space to master the basic functions

⁶ To read *Let me not die before my time*, visit http://www.rescue.org/sites/default/files/resource-file/IRC_Report_DomVioWAfrica.pdf

before moving on to an advanced level. Time for training on statistical generation as well as routine, systematic analysis of the data should be included in initial action plans and resourced from the beginning as a medium-term goal. Collecting the data without planning ways to use it reduces the opportunity for real benefit to programs.

- *Bring data full circle.* In Kenya, WPE staff used data to engage with the community and local leaders. Analysis has the most positive impact when fed back to beneficiaries/the affected population for interpretation, and in the case of Kenya, action.
- *Stick to it.* In Liberia, to make the case for action on domestic violence, they were persistent in pulling statistics and sharing this information with decisions makers on a regular basis. Action did not take place overnight, but instead slowly progressed over a long period of time. Using service-based data, that is continually collected, allowed them to show reporting over time and make the case for the national law.

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If you have utilized GBVIMS data to improve your programming, advocacy efforts or for resource mobilization, and would like to share your story, contact us at gbvims@gmail.com. Your story could appear in the next in the series of Linking Data Analysis to Programming.