

PRIMERO/GBVIMS+ GBV CASE MANAGEMENT COMPANION GUIDE



Primero™



GBVIMS+™



Humanitarian
innovation fund

elrha



USAID
FROM THE AMERICAN PEOPLE



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
INTRODUCTION	4
PURPOSE OF THE GBVIMS+ COMPANION GUIDE	5
PART I: HOW TO USE GBVIMS+ TO SUPPORT YOUR GBV CASE MANAGEMENT PROGRAM	7
I. Step 1: Introduction and Engagement	9
A. Consent for Services Form	9
B. Survivor Information Form	12
II. Step 2: Assessment	12
A. Survivor Assessment Form	13
B. GBV Case Management Outcome Scales: Psychosocial Functionality and Felt Stigma	14
III. Step 3: Case Action Planning	17
A. Action Plan Form	18
B. Safety Plan Form	19
IV. Step 4: Implement the Case Action Plan	21
A. Refer Case	21
V. Step 5: Follow-up	22
A. Follow-up Form	23
VI. Step 6: Case Closure	24
A. Case Closure Form	25
B. Client Feedback Form	26
PART 2: HOW TO USE GBVIMS+ FOR REMOTE SUPERVISION	28
I. Supervision purpose and practical methods	30
A. Individual supervision	30
B. Peer supervision	31
C. Case file reviews	32
II. Supervision in GBVIMS+: features and functionalities	33
A. Reviewing case files	34
B. Assigning cases	34
C. Approving case action plans and case closures	35
D. Flagging	37
E. Custom exports	38
PART 3: HOW TO USE GBVIMS+ TO MONITOR QUALITY OF GBV CASE MANAGEMENT SERVICE PROVISION	41
I. Data-Driven Decision Making	41
A. GBV Case Management Outcome Scales	42
B. Pulse (Key Performance Indicators)	48
C. Client Feedback/Satisfaction Surveys	53
ANNEX A: THE GBVIMS+ CASE MANAGEMENT FORMS	57
ANNEX B: GBV CASE MANAGEMENT OUTCOME SCALES VISUALS	80
ANNEX C: KEY PERFORMANCE INDICATOR TABLES	83
ANNEX D: CLIENT FEEDBACK TABLES	122

ACKNOWLEDGEMENTS

The GBVIMS+ Companion Guide is designed to accompany the GBVIMS+ User Guide and highlight the forms, features, and functionalities in GBVIMS+ that facilitate GBV case management service provision, supervision, including remote supervision, and monitoring quality of GBV case management services.

The GBVIMS Steering Committee¹ would like to thank the following people for their contributions to this document: Kristy Crabtree (International Rescue Committee) and Virginia Zuco (UNICEF), who led the writing and review process for this resource, and the interagency review group comprised of UNICEF – Catherine Poulton, Caroline Masbounji and Elfriede Kormawa – the International Rescue Committee, – Megan O’Brien, Indu Chelliah, Joanne Creighton, Patricia Gray, Betsy Laird, and Michelle Wong – and UNFPA – Kate Rougvie and Iman Qassis.

This resource would not have been possible without the generous support of the United States Bureau for Humanitarian Assistance (BHA). The BHA was established in 2020 to streamline USAID humanitarian responses, bringing together the vast expertise and resources of the former USAID Offices of U.S. Foreign Disaster Assistance (OFDA) and Food for Peace (FFP). Visit <https://www.usaid.gov/humanitarian-assistance> for more information.

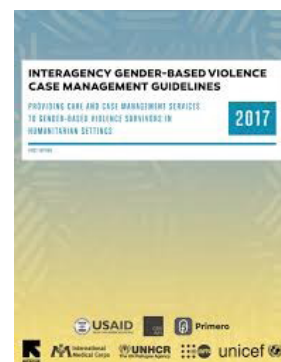
This guidance was also funded and supported by Elrha’s Humanitarian Innovation Fund (HIF), a grant making facility which improves outcomes for people affected by humanitarian crises by identifying, nurturing, and sharing more effective and scalable solutions. Elrha’s HIF is supported by the Norwegian Ministry of Foreign Affairs. Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Visit www.elrha.org to find out more.



¹ The GBVIMS Steering Committee is comprised of global GBV experts from International Medical Corps, International Rescue Committee, UNFPA, UNHCR, and UNICEF.

INTRODUCTION

The GBV Information Management System (GBVIMS)² 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 initiative³ 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 for researching, documenting and monitoring sexual violence in emergencies*.⁴ The GBVIMS is not just a set of statistical tools, but a standard-setting holistic initiative that seeks to strengthen the survivor-centred 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 evaluation⁵ 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 provide step-by-step guidance and support to caseworkers throughout the steps of GBV case management process. GBV case management is the foundation of GBVIMS work since data is collected, shared, and managed as part of case management service provision to inform programming and improve service delivery for survivors of GBV.

As a result of the evaluation, the GBVIMS Global Team spearheaded a project from 2014 to 2016 thanks to funding from the Government of Canada's Department of Foreign Affairs, Trade and Development. 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. The assessments highlighted a major gap: the need for global guidance on how to deliver GBV case management in humanitarian settings.

From that finding, a two-year project culminated in June 2017, when the GBVIMS Steering Committee⁶ – thanks to funding from the U.S. Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA) – released the ***Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to survivors of gender-based violence in humanitarian settings*** (referred to in this document as Interagency GBV CM Guidelines).⁷ The new Interagency GBV Case Management Guidelines set interagency standards for providing care, support and protection to GBV survivors, with a focus on GBV case management (GBV CM) and are accompanied by practical tools and training materials. 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.

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

3 Involving IMC, IRC, UNFPA, UNHCR and UNICEF.

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

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

6 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.

7 Interagency Gender-Based Violence Case Management Guidelines, 2017 can be found [here](#).

In parallel, the GBVIMS Steering Committee also invested in the development of an ground-breaking web application to enable humanitarian actors to safely collect, store, manage and share data for incident monitoring as well as facilitate and document the full GBV case management process: GBVIMS+. GBVIMS+ is the latest iteration of the Gender-Based Violence Information Management System. It is a module within Primero, the only interagency and globally endorsed⁸ digital information management system that ensures safe and ethical documentation of both the GBV case management process and GBV incident monitoring.⁹

GBVIMS+ also includes an offline data entry functionality to facilitate frontline staff access to a safer way to track incidents and individual survivor progress as they go through the GBV case management process. GBVIMS+ combines field proven tools, global best practices, and the latest open-source technology to bring a user friendly and scalable solution for data management. The system utilizes technology enhancements with an online/offline data collection platform. It also features language compatibility and is based in a secure framework with role-based access incident tracking processes, so caseworkers can manage their work on the go, wherever they are.

PURPOSE OF THE GBVIMS+ COMPANION GUIDE

This Companion Guide is meant for practitioners – namely GBV caseworkers, supervisors, program managers and coordinators, GBVIMS focal points and GBV M&E staff using GBVIMS+ — and is intended to accompany the GBVIMS+ user guide.¹⁰ The GBVIMS+ Companion Guide includes three parts:

Part 1: How to use GBVIMS+ to support your GBV case management programming, outlines the GBV Case Management Forms included in GBVIMS+. It guides caseworkers through the full GBV case management process from when a survivor first presents seeking services all the way to when a case is closed. Part 1 aims to:

1. Introduce standard GBV case management forms, developed in line with global guidelines;
2. Explain what step of GBV case management each GBVIMS+ form supports, including who should complete it, when it should be completed and the form's main purpose;
3. Strengthen the overall quality of GBV case management by highlighting how GBVIMS+ enables good practices for each step of the GBV case management process.

Part 2: How to use GBVIMS+ for remote supervision, targets supervisors and highlights the features and functionalities available in GBVIMS+ that enable supervisors to communicate and supervise their caseworkers remotely. Part 2 aims to:

1. Review the purpose of supervision and practical methods to supervise GBV caseworkers;
2. Introduce the features and functionalities in GBVIMS+ that enhance supervision of GBV caseworkers and highlight the system features that enable remote supervision and communication.

Part 3: How to use GBVIMS+ to monitor quality of GBV case management service provision, is most relevant for program managers, program coordinators or monitoring & evaluation staff¹¹ as it provides guidance on how to utilize three key tools for GBV case management program measurement: GBV case management outcome scales, GBVIMS+ key performance indicators/Pulse, and client feedback surveys. Part 3 aims to:

1. Explain how the outcome scales can inform and improve GBV case management programming;
2. Introduce the GBVIMS+ key performance indicators/Pulse and provide guidance on how these should be interpreted;
3. Introduce the Client Feedback form, including who should administer it, how it should be administered and how it should be interpreted.

⁸ It is supported by the interagency GBVIMS Steering Committee (UNICEF, UNHCR, UNFPA, IRC and IMC).

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

¹⁰ The User Guide serves as an instruction manual for GBVIMS+. It instructs readers on using the system. The Companion Guide is meant to build on the User Guide and focus more on how GBVIMS+ supports GBV case management service provision, remote supervision, and monitoring quality of care.

¹¹ It could also be relevant for caseworkers and supervisors depending on organization roles and structure.

STANDARD OPERATING PROCEDURES FOR GBV CASE MANAGEMENT

Before rolling out Primero/GBVIMS+, you need to have Standard Operating Procedures (SOP) for GBV case management within your organization. An SOP is a document that includes policies and protocols that frame an organization's GBV case management program. SOPs often go beyond GBV case management and include wider organization policies and protocols. It is particularly important for GBV case management service providers to ensure that specific policies around GBV case management are included in their SOP.

SOPs can be developed at an organizational level or, as is practice in many humanitarian contexts, these can be developed at an interagency level through a coordination mechanism (i.e. GBV Sub-Cluster or GBV Case Management Working Group) and then be adopted or endorsed by member organizations. GBV case management considerations included in an SOP ensure that staffing structures, policies and protocols are in line with guiding principles and global standards. When deciding to become a Primero/GBVIMS+ user organization, you need to include considerations on how to use Primero/GBVIMS+ in your SOPs to maintain those standards and ensure quality GBV case management service provision.

SOPs should, at a minimum, include considerations related to GBV case management:

- how cases are received;
- how cases are assigned;
- how to deal with high-risk cases and how to define them;
- process of approval of case action plans and case closure;
- the maximum caseload per caseworker;
- the maximum number of high-risk cases per caseworker;
- how and when to close cases; considerations for supervision, including supervisor to caseworker ratios and how caseworkers are supervised (frequency, methods used, etc.);

It can also include policies and protocols for the use of GBVIMS+ such as:

- when to use the case action plan and case closure approval function;
- procedures for case files audit (how often? how many cases?);
- how will supervisor use the supervision functions on GBVIMS+ (e.g. flagging, custom export, etc.);
- how will quality care be monitored using GBVIMS+? How will Key Performance Indicators/Pulse and GBV Case Management Outcome Scales be analyzed, by whom, and how often?

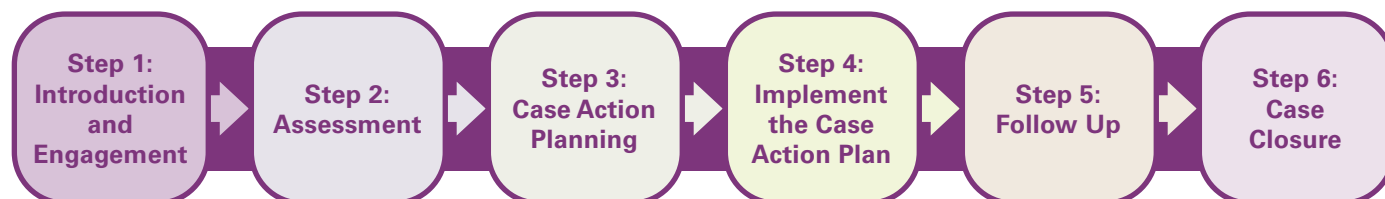
One of the GBVIMS Steering Committee criteria to qualify for endorsement of a Primero/GBVIMS+ rollout is an SOP that includes considerations for GBV case management.

PART I: HOW TO USE GBVIMS+ TO SUPPORT YOUR GBV CASE MANAGEMENT PROGRAM

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. **This section of the guide is addressed to frontline GBV caseworkers providing direct services to survivors.**

As defined in the *Interagency GBV CM Guidelines*, GBV case management is defined as a structured method for providing help to a survivor. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all available options and that issues and problems facing a survivor and her/his family are identified and followed up on in a coordinated way, while providing survivors with emotional support throughout the process.¹² Informed consent aims to ensure a survivor's control over, and comfort with the full GBV case management process.

GBV case management is comprised of six steps:



It is important to remember that GBV case management is a process. While there are steps, and each step contains key tasks to accomplish, the steps are not always implemented in a linear way. For example, to meet a survivor's needs GBV caseworkers often must return to several steps such as assessment, case action planning, and implementation as part of their follow-up, before being able to close a case. The GBV case management forms in GBVIMS+ each correlate to a specific step of the GBV case management process (some are relevant for two steps).

In the GBVIMS+ module of Primero, the navigation menu shows that there is a 'Cases' section. The GBV case management forms can be found in 'Cases'. 'Cases' refers to individual cases for GBV case management. Each individual survivor you see will be represented by an individual case record in GBVIMS+. When a survivor comes in seeking GBV services and consents to sharing her story and progressing with GBV case management services, you will create a case record in GBVIMS+. GBV caseworkers will always start by creating a case record first in GBVIMS+, as (1) some data (e.g. survivor information) will automatically transfer over from the case forms to the incident forms¹³ thus reducing data entry and (2) to ensure that incident records are linked to the case and can be easily retrieved.

Important: You should NOT complete forms while in person with a survivor.

Even when entering data on portable devices (e.g. mobile/ cell phone or tablet), you should never complete the digital forms in front of the survivor¹⁴. You should enter data into GBVIMS+ after the survivor leaves based on the information shared during their session. Waiting to enter data into the system ensures that you are focused on

¹² Interagency GBV Case Management Guidelines, pg. 8.

¹³ The incidents forms in GBVIMS+ are based on and are a digital version of the legacy, standardized GBVIMS intake form.

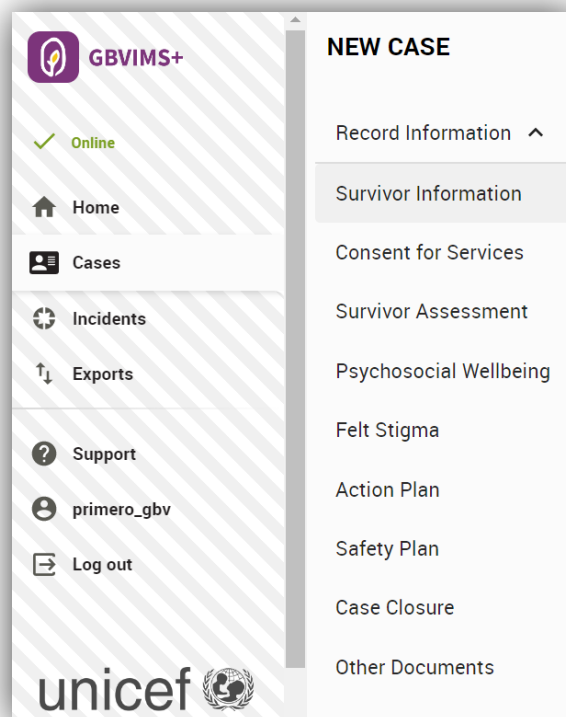
¹⁴ The only exceptions are the GBV Case Management Outcome Scales (Psychosocial Functionality scale and felt Stigma Scale) which will be explained further under Step 2: Assessment. Many caseworkers do write down some notes to remember important details. It is important to ensure that any written notes do not contain identifying information and are immediately destroyed once the information has been entered into GBVIMS+.

the survivor, listening to her story, and creating an environment in which the survivor feels comfortable sharing her story. The goal is to create more of an inviting space where you and the survivor are establishing a relationship based on trust. Sitting behind a laptop for example and entering data while a survivor discloses the violence she experienced, does not facilitate that bond and could be a deterrent to survivors. Completing all information outlined in the GBVIMS+ forms should never be a priority. The documentation of the survivor's story and care should be based only on how much she wants to share.

There are nine GBV case management forms in GBVIMS+:

1. Survivor Information
2. Consent for Services
3. Survivor Assessment
4. Psychosocial Functionality Scale
5. Felt Stigma Scale
6. Action Plan
7. Safety Plan
8. Follow-up (embedded within the Action Plan)
9. Case Closure

The next sections break down the GBV case management process by step and introduce the relevant GBVIMS+ forms associated with that step.¹⁵ For each case, at least one incident record will be created to provide more details about the specific incident(s) of violence experienced. A survivor can have multiple incidents of GBV tied to her case, if she has experienced multiple incidents of violence over time but these will each be recorded under one case file (the digital case file).¹⁶



CASES VS. INCIDENTS

Remember that a case refers to the record of the survivor, and the help that she is receiving throughout the GBV case management process. In GBVIMS+, details of the case are documented on the relevant forms in the Cases section and can be revisited over time to track the survivor progress. A caseworker will create one case record for each survivor.

A GBV incident on the other hand is a specific act of violence that the survivor has experienced. There are situations where one survivor can experience more than one type of violence over a certain period. In GBVIMS+, details of each of these acts of violence are documented in an incident record linked to the case file (in the Incidents section). Unlike information entered in the Cases section, information entered in the Incidents section is recorded at one point in time and not updated- it is a snapshot of information gathered about the violence at the time of reporting. When consolidated, analysis of reported GBV incident data can inform and improve the quality-of-service provision and support the overall efforts to prevent and respond to GBV.

¹⁵ Tutorial video on how to start a new case in GBVIMS+ available [here](#).

¹⁶ Once you have created a case in GBVIMS+ you can create an incident directly from the case file so that each incident will be linked to a case file. For tutorial on how to create an incident in GBVIMS+ please watch this [video](#).

I. STEP 1: INTRODUCTION AND ENGAGEMENT

The purpose of introduction and engagement¹⁷ is to develop a rapport with the survivor and build a foundation for a healing relationship. In this step, you will:

- greet and comfort the survivor.
- begin building a relationship with the survivor; communicate in a warm and open way.
- ask for informed consent from the survivor to provide GBV case management services.
- and explain the GBV case management process, including explaining confidentiality and exceptions (outlined in section 1 below); highlighting the survivor's rights;¹⁸ and ask and answer questions.

Greeting and comforting the survivor is the very first part of the GBV case management process. It is an essential part of relationship-building. You can create a comfortable, safe, and private environment by ensuring that the physical space is private, and that the survivor feels comfortable speaking in that space. GBV caseworkers should be warm, calm and open, face the client, remain engaged throughout the meeting, maintain appropriate facial expressions, and use nonverbal communication to demonstrate interest and attention. It is important for you to remember to explain your role clearly and using simple terms.

There are two GBVIMS+ forms that apply to Step 1: Introduction and Engagement:

A. Consent for Services Form

Form name	When relevant	Who is responsible	Purpose of form
Consent for Services. Tutorial video available here .	Before the survivor starts telling her story, at the start of GBV case management service delivery. • To provide permission to participate in the GBV case management process. • To provide permission for the caseworker to collect and store information about their case.	The GBV caseworker assigned to the case, together with the survivor or the caregiver/guardian (in cases of children or persons with disabilities who cannot provide consent directly). ¹⁹	To record the survivor's permission to participate in the GBV case management process, and to collect and store information about their case.

Obtaining informed consent to provide GBV case management services is the first and most essential step to put into practice the guiding principles of a survivor-centred approach, as it helps to establish a survivor's explicit control over the GBV case management process. Without establishing informed consent, you risk jeopardizing your relationship with the survivor.

Informed consent is defined as the voluntary agreement of an individual who has the capacity to give consent. The survivor must have the ability and maturity to know and understand the services being offered and must legally be able to give her consent. **It is imperative that you obtain informed consent before the GBV case management services begin, before listening to a survivor's story or gathering any information.**

If a survivor presents in crisis, or in imminent danger (e.g. the perpetrator or someone else potentially dangerous has followed them) or requires urgent medical attention, you will not be able to go through the entire informed consent process. In such cases, if you are going to take actions that require involving others, it is still important and relevant to get the survivor's verbal consent before acting.²⁰

¹⁷ To know more: Chapter 2, pg. 49 in the GBV CM Guidelines and Module 11 in the accompanying training materials.

¹⁸ The survivor has the right to stop at any point in time if she wants to. She has the right to ask questions and she has the right to refuse to answer any question she doesn't feel comfortable answering or doesn't want to answer.

¹⁹ When working with child survivors, follow the informed consent procedures outlined in the [Caring for Child Survivors of Sexual Abuse Guidelines](#), pgs. 113-117.

²⁰ Interagency GBV Case Management Guidelines, pg. 54.

Mandatory reporting²¹ requirements can vary greatly by country and context. Mandatory reporting refers to legislation passed by countries or states that require designated individuals to report an incident to the police or legal system. In many countries mandatory reporting applies primarily to child abuse and maltreatment of minors but can extend to intimate partner violence or rape. It is important for caseworkers to be aware of mandatory reporting laws in the settings where they work. In humanitarian settings, mandatory reporting also includes reporting of Sexual Exploitation and Abuse (SEA) perpetrated by humanitarian actors. Organizations working in humanitarian contexts are mandated to have protocols in place for responding to sexual exploitation and abuse by humanitarian workers.²² **Regardless of mandatory reporting laws, it is your responsibility as a caseworker to ensure that survivors are aware of these exceptions BEFORE beginning any service.**²³

It is the organization's responsibility to ensure that caseworkers are aware of laws that apply to their work as well as organizational policies around cases of mandatory reporting: namely for responding to sexual exploitation and abuse by humanitarian workers. Procedures are not the same for all mandatory reporting requirements, thus it is important that your organization outline its mandatory reporting procedures.²⁴

Remember that mandatory reporting laws in certain contexts, where there are not adequate provisions for safety and security, can put survivors at risk and often do not achieve their intended impact, as only those willing to report to police will seek services. You will then need to discuss any protection needs associated with mandatory reporting with the survivor and discuss the situation with your supervisor BEFORE reporting to the required authorities. If obligated to report, make sure you explain to the survivor what information must be shared, with whom, and what is likely to happen next.

MANDATORY REPORTING IN THE INTER-AGENCY MINIMUM STANDARDS FOR GENDER-BASED VIOLENCE IN EMERGENCIES PROGRAMMING

All response actors need to understand the laws and obligations on mandatory reporting as they relate to GBV cases, and the specific requirements for children. Although mandatory reporting is often intended to protect survivors (particularly children), in some situations, following mandatory reporting procedures conflicts with the GBV Guiding Principles, including safety, confidentiality and respect for self-determination. It can also result in actions that are not in the best interests of the survivor. For example, mandatory reporting of cases of sexual violence or intimate partner violence to the police can put the survivor at great risk of harm from the perpetrator, family members or community members. Every organization must decide how it is going to handle mandatory reporting when doing so is not in the best interests of the survivor.²⁵

Remember:

- Always inform the survivor of your obligation to report before she tells her story.
- If the survivor shares information you must report, explain what information you must share, who you will share it with, and what is likely to happen next.
- Discuss any protection needs associated with mandatory reporting.
- Discuss the situation with your supervisor before reporting to the required authorities.

²¹ More information on types of mandatory reporting are available [here](#).

²² [IASC Protection against Sexual Exploitation and Abuse \(PSEA\) - Inter-agency cooperation in community-based complaint mechanisms. Global Standard Operating Procedures.](#)

²³ More guidance on confidentiality and mandatory reporting is available [here](#) and guidance on survivor safety in mandatory reporting is available [here](#).

²⁴ Ibid, pg.35.

²⁵ [Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming](#), Standard 6 GBV Case Management, pg. 49.

In GBVIMS+ there are three distinct places where you will record obtaining consent:

1. **Consent for services:** Using the **Consent for Services** form, asking for consent to proceed with the GBV case management process before a survivor shares her story. It is up to each organization to decide whether they want to obtain consent for services in writing or verbally, from survivors. **The Consent for Services form in GBVIMS+ is a simple form with one tick box. It acts as a record of obtaining informed consent, and at times a reminder for the caseworkers to do so, to proceed with providing GBV case management services.**
2. **Consent to share information for referrals:** In the **Action Plan** form to verify that you have received consent from the survivor to share her information for a referral (this will be further explored in Step 3).
3. **Consent to share information for reporting:** Consent to share information for incident monitoring—meaning the sharing of non-identifying information for the purpose of aggregating data in statistics to be used in reports. This data is recorded in the GBV incident records linked to each case.

The image shows a screenshot of the GBVIMS+ web application. On the left is a sidebar menu with the GBVIMS+ logo and various navigation options: Online, Home, Cases, Incidents, Exports, Support, primero_gbv, and Log out. The main content area is titled 'NEW CASE' and contains a list of options: Record Information, Survivor Information, Consent for Services, Survivor Assessment, Psychosocial Wellbeing, Felt Stigma, Action Plan, Safety Plan, Case Closure, and Other Documents. The 'Consent for Services' and 'Other Documents' options are circled in red. A red arrow points from the 'Consent for Services' option to a sample form titled 'CONSENT FOR SERVICES'. The form contains the text 'Consent for Services' and a question: 'Did the survivor provide consent to engage in services offered by you?'. Below the question is a single checkbox with the label 'Yes', which is marked with a red 'X'.

Verbal consent: GBV caseworkers can tick the box in the Consent for Services form if the survivor was verbally asked for consent to proceed with the GBV case management process and the survivor gave consent verbally.

Written consent: Organizations can also opt to continue using paper forms to record consent. Consent for services can be documented verbally or on paper with acknowledgement of it recorded in GBVIMS+. If your organization obtains written consent for services, you can choose to (1) store the paper

form in a locked cabinet or (2) upload the signed Consent form to GBVIMS+ using the 'Other documents' tab and then either store the form in a cabinet or destroy the paper form (e.g. shredding or burning the paper form). This process should be detailed in your GBV case management SOP.

Before listening to a survivor's story is not the only time you will seek the survivor's informed consent.

The process of obtaining consent is ongoing throughout the GBV case management process, and it is important for caseworkers to obtain consent:

- ✓ Before listening to a survivor's story, gathering, or documenting any information about her case.
- ✓ Before making referrals or any time information is shared with other service providers who can help the survivor meet her needs. You must seek permission to share information for each new referral.
- ✓ Before taking any other actions on behalf of the survivor. For example, carrying out advocacy or case coordination.
- ✓ Before sharing any statistical information about the incident(s) of GBV reported by a survivor. Even 'anonymized' information requires informed consent.

B. Survivor Information Form

Form name	When relevant	Who is responsible	Purpose of form
Survivor Information Tutorial video available here	Directly after consent/ assent is obtained.	The caseworker assigned to the case.	To register basic demographic information about the survivor.

This form is meant to enter basic demographic information about the survivor, including name,²⁶ survivor code, date of birth, age, sex, country of origin, civil/marital status, displacement status at time of report, disability documentation and information relevant to child survivors. When you create and link an incident record from a case, this set of information is automatically transferred to one of the forms in the incident record.²⁷

ROLE-BASED ACCESS IN GBVIMS+

One of the key features of GBVIMS+ is role-based access. This approach to restricting/limiting access within the system to authorized users responds to the principle of 'need to know'. As a result of this feature, those with supervisory roles in the GBVIMS+ will only be able to view and read case forms for cases that were created by the caseworkers they supervise. Those with supervisory roles in the GBVIMS+ will not be able to edit data fields or forms, and they will not see the names of individual survivors. When a caseworker clicks 'Save' on the Survivor Information form, the survivor's name is automatically hidden and appears as a series of asterisks (*****).²⁸ GBVIMS+ offers several roles with varying degrees of access. For more on the various user roles in GBVIMS+, please refer to the GBVIMS+ User Guide.

II. STEP 2: ASSESSMENT

Quality GBV case management relies on conducting good assessments. Conducting an assessment²⁹ is the act of gathering information from a person and evaluating it for the purpose of supporting survivors to make decisions about their care. Good assessment safely and slowly assesses the survivor's situation and experience of violence with a focus on listening, not asking. The goal of Step 2 is to understand the survivor's context, determine if other responders are involved, listen to the survivor's story to understand her needs and support her.

One of the difficult aspects of assessment can be talking with the survivor about the violence they have experienced. Below are some strategies that can help you facilitate a supportive conversation and make the survivor feel more at ease during assessment.

- ✓ Begin the conversation with basic questions.
- ✓ Listen carefully to the story as the survivor tells it.
- ✓ Watch the survivor's body language closely for any signs of discomfort.
- ✓ Encourage and empathize through non-verbal and verbal communication.
- ✓ Actively check in with her along the way.

²⁶ The name becomes hidden automatically once form is saved. Only the caseworker who created the case can see the name of the survivor.

²⁷ This form is the GBV Individual Details form found in the Incidents section of GBVIMS+.

²⁸ The hide name function is automatic when first creating a case. If a caseworker edits the Survivor Information form and selects "View Name," she will need to select "Hide Name" before saving the changes to ensure name is hidden again.

²⁹ To know more: Chapter 3, pg. 57 in the GBV CM Guidelines and Module 12 in the accompanying training materials.

- ✓ Respect the survivor's desire to stop sharing information.
- ✓ Ask clarifying questions once the survivor has finished or has paused.
- ✓ Avoid unnecessary questions and interruptions.
- ✓ Take notes if needed but focus on the survivor.

Hearing a survivor tell her story helps to fully understand the survivor's needs and major concerns. GBV service providers often prioritize safety and health because they can be lifesaving, depending on the urgency of the case, but the survivor may have other needs that require attention as well.³⁰ After a survivor has shared her story, it is important to communicate compassion, validation, and reassurance.³¹

There are three GBVIMS+ forms that apply to Step 2: Assessment:

A. Survivor Assessment Form

Form name	When relevant	Who is responsible	Purpose of form
Survivor Information Tutorial video available here	After the introduction when the survivor begins to disclose her story assessment.	The caseworker assigned to the case.	To record information gathered on the case regarding both risks and needs, as well as strengths and resources. The information recorded will be analysed and used as a base for developing the case action plan during Step 3.

The Survivor Assessment form helps guide caseworkers through an assessment of a survivor's needs linked to the violence she has experienced. The assessment is crucial to understand the presenting issue and compounding factors. The Assessment form is meant to record information from the initial meeting with a survivor. It is intended to collect information on risks and needs as well as strengths and resources. The information recorded in this form will be used to develop the case action plan and safety plan for the survivor. The form includes:

- the survivor's family situation and current living situation;
- the survivor's occupation or role;
- specific considerations for child survivors;
- the presenting problem, including a section for the caseworker to describe what happened using the survivor's own words;
- key assessment points;
- the survivor's current situation as well as imminent risks; and finally,
- the survivor's safety, health, psychosocial, legal/justice, and practical/material needs.

Each section in the Assessment form contains a 'Guidance' hyper-link. These links provide suggested direction and questions to give the caseworker a frame of reference. The goal is **NOT** to answer ALL questions provided as Guidance, nor must these questions be asked to survivors. Rather, the questions are there to guide caseworkers and show the type of information that could be included in each field.

³⁰ Some survivors may share suicidal thoughts. For more information on assessing and responding to a survivor with suicidal thoughts, please refer to the GBV Blended Curriculum section on [Suicide Assessment](#).

³¹ For additional guidance please refer to [Healing Statements as a communication strategy](#).

B. GBV Case Management Outcome Scales: Psychosocial Functionality and Felt Stigma³²

Form name	When relevant	Who is responsible	Purpose of form
Psychosocial Functionality Scale And Felt Stigma Scale Tutorial video for both scales available here	The scales can be filled out iteratively, so can be used during assessment, action planning, follow up and case closure. The scales guidance does recommend waiting until the third visit with the survivor to introduce the scales to allow caseworkers to prioritize the survivor's imminent needs.	The caseworker assigned to the case, as part of the survivor's psychosocial assessment	The Psychosocial Functionality Scale is a 10-item questionnaire that measures women and older adolescent girls' ability to carry out important tasks in their daily lives. The Felt Stigma Scale is a 10-item questionnaire that measures women and older adolescent girls' both perceived and internalized experiences of stigma. <i>These forms are optional.</i>

There are two main objectives of the GBV Case Management Outcome Monitoring Scales:

- ✓ To provide GBV caseworkers with a tool to assess psychosocial wellbeing/felt stigma of individual women and older adolescent girls.
- ✓ To provide GBV service providers with high-quality, aggregated data on psychosocial functioning and stigma across client caseload to inform programming improvements. (This objective will be further explained and addressed in Part 3).

The GBV Case Management Outcomes Scales³³ measure survivors' assessment of their own psychosocial wellbeing/felt stigma before, during and after receiving GBV case management services.³⁴ The scales are each a 10-item questionnaire based on a 5-point scale. The Psychosocial Functionality Scale measures women and older adolescent girls' ability to carry out important tasks in their daily lives; and the Felt Stigma Scale measures both perceived and internalized experiences of stigma. For more information on interpreting scores please refer to Part 3 of this document.³⁵

These scales have been tested and validated for use with female survivors, 15 years or older. These scales are not suitable for use with girls 14 years old or younger because it has not been validated for younger populations.

The scales are optional and whether you choose to use them as part of your standard GBV case management process needs to be outlined clearly in your organization's SOPs.

³² Note these forms are optional and should only be used if caseworkers have been trained on them.

³³ The scales are optional and whether these are included in an organization's standard GBV case management process should be outlined clearly in the organization's SOPs.

³⁴ These scales were developed using validated scales measuring changes related to psychosocial well-being and stigma experienced by female survivors of GBV in the Democratic Republic of Congo. The International Rescue Committee has adapted these scales for use with women and older adolescent girls (aged 15 and older) from Somali and Syrian populations who are receiving GBV case management support. At the time of writing, the scales were in use in South Sudan, Burundi, Mali, Jordan, Iraq, Lebanon, and Nigeria.

³⁵ To interpret the score or calculate change over time, you can also refer to Part 3 of the IRC [GBV Case Management Outcome Monitoring Toolkit](#).

It is recommended to administer both scales as this is how they are used in social work practice. They are split into two separate scales for the purpose of measurement, as a quality indicator can only measure one item at a time. However, in social work it is important to work on psychosocial well-being as well as reducing the shame and blame many survivors internalize. With each survivor, you can choose to administer only one of the scales or administer both scales (either during the same GBV case management session or split across two or multiple sessions), depending on what aspects you and the survivor agree to monitor. These the scales are included as sub-forms in GBVIMS+ so they can be entered multiple times throughout the case management process.

You should administer the scales as part of the survivor's assessment. It takes approximately 10-20 minutes to administer each scale.

Each scale only needs to be administered once, for a one-time measure of psychosocial well-being and/or felt stigma. The scales can be administered two or more times to monitor change over time as well. It is recommended that the tool be first administered only after a minimum of three visits, to allow you to address the survivor's most urgent needs first and to give time to build trust. The scales can also measure improvement of women and older adolescent girls' recovery over time during the GBV case management process. To monitor change in survivors' well-being over time, the scales should be administered at baseline (after a minimum of three visits so typically at session 4) and again after three additional sessions (typically at session 7). If possible, you can administer the scales one final time at the end of the GBV case management intervention if it exceeds seven sessions. Part 3 of the GBVIMS+ Companion Guide provides information on how to interpret the scores and level of change over time.

The GBV Outcome Scales differ from other forms in GBVIMS+, as these tools can be administered face to face with a survivor. You need to ensure you have access to a confidential setting where you can administer the scales one-on-one with a survivor.³⁶ The scales should not be administered in a group setting (e.g. emotional support group session).

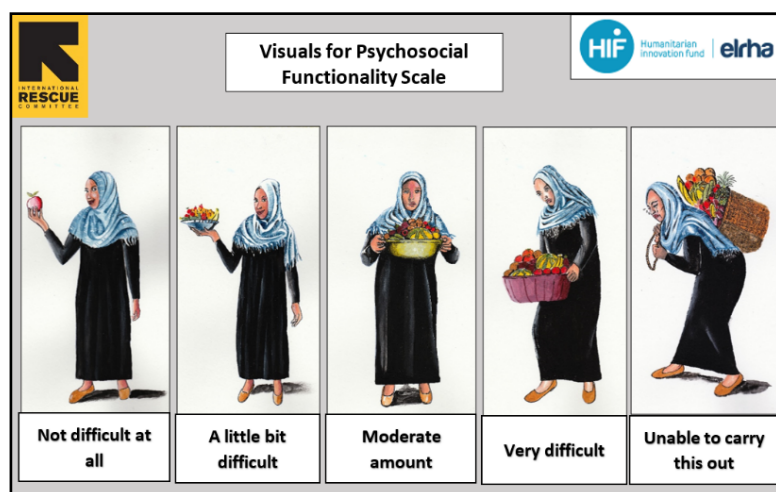
In remote settings (for example with phone-based case management or hotlines), there are a few options for administering the scales:

- In settings with high internet connectivity and prevalence of smart phone access among the target population of women and girls, you can consider utilizing an online version for the scale administration and/or to show visual aids.
- In settings with low or unreliable internet connectivity and/or low access to smart phones by the target population of women and girls, you can consider how community focal points may be able to administer the scales using either an offline version of the survey on a tablet/smart phone or physical copies alongside printed visual aids. As a reminder, the GBV Case Management Outcome Scales are the only digital forms in GBVIMS+ that you can complete in front of the survivor, as you administer the questionnaire.

³⁶ The scales were developed and validated for use in individual GBV case management, though they could be explored for use with individuals in other interventions.

- In settings with low or unreliable internet connectivity and/or low access to smart phones by the target population of women and girls and where there is no/restricted access to safe spaces or community focal points, you can consider adapting the response options of the scales (for example, use a numbering system for survivors' responses) since visual aids cannot be used. In these settings, programs can also consider describing the response options. For example, "if something feels very heavy, like a heavy burden, you can tell me "it's very difficult""; and if it feels like you cannot even do it, like you cannot carry a burden because it is too heavy, you can say "I cannot do it"".

Utilizing the GBV Case Management Outcome Monitoring Scales requires a clear understanding of the steps that should be taken when working with a survivor.³⁷ Beyond simply knowing the process, these steps should be practiced, to ensure that the survivor is comfortable throughout the administration of the questionnaires. **The following instructions provide prompts and guidance on how to effectively use the scales, with the survivor's experience central to the process.**



Both scales come with visuals for the answer values for each question

- ✓ Introduce the tool to the survivor This will be done at the first session with the survivor. Caseworkers can remind survivors of the tool if they use it subsequently in other sessions such as the 3rd, 4th, or 7th sessions).

Explain: "In today's session, I'd like to ask if you'd be interested in completing an activity together which will help us to understand how you are feeling currently in recovering from the violence you have experienced. These questions help us assess your feelings, your daily life activities, and your relationships. Together, we can use your responses to help develop an action plan. Would you like to complete this activity together?"

If the survivor agrees, proceed to step 2.

- ✓ Lead the survivor through the questionnaire.

Show the survivor the contextualized visual aids.

Explain: "Now I will ask you some questions about the feelings, activities and relationships which you have chosen as important to your recovery. Here is a picture which shows a woman holding a burden (basket, water can, etc.) who is finding a task not difficult, a little difficult, difficult, very difficult or so on. When you think about whether an activity or feeling is difficult or not, you can refer to this picture as a guide."

Do: Read out the questions from the Psychosocial Functionality Scale and/or Felt Stigma Scale (depending on what you wish to monitor).

Do: Make sure that you are using the correct visual guidance / pictures. There are two versions: one for the psychosocial functioning scale, and one for the felt stigma scale (see Annex B for visual aids).

Remind the survivor: "If you feel uncomfortable or wish to stop this activity at any time, please let me know."

37 As a reminder, these forms are optional and should only be used if caseworkers have been trained on them.

- ✓ Support the survivor to select relevant feelings, activities, and relationships.

Explain: “Thank you for answering all of these questions. You shared with me aspects of your life, including some which are currently difficult. Of all those items that we just discussed, which three tasks & activities or thoughts & feelings would you most like to prioritize as we develop your action plan? If you would like, we can look through the questions that I just asked you, as a reference. You do not need to select those that you rated as most difficult, but rather the ones that are most important to you in terms of developing an action plan.”

Do: Share the list of feelings and activities in Annex A with the survivor either on paper or verbally if the survivor has lower literacy levels. Pause after each section and ask her to select the examples most relevant to her action planning to support her recovery.

Do: Review the items from the Psychosocial Functionality Scale and/or the Felt Stigma Scale with the survivor, as relevant.

- ✓ Return to the action planning activity within your GBV case management session.

Now that you have supported the survivor to document how she is currently feeling and functioning, move to the action planning process and support the survivor to identify her goals for the coming week before you meet again.

III. STEP 3: CASE ACTION PLANNING

Case action planning³⁸, which is based on the information gathered during the assessment, guides service provision for the survivor. The action plan helps you and the survivor plan how to meet the needs that were identified through the assessment. Case action planning is a collaborative effort between the caseworker and the survivor in which you work together to identify interventions that can address the survivor’s needs and then discuss the positive and negative aspects of each intervention. **In order to complete this step thoroughly, you must be familiar with interventions and services available** (e.g. GBV referral pathways and 3W/4Ws).

Although caseworkers often focus on referrals to available services it is important to note that case action planning also involves supporting the survivor in setting personal goals and developing a roadmap to achieving these. **Referral services and personal goals can both be entered in the GBVIMS+ Action Plan form.** For example, a survivor may worry she is pregnant after being raped, in which case a caseworker would refer her to a medical service provider for follow-up. The survivor may also disclose feelings of isolation and wanting to connect with other women in the community.

- ✓ A **referral** to a health facility would be one component of her action plan.
- ✓ A **personal goal** could be for her to visit a neighbour or friend she has not seen in a long time and/or attend church/mosque to reconnect with her community members and/or participate in the weekly women’s group meeting. This would fall under personal goal and although a caseworker could outline this in the action plan, there is no specific referral to be made. This would be described as a personal goal and entering this information will allow the caseworker to follow up on relevant actions taken by the survivor in a subsequent meeting. It is important to include personal goals in the action plan to encourage the survivor to be accountable to her own recovery and care.

There are two GBVIMS+ forms that apply to Step 3: Case Action Planning: Case Action Plan and Safety Plan.

38 To know more: Chapter 4, pg. 77 in the GBV CM Guidelines and Module 13 in the accompanying training materials.

A. Action Plan Form

Form name	When relevant	Who is responsible	Purpose of form
Action Plan Tutorial video available here	Following the assessment to address the needs identified. To record survivor consent to share information with other service providers for the purpose of referrals.	Assigned caseworker to the case. It is strongly encouraged that the supervisor approves the case action plan once finalized by the caseworker.	To record and plan the agreed upon interventions to address her needs and support her wellbeing as identified during the assessment. To record consent to share information with other service providers for the purpose of referrals.

The action plan is informed by the assessment. You need to understand a survivor's current situation before being able to develop a plan with the survivor. The Action Plan form is used to outline the agreed-upon actions to respond to the survivor's needs and personal goals arising from the assessment. The Action Plan form documents the survivor's personal goals and referrals.

The action plan, as well as the Follow-up form used in Step 5, contain sub-forms. To navigate these sub-forms, there are 'add' or 'remove' functions. The action plan allows you to document referrals to formal services as well as personal goals. Each action details the components of one specific service or goal for the survivor. If the survivor has multiple actions to address multiple needs, you can add more actions to the overall action plan. You can also document planned follow-up appointments. This will be further addressed in Step 5. **As a reminder, you need to obtain consent from a survivor to share information for the purpose of referrals.** Any time you share information with other service providers who can help the survivor meet their needs, you must seek permission to share information for each new referral. In the Action Plan form there is a tick box to verify that you have received consent from the survivor to share her information, including some identifying information,

for a specific referral. In addition, if you complete a referral through GBVIMS+, the popup window will ask you again to confirm that consent was given to perform the referral.³⁹

To support the documentation of the action plan, GBVIMS+ has a functionality that allows you to ask your supervisor to review and approve your action plans. This function can be used if this is common practice within your organization and outlined in your GBV case management SOPs. This functionality and others related to supervision will be reviewed in detail in Part 2 of this document.

There is a second and equally important component to the Step 3: Case Action Planning. Alongside a personalized case action plan, you should develop a safety plan with a survivor, if deemed necessary. Safety plans are a tool most often used in cases of intimate partner violence (often called domestic violence) but are valuable in any situation where violence is recurring or where the survivor knows she will face or interact with her abuser again.

REMEMBER

A safety plan aims to mitigate violence, but survivors cannot control when and where they experience violence. Only the abuser is responsible for the violence he perpetrates.

B. Safety Plan

Form name	When relevant	Who is responsible	Purpose of form
Safety Plan Tutorial video available here .	Following the assessment when safety concern is identified.	The caseworker assigned to the case. It is strongly encouraged that the supervisor approves the safety plan once finalized by the caseworker.	To record and plan how to mitigate the risk (impact and likelihood of the violence) for survivors who are in continuous danger in their living environment. This is particularly relevant for survivors of intimate partner violence (IPV).

³⁹ Referrals are still under development – this workflow is accurate as of May 2021.

The safety plan is an intervention that helps survivors analyse the risks for harm in their lives and plan for how to reduce or mitigate those risks. **By creating a safety plan, you are in no way suggesting that the survivor has control over when and where they experience violence.** It is important for you to reiterate with survivors that the violence is NOT their fault. Safety plans may reduce the likelihood of being harmed and each plan requires an individualized approach.

Safety planning enables the survivor to proceed with a pre-determined course of action when she is in a life-threatening situation. Safety planning can help her minimize the harm done by the perpetrator by identifying resources and means to avoid harm and places she can go temporarily for safety. Developing a safety plan is a collaborative process that you should undertake together with the survivor.

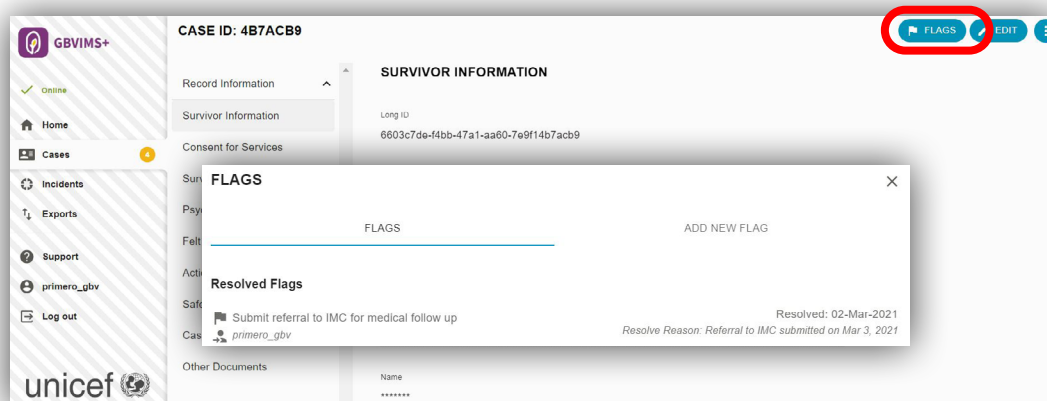
The safety plan addresses the fundamental question: what needs to happen or to be in place for the survivor to be safe? It includes identifying dangerous situations, risks and warning signs, activities survivor can undertake on her own, specific people to call on for help, supportive people that make the survivor feel safe and the survivor's own strengths that help her get by.

The Safety Plan helps identify:

1. Safety concerns (in the survivor's words)
2. Resources the survivor is using now and can help her stay safe in following categories: Economic/material; Relationships; Community help; Other
3. Safety steps the survivor takes to minimize risk of further harm for herself (and her children) before violence occurs (safety preparedness)
4. Safety strategies to mitigate risks when violence happens (safety strategies)
5. And developing a plan in case the survivor decides to leave. As a last resort, a survivor may want to move out of her home or area. This should always be the survivor's choice.

FLAGS

GBVIMS+ offers a functionality that is particularly useful once you have finished developing your case action plan and are transitioning to the implementation of the plan. GBVIMS+ allows you to set flags – like a reminder feature on your mobile phone – to mark a case for further attention, consideration, or follow-up actions. The flag function⁴⁰ is a flexible way to mark a case for further action, or set a reminder for an action, and can be added by a caseworker or a supervisor. When you select the flag button while in a case, a window will pop up allowing you to view existing flags as well as add new flags. Only the creator of a flag can delete it once no longer relevant.



⁴⁰ Tutorial video on how to flag a case in GBVIMS+ available [here](#).

IV. STEP 4: IMPLEMENT THE CASE ACTION PLAN

To begin implementing the case action plan,⁴¹ Step 4 of the GBV case management process, you will need to make referrals and support the survivor to safely access services. Based on the action plan you created with the survivor, you will contact the relevant service providers to refer the survivor's case. You may also assist the survivor in accessing those services by accompanying the survivor to the service provider location and advocating on behalf of the survivor with police and security personnel to take protective measures. Similarly, you may also advocate for compassionate and quality medical care and treatment, and for the survivor's views and opinions to be followed as well as for her rights to be upheld. You may also assist the survivor to access services by meeting with the service providers to provide information about the abuse, so the survivor does not have to unnecessarily repeat her story. **It is important to remember that you can only share the survivor's story with her explicit permission as to what you can share and with whom you can share it.**

Your main tasks as a caseworker in Step 4 include making referrals, advocating for, and supporting survivors in accessing services, leading case coordination when necessary, and providing direct services, if relevant.

There is one GBVIMS+ form that applies to Step 4: Case Action Plan Implementation, that is accessible through the built-in functionality to refer cases.

A. Refer Case

Functionality	When relevant	Who is responsible	Purpose
Refer Case <i>Tutorial video not yet available</i>	Immediately after the case plan is agreed upon and whenever a referral is made for service provision.	The caseworker assigned to the case.	To record key information for the caseworker on the number, nature and timing of referrals made, and to provide the receiving service provider with key information necessary to provide the service

The screenshot displays the GBVIMS+ web application. On the left is a sidebar with a 'GBVIMS+' logo and navigation links: 'Online' (with a green checkmark), 'Home', 'Cases' (with a yellow plus icon), and 'Incidents'. The main content area shows 'CASE ID: 4B7ACB9' and a 'SURVIVOR INFORMATION' section with fields for 'Long ID' (6603c7de-f4bb-47a1-aa60-7e9f14b7acb9) and 'Case ID'. A top navigation bar contains 'FLAGS', 'EDIT', and a menu icon. A red circle highlights the menu icon, and a red arrow points from it to a dropdown menu. The dropdown menu lists: 'Refer Case' (highlighted with a red circle), 'Transfer Case', 'Create Incident', 'Disable', and 'Request Approval'. Below this, a 'REFERRAL CASE 4B7ACB9' modal form is open. It contains a checkbox 'Are you referring to a remote system?', followed by dropdown menus for 'Service', 'Agency', 'Location', and 'Recipient *', and a text area for 'Notes'. At the bottom of the modal are two buttons: 'REFER' (with a green checkmark) and 'CANCEL' (with a red X).

The referral is done by the caseworker assigned to the case whenever there is a need to refer a survivor for other services. Documenting this allows you to share essential information to another provider to facilitate efficient service delivery and avoid the survivor having to repeat her story. **It is important to highlight that you will need to get a survivor's consent for referrals before making any referrals or sharing any information with another service provider.**

Implementing the case action plan often tends to focus on referrals. As previously mentioned, it is important to remember that the implementation phase is also the time for the survivor to take action towards personal

⁴¹ To know more: Chapter 5, pg. 83 in the GBV CM Guidelines and Module 14 in the accompanying training materials.

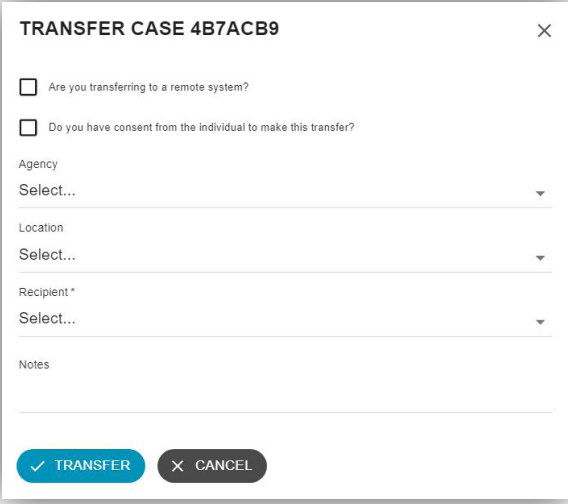
goals, to take action on what she committed to do for herself in order to recover and thrive. The referral form includes information on the individual and organization to which each referral is made, a record of consent from the survivor for each referral, the reason for the referral, and a place to track actions taken.

GBVIMS+ facilitates referrals through a functionality which allows you to perform referrals using the system. Through the 'Action Menu', you can select 'Refer case', and a pop-up window will display the referral form. The system can either send a referral form to another user within the same GBVIMS+ system or generate a pdf for you to email (ensuring the file is password protected) or print and deliver to the recipient service provider. The goal of GBVIMS+ is to support and enhance existing processes in an organization or context, and without necessarily replacing those if they are functioning well.⁴²

WHEN TO TRANSFER A CASE

Referrals are used to support a survivor in accessing a specific or more specialised service that your organization does not provide. Caseworkers will sometimes need to transfer a case. Transfers are used when you want to hand over the full case file to another caseworker or service provider. GBV caseworkers might transfer cases when leaving their organization or if your programs are closing. You can also transfer a case when a survivor needs a more specialized service (e.g. a psychologist or other mental health service or a child protection with specialized care for child survivors).

GBVIMS+ also offers the functionality to transfer cases to another caseworker, another GBVIMS+ user in the system, or an external actor. You can transfer a case using the three-dot 'action menu' by selecting 'transfer case'. The system will prompt you to verify if you have received consent from the survivor for the transfer.

A screenshot of a web form titled "TRANSFER CASE 4B7ACB9" with a close button (X) in the top right corner. The form contains two checkboxes: "Are you transferring to a remote system?" and "Do you have consent from the individual to make this transfer?". Below these are three dropdown menus labeled "Agency", "Location", and "Recipient *", each with a "Select..." option. At the bottom is a "Notes" text area. At the very bottom are two buttons: a blue "TRANSFER" button with a checkmark icon and a grey "CANCEL" button with an X icon.

V. STEP 5: FOLLOW-UP

It is important for you to have a pre-arranged follow-up meeting to check in with the survivor on the various components of the case action plan, as well as her general wellbeing. It is important to try and schedule a follow-up meeting during your initial meeting with the survivor, when you are first assessing her needs and developing the action plan together. In your follow-up⁴³ meeting, you seek to find out:

- ✓ The survivor's status in terms of safety, health, family, social life (friends, school, work), and feelings.
- ✓ Is the survivor getting the help and services she needs, and in a timely manner? What is the outcome of the services she received?
- ✓ Were previous plans connected to the above areas put into action?
- ✓ Are there any barriers to achieving the case action goals?
- ✓ Does the survivor have any new needs?

⁴² Referrals made through GBVIMS+ have the added benefit of being able to be tracked both in terms of response as well as for data purposes. Tracked referrals will also feed into the KPIs/Pulse. More on this in Part 3 of the document.

⁴³ To know more: Chapter 6, pg. 87 in the GBV CM Guidelines and Module 14 in the accompanying training materials.

It is important to remember that the GBV case management process is not always linear. During step 5, you may need to go back to step 2 and assess new information and needs that are disclosed and either adapt the case action plan and safety plan or develop new ones. Depending on the specific survivor and case, you may need several follow-up meetings as new information comes to your attention and as a survivor's situation evolves.

There is one GBVIMS+ form that applies to Step 5: Follow-up.

A. Follow-up Form

Form name	When relevant	Who is responsible	Purpose of form
Follow-up Tutorial video available here .	A follow-up is conducted at any point during the case management process from the opening of the case until case closure. The frequency of follow-ups should be linked to the survivor's needs and risk level.	The caseworker assigned to the case.	To record information during a follow-up confirming that specific actions have been taken and services provided (or to identify and address barriers in accessing services) and to monitor the survivor's situation. This form also tracks progress made towards goals set in the initial action plan.

The Follow-up form is completed whenever a follow-up meeting takes place, at any point during the case management process from the opening of the case until case closure. The frequency of follow-up meetings should be linked to the survivor's needs and risk level.

The purpose of this form is to document the follow-up actions and confirm that specific actions have been taken and services provided (or to identify and address barriers to accessing services) and to monitor the survivor's situation. This form also tracks progress made towards goals set in the initial action plan.

The Follow-up form in GBVIMS+ is embedded in the Action Plan form. Below the completed action plan, you can find a Follow-up form and 'add' as many follow-up meetings as necessary. You will follow up on a case: (1) when a survivor comes back for another session and (2) to follow up on referrals made to ensure the service was provided. For both instances, you should update the case using the Follow-up form. At the bottom of the Follow-up form is a section for 'Progress made towards goals' which helps you assess the implementation of the action plan to date. The Follow-up form guides you to discuss each point in the Case Action Plan to record the status of each action, referral, and personal goal. The form also guides you to ask the survivor if she has new needs or concerns that need to be addressed or if you recommend closing the case.

Finally, the form contains a section at the end to track progress made towards goals. This should be completed at every follow-up meeting to help track whether actions and goals are still in progress or have been met. This section provides you with a quick snapshot of where you and the survivor are in terms of achieving all the goals outlined in the Case Action Plan. Record progress towards safety goals, health care goals, psychosocial support goals, justice/legal goals, and other goals, where you can list any goals that do not fit in the previous categories. **You will be able to select one of three options:** not applicable (N/A), in progress, or met and if desired, provide an explanation on the status selected.

VI. STEP 6: CASE CLOSURE

The length of time a case remains open will vary greatly depending on the survivor's needs and the context. Because of these variables, it is important for organizations to have criteria for case closure outlined in their SOPs, so that GBV caseworkers know when it is time to close a case. Criteria outlined in the Interagency GBV Case Management Guidelines include:

- ✓ When the survivor's needs are met and/or her (pre-existing or new) support systems are functioning:
 - Follow up with the survivor and discuss her situation.
 - Review the final action plan and the status of each goal together.
 - Jointly decide that it is time to close the case but reassure the survivor that she can always return if she encounters new issues or experiences violence again.
- ✓ When the survivor wants to close the case:
 - Sometimes survivors may feel that they do not want to continue with you even if they have not had all their needs met.
 - Our goal is to respect the survivor's wishes, and thus the case is closed at her request.
- ✓ When the survivor leaves the area or is relocated to another place.
- ✓ When you have not been able to reach the person for a minimum of days. The exact number of days will depend on the context and should be decided at the organization level.

It is important in Step 6, case closure,⁴⁴ to end your engagement with the survivor in a safe and supportive way. You should determine if/when the case can be closed, document the case closure; and, if possible, ask the

⁴⁴ To know more: Chapter 6, pg. 87 in the GBV CM Guidelines and Module 14 in the accompanying training materials.

survivor if she would be willing to complete a client feedback survey. The Client Feedback form in GBVIMS+ is explored further in Part 2 and Part 3 of this document. It is important to note that someone other than the GBV caseworker managing the case should administer the survey to ensure anonymity of feedback.

There is one GBVIMS+ form that applies to Step 6: Case Closure:

A. Case Closure Form

Form name	When relevant	Who is responsible	Purpose of form
Case Closure Tutorial video available here .	When case closure criteria are met, and in discussion with the survivor (when possible).	The caseworker assigned to the case, with the approval of the supervisor.	To record information on the closure of the case.

Case closure is completed when the organization case closure criteria are met, and in discussion with the survivor, if possible. This is performed by the assigned caseworker and should be subject to approval by a supervisor. Case closure documentation helps ensure a record of the reasons for closing a case and that essential messages are shared with the survivor before she stops receiving services. The Case Closure form will guide you through a checklist to ensure criteria have been met and to record this data. It is important to reassure a survivor that she can always return to access services when needed even if her current case is closed.

One final step in GBVIMS+ is to close cases to ensure that caseworkers focus on active cases only. Closing cases ensures that only active cases should show in the cases dashboard. To make this change, a caseworker will change the status of a case from open to closed in the Case Closure form.

To close a case in GBVIMS+, you simply need to change the 'status' of the case in the Case Closure form, from open to closed.⁴⁵ Once you have closed a case it will no longer appear in your cases dashboard, but the case is not lost or deleted. You can always find your closed cases by using the search and filter function on the right-hand side of your cases list dashboard. Under status, select 'closed.' Ensure you un-click 'open' and click apply

⁴⁵ Depending on your organization policies, this will likely be done after the case closure has been approved by your supervisor.

The screenshot shows the GBVIMS+ web application. On the left is a sidebar with navigation links: Home, Cases, Incidents, Exports, Support, and a user profile for 'primero_gbv'. The main area is titled 'CASES' and displays a table of case records. A search bar and filter controls are at the top right. The filter sidebar on the right includes sections for 'Age Range', 'Sex', 'No Activity', and 'Status'. The 'Status' section is circled in red and contains four options: 'Open', 'Closed' (which is checked), 'Transferred', and 'Duplicate'.

ID#	SURVIVOR CODE	CASE OPEN DATE
031e364	AS254	20-May-2021 10:06
264a9d1	2SH65G	19-May-2021 11:03
65a5144		19-May-2021 10:26
7e3f13a		18-May-2021 12:27
d8ba593		14-May-2021 07:23
cd3bcd5	abcd-1234	15-Apr-2021 10:37
7367f1b		15-Apr-2021 09:42
4b7acb9	HMST5	23-Feb-2021 06:30
e4b8904		16-Feb-2021 21:30
1d7bf10		03-Feb-2021 04:09
5c88470		03-Feb-2021 02:37

B. Client Feedback Form

Form name	When relevant	Who is responsible	Purpose of form
Client Feedback Tutorial video available here .	This form should be completed at the end of the case management process, or after 6 months (whichever is the shortest period).	Supervisor of the caseworker or another caseworker other than the one who managed the case.	To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement.

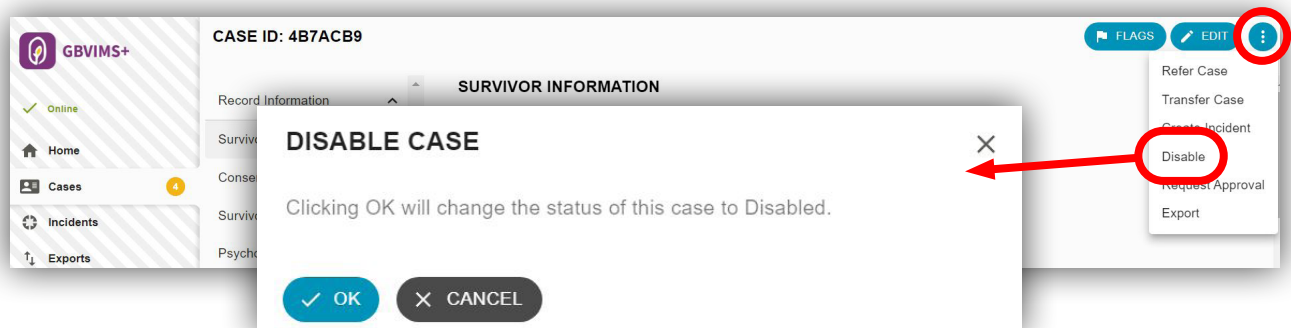
The Client Feedback form (often referred to as Client Feedback survey) provides an opportunity for survivors to give feedback on their experience with the services they received and key information to help your organization identify what is working well, possible challenges, and what needs to be improved in terms of service delivery. The Client Feedback form can be administered at case closure as outlined in the section above. In contexts where survivors receive services for longer periods of time, you can also consider administering client feedback surveys more frequently (e.g. on a quarterly basis or after six months). The completion of a Client Feedback form should be voluntary and anonymous. The Client Feedback form, including when and how to administer it, and how to interpret results, is reviewed in detail in Part 3.

DISABLING A CASE

If you do create a case by mistake and need to delete it, GBVIMS+ has a disable function.⁴⁶ The disable function replaces any option to delete to prevent losing information that could be important. To disable a case:

- Click on the case you wish to disable.
- Click the three dots 'Action menu' in top right corner.
- Select 'disable' from the drop-down menu.
- A pop-up window will appear that will prompt you to confirm you want to proceed with disabling the case.

As a reminder, the case is not deleted permanently from the system. You can search for disabled cases using the same search and filter function. From your cases dashboard, scroll to the bottom of the filter window on the right and filter by 'disabled' cases. Your dashboard will not show your disabled cases.



To familiarize yourself with the GBVIMS+ Case Management Forms, please refer to Annex A. In Part 2 of the GBVIMS+ Companion Guide, you will review the functionalities in GBVIMS+ that support and enhance remote supervision.

⁴⁶ Incidents can also be disabled if created by mistake. For more on disabling an incident, please refer to the GBVIMS+ User Guide.

PART 2: HOW TO USE GBVIMS+ FOR REMOTE SUPERVISION

Supervision is an integral component of GBV case management. According to the Interagency *GBV CM Guidelines*, “All organizations providing GBV case management should have at least one case supervisor responsible for ensuring staff are trained and prepared for their case management role, and who regularly monitors caseworkers’ practice and provides the support needed for them to provide quality care.”⁴⁷

This section of the GBVIMS+ Companion Guide is aimed at supervisors and highlights the features and functionalities available in GBVIMS+ that enable supervisors to communicate and supervise their caseworkers, in-person or remotely. It aims to:

1. Review the purpose of supervision and practical methods to supervise GBV caseworkers.
2. Introduce the features and functionalities in GBVIMS+ that enhance supervision of GBV caseworkers and highlight the system features that enable remote supervision and communication.

One of the most noteworthy features of GBVIMS+ is role-based access. **As a reminder, role-based access means that caseworkers, supervisors, organization focal points and program managers have different access to case files in GBVIMS+ and can complete different functions based on the needs of their respective positions.** Supervisors can see the full case files of the caseworkers you supervise. You cannot see the survivor’s name (it appears as an *****) nor can you edit anything in the case files, but you can see the forms, approve case action plans and case closures, and flag specific actions or questions.

ROLE BASED ACCESS IN GBVIMS+

Role-Based Access is an approach to restricting access in the system to unauthorized users. It means caseworkers can see their own cases. Supervisors can see the cases of their direct reports. Organization Focal Points (OFP) and Program Managers can see all cases, but the permissions are different. Caseworkers can see their own cases and no one else’s. Supervisors cannot edit or create cases to help maintain the integrity of the data. OFPs cannot edit the cases either. OFPs can view more cases than anyone because of their role in data quality and troubleshooting. Program Managers can see all cases, but only in an aggregate format. They can export information and see aggregate statistics for reporting.

The main GBVIMS+ roles include:

Organization Focal Point: This role allows management of users and user groups in Primero, for each User Organization.

- **Access:** all records in the organization
- **Permissions:** Incidents and Cases (Read, Flag, Export [XLS and JSON, IR], Import, Assign, [Refer and Transfer for cases only])
- **Roles (Read);** Users (Read, Write and Create); Reports (Read and Write Reports)

Program Manager: This role has read-only access to a small set of fields on all cases and incidents as well as full reporting access.

- **Access:** all records (not individual level but aggregate)
- **Permissions:** Incidents and Cases (Read (only incident number and type of violence, date, and location); Users (Read, Export, Import, Assign); Report (Read and Write Reports)

⁴⁷ [Interagency GBV Case Management Guidelines](#), pg. 155.

ROLE BASED ACCESS IN GBVIMS+ cont.

Case Management Supervisor: This is a general oversight role for supervisors of caseworkers.

- **Access:** records of users in their user group (incidents and cases) – but no identifying information
- **Permissions:** Incidents and Cases (Read, Flag, Assign Cases, Import, Export JSON, Refer and Transfer for cases only, approve case plan and case closure, Custom Export)

Caseworker/Mobile caseworker: This is a core Primero/GBVIMS+ role defining the work of a typical social/caseworker. The caseworker has access only to the cases/incidents that they manage directly or cases that are explicitly referred, transferred, or assigned to them.

- **Access:** only their records (incidents and cases)
- **Permissions:** Incidents and Cases (Read, Write, Flag, Refer and Transfer – (for cases only), Request approval for case plan and case closure)

Client feedback enterer: This role is limited to edit the client feedback form in the case tab to collect feedback provided by clients (survivors) during or after the service is provided.

- **Access:** GBV Client Feedback form (only)
- **Permissions:** Cases- GBV Client Feedback form (Read and Write)

The supervisor role goes beyond administrative and human resource-related responsibilities. **Supervision is a relationship between a caseworker and a supervisor to support a caseworkers' technical competence and practice and promote well-being through effective and supportive monitoring.** Successful case management supervision requires consistency, investment, care, and trust between the supervisor and caseworker to promote a positive environment for learning and well-being (for both the client and caseworker). A supervisor should ideally bring a breadth of expertise to the position, including several years of working directly with survivors of GBV, to ensure s/he can manage these responsibilities.

Good, consistent, and intentional supervision ensures the services delivered by caseworkers to survivors are of good quality. Supervisors play a fundamental role in identifying capacity building needs so that caseworkers access opportunities regularly to improve their skills. Supervisors also provide support to caseworkers who may experience secondary trauma through their work and help to prevent burnout among caseworkers. Supervisors should also be a resource for consultation in emergency situations and for high-risk cases.

Supervision looks at two key aspects of GBV case management programming:

1. **quality of service delivery; and**
2. **staff stress and well-being.**

Supervision is vital to:

- Ensure that service providers are able to put knowledge and skills from training into practice;
- Provide caseworkers with the opportunity to discuss their work and receive constructive feedback;
- Provide caseworkers with a forum to debrief (this is especially important to prevent secondary traumatization);
- Monitor and manage staff stress;
- Provide an ongoing opportunity for caseworkers to reflect on their personal values, beliefs, and behaviours and how these impact their work with GBV survivors; and
- Provide needed training opportunities.⁴⁸

The Interagency GBV Case Management Guidelines recommend a supervisor to caseworker ratio of 1:5 and no larger than 1:8.

⁴⁸ [Link](#) to the ROSA app in the Google Play App Store.

RESOURCE FOR SUPERVISORS

(ROSA) is a mobile application developed by the IRC to facilitate skill assessment and capacity building for frontline workers and create a community space for peer learning and coaching.



I. SUPERVISION PURPOSE AND PRACTICAL METHODS

The role of a supervisor is to (1) provide support, advice, direction, and quality oversight to GBV case management services, (2) ensure caseworkers are trained and prepared for their role, and (3) be available for consultation in emergency situations. Supervision can be provided through one-on-one support or in groups, in dedicated GBV case management team meetings⁴⁹ or through coaching, and through on-the-job observation.⁵⁰ In GBV case management, the three different methods of supervision are:

1. **Individual supervision:** regular or ad hoc one-on-one meetings between a supervisor and caseworker.
2. **Group supervision:** team meetings to enable peer support and sharing of lessons learned.
3. **Case file reviews:** where a supervisor reviews case files, or a portion of case files, of the caseworkers s/he supervises to ensure quality and identify areas that need improvement.

A. Individual supervision

Ensuring you have one-on-one time together with the caseworkers you supervise that is regular and consistent is the foundation of good supervision and ultimately good GBV case management. Ideally you should meet with your caseworkers weekly but depending on your context and workload, that may not be possible. Supervisor-caseworker one-on-one meetings should not occur less than once every two weeks.⁵¹

The Interagency GBV CM Guidelines outlines five necessary guiding principles to support positive one-on-one supervision experiences.⁵² Supervision should be:

- **Regular and consistent.** This means meeting once a week and at a set time so that the caseworker and supervisor can prepare for the session. Ad-hoc support may also be necessary and should be provided but should not take the place of regular supervision meetings.
- **Collaborative.** Supervisors should encourage their GBV case management staff to come to supervision meetings with an agenda—identifying the cases they want to discuss, specific questions they have, and/or topical areas of technical support.
- **An opportunity for learning and professional growth.** Supervisors should use the sessions to support caseworkers' learning and professional development.
- **Safe.** Supervisors should ensure that supervision meetings feel like a safe space for GBV caseworkers—where they can make mistakes and not be judged, and where they can receive constructive feedback not criticism.
- **An opportunity to “model” good practice with clients.** Supervision sessions present an opportunity to model good case management practices. When communicating with caseworkers during supervision, supervisors should follow similar communication practices that you promote in your work with GBV survivors. This means:

49 By dedicated GBV case management team meetings we mean meetings between case work cohorts (e.g. a meeting a supervisor has with the caseworkers s/he supervises).

50 To know more: Part V, Chapter 2, pg. 155 in the GBV CM Guidelines and Module 18 in the accompanying training materials.

51 [GBV Blended Curriculum](#), International Rescue Committee, Module 14: Case Management Quality Control, Supervision.

52 Interagency GBV CM Guidelines, pg. 156.

- Listen before asking questions.
- Pay attention to your and the caseworkers' verbal and non-verbal communication.
- Do not begin a question with "why." Instead of saying "why did you do that," try to understand the rationale of the caseworkers' decision or action by saying, "Tell me more about your strategy or decision when you did ____."
- Summarize your understanding of what the caseworker has told you so that that you limit miscommunication. For instance, say: "What I hear you saying is ____" or "Let me make sure I get this right, you were saying that ____."
- Demonstrate empathy for your caseworkers' challenges, concerns and worries about a case.
- Work from a strengths-based perspective, being sure to highlight what you think caseworkers did well and ask them what they think could have been done differently before you share your feedback.
- Seek to empower caseworkers by asking them to problem-solve instead of immediately providing them with solutions.

Depending on the caseload, supervisors will not be able to discuss every ongoing case a caseworker has during each individual supervision session. It is important to prioritize high-risk and complicated cases. Your goal as a supervisor should be to discuss all your caseworkers' active cases over time. You can come up with a rotating schedule⁵³ or other plan to ensure you check in on all active cases for each caseworker you supervise over a specified amount of time. Caseworkers should feel empowered to drive this process and raise new/pressing needs or specific issues for the cases that require support from their supervisor.

B. Peer supervision

Peer or group supervision provides caseworkers the opportunity to talk with each other about their work, reflect on their work and share experiences, challenges and lessons learned. It is a forum in which caseworkers can listen and provide each other with valuable feedback. Cultivating an environment where co-workers lean on each other's expertise, as well as you as a supervisor, results in a more supportive and positive workplace. Peer supervision should be a supportive experience that promotes learning and sharing.

- **Frequency/duration.** The Interagency GBV CM Guidelines recommend that peer supervision meetings can be held for 60–90 minutes once a month, once every two months, or however frequently the case management team decides is useful. Meetings should be held consistently, so that caseworkers and supervisors know to set that time aside in their schedules.
- **Preparation.** Supervisors should prepare and distribute an agenda and any other supporting materials to the group in advance of the meeting. This will allow GBV caseworkers adequate time to come to the meetings prepared.
- **Format.** The format the supervisor chooses will depend on the goal of the session.
 - **Case review.** For a case review, the supervisor assigns a GBV caseworker to discuss an interesting or challenging case from which other staff can learn. Supervisors can also provide hypothetical cases in situations where it is not appropriate for a whole team to discuss a real case. Case presentations should follow principles of confidentiality, i.e., not revealing the survivor's name or other identifying information.
 - **Topical sessions.** For topical sessions, the supervisor should choose the topic in advance based on needs s/he identified or based on specific requests from GBV caseworkers.
 - **Teach back.** For teach backs, the supervisor identifies a caseworker with a particular strength or one who has been successful with a new strategy to lead the group session and "teach" their colleagues. When this strategy is used, it is important that the supervisor review the caseworker's presentation in advance of the group session.

⁵³ If a caseworker has 15 open cases and you meet weekly, ensure you ask about at least 5-7 cases each week other than discussing specific needs and high-risk cases.

- **Structure.** Regardless of the format chosen, here is a proposed structure for peer supervision sessions:
 - **Opening and check-in (10–15 min).** Provide caseworkers with the opportunity to do a quick group check-in (e.g., how they are feeling, their mood, etc.) You can be creative in how you do this and also be sure share and thank everyone for sharing.
 - **Session content (45–60 min).** This includes the presentation, as well as time for questions and discussion. The presentation/topic for discussion should be informed by caseworkers or address areas of growth or improvement identified by their supervisor.
 - **Closing and care (5–15 min).** Summarize the key learning points from the session. Close the session by doing an activity that revives their energy, spirit, and motivation (e.g., an energizer, a dance, a song, a relaxation exercise).

C. Case file reviews

Case file reviews, also called case audits, allow a supervisor to review individual cases to ensure consistency, monitor quality of various case file components, and identify gaps for improvement of service provision. Reviewing case files on a regular basis can help your organization track whether forms are being used and filled out appropriately and how services are being provided (as documented in the case file). As a reminder, in GBVIMS+, GBV case management supervisors will be able to view and read the case file information belonging to the caseworkers they supervise. This makes case file reviews possible, even remotely.

Case file reviews fulfill the administrative function of supervision by ensuring that forms are being filled out appropriately and by monitoring the services that are being provided. Case file reviews should never take the place of in-person supervision, and the information supervisors get from the reviews should always be complemented by other supervision methods. When reviewing case files, Supervisors should review all relevant GBV case management forms, including the following:

- **Consent form**
- **Assessment form**
- **Action Plan form**
- **Safety Plan form**
- **Follow up form**
- **Case Closure form**
- **Client Feedback form** (if the case is closed and this survey has been administered)

As a supervisor, you should set up a schedule and randomly select a set number of files to review from each caseworker you supervise (e.g., review two files per caseworker per week) or decide to review case files from a few of the caseworkers you supervise. While reviewing case files, supervisors can make note of any challenges a caseworker is having with paperwork or a common challenge that emerges among files across the team. Findings from case file reviews should be discussed in individual sessions, if unique to only one caseworker, or in group supervision sessions (e.g., as a focus for a Topical session), if applicable to multiple staff.

When reviewing case files in GBVIMS+, consider the following:

- Has the consent form been signed by the survivor, or if the survivor is a child survivor, has it been signed by the child's caregiver, trusted adult, or the caseworker her/himself (in situations where there is no other adult)?
- Are the needs of the survivor documented?
- Are the initial referrals documented?
- Is the caseworker articulating clear goals and outlining actions, timelines, and the person responsible for each action?
- Do the goals correspond to the needs identified?
- Has the caseworker requested approval for the case action plan and was it approved by a supervisor?
- Are follow-up sessions documented?

- Is the follow-up form being used to document progress over time and assess new needs?
- Does the case meet your organization's criteria for case closure?
- Has the case closure form been completed and was supervisor approval requested?

In the next section, you will review how GBVIMS+ enables supervision and supports these methods of supervising GBV caseworkers.

STAFF CARE HIGHLIGHT

Supervisors and organizations play a critical role in creating an organizational culture that prioritizes the safety and well-being of its staff. This is particularly critical for organizations that are providing GBV services in humanitarian settings given the exposure of staff to highly stressful situations and the risk of vicarious (also known as secondary) trauma.⁵⁴

II. SUPERVISION IN GBVIMS+: FEATURES AND FUNCTIONALITIES

TOOLS FOR SUPERVISION IN THE INTERAGENCY GBV CM GUIDELINES

The Interagency GBV CM Guidelines include four supervision tools: the Survivor-Centred Attitude Scale, the Survivor-Centred Case Management Knowledge Assessment, the Survivor-Centred Case Management Skills Building Tool, and the Survivor-Centred Case Management Quality Checklist.⁵⁵ These tools help assess staff attitudes, knowledge and skills that are important for providing survivor-centred care.

GBVIMS+ includes various features and functionalities that enable and facilitate supervision in GBV case management, in particular remote supervision. GBVIMS+ facilitates supervision by enabling:

- **reviewing/auditing case files**
- **assigning cases**
- **approving case action plans and case closures**
- **flagging cases**
- **custom exports**

GBVIMS+ greatly enables remote supervision. Even if a caseworker does not work in the same field office as you, her/his supervisor, you can use the GBVIMS+ functionalities known as 'flags' and 'approvals' to communicate and provide feedback. You can also review case files and use the 'custom exports' functionality to monitor the quality-of-service provision across caseworkers. You can use the approvals function to approve (or not approve) action plans and case closures to provide support and advice to your caseworkers during their GBV case management process. And you can ensure that caseloads are balanced and appropriately managed by assigning cases through the system.

⁵⁴ For more on staff care see pg. 163-164 of the *Interagency GBV CM Guidelines*.

⁵⁵ These tools are available in the Annexes of the *Interagency GBV Case Management Guidelines* on pgs. 193-223.

REMEMBER!

GBVIMS+ supervision functions cannot replace face to face supervision. Supervisors need to make time to speak directly with caseworkers during group or individual supervision sessions. Creating a trusting relationship between a supervisor and a caseworker is essential to quality supervision and cannot be replaced by digital communication through GBVIMS+ alone.⁵⁶

A. Reviewing case files

Reviewing or auditing case files on a regular basis can help your organization track whether forms are being used and filled out appropriately and how services are being provided (as documented in the case file). GBVIMS+ facilitates supervisor case file reviews thanks to role-based access that allows supervisors to access (but not edit) the case files of their caseworkers, while ensuring strict adherence to confidentiality. As a supervisor, you should regularly share feedback from any case file review with your caseworker.

B. Assigning cases

Functionality	When relevant	Who is responsible	Purpose
Assigning cases <i>Tutorial video not yet available</i>	When a survivor arrives at your organization seeking services or when a caseworker is temporarily or permanently leaving.	A Supervisor or Organization Focal Point	To assign a case to a caseworker either to start providing services to a survivor or to take over an existing case due to necessity.

When you log in to GBVIMS+ as a supervisor, your Cases list view will show all active cases for all the caseworkers you supervise. Assigning cases should be performed in the system by a supervisor but can also be done by an Organizational Focal Point. Cases are assigned to caseworkers to ensure case load balancing or to accommodate for a caseworker that is either temporarily out of the office or permanently leaving your organization. Assigning a case can also be considered an internal transfer.⁵⁷

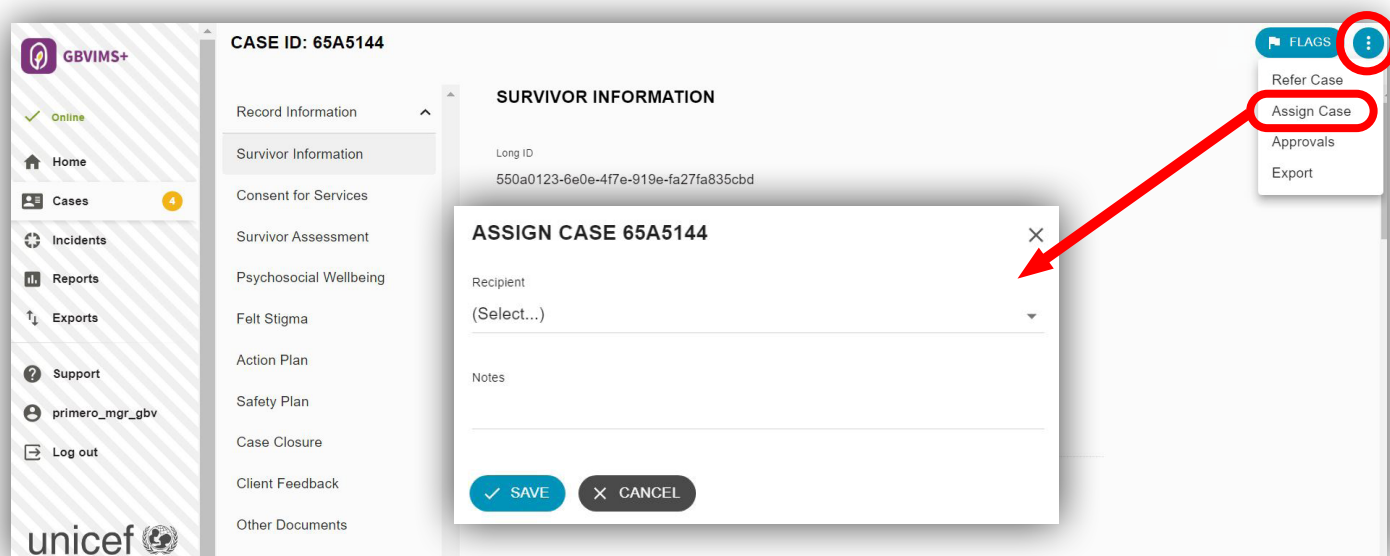


Figure 1: Here you are logged in as a supervisor

⁵⁶ For more check out the Interagency GBV CM Guidelines, "How to structure supervision conversations," pgs.156-160.

⁵⁷ Transfers are discussed in further detail in Part 1 of the GBVIMS+ Companion Guide.

To assign a case to a specific caseworker, select the case and click the action menu. Select Assign Case from the dropdown list of options. A pop-up window will appear enabling you to assign the case to a specific caseworker, choosing from a dropdown list of the caseworkers you supervise. This function is like the transfer function for caseworkers but in this case the caseworker does not have the option to accept or reject the assigned case. The assigned caseworker automatically becomes the record owner of the case s/he is assigned.

C. Approving case action plans and case closures

Functionality	When relevant	Who is responsible	Purpose
Approvals <i>Tutorial video not yet available</i>	When a caseworker requests supervisor approval for either a case Action Plan or Case Closure.	The caseworker's direct supervisor	To ensure consistency and quality of service provision, as well as to identify areas where caseworkers need support or capacity building.

As discussed in Part 1, upon completing a Case Action Plan, or Case Closure documentation, caseworkers can request approval from their supervisors for using the 'approvals' functionality. When caseworkers log-in to GB-VIMS+, and they open a specific case, they can use the Action Menu to Request Approval. A pop-up window will appear that will allow caseworkers to select whether they wish to request approval for the case action plan, or approval for the closure for this case, using the dropdown menu.

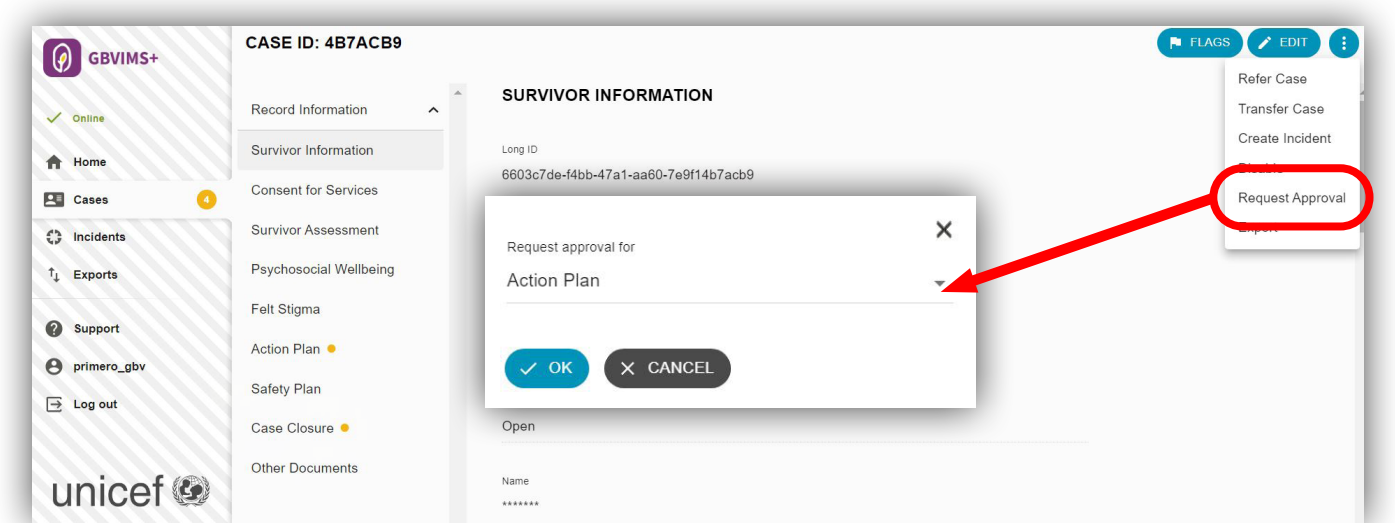
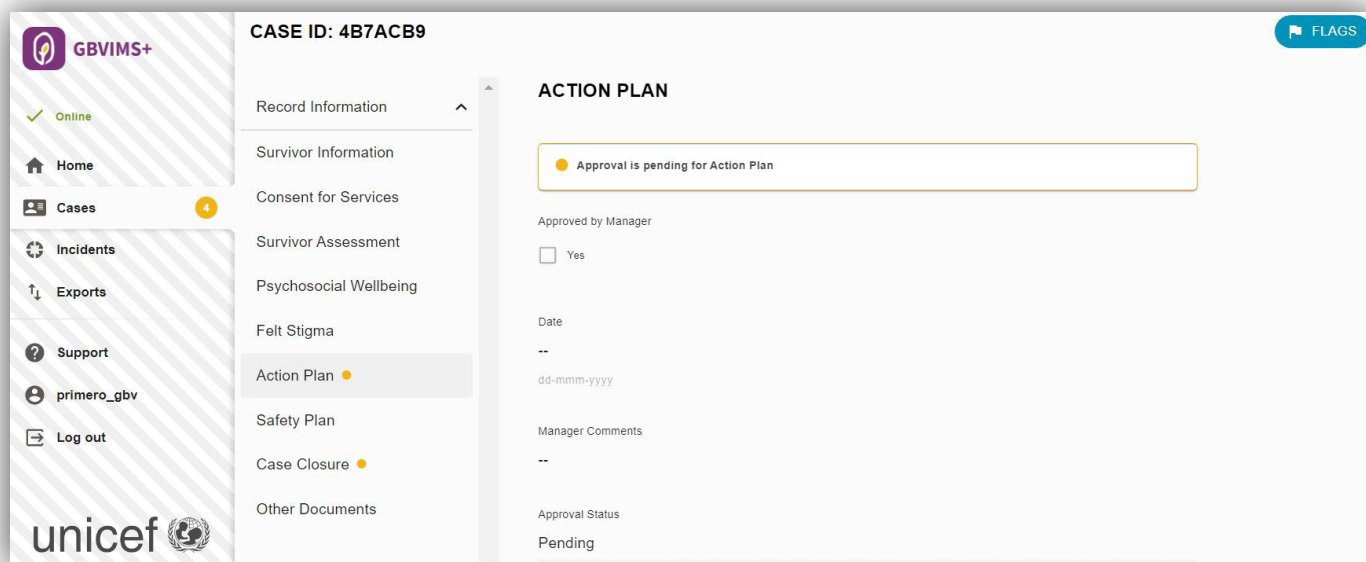


Figure 2: A caseworker requesting approval

Once the caseworker has clicked 'OK', they will see a notification at the top of the relevant form as well as yellow dots next to both the relevant form name, and next to Cases in the Navigation Menu.

When you log in as a supervisor, you will see alerts about any pending approval requests submitted by the caseworkers you supervise. There are different places you can find any pending approval requests.

1. You will immediately find your pending approvals in your Home dashboard. Any pending approvals listed are direct hyperlinks you can click on to review the request.
2. You can visit your Cases list where you will find a yellow dot next to any cases for which approvals are pending. When you click on the Case ID and enter that case, you will find your approvals listed under the Record Information, as well as a yellow dot next to the form name for which the approval has been requested.



To approve an Action Plan form or Case Closure form, you have to enter the relevant case file, click the Action Menu, and select Approvals. A pop-up window will appear that enables you to approve or not approve the request and include any relevant or explanatory comments.

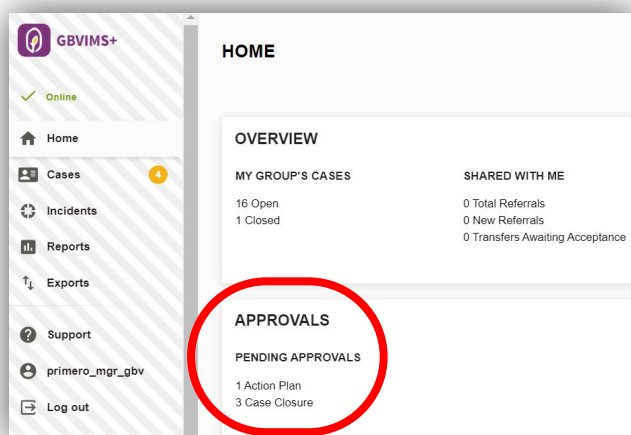


Figure 2: Home dashboard for supervisors

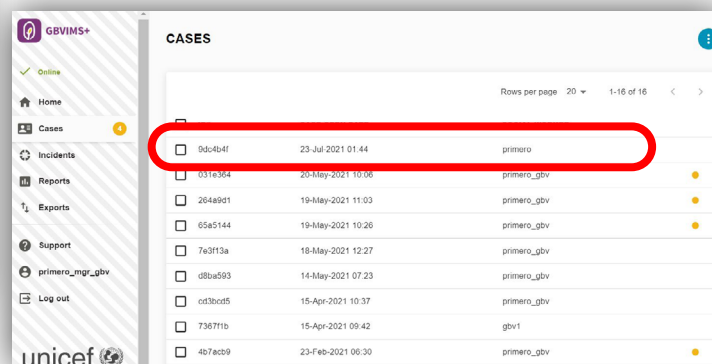


Figure 3: Cases dashboard for supervisors

It is important that the process of approving case action plans and case closures is included in your organization's GBV case management SOP. Organizations may choose for their caseworkers to request approvals only for high-risk cases. The SOP should outline this practice and clearly define what would be considered a high-risk case. Organizations might opt not to require approvals. The decision can be made at an organizational level and will then inform how your organization uses the GBVIMS+ functionalities. It is important to ensure that your staff know whether and under which circumstances (for which cases) they are required to request approvals from their supervisors.

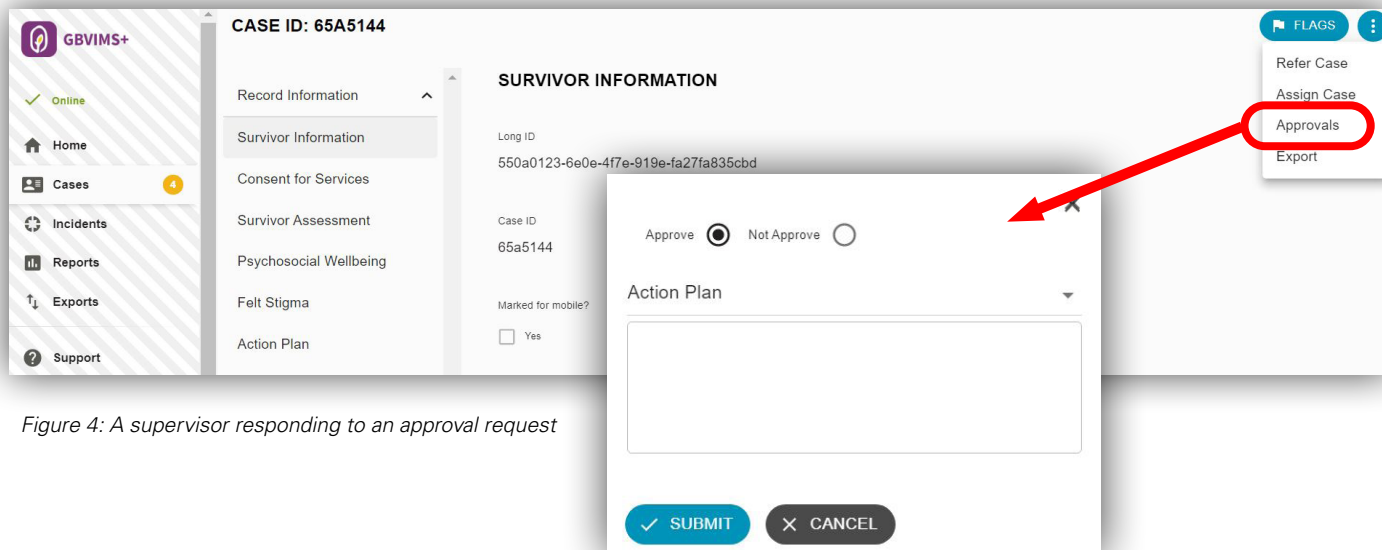
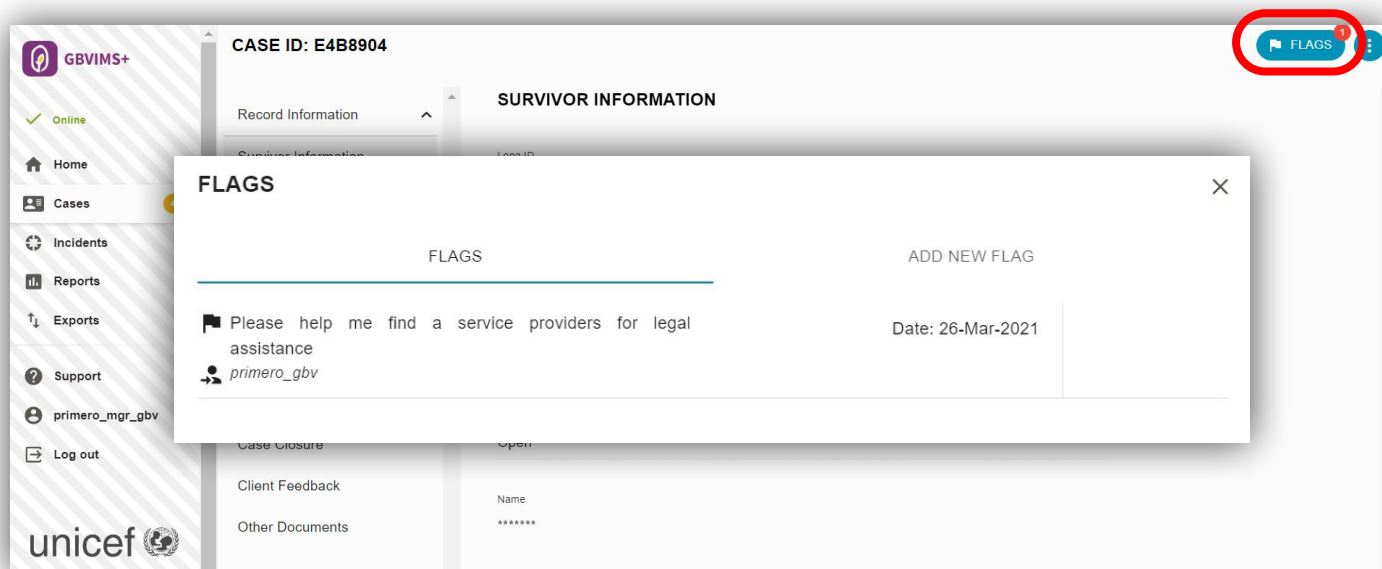


Figure 4: A supervisor responding to an approval request

D. Flagging

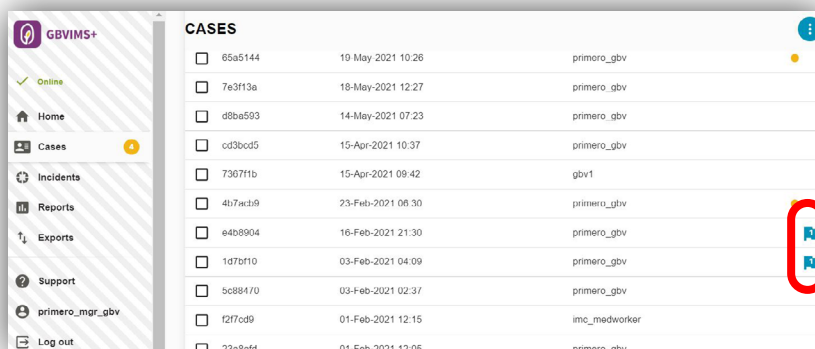
Functionality	When relevant	Who is responsible	Purpose
Flags Tutorial video available here .	Anytime you need to set a reminder for further action; as a tool for communication between a caseworker and supervisor.	Caseworkers and supervisors	To mark a case for further action, to set a reminder for a future action, to highlight something for your supervisor or supervisee.

The flag function is a flexible way to mark a case for further action, as a reminder of an action or any other reminder. Flags can also serve as a communication tool. Supervisors can set flags for caseworkers to highlight a specific form or section of a form that seems incomplete or to ask for clarification. As a supervisor you can use flags following a case file review to mark areas that need improvement or to ask a question about a specific action. To set



a flag in GBVIMS+, first select the case you want to flag, then click the flag button and a window will pop up allowing you to view existing flags as well as add new flags. Only the creator of a flag can delete it once no longer relevant.

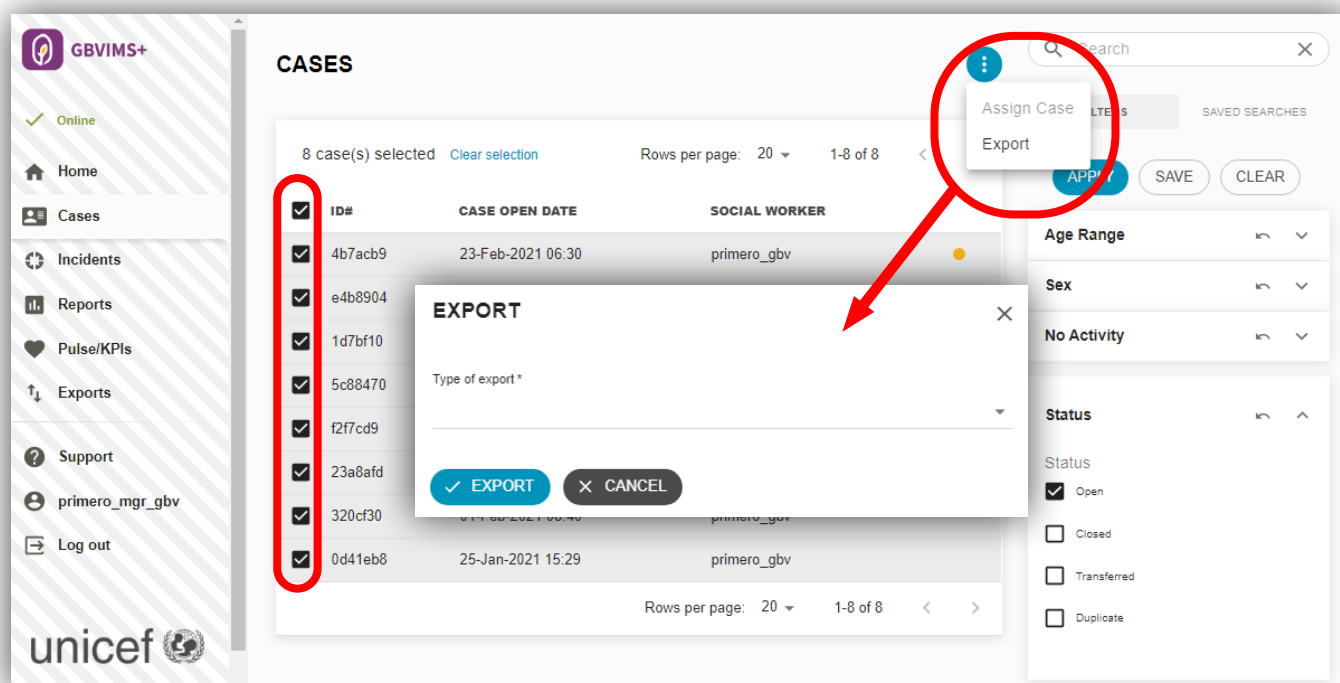
When logged in as a supervisor you can see all cases that have active flags in your Cases list view as they are marked with a blue flag icon.



E. Custom exports

Functionality	When relevant	Who is responsible	Purpose
Custom export <i>Tutorial video not yet available</i>	For data analysis and reporting requirements. This functionality can be used at any time to analyse tailored case and incident datapoints.	Supervisors	To conduct tailored, and in-depth analysis (e.g., cross tabulations) of case management and GBV incident data to inform evidence-based decision making, identification of nuanced GBV incident data trends, report writing and bolstering advocacy efforts.

Custom exports are a powerful analysis tool for supervisors. This functionality in GBVIMS+ allows supervisors to select specific fields, or specific forms from the casefiles managed by their caseworkers (or a selection of their caseworkers) and export them into an excel sheet for analysis. This can enable the analysis of information from several cases at the same time. Specific forms or fields can also be exported to compare them and identify capacity building needs, gaps in documentation, etc. For example, you could choose to export the case action plans of several cases belonging to one caseworker to see whether the action plans are being developed consistently across the board or whether there are noticeable gaps. This information would help you build capacity for that



caseworker by addressing areas that need improvement. You could also opt to export case action plans for several or all the caseworkers you supervise. This would allow you to compare and identify if any of your caseworkers are struggling in this specific area, or if action plans are developed in a similar and consistent manor across the board.

To perform a custom export, log in as a supervisor and access your Cases list view and select all or a select number of specific cases. Then click on your Action Menu and select Export. A pop-up window will appear. Using the dropdown, select Custom.

Now you can see the Custom Export form. Here you can select the forms or fields you would like to include in the export for analysis. Once you select a specific form(s), you can select to see only specific fields from that form, rather than the whole form, (e.g., reasons for seeking case management services from the Assessment form) by selecting Form and then marking the tick box next to “would you like to choose individual fields for a form?”. You are then prompted to encrypt the file with a password, name the file, and finally you can click export.

You can find all your custom exports under Exports in your navigation menu. All Excel files created from your requested Custom Exports will be stored here for downloading.

FILE	TYPE	STARTED
Export_Action Plan.xlsx	Case	09-Mar-2021 06:37
Test export 2.xlsx	Case	08-Mar-2021 16:32
Custom Export .xlsx	Case	08-Mar-2021 16:30
Test Custom.xlsx	Case	08-Mar-2021 03:23

Rows per page: 20 1-4 of 4

Remember! It is important to update your existing GBV case management SOP to include considerations on how to use Primero/GBVIMS+ for supervision and monitoring quality of services. It is important to understand that the SOP should inform the use of GBVIMS+ and not the other way around. The SOP can include considerations related to:

SOP procedure	GBVIMS+ functionality
Recruiting and/or assigning a staff member in the role of GBV case management supervisor and ensuring s/he is trained and/or mentored (The ratio of supervisor to caseworkers should not exceed 1:8 and would ideally be between 1:5 and 1:8)	Assigning users (done by the Organization Focal Point)
Outlining process for supervision of GBV case management programming	
Allocating time for staff to hold peer to peer supervision sessions	Custom exports could inform topics for discussion
Conducting regular [include frequency] meetings between caseworkers and supervisors to review active cases and provide guidance	Custom exports could inform topics for discussion; Can also use flagging function for one-on-one communication
Outlining resources on stress management and/or self-care	
How cases are received and assigned	Assigning cases
How to deal with high-risk cases (and how to define them)	** Being able to mark cases as 'high risk' is a functionality in the pipeline but not yet available
How and when to close a case	Approving function to approve case closure forms, Key Performance Indicators (Pulse/KPIs)
Outlining the process for approving case action plans and case closure checklists ⁵⁸	Approving function to approve case action plans and case closure forms
When and how caseworkers should flag issues/questions/concerns to supervisors	Flagging function
The maximum caseload per caseworker (Average caseworker to survivor ratio = Total number of caseworkers/Total number of active cases. Benchmark: 1:15 active cases, at the most 1:20)	Assigning cases, Key Performance Indicators (Pulse/KPIs)
The maximum number of high-risk cases per caseworker	Assigning cases, Key Performance Indicators (Pulse/KPIs)
How to collect and analyse client feedback surveys	Client feedback form, Custom exports, Key Performance Indicators (Pulse/KPIs)
How analysis is done across cases using the custom export function	Custom exports
If Key Performance Indicators/Pulse are used: how to analyse them and make decisions on programming (e.g., capacity building)	Key Performance Indicators (Covered in Part 3)

In the next section, Part 3 of the GBVIMS+ Companion Guide, you will review the additional features in GBVIMS+ that enable monitoring the quality of care provided by your caseworkers and your organization.

⁵⁸ These could include trainings, written materials, time or stress management workshops, learning sessions on relevant topics (ex. work/life balance, conflict resolution, compassion fatigue, vicarious trauma), visits from a 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.

PART 3: HOW TO USE GBVIMS+ TO MONITOR QUALITY OF GBV CASE MANAGEMENT SERVICE PROVISION

I. Data-Driven Decision Making

As GBV service providers and practitioners you make a multitude of decisions every day. For each, you can base your decision on intuition (a “gut” feeling) or choose to gather more information. When it comes to GBV programming, your intuition (typically based on years of experience working in this field) can drive moment-to-moment decisions and can be a helpful tool, but intuition alone cannot be the deciding factor in all circumstances.

It would be imprudent to base all decisions around intuition alone, especially when information exists that could help inform your decision making. “While intuition can provide a hunch or spark that starts you down a particular path, it’s through data that you verify, understand, and quantify.”⁵⁹ For example, you might have a hunch that you need to hire more staff to balance your caseworker to client ratio given the work required, but having the information (number of cases open and closed, number of cases per caseworker or the ratio of cases to caseworker) will help you make a more accurate decision, and one that can be made with confidence.

How do you determine if you should trust your gut or gather more information when making a programmatic decision? There are two important factors to consider. First, will information (or data) help you make the right decision? Second, what is the context of the problem you’re trying to resolve? Even intuition-based decision making, while it may seem subjective on the surface, may be informed by objective information previously gathered. What can feel like intuition may come from a lifetime of experience in a specific subject.⁶⁰

To be sure, there are a range of perspectives when it comes to data-driven decision making compared to experience-based decision making. There are those who enthusiastically adopt the use of data to make decisions or to inform their decisions. At the other end of the spectrum, are those that scoff or express hesitation when presented with the idea of using data for this purpose. It is worth acknowledging the source(s) of this hesitation. The hesitation could be rooted in fear, lack of confidence in understanding and interpreting data, general aversion to data, or because “the process of converting life experience into data always necessarily entails a reduction of that experience.”⁶¹ The latter can make it feel like these experiences are less important or over-simplified.

This can be particularly difficult for social work and humanitarian aid professionals because this work necessitates that you serve the individual survivor with due respect to their complex experience of violence. Caseworkers are, rightfully, trained to perform our work from a more holistic, survivor-centred perspective. Data, by comparison, can feel like a cold reduction of the experiences that women and girls disclose, which are then counted and analysed. However, you cannot ignore the power of data. Just looking at humanitarian initiatives, you can see in nearly every project a component of measuring progress, impact, or change over time that provides evidence on questions about whether our interventions are equitable, accessible, effective, and cost efficient.

With data as a tool, exercised justly, you can wield power. It is one of the most advantageous tools to create a better world for women and girls. When women and girls’ needs are left out of data, we limit their ability to be heard in a way that does not exploit their story or experience AND gets services directly to survivors. There is great power in the use of data and a responsibility to women and girls to use the tools you have available to be their best possible advocates.

59 Harvard Business School. The Advantages of Data-Driven Decision-Making. 26 Aug 2019. <https://online.hbs.edu/blog/post/data-driven-decision-making>

60 Imam, Raazi. Data vs. Intuition-What Matters More When Making Big Decisions? LinkedIn. 28 June 2018. <https://www.linkedin.com/pulse/data-vs-intuition-what-matters-more-when-making-big-decisions-imam>

61 D'Ignazio, Catherine; Klein, Lauren F. Data Feminism. MIT Press. 2020. p.10.

This section of the guidance is meant for practitioners to do just that. It is meant for Program Managers, Program Coordinators or Monitoring and Evaluation staff to provide guidance on how to utilize three key tools for GBV case management program measurement: GBV case management outcome scales, GBVIMS+ key performance indicators (or Pulse), and client feedback surveys. Instead of holding data on gender-based violence close to our chest for fear of misinterpretation, we can find ways to make data more actionable, impactful and effective for use – wielding power within our programs to make decisions that will positively impact the lives of women and girls.

The guidance below pertains primarily to the use of three key tools for GBV case management program measurement: GBV case management outcome scales, GBVIMS+ key performance indicators, and client feedback surveys. Though this guidance is related to their use in GBVIMS+ both the outcome scales and the client feedback guidance can be used outside of the GBVIMS+ as well.

A. GBV Case Management Outcome Scales⁶²

Monitoring and evaluation (M&E) is an important part of accountable and effective GBV response, but traditionally the sector has focused on outputs. Outputs are indicators that count the number of people served for a specific intervention/service provided or the products, goods, services and immediate results produced directly by the project.⁶³ Some GBV-related examples of this could include the number of clients receiving case management and psychosocial services, the number of staff trained, and the number of dignity kits distributed.

The GBV Case Management Outcome Monitoring Scales aims to go beyond measuring outputs, to measuring outcomes. Outcomes are indicators that measure the short-term and medium-term effects of a program's outputs, including the changes/progress that contributes to the program's overall goal or higher-level outcome.

There are two main objectives of the GBV Case Management Outcome Monitoring Scales:

1. To provide GBV caseworkers with a tool to support their work with individual women and older adolescent girls.
2. To provide GBV response teams with high-quality, aggregated data on psychosocial functioning and stigma across their client caseload to inform programming improvements.

For more information on the outcome scales and how to administer them, read Part 1. As mentioned in Part 1, the scales can be found on GBVIMS+ in the cases tab.

How to Compile and Analyse the Results

Once you have collected responses to the outcome scales (questionnaires), you need to compile and analyse the results. This will allow for the collected data to become actionable and inform your GBV case management practices and overall GBV programming. This should be included in your case management SOPs.

The following information breaks down both the Psychosocial Functionality Scale (PFS) and Felt Stigma Scale (FSS) by clearly identifying how points are assigned and the steps required to analyse and visualize the results.

⁶² For more information on the scales, see Part 1 of this guidance.

⁶³ <https://rescue.app.box.com/s/s7uf3rd8w788s5qvmzbzowlby8ao6txsy>.

1. Psychosocial Functionality Scale

All items in the Psychosocial Functionality Scale questionnaire are based on a 5-point scale, with the following values:

- Not difficult at all (0 point)
- A little bit difficult (1 point)
- Difficult (2 points)
- Very difficult (3 points)
- So difficult that you often cannot do it (4 points)

Step 1: Calculate the results for an INDIVIDUAL woman or older adolescent girl

1. Add the points across all 10 items (in GBVIMS+ you can manually add a tally “score” at the end of the form)
2. Divide the total by 10.

If the survivor skipped one or more items in the questionnaire, calculate the average point score for the answered questions only. To do this, add the points for all answered questions, and divide *by the total number of questions answered*. For example, if the survivor answered 8 questions, divide the sum by 8.

Step 2: Interpret the results for an INDIVIDUAL woman or older adolescent girl

Based on the calculated scores from step 1, use this table to identify how best to interpret the score and move forward with their individualized Action Plan.

Score	Interpretation & Action Planning
0-1	Survivor is experiencing little to no difficulty in accomplishing tasks.
1-1.5	Survivor is experiencing minimal and sometimes moderate amount of difficulty in accomplishing tasks. Check whether the survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, she indicated that one item is ‘very difficult’) and ask the survivor if these ‘more difficult’ items should be the focus of her action plan.
1.5-2.25	Survivor is experiencing moderate to significant difficulties in accomplishing tasks at least some tasks. It will be important to work with the survivor to help identify which tasks to prioritize for the survivor’s action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult but can also be the tasks that are most relevant to the survivor’s daily life.
2.25-4	Survivor is experiencing significant difficulties in accomplishing tasks and often may not be able to carry these tasks out. It will be important to work with the survivor to help identify which tasks to prioritize for the survivor’s action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult but can also be the tasks that are most relevant to the survivor’s daily life. It may be advisable for the case manager to discuss cases with very high scores with their supervisors, in order to get additional advice on how to support these survivors as they may have specialized needs.

Step 3: Interpret CHANGE OVER TIME for an INDIVIDUAL woman or older adolescent girl

If you would like to measure improvements in survivors’ well-being over the course of GBV case management, and you have at least two scores for a survivor over time (for example at session 4 and again at session 7), you can compare the average for each questionnaire and calculate the difference between the average scores.

Once you have calculated the difference between scores, how do you interpret whether it is a “small” or a “large” change in the survivor’s scores? Based on the testing we conducted in Jordan and Kenya, we suggest the following rule of thumb:

Level of change	Difference between scores (2 nd score MINUS 1 st score)
Small	0 to 0.17
Medium	0.18-0.66
Large	0.67 and up

Example: The survivor scores an average of 3.5 on their answers to the psychosocial functionality scale the first time they respond. The second time the psychosocial functionality scale is administered, they score a 2. The difference between these two scores is 1.5. According to the Level of Change table, this is a large change in the survivor's scores.

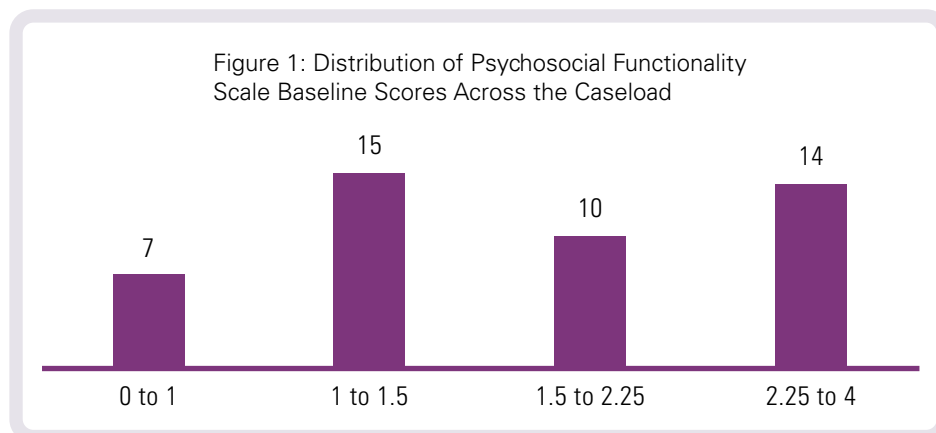
Step 4: Calculate the results across a CASELOAD of multiple women or older adolescent girls

To get a good overview of the psychosocial functioning across your caseload, a visual representation is most useful (see example graph in Figure 1 below).⁶⁴

It is recommended to visualize the distribution using a bar graph. Below are two examples of ways to look at distribution across a caseload:

1. The distribution of scores from a single administration of the scale. For instance, you could have a chart with all the scores at baseline or a different chart with all the scores at a follow up administration of the scale. (e.g., at GBV case management session 4). The bar graph (Figure 1) below shows the number of survivors at each possible score. Below the bar graph, include text that identifies the average score across all survivors. But remember, just using the average may hide a lot of variation across your caseload that could require specific attention. For example, you may have several women or older adolescent girls with very high scores that require additional support, for example specialized therapies.

In the example graph below (Figure 1), the distribution of baseline scores across the caseload is shown with the average score noted below.

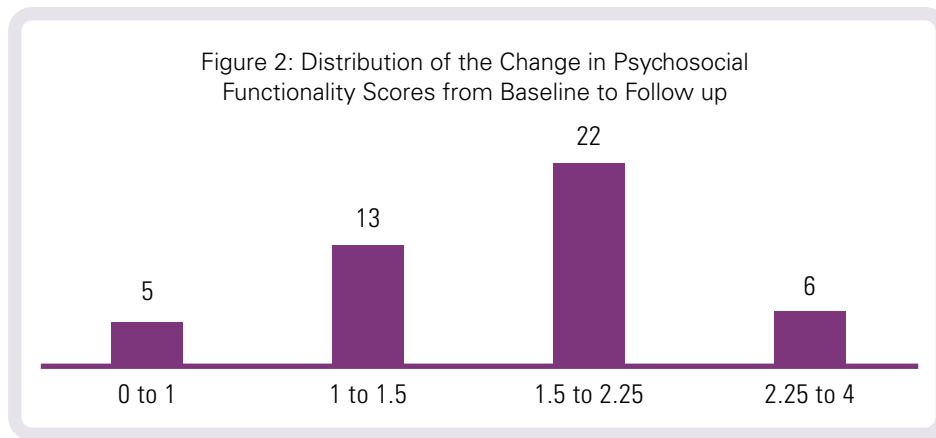


Average Psychosocial Functionality Scale Baseline score across 46 clients: 2.35

2. The distribution of change in score from baseline to follow up. The bar graph (Figure 2) below indicates the number of survivors in each score category (scores of 0 to 1; 1 to 1.5; 1.5 to 2.25; 2.25 to 4). Below the bar graph, include text that identifies the average change in score across all survivors who responded to the scale at least twice. Why not just use this average? It may hide a lot of variation across your caseload that requires specific attention. For example, you may have several women or older adolescent girls whose change in score is very small, indicating they require additional support.

⁶⁴ One limitation to note: if survivors were asked different numbers of questions – if 5 women responded to 8 questions and 5 women responded to 10 questions, they must be put into different graphs or it will skew the distribution. If only one survivor skipped a question, it might make more sense to leave them out of the visualization.

In the example graph below (Figure 2), the distribution of change in psychosocial functional scores across the caseload is shown with the average change noted below.



Average Change in Psychosocial Functionality score across 46 clients: 2.33.

2. Felt Stigma Scale

The Felt Stigma⁶⁵ questions are based on a 4-point scale, with the following values:

- Not at all **(0 point)**
- A little bit **(1 point)**
- A moderate amount **(2 points)**
- A lot **(3 points)**

Step 1: Calculate the results for an INDIVIDUAL woman or older adolescent girl

1. Add the points across all 10 items (in GBVIMS+ you can manually add a tally “score” at the end of the form).
2. Divide the total by 10.

If the survivor skipped one or more item in the questionnaire, calculate their average point score for the answered questions only. To do this, add the points for all answered questions, and divide by the total number of questions answered. For example, if the survivor answered eight questions, divide the sum by eight.

Step 2: Interpret the results for an INDIVIDUAL woman or older adolescent girl

Based on the calculated scores from step 1, use this table to identify how best to interpret the score and move forward with their individualized Action Plan.

Score	Interpretation & Action Planning
0-1	Survivor is experiencing little to no felt stigma.
1-2	Survivor is experiencing minimal to moderate amount of felt stigma. Check whether the survivor indicated that specific items in the questionnaire were more difficult (for example, she indicated that one item is ‘very difficult’) and ask the survivor if these ‘more difficult’ items should be the focus of her action plan.
2-3	Survivor is experiencing moderate to significant difficulties in accomplishing tasks. The survivor is likely having difficulties related to several feelings connected to felt stigma. It will be important to work with the survivor to help identify which feelings to prioritize for the survivor’s action plan. Note that the items do not necessarily need to be those that the survivor scored as most difficult but can also be the feelings and experiences that are most relevant to the survivor’s daily life.

⁶⁵ “Felt stigma (internal stigma or self-stigmatization) refers to the shame and expectation of discrimination that prevents people from talking about their experiences and stops them seeking help.” Gray AJ. Stigma in psychiatry. J R Soc Med. 2002;95(2):72-76. doi:10.1258/jrsm.95.2.72

Example: The survivor scores an average of 3.5 on their answers to the FSS the first time they respond. The second time the felt stigma scale is administered, they score a 2. The difference between these two scores is 1.5. According to the Level of Change table, this is a large change in the survivor's scores. Moving from significant levels of felt stigma to little to no stigma can be helpful in discussions with the survivor over time.

Step 3: Interpret CHANGE OVER TIME for an INDIVIDUAL woman or older adolescent girl

If you would like to measure change in survivors' experiences of felt stigma during GBV case management, and you have at least two scores for a survivor over time (for example at session 4 and at session 7), you can compare the average for each questionnaire and calculate the difference between the scores.

Based on the testing we conducted in Jordan and Kenya, we suggest the following rule of thumb to assess level of change between scores:

Level of change	Difference between scores (2 nd score MINUS 1 st score)
Small	0-0.2
Medium	0.2-1.2
Large	1.2 and up

Step 4: Calculate the results across a CASELOAD of multiple women or older adolescent girls

To get a good overview of the experiences of felt stigma across your caseload, a visual representation is most useful (see example graph in Figure 3 below).

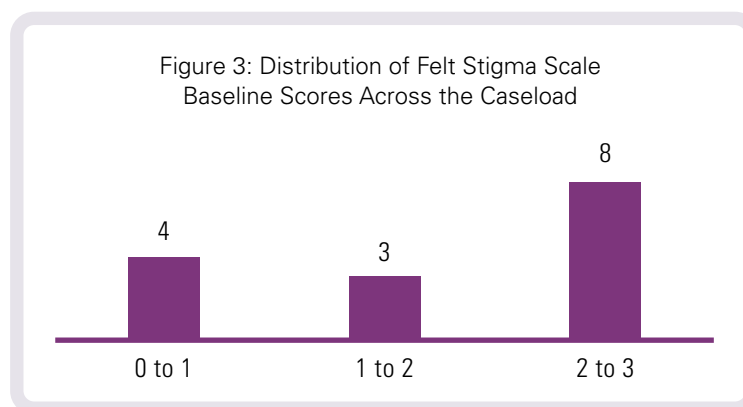
Again, it is recommended to visualize the distribution using bar graphs. A bar graph can indicate the number of survivors in each score category (average scores of 0-1; 1-2; 2-3). Below the bar graph, include text that identifies the average across all survivors.

**Why not just use the average? It may hide a lot of variation across your caseload that requires specific attention.*

Below are two examples of ways to look at Felt Stigma Scale score distribution across a caseload:

1. The distribution of scores from a single administration of the scale. For instance, you could have a chart with all the scores at baseline or a different chart with all the scores at a follow up administration of the scale. (e.g., at GBV case management session 4). The bar graph (Figure 3) shows the number of survivors at each possible score. Below the bar graph, include text that identifies the average score across all survivors.

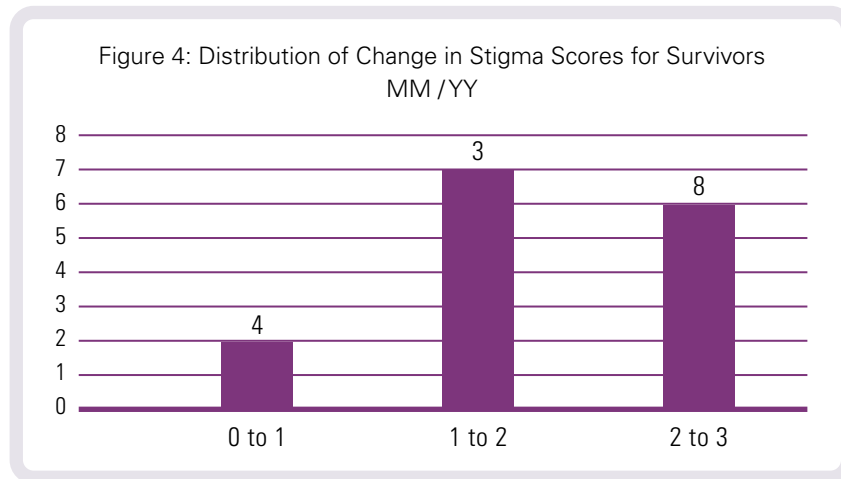
The example graph below provides baseline scores of the Felt Stigma Scale across caseload with the average baseline score noted below.



Average Felt Stigma Scale Baseline score across 15 clients: 1.87

2. The distribution of change in score from baseline to follow up. The bar graph (Figure 4) below indicates the number of survivors in each score category (scores of 0 to 1; 1 to 1.5; 1.5 to 2.25; 2.25 to 4). Below the bar graph, include text that identifies the average change in score across all survivors who responded to the scales at least twice. But remember, just using the average may hide a lot of variation across your caseload that could require specific attention. For example, you may have several women or older adolescent girls whose change in score is very small, indicating they require additional support.

The example below provides an overview of the Felt Stigma Scale across caseload.



Average Change in Felt Stigma score across 15 clients: 2.3.

Use the Results

There are two main objectives of the GBV Case Management Outcome Monitoring Scales. The first is to help provide GBV caseworkers with a tool to support their work with individual women and older adolescent girls.

For this purpose, the scales can be analysed on an individual basis, and can be used to facilitate discussions with the survivor. Measuring progress with a survivor can inform better targeted psychosocial support strategies by the caseworker and action planning by the client. It can also inform referral needs and efficacy. While it can be used to indicate a potential need for higher level mental health care, be careful not to assume that a low score automatically requires a mental health care referral. Depending on the areas of functioning with which the survivor is struggling, it may indicate another type of service need. It can also be used to show progress over time, which can be helpful to share with survivors.

Let's look at two scenarios.

Caseworker: "It looks like your sense of wellbeing has improved since we started meeting. How does that feel?"

Survivor: "Yeah, that's actually really nice to know because for a while I hadn't thought about what I was feeling when I first came here. It's nice to see how I have been improving."

Caseworker: "It looks like your sense of wellbeing is not improving since we started meeting. How does that feel? What do you think we can do to support you better?"

Survivor: "Yeah, I'm not really feeling better. I think it might be because my referral to clear up my documentation issues didn't go through and I'm facing a lot of additional difficulties now."

Caseworker: "Would it help if I accompanied you there?"

Survivor: "Yes, and maybe a referral to a different place."

In both scenarios, measuring progress together can inform better targeted psychosocial support strategies by the case manager and action planning by the survivor. The second objective of the outcome scales is to provide GBV response teams with high-quality, aggregated data on psychosocial functioning and felt stigma across their client caseload to inform programming improvements. To achieve this second objective, it is critical that the aggregated results collected from the Psychosocial Functionality Scale and Felt Stigma Scale are analysed and discussed to develop actionable recommendations. The de-identified⁶⁶, aggregate results from the outcome monitoring scales can be used to inform improvements in GBV case management approaches, and to better address the needs of women and girl survivors of GBV. This can be done by a program manager or by a supervisor looking across the caseload of their direct reports. More specifically, these actions could include:

- Measuring change in the woman or older adolescent girls' well-being over time across a caseload, during GBV case management (*requires each survivor to have answered the questionnaire at least twice, for example at session 4 and again at session 7).
- Reporting on GBV case management outcomes to stakeholders (including women and girls themselves) or donors.
- Determining sub-groups of women and girls with significant challenges in psychosocial well-being and felt stigma. This could be analysed by connecting the outcome scales scores with other data from the GBVIMS+ - be it geographic information or demographic characteristics - to determine differences in needs. As an example (not exhaustive), this could look at the scoring levels in relation to locations impacted by recent or active conflict, older women, adolescent girls, or looking at changes in scoring in relationship to referral pathways. This information could help identify service gaps or barriers to service access, among other possibilities, too.

Let us look at another scenario:

Program Manager: "Looking at our caseload there are a number of cases in the last four months in this area that have had significant increases in felt stigma. Let's talk about your cases. What could this mean?"

Caseworker: "I think that based on what I've also heard in our case conferences the community is rejecting survivors."

Case Work Supervisor: "This isn't necessarily an issue we can fix with case management, but let's talk about ways to advocate for gender transformative programming for the community."

Overall, data is not meant to sit on paper or in excel without being questioned, and just doing a quick calculation of scores is often not enough. It is crucial that, for any data that is collected, calculations are conducted, visualizations are created and that those calculations and visualizations are discussed thoroughly for meaning, with recommendations for further programmatic action/specific follow up indicated.

B. Pulse (Key Performance Indicators)

Performance indicators are measurable values that show how we are achieving pre-determined objectives. They serve as a means for measuring the performance of a process. In plain terms, these indicators can be used to measure progress against goals by providing a way for stakeholders to understand levels of performance. The KPIs are embedded in GBVIMS+ under the "Pulse/KPI" section. They are automatically calculated based on the information entered in GBVIMS+ cases and incidents by caseworkers.

Key performance indicators (KPIs) need to be combined with other information to provide a holistic perspective of how your organization is or is not meeting its objectives. For example, in the business world, a KPI might look at the number of new customers that month. However, even for a simple example like this, the right interpretation

⁶⁶ De-identified data should not include: first names of subjects, last names of subjects, dates of birth, addresses or GPS locations, identifying photos, phone numbers, or unique ID numbers (such as national IDs), etc.

is needed. One or even a few indicators looked at alone cannot tell you your business is successful. Having 100 customers that only spend one cent is not worth as much as having 10 customers that spend ten dollars. Combining the number of new customers per month with the amount spent by each customer provides a much more accurate and holistic perspective on the success of the business.

KPIs do not work as intended when they become the target, or the goal. They are simply an indicator (a health-check if you like) of progress made towards set goals. If a KPI becomes the goal itself, it can turn into something harmful that will inhibit improvement for survivors and/or service improvements, which is the aim of KPIs. For example, if we focus solely on a KPI for case closure rate (i.e. the number of GBV cases closed per month per site) but do not take a broader view and pulse check for other important KPIs and their associated targets (such as specialized service access delay, the percentage of cases for which a case action plan has been completed, and client satisfaction rate or other contextual information) then we could unintentionally be creating a perverse pressure on GBV caseworkers to close case files and end GBV case management sessions with a survivor before they are comfortable to end the process. Therefore, a holistic and nuanced approach is necessary.

With automated tracking of some key information, we can make more informed decisions about our programming and service delivery models when that information is thoughtfully interpreted. KPIs are really a form of communication in note form. They are short, succinct, and actionable with the right interpretation. In the case of the GBVIMS+, the KPIs help us understand efficiency, effectiveness, quality, timeliness, and service utilization.

In the GBVIMS+⁶⁷ we refer to KPIs as the “pulse/KPIs” because the indicators give us information that can help us make more informed, data-driven decisions. They check the pulse of the program, providing us with a progress update and the next steps needed to reach the final goal.

How do I get started?

The good news is that the KPIs are automatically included for you in the GBVIMS+!⁶⁸ To start you will need to train staff on the KPIs⁶⁹ and determine which KPIs you will explore to start.

It is highly recommended to start simple in reviewing KPIs. GBV programs are not expected to look at each KPI every week. Instead, determine in your program which indicators are the most relevant and determine a period for review (monthly, quarterly, semi-annually, annually).

Who has access to the KPIs?

The KPIs are accessible by all staff who have access to GBVIMS+. However, to follow the principle of need to know, the KPI information will be limited for most – as the system will show the indicators according to each user group (for case management supervisors), and for the program as a whole. For example, a supervisor would be able to see indicators from their direct reports, and the program manager would be able to see indicators compiled across the organization.

Who should analyse the KPIs?

While caseworkers can use the role based KPIs to understand their own cases, aggregate analysis on the KPIs should be done at a program level by a manager, since they will be able to see information about all the cases in the program. This can be done on a monthly, quarterly, or semi-annual basis. To make this useful for your program, determine what you aim to measure and monitor and follow those KPIs. You can always review additional KPIs. You can also use the KPIs in your reporting and proposals or share them with other members of the GBV community, as is safe and responsible in your setting.

⁶⁷ GBVIMS+ is a web application of Primero, the Protection Related Information Management System, that was developed to enable GBV humanitarian actors to safely collect, store, manage and share data for incident monitoring and case management.

⁶⁸ GBVIMS+ version 2 and higher have KPIs included.

⁶⁹ Refer to the Annex B for training materials on the GBV Case Management Outcome Scales and Annex C for the Key Performance Indicators.

Can the KPIs be shared with inter-agency actors?

The KPIs are aggregate, anonymized information making them a good fit for inter-agency sharing. If you choose to share this information outside your organization on a regular basis, then you should consider including it in an information sharing protocol to ensure clarity on the what, how, why, and with whom of your information sharing practices. Even though these are anonymized, be thoughtful about what is appropriate and helpful to share. For example, some indicators are likely less useful and actionable when shared outside your organization, such as the client satisfaction rate, caseworker to supervisor ratio and progress in the case management process. What may be most helpful is to determine collectively some themes for sharing data to make it useful and not just sharing for the sake of sharing. The KPIs can also be shared with donors. However, any sharing of the KPIs should be accompanied by explanatory analysis and with the right contextual information to give a comprehensive picture of the meaning.

How can I learn more about each KPI?

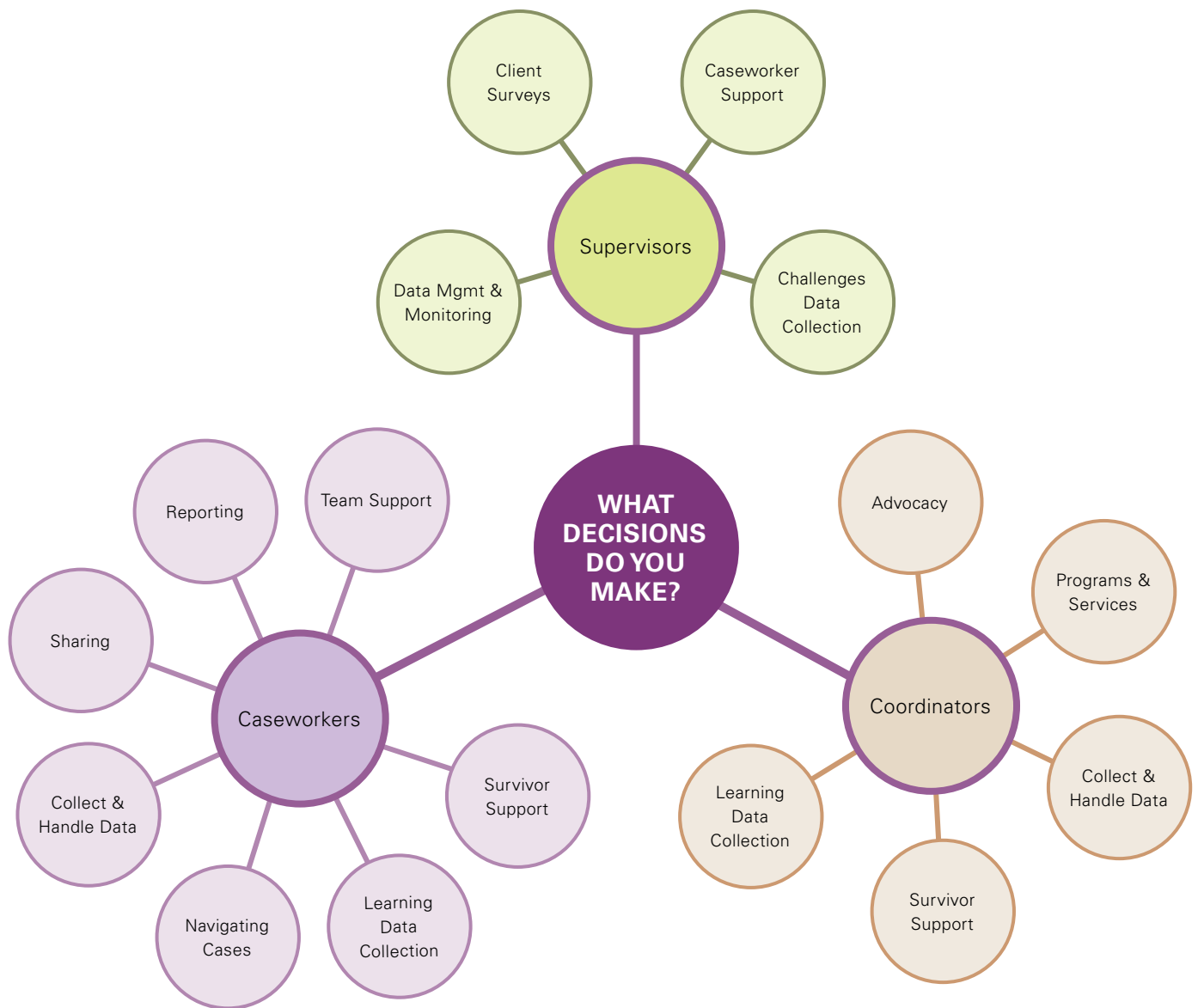
There are 28 KPIs measured in the GBVIMS+. The tables in Annex C break down the different elements of each KPI, or the Pulse, to better understand the nuances involved in each indicator. This includes the definition, purpose, calculation, where to find the information needed to measure the indicator, limitations, assumptions, how to interpret the indicator and clues on what to do with the information once it is collected. With this information, the Pulse categories become actionable for programs looking to use the data for GBV programming improvements. It is highly recommended to use Annex C as a reference document. The contextual clues can help ensure this information is actionable for your program.

How to Use the Key Performance Indicators

There are a number of ways the key performance indicators can be used to aid GBV caseworkers in the monitoring of their own GBV caseload, for supervisors to monitor the quality of GBV casework for the GBV caseworkers they oversee, and for the GBV coordinator to monitor the quality of GBV casework in the program overall. In the tables in Annex C, some of these uses have been noted.

However, in your program you might consider, gathering input from staff in various positions (GBV caseworker, supervisor, GBV coordinator) to determine the decisions they have to make on a regular basis in their work, then mapping the KPIs to each of those decisions so they are easily applicable.

Some common decision making per role is highlighted in the figure in the following page.



For individual GBV caseworkers, there are several ways to use the KPIs, but there is one preferred approach to the introduction of the KPIs. All uses of the KPIs for individual GBV caseworkers should come from an approach of staff empowerment. Knowledge is power, and by facilitating GBV caseworker access to KPIs about their caseload, programs are empowering frontline staff with knowledge. The KPIs should not be framed as a judgement of a caseworker's performance.

Of particular use for individual GBV caseworkers are KPIs that can help them understand:

- Ways to better support GBV survivors through the GBV case management process, toward recovery and healing
- Time and effort needed with existing GBV caseload
- Progress on existing GBV cases
- Check to ensure GBV cases are being closed
- Client satisfaction levels

This could include KPIs monitoring:

- Number of GBV cases
- Reporting delay
- GBV case management process step (assessment, safety plans, action plan, case closure)
- Referrals
- Follow-up meetings
- Progress made toward goals
- Completed case closure
- Time from case open to case closure
- Reason for GBV case closure
- Client satisfaction
- GBV caseload

For GBV casework supervisors, there are several ways to use KPIs. These, too, should be offered as a means of empowerment.

Of particular use to supervisors are KPIs that can help them understand:

- Ways to better support GBV caseworkers through the GBV case management process
- Gaps in quality service provision
- Time and effort needed with existing GBV caseload
- Progress on existing GBV cases
- Client satisfaction levels
- Opportunities for GBV caseworker training

This could include KPIs monitoring:

- Number of GBV cases
- Reporting delay
- GBV Case management status (assessment, safety plans, action plan, case closure)
- Referrals
- Follow-up meetings
- Progress made toward goals
- Completed GBV case closure
- Time from case open to GBV case closure
- Reason for GBV case closure
- Client satisfaction
- GBV caseload

For program managers, there are several ways to use KPIs. The use of KPIs by coordinators assumes their focus is on overall programmatic decision making.

- Of particular use to supervisors are KPIs that can help them:
- Understand trends and needs of the women and girls accessing services
- Identify gaps in services or quality improvement opportunities
- Determine messaging/outreach needs for communities
- Identify opportunities for GBV risk mitigation
- Determine collaboration opportunities with other service providers (e.g. referral pathways functioning)
- Report to donors on diverse program outputs

Given that the KPIs the manager will access are aggregate for the entire program, all KPIs are relevant for their use. Some examples are highlighted below:

- KPIs covering numbers of GBV cases or incidents, GBV caseloads, GBV survivor to GBV caseworker ratios and supervision ratios can be especially helpful for budgeting, determine staffing needs, and coverage.
- KPIs covering GBV case management status, GBV case closure, and length of time from GBV case opening to closure can offer a snapshot of overall progress of the active GBV caseload.
- KPIs covering reporting delays, referrals and follow-up can provide information about referral pathways and outreach.
- KPIs covering reasons for GBV case closure can provide insight into the GBV caseload of women and girls accessing services in the program.
- KPIs covering client satisfaction can offer information about client perspectives on the quality of GBV case management.

A final note on the use of KPIs:

The KPIs cover multiple metrics, which are important to monitor the quality of programs. However, this does not give an exhaustive picture of programs, nor identify the reason for success or key areas for improvement. These metrics are made useful when combined with other information or when used to formulate deeper questions about program quality.

These KPIs were established with the intention of measuring and improving GBV case management and should be evaluated for use in your program, but it is equally necessary for program coordinators to ensure KPIs are not misinterpreted, especially when sharing externally. Through use and evaluation of that use, programs should generate lessons learned, including triangulating with key external data sources (specifically qualitative data) that can help fill in the picture of GBV case management programs. KPIs are one way that we can learn more about programs but should not be used on their own without explanatory analysis or other contextual information. For example, a GBV caseload could seem exceptionally low one month, and this could be interpreted as a reduced need for services. Yet, when paired with other information about displacement patterns, caseload could be one lagging indicator that populations are moving to another site, therefore, not indicating a lack of need, but rather a changing need.

C. Client Feedback/Satisfaction Surveys

If programming is designed to be survivor-centred, it also must be accountable to women and girls. This means GBV service providers need to empower women and girls to know they can provide feedback on GBV case management services without negative repercussions and that the feedback will be acted upon. Women and girls' experiences and reflections on the GBV case management process matter and should shape interventions.

One way to gather this information, to identify areas for improvement in your program and to activate accountability measures is to implement client feedback surveys in your programs. According to the Inter-Agency GBV Case Management Guidelines, "Client feedback surveys are a key way for you and your organization to know how survivors experienced your service. This can help you understand what is being done well, what needs to be improved and what the challenges are."⁷⁰

There is a simple process for administering surveys:

1. Identify whether the survey will be self-administered or whether a staff member will ask the questions and write down the answers.
 - For clients who can read and write, the survey can be administered independently through a paper form or an electronic form (on a handheld device) in which the person does not have to provide their name, just the name of the caseworker with whom they worked.
 - For those who cannot read or write, another staff member can administer the survey verbally.

⁷⁰ Interagency GBV Case Management Guidelines, p. 151.

2. If administered by staff, identify who on your team will conduct the surveys. This must be a woman and cannot be the survivor's caseworker.
3. Explain to the survivor that the purpose of the survey is for you and your organization to improve your services, and that their feedback is valued. Inform the survivor that the information will remain anonymous and that it will not impact the services they currently receive or may need in the future. Ultimately, it is their choice as to whether they complete the survey.⁷¹

When to administer the client feedback survey

Traditionally, these surveys have been administrated at the point of GBV case closure, if "you and the [survivor] have agreed that their needs/goals have been met, or they have communicated to you that they would no longer like to receive services."⁷² However, depending on local programming models, you may choose to administer the survey at multiple points.

In fact, client feedback is meant to be an iterative process. Asking for feedback throughout the case management process can help identify when survivors are dissatisfied with services. This provides an opportunity to adjust service provision to meet the needs of a survivor rather than inadvertently excluding them. Always act on the feedback when received, while also being careful of survey fatigue.

Can I administer client feedback surveys in acute emergencies?

While it is typical to ask clients to provide feedback on your services at the point of case closure or after several case management sessions, this may not be possible in acute emergencies or other contexts where you only see a survivor once or twice. In these contexts, programs may want to choose an indicator other than client satisfaction, if populations are transient. Another option is to consider using a shortened version of the client feedback survey. In which case, you might only ask a few questions such as:

- Did you feel that you received all the necessary information about your options for services and referrals?
- Did you make decisions about what you wanted to happen with your case (in terms of next steps)?
- How friendly was your caseworker?
- How much did the caseworker helped you with your problem?
- Would you recommend that a friend who has experienced GBV come here for help?

What are the different responsibilities when it comes to the client feedback survey?

There are several different roles when it comes to the client feedback survey.

Although the client feedback surveys are in GBVIMS+ in each survivor's digital case file, this information is hidden from caseworkers. The caseworker supporting the case cannot see, edit, or enter client feedback information. This is to ensure confidentiality. Only those staff with special log-in information for client feedback surveys can enter the information into the system.

As it relates to Client Feedback Surveys, there are three key roles in GBVIMS+:

CLIENT FEEDBACK ENTERER:

Individual with designated login to enter the client feedback information into GBVIMS+

SUPERVISOR:

Individual with the ability to see the client feedback form along with all other case files, but no ability to edit

ANALYSIS FOCAL POINT:

Individual designated to conduct analysis of client feedback forms. They can export information, but not edit any information

⁷¹ Interagency GBV Case Management Guidelines, pp. 151-152.

⁷² Interagency GBV Case Management Guidelines, pp. 151-152. For more information on administering client feedback surveys, read the Inter-Agency GBV Case Management Guidelines.

How do you enter the client feedback survey in GBVIMS+?

Once the surveys have been administered, they need to be entered into GBVIMS+. ⁷³ Individual(s) with the designated “Client Feedback Enterer” role can log into the system and enter the information collected. The individual tasked with entering them in the system will be provided the case ID by a supervisor. They can then look up the case ID in the system and enter the client feedback survey form in the cases section. This person cannot see any other information in the system. Nothing else about the case file will be available to the individual entering this information - only the client feedback survey. Again, this maintains confidentiality.

How do you analyse the client feedback surveys?

After the information has been entered into the system, there are different types of analysis to consider. A supervisor can conduct individual analysis as a form of individual caseworker support and supervision. In addition, a supervisor can also look across their direct reports to determine trends worth further discussion in supervisory groups. These can be used for group learning sessions.

The other type of analysis is more traditional monitoring and evaluation. For this, the surveys can be exported for analysis. The tables in Annex D provide information about each question on the client feedback survey, including purpose, ways the data can be used to inform decision making, and some potential (though not exhaustive) interpretations of the information.

To perform the analysis, choose a time period, particular group of case work staff, location, or other metric for which client feedback surveys will be reviewed. You can also review all surveys across the program at once.

You may also consider exporting additional elements about the population served to understand feedback according to different demographics. For example, this could include filtering client feedback aggregate results according to age groups to understand the perception of adolescent girl survivors, comparing this to the overall population served. To do this, you will also need to export information that can aid in disaggregation such as sex, age group, disability status or type of GBV.

After filtering the information according to the above parameters, export this information in GBVIMS+ using the custom export function. Then, through collaborative discussion, once patterns or trends are identified, as a team you can determine next steps or create an action plan for addressing the feedback. Consider the potential interpretations in Annex D for steps you might take based on the results of the client feedback survey.

Although the questions within the client feedback survey provide some guidance on what aspects of the program can be improved by virtue of the specificity of the question, quantitative answers do not tell us exactly what should be changed. For example, consider the yes/no question “were services available at the times you were able to attend.” This could be telling you to alter your hours of operation but does not tell you why or how.

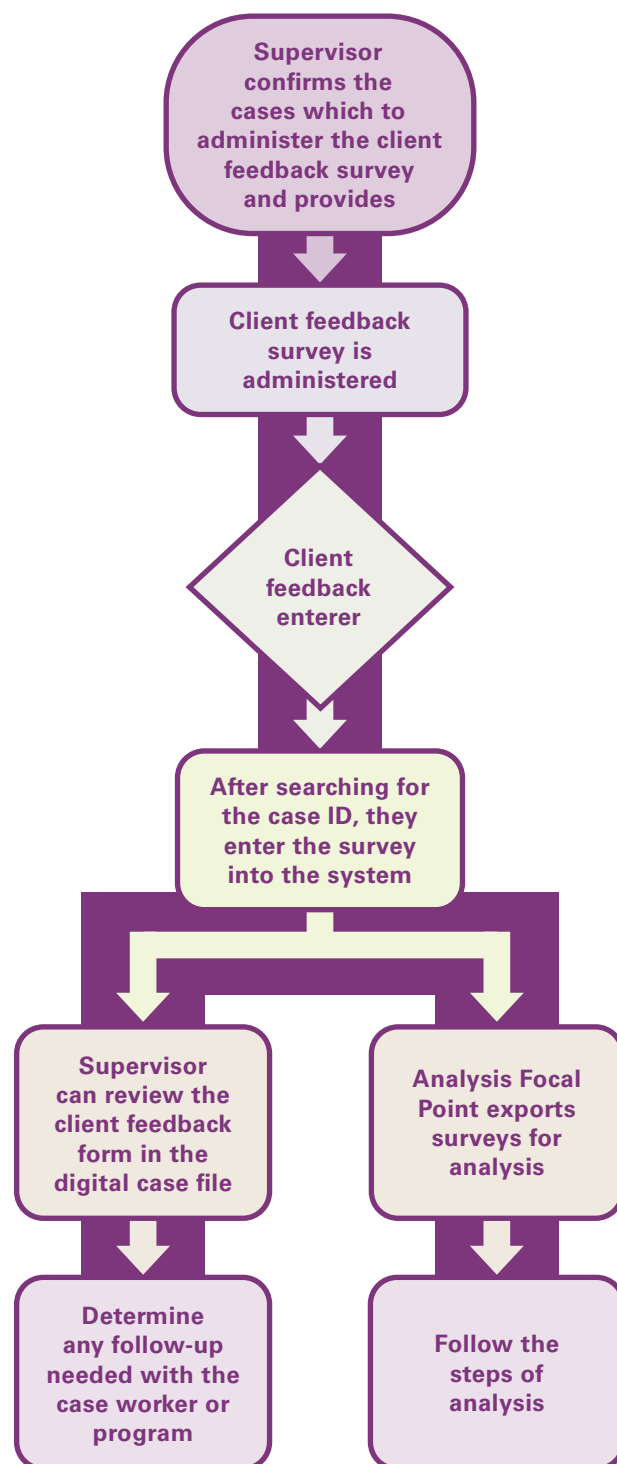
Even if the results cannot give you a precise pathway to improve your program, they can provide you valuable information. To aid in that effort, below are some important practices you can follow to make sure you are analysing your client feedback thoroughly:

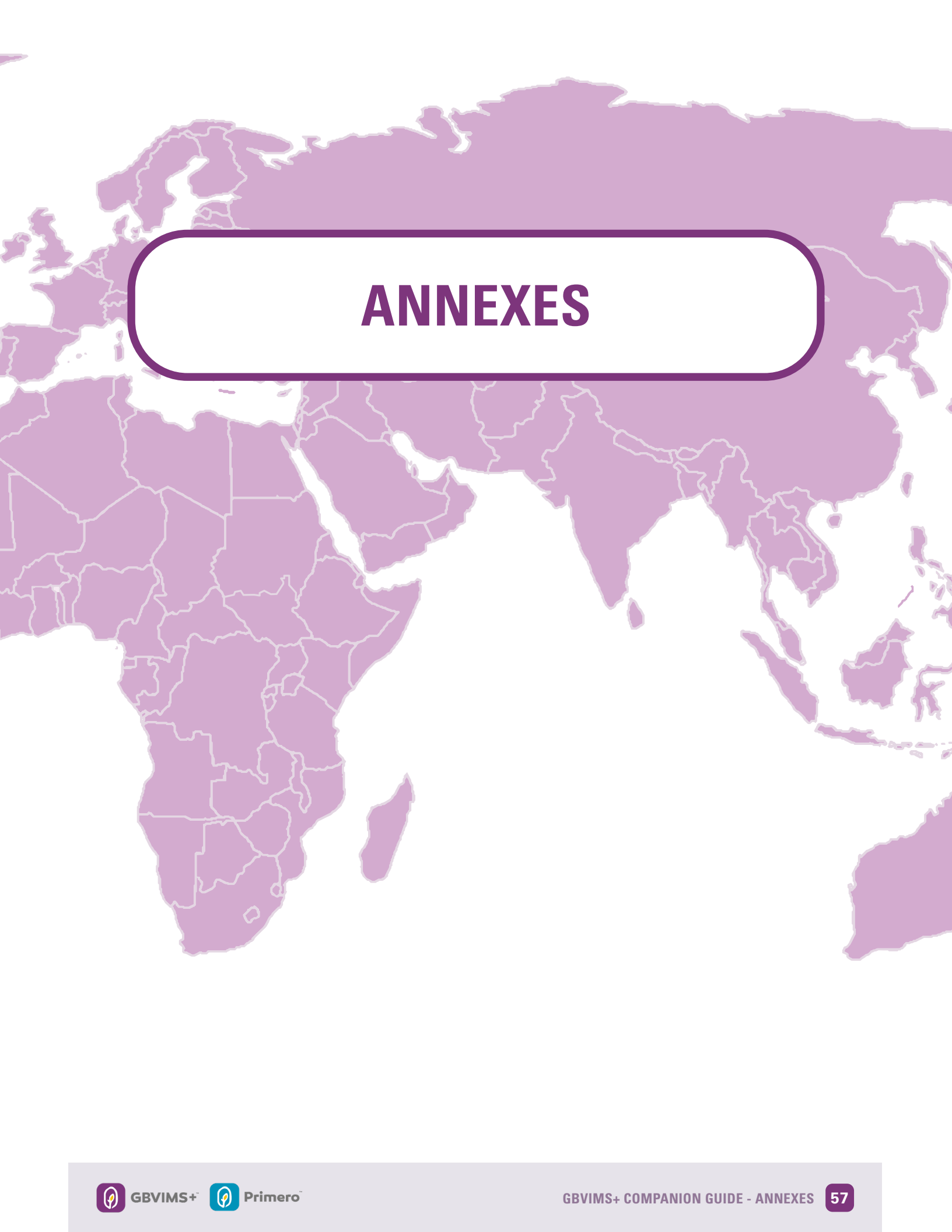
1. **Export the survey.** Determine if you will export all the surveys or a portion of the surveys based on supervisory/user groups, sites, or certain time period. Determine if you will export other data points for disaggregation, such as age group, sex, or disability status. The Coordinator or GBVIMS+ Focal Point can export the raw data using the custom export function in GBVIMS+.
2. **Determine your method for analysis.** You can perform analysis manually, creating new calculations or pivot tables in excel, or by copying and pasting your export into a pre-prepared dashboard for automated analysis.
3. **Analyse the entire survey.** Do not just look at a few questions. Although we may not be able to deliver every survivor request to their exact specifications, it is important to look at all data points to identify trends.

⁷³ In some circumstances this may happen simultaneously, if it is determined that having a mobile device present is not distressing to the survivor.

4. **Categorize the trends.** The client feedback survey is already grouped into categories: survivor-centred service delivery, confidentiality, caseworker interaction, and client well-being. It is worthwhile to consider trends happening within these groupings as well as across the entire survey.
5. **Look at the overall context for trends.** One survivor can have an overall positive experience, while another could have a considerably more negative experience. Both of those survivors may represent extremes, or they could be the norm. By looking at the data in an aggregate fashion, we can better identify programmatic challenges or opportunities, as opposed to outliers.
6. **Look for points of comparability.** You can look for trends within survey responses by different factors such as site, supervisory group, or demographics to have more nuanced information.
7. **Use both positive and negative feedback.** It can be easy to focus on one or the other, but both types of feedback provide valuable insights into what elements of your programming model and service delivery are working and which ones need revision.
8. **Consolidate results and start a discussion.** After pulling together your findings, you should share the results with your team and discuss their interpretations of the findings as well as ways to make this information actionable.
9. **Once you have identified trends, try to understand the root cause.** Pair the results of the Client Feedback survey with complementary qualitative data to better understand the context and interpret the results. For this, you can also use the “five whys” method, an iterative technique that asks why. Each response then forms the basis of the next question. For example, survivors reported feeling not at all comfortable with caseworker. Why? >> Staff are under-trained. Why? >> We have not prioritized supportive coaching structures. This should be done with staff in consultation, for transparency and shared action planning.
10. **Develop an action plan.** Document your action plan based on these results and assign responsibilities.

Identify opportunities for accountability. Our work should be accountable to women and girls. What are the opportunities to share this information with survivors and talk about ways to improve programs?





ANNEXES

ANNEX A: THE GBVIMS+ CASE MANAGEMENT FORMS

Although the standard GBV case management forms provide a template and starting point for developing and/or harmonizing these forms, forms should be contextualized for each country and/or organization based on internal procedures and protocols. The Word versions of GBVIMS+ case management forms included here can be used within an organization in preparation for the implementation of GBVIMS+ to help staff become familiar with the forms and prepare to use them.

The Forms contain two types of fields: standard fields and contextualizable fields. Fields simply refer to each question or data section within each form that will be completed by a GBV caseworker.

- **Standard Fields** – these fields are fixed and cannot be deleted or amended and should therefore always be included as a basic minimum in every context and for every case.
- **Contextualizable Fields** (fields highlighted in yellow in the word versions of the forms in the Annexes) – These fields should be contextualised as appropriate and relevant by adding, deleting and/or amending them based on relevance and procedures in each specific context.

The forms contain closed-question fields, with pre-selected options to choose from, and open-ended questions where you can enter free text.

- **Open-ended questions** allow you to record a more detailed narrative to support the delivery of GBV case management services. The inclusion of open-ended questions encourages critical thinking and allow you to 'drive' the GBV case management process instead of feeling driven by the questions in the forms. In addition, some fields include help text, often indicated by the term 'Guidance', which provides guiding questions or instructions to guide and support the caseworker filling out the form.
- **Closed questions** provide a drop-down menu of options to select from. Closed questions allow for aggregate trend analysis and reporting.

The screenshot shows the 'SURVIVOR INFORMATION' form. It contains several closed questions: 'Survivor Code' (a text field), 'Age' (a text field), 'Date of Birth' (a date picker with a calendar icon), 'Sex' (a dropdown menu with '(Select...)' as the placeholder), and 'Clan or Ethnicity' (a dropdown menu with '(Select...)' as the placeholder). The form is designed with a clean, professional layout using a light purple and white color scheme.

Figure 1: Closed questions direct a caseworker to select from a dropdown

The screenshot shows the 'SURVIVOR ASSESSMENT' form. It contains several open questions: 'Survivor Profile' (a text field), 'Survivor Context (or Background Information)' (a text field), 'Survivor's family situation (for adults)' (a text field), and 'Survivor's current living situation' (a text field). Each text field is preceded by a blue 'Guidance' label. The form is designed with a clean, professional layout using a light purple and white color scheme.

Figure 2: Open questions contain text boxes to enter free text

Below is a list of key terms from the Interagency GBV Case Management Guidelines that are referenced in GBVIMS+.

Assessment: The beginning stage of case management or psychosocial services in which information is gathered and evaluated for the purpose of making an appropriate decision about a course of action. Assessment prevents assumptions, creates grounds for developing an appropriate plan of action, and helps identify survivor strengths.

Caregiver: This term describes the person who is exercising day-to-day care for another person. He or she is a parent, relative, family friend or other guardian; it does not necessarily imply legal responsibility. Caregiver is a term that is used in this resource to describe a person who provides day-to-day care for a child/children or for a person with a disability (for those who need such support).

Case action plan: The case document that outlines the main needs of the client and goals and strategies for meeting their needs and improving their current condition.

GBV case management: GBV case management, which is based on social work case management, is a structured method for providing help to a survivor. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that a survivor is informed of all the options available to her/him and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, providing the survivor with emotional support throughout the process.

Caseworker: This term describes an individual working within a service providing agency, who has been tasked with the responsibility of providing case management services to clients. This means that caseworkers are trained appropriately on client-centred case management; they are supervised by senior program staff and adhere to a specific set of systems and guiding principles designed to promote health, hope and healing for their clients. Caseworkers are also commonly referred to as social workers, case managers, among others.

Child: Any person under the age of 18. Children have evolving capacities depending on their age and developmental stage. In working with children, it is critical to understand these stages, as it will determine the method of communication with individual children. It will also allow the caseworker to establish an individual child's level of understanding and their ability to make decisions about their care. As a result, the caseworker will be able to make an informed decision about which method of intervention is most appropriate for each individual child. The following definitions clarify the term "child" with respect to age/developmental stages for guiding interventions and treatment:

1. Children = 0–18, as per the CRC
2. Young children = 0–9
3. Early adolescents = 10–14
4. Later adolescents = 15–19

Confidentiality: Confidentiality is an ethical principle that is associated with medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client's case with their explicit permission. All written information is maintained in a confidential place in locked files and only non-identifying information is written down on case files. Maintaining confidentiality means service providers never discuss case details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary. There are limits to confidentiality while working with children.

Gender-based violence: Gender-based violence (GBV) is an umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private spaces. Common forms of GBV include sexual violence (rape, attempted rape, unwanted touching, sexual exploitation, and sexual harassment), intimate partner violence (also called domestic violence, including physical, emotional, sexual, and economic abuse), forced and early marriage and female genital mutilation.

Informed assent: The expressed willingness to participate in services. This applies to younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services.

Informed consent: The voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. To ensure consent is “informed”, service providers must provide the following information to the survivor:

1. Provide all possible information and options available to the person so she/he can make choices.
2. Inform the person that she/he may need to share his/her information with others who can provide additional services.
3. Explain to the person what will happen as you work with her/him.
4. Explain the benefits and risks of services to the person.
5. Explain to the person that she/he has the right to decline or refuse any part of services.
6. Explain limits to confidentiality.

Intimate partner violence: Intimate partner violence applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities, or services.

Mandatory reporting: This refers to state laws and policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected forms of interpersonal violence (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse).

Parent: The child’s mother or father. Note that in some societies it is common for girls and boys to spend time with other members of their extended family and sometimes with unrelated families. Throughout this resource, the term “parent” generally refers to the biological parent. In some cases, it may refer to the person or persons who assume the child’s care on a permanent basis, such as for example, foster or adoptive parents, or extended family members providing long-term care.

Perpetrator: A person who directly inflicts or supports violence or other abuse inflicted on another against his/her will.

Physical assault: An act of physical violence that is not sexual in nature. Example include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort, or injury. It is one form of intimate partner violence.

Psychosocial: A term used to emphasize the interaction between the psychological aspects of human beings and their environment or social surroundings. Psychological aspects are related to our functioning, such as our thoughts, emotions, and behaviour. Social surroundings concern a person’s relationships, family and community networks, cultural traditions, and economic status, including life tasks such as school or work.

Sexual violence: Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence includes, at least, rape/attempted rape, sexual abuse, and sexual exploitation.

Survivor/Victim: A person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably, although “victim” is generally preferred in the legal and medical sectors, and “survivor” in the psychological and social support sectors.

1.A. CONSENT FOR SERVICES

GBV CASE MANAGEMENT STEP	STEP 1: INTRODUCTION AND ENGAGEMENT
WHEN TO COMPLETE	At the start of case management services (i.e. Before the survivor starts telling her story) - To provide their permission to participate in the case management process. - To provide their permission for the caseworker to collect and store information about their case throughout the case management process.
WHO SHOULD COMPLETE	Assigned caseworker to the case together with the survivor or the caregiver/guardian (in cases of children or persons with disabilities).
PURPOSE OF FORM	To record the case's permission to participate in the case management process, to collect and store information about their case, and to share information with other service providers or for reporting purposes
Consent for Services Did the survivor provide consent to engage in services offered by you? ☐ Yes	
<i>Once a case has been opened, caseworkers can create an incident linked to the case file. In the incidents tab there are 5 forms for gathering incident data. In the first form, GBV Incident, a caseworker will have the opportunity to record whether a survivor provides consent to release non-identifiable information for reporting.</i>	

1.B. SURVIVOR INFORMATION

GBV CASE MANAGEMENT STEP	STEP 1: INTRODUCTION AND ENGAGEMENT
WHEN TO COMPLETE	Directly after consent/assent is obtained.
WHO SHOULD COMPLETE	Assigned caseworker to the case.
PURPOSE OF FORM	To register basic information about the survivor.
Case Status	☐ Open ☐ Closed ☐ Transferred ☐ Duplicate
Name Option to hide/view name once entered	Click or tap here to enter text.
Survivor Code	Click or tap here to enter text.
Age	Click or tap here to enter text.
Date of Birth	Click or tap here to enter text.
Sex	☐ Male ☐ Female
Clan or Ethnicity	List only if appropriate/relevant for your context
Country of Origin	List only if appropriate/relevant for your context
Nationality (if different than country of origin)	List only if appropriate/relevant for your context
Religion	List only if appropriate/relevant for your context
Current Civil/Marital Status	☐ Single ☐ Married / Cohabiting ☐ Divorced / Separated ☐ Widowed
Number and age of children and other dependents	Click or tap here to enter text.
Occupation	List relevant options for your context
Displacement Status at time of report	☐ Resident ☐ IDP ☐ Refugee ☐ Stateless Person ☐ Returnee ☐ Foreign National ☐ Asylum Seeker
Is the Survivor a Person with Disabilities?	☐ Yes ☐ No
Is the Survivor an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?	☐ No ☐ Unaccompanied Minor ☐ Separated Child ☐ Orphan or Vulnerable Child
Child Survivors (less than 18 years old)	
If the survivor is a child, does he/she live alone?	☐ Yes ☐ No
If the survivor lives with someone, what is the relation between her/him and the caretaker?	☐ Parent/Guardian ☐ Relative ☐ Spouse/Cohabiting ☐ Other, please specify: Click or tap here to enter text.
If other relation between her/him and the caretaker, please specify.	Click or tap here to enter text.
What is the caretaker's current marital status?	☐ Single ☐ Married / Cohabiting ☐ Divorced / Separated ☐ Widowed ☐ Unknown/Not Applicable
What is the caretaker's primary occupation?	Click or tap here to enter text.

2.A. SURVIVOR ASSESSMENT

GBV CASE MANAGEMENT STEP	STEP 2: ASSESSMENT
WHEN TO COMPLETE	After the welcome & introduction, when assessing the psychosocial, medical, safety and legal needs of the survivor linked to the violence she has experienced.
WHO SHOULD COMPLETE	Assigned caseworker to the case.
PURPOSE OF FORM	To record information gathered on the case regarding both risks and needs, as well as strengths and resources. The information recorded in this form will be analysed and used as a base for developing the case plan.
Survivor Profile <i>Provide basic demographic information on the survivor, including sex, age and displacement status and any other relevant information.</i> <i>Is the survivor a woman, man, girl or boy or other gender identity?</i> <i>How old is the survivor? Is she a child or adult?</i> <i>Is she a resident, a refugee or internally displaced person?</i>	
Survivor's family situation (for adults) <i>Adult survivor's family situation:</i> <i>Is she married and/or living with an intimate partner? (If her husband/intimate partner is not the perpetrator, does he know about what happened to her?)</i> <i>Does she have children? If so, how many and how old are they? Do her children live with her?</i> <i>Who are the other family members present in the client's life on a daily basis? Does the survivor have other relatives that are present in her life?</i>	Click or tap here to enter text.
Survivor's current living situation <i>Does the survivor have a place to live? Where? Who lives in the house with her? Does she live with her husband/intimate partner? Are there relatives living nearby?</i>	Click or tap here to enter text.
Survivor's occupation or role <i>Does the survivor work? Is her work at home? Does s/he have paid employment? Part-time or full-time? Does the survivor have a special role in the community where s/he lives?</i>	Click or tap here to enter text.
Specific considerations for child survivors <i>Does she live with her parents? (If her parents or guardians are not the perpetrators, do they know about what happened to her)? Who are the other family members present in the client's life on a daily basis? Does the survivor have other relatives that are present in her life?</i>	Click or tap here to enter text.
Reason for seeking case management services <i>Identify what problem(s)/concern(s)/issue(s) the survivor is requesting assistance/support for.</i> <i>These might include: immediate safety, children's safety, access to economic resources, medical assistance, perception of others, etc.</i>	Click or tap here to enter text.
Describe what happened to the survivor in the survivor's own words <i>Describe what happened in the survivor's own words (do not suggest).</i> <i>What happened to the survivor? What is the nature of the violence? When did it occur? What prompted her to seek services? What are her main concerns? What does she want help with?</i>	Click or tap here to enter text.

Key Assessment Points

Summarize key assessment points with respect to the nature, timing, frequency and severity of the violence reported, who the perpetrator/s is/are in relation to the survivor and whether he/they have easy access to the survivor, in order to determine risk. Gauge emotional well-being, ability to keep up with day-to-day tasks, overall sense of safety in the world, and ability to trust others. Identify the survivor's needs (safety, health, psychosocial, legal/justice, practical/material, other) as well as her strengths and coping strategies to determine need for psychosocial support and/or appropriate and timely referrals.

Current situation and imminent risks

Identify situations, circumstances and people that are continuing to harm the survivor or put her at risk of harm.

Does/do the perpetrator/s know where the survivor is right now? If yes, does the survivor think that the perpetrator/s may come try to find her here?

When did the incident take place (date/time)? Is survivor bleeding or have an acute injury or in any severe pain (especially head injuries)? Was there forced vaginal/anal penetration? Was physical force and/or weapons used? How frequently has survivor experienced violence like this incident?

What is the relationship between the survivor and the perpetrator? Does the perpetrator have access to a weapon? Does the perpetrator have easy access the survivor (ex. lives in the same household, neighbourhood, etc.)? Does the perpetrator have a history of using violence against others, abusing drugs or alcohol, and/or a history of depression or other mental health issues?

Has survivor sought help previously and/or already received care and treatment? Does the survivor express any current or past suicidal thoughts? (If so, follow the Suicide Risk Assessment Protocol)

Click or tap here to enter text.

Safety needs

Will the survivor be in immediate danger when she leaves here? How safe does the survivor feel at home? (Note: caseworker can use tools such as safety scale to help determine this). Has the survivor ever tried to get help from anyone else? Has the survivor ever tried to leave? Are aspects about the perpetrator's profile or the type of violence that place the survivor in immediate danger?

Click or tap here to enter text.

Health needs

Does the client require and/or want medical attention? Did the last incident occur within the past 120 hours? Would the survivor like to know more about medication and exam options? Is the survivor complaining of physical pain and injury, or bleeding or discharge?

Click or tap here to enter text.

Psychosocial needs

How does the survivor describe her emotional state?

Based on your observations, how would you describe the survivor's appearance and behaviour? Is there anything strange or unusual about the survivor's appearance or behaviour right now? What is your sense of the client's level of functioning? (Listen for indications that the survivor stopped leaving the house, conducting her daily activities, talking with or seeing family and friends, or her sleep patterns and eating habits are disturbed).

Does the survivor feel sad most of the time, hopeless about her situation or life? Does the survivor complain of physical aches? Are there other major changes or difficulties the survivor shares?

What kinds of social supports does the survivor have? Who does the survivor like to talk to or spend time with outside of her house? Does she have friendships? People whom she can trust? Who are the survivor's sources of emotional support? Has she been able to access these social supports since the incident? How have they helped her? Who/what are the people, elements, ideas, or experiences in the survivor's life that she identifies as giving her hope and strength?

What are her existing assets (ex. people, knowledge, skills, income, housing)? Does she have positive coping mechanisms? What are they? Does religion and/or faith play a part in the survivor's life? Has she been able to draw upon her faith and/or religious practice since the incident? How has doing so helped her?

Click or tap here to enter text.



Legal/justice needs <i>Does the survivor wish to report to formal authorities and/or take legal action? What are the risks, benefits, time and costs the survivor should factor in her decision to take legal action? Is legal recourse an immediate priority for the survivor? What information does the client need to make a decision about justice? Does the survivor want more information about how her legal rights and/or options for taking her case through the formal justice system, or the traditional /informal justice system? Does the survivor understand the differences between how a case would be handled through traditional vs. formal justice mechanisms?</i>	Click or tap here to enter text.
Practical/material needs <i>Does the survivor have access to income? Does the survivor have access to food, clothes, phone credit, transportation, etc.? What are the survivor's sources of support, including family and community? Is the survivor's lack of income impacting her ability to be safe? Is the survivor's lack of (or access to) income putting her at risk for violence?</i>	Click or tap here to enter text.
How long did it take you to complete the assessment for this case?	☐ Less than 15 minutes ☐ 16-30 minutes ☐ 31 minutes – 1 hour ☐ 1-2 hours ☐ More than 2 hours

2.B. PSYCHOSOCIAL FUNCTIONALITY SCALE⁷⁴

GBV CASE MANAGEMENT STEP	STEP 2: ASSESSMENT
WHEN TO COMPLETE	In the Interagency GBV Case Management Guidelines, this corresponds to Step 2 Assessment, Section 3: Psychosocial Needs and Support. - For a one-time measure of psychosocial well-being and/or felt stigma: The tool only needs to be administered once. We recommend that the monitoring tool be administered only after a minimum of three visits, in order for the most urgent needs of the survivors to be addressed and to give time for trust-building. In order to interpret the score, refer to Part 3 of the IRC GBV Case Management Outcome Monitoring Toolkit - To measure improvement of women and older adolescent girls' recovery over time during case management: To monitor change in survivors' well-being over time, the monitoring tool questionnaire should be administered at baseline (typically, the fourth case management session with a survivor) and again after three additional sessions (typically at session 7). If possible, complete a final questionnaire at the end of the case management intervention plan, if it exceeds case management seven sessions. Part 3 of the IRC GBV Case Management Outcome Monitoring Toolkit provides information on how to interpret the scores and level of change over time.
WHO SHOULD COMPLETE	Assigned caseworker to the case.
PURPOSE OF FORM	The Psychosocial Functionality Scale is a 10-item questionnaire that measures women and older adolescent girls' ability to carry out important tasks in their daily lives. With each client, you can choose to administer only one of the scales, or you can administer both of the scales (either during the same case management session or split across two sessions), depending on what aspects you and the client agree together to monitor.

PSYCHOSOCIAL FUNCTIONALITY SCALE

This tool can be used by GBV case managers, as part of the survivor's psychosocial assessment. It takes approximately 10-20 minutes to administer each of the questionnaires. The monitoring tool should be administered only after a minimum of three visits, so that the most urgent needs of the survivors are addressed and to allow time for trust-building.

For a one-time measure of psychosocial well-being, the tool only needs to be administered once.

To monitor change in survivors' well-being over time, the questionnaire should be administered at typically, the fourth case management session with a survivor and again after three additional sessions (typically at session 7). If possible, complete a final questionnaire at the end of the case management intervention plan, if it exceeds case management seven sessions.

With each client, you can choose to administer only one of the scales, or you can administer both of the scales (either during the same case management session or split across two sessions), depending on what aspects you and the client agree together to monitor. The scales have been tested and validated for use with female survivors, 15 years old and over. The toolkit is not suitable for use with girls 14 years old or younger. For instructions on how to score, see the GBV Case Management Outcomes Toolkit.

Explain to the client: I will ask you about specific tasks and activities. Thinking about the last four weeks, please tell me how difficult it is for you to carry out these activities. You will tell me if it is

- Not difficult at all
- Difficult
- A little bit difficult
- Very difficult
- So difficult that you often cannot do it

⁷⁴ This form is optional and can be administered face-to-face with the survivor.

Giving advice to family members	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Exchanging ideas with others	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Uniting with other community members to do tasks for the community	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Asking/getting help from people or organizations when you need it	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Making important decisions about daily life	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Taking part in family decisions	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Learning new skills	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Concentrating on your tasks or responsibilities	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Interacting or dealing with people you don't know	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Keeping your household clean	☐ Not difficult at all (0 pts) ☐ A little bit difficult (1 pt) ☐ Difficult (2 pts) ☐ Very difficult (3 pts) ☐ So difficult that you often cannot do it (4 pts)
Score	Click or tap here to enter text.
Notes	Click or tap here to enter text.

2.C. FELT STIGMA SCALE⁷⁵

GBV CASE MANAGEMENT STEP	STEP 2: ASSESSMENT
WHEN TO COMPLETE	In the Interagency GBV Case Management Guidelines, this corresponds to Step 2 Assessment, Section 3: Psychosocial Needs and Support. - For a one-time measure of psychosocial well-being and/or felt stigma: The tool only needs to be administered once. We recommend that the monitoring tool be administered only after a minimum of three visits, in order for the most urgent needs of the survivors to be addressed and to give time for trust-building. In order to interpret the score, refer to Part 3 of the IRC GBV Case Management Outcome Monitoring Toolkit - To measure improvement of women and older adolescent girls' recovery over time during case management: To monitor change in survivors' well-being over time, the monitoring tool questionnaire should be administered at baseline (typically, the fourth case management session with a survivor) and again after three additional sessions (typically at session 7). If possible, complete a final questionnaire at the end of the case management intervention plan, if it exceeds case management seven sessions. Part 3 of the IRC GBV Case Management Outcome Monitoring Toolkit provides information on how to interpret the scores and level of change over time.
WHO SHOULD COMPLETE	Assigned caseworker to the case.
PURPOSE OF FORM	The Psychosocial Functionality Scale is a 10-item questionnaire that measures women and older adolescent girls' ability to carry out important tasks in their daily lives. With each client, you can choose to administer only one of the scales, or you can administer both of the scales (either during the same case management session or split across two sessions), depending on what aspects you and the client agree together to monitor.
PSYCHOSOCIAL FUNCTIONALITY SCALE This tool can be used by GBV case managers, as part of the survivor's psychosocial assessment. It takes approximately 10-20 minutes to administer each of the questionnaires. The monitoring tool should be administered only after a minimum of three visits, so that the most urgent needs of the survivors are addressed and to allow time for trust-building. For a one-time measure of psychosocial well-being, the tool only needs to be administered once. To monitor change in survivors' well-being over time, the questionnaire should be administered at typically, the fourth case management session with a survivor and again after three additional sessions (typically at session 7). If possible, complete a final questionnaire at the end of the case management intervention plan, if it exceeds case management seven sessions. With each client, you can choose to administer only one of the scales, or you can administer both of the scales (either during the same case management session or split across two sessions), depending on what aspects you and the client agree together to monitor. The scales have been tested and validate for use with female survivors, 15 years old and over. The toolkit is not suitable for use with girls 14 years old or younger. For instructions on how to score, see the GBV Case Management Outcomes Toolkit. Explain to the client: I will ask you about specific tasks and activities. Thinking about the last four weeks, please tell me how difficult it is for you to carry out these activities. You will tell me if it is - Not difficult at all - Difficult - A little bit difficult - Very difficult - So difficult that you often cannot do it	

⁷⁵ This form is optional and can be administered face-to-face with the survivor.

Feelings of worthlessness, of having no value	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling detached or withdrawn from others	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling badly treated by community members	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling shame	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Blaming yourself for past events	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling rejected by everybody	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling stigma	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Wanting to avoid other people or hide	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling like your family gazes at you like they are blaming you	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Feeling like community members gaze at you like they are blaming you	☐ Not at all (0 pts) ☐ A little bit (1 pt) ☐ A moderate amount (2 pts) ☐ A lot (3 pts)
Score	Click or tap here to enter text.
Notes	Click or tap here to enter text.

3.A. ACTION PLAN

GBV CASE MANAGEMENT STEP	STEP 3: CASE ACTION PLANNING
WHEN TO COMPLETE	Following the assessment in order to address the needs identified.
WHO SHOULD COMPLETE	Assigned caseworker to the case. It is strongly encouraged that the supervisor approves the case plan once finalized by the caseworker
PURPOSE OF FORM	To record and plan the agreed upon interventions needed to address her needs and support her wellbeing as identified during the assessment.
ACTION PLAN	
Type of Need	☐ Safehouse Service ☐ Health/Medical Service ☐ Psychosocial Service ☐ Police/Other Service ☐ Livelihoods Service ☐ Child Protection Service ☐ Education Service ☐ NFI/Clothes/Shoes Service ☐ Water/Sanitation Service ☐ Registration Service ☐ Food Service ☐ Cash Assistance ☐ Personal Goal ☐ Other Service
Describe the action plan to address this need	Click or tap here to enter text.
Type of intervention	☐ Personal Goal or Service ☐ Referral Service
How will the survivor access this service?	☐ Referred ☐ Service provided by your agency ☐ Services already received from another agency ☐ Service not applicable ☐ Referral declined by survivor ☐ Service unavailable
Did you receive informed consent from survivor to release personal Information for the purpose of referrals?	☐ Yes ☐ No
Specify Name, Facility or Agency/Organization as applicable	Click or tap here to enter text.
Appointment Date	Click or tap here to enter text.
Appointment Time	Click or tap here to enter text.
Service Provider	Click or tap here to enter text.
Service Location	Click or tap here to enter text.

Notes <i>Highlight challenges, resources and other relevant considerations</i>	Click or tap here to enter text.
If mandatory reporting laws apply, did you report the incident to the police/public authorities?	☐ Yes ☐ No ☐ Not applicable
If yes, did you inform the survivor and/or her caregiver of the mandatory reporting laws prior to making the report?	☐ Yes ☐ No ☐ Not applicable
Was the service provided?	☐ Yes ☐ No ☐ Not applicable
If yes, when was the service provided?	Click or tap here to enter text.
Details about action taken	Click or tap here to enter text.
How long did it take you to develop the Case Action Plan with the survivor for this case?	☐ Less than 15 minutes ☐ 16-30 minutes ☐ 31 minutes – 1 hour ☐ 1-2 hours ☐ More than 2 hours

3.B. SAFETY PLAN

GBV CASE MANAGEMENT STEP	STEP 3: CASE ACTION PLANNING
WHEN TO COMPLETE	Following the assessment when safety concern was identified.
WHO SHOULD COMPLETE	Assigned caseworker to the case. It is strongly encouraged that the supervisor approves the safety plan once finalized by the caseworker.
PURPOSE OF FORM	To record and plan how to mitigate the risk (impact and likelihood of the violence) for survivors who are in continuous danger in their living environment. This is particularly relevant for survivors of intimate partner violence (IPV).
Is a safety plan needed for this case? Complete the below safety plan WITH the survivor if there are threats to the safety of the survivor in relation to the incident, she sought case management for. The safety plan should be realistic, easy to remember, and based on the survivor's situation and what SHE wants to do. Safety plans look different for every survivor. This means survivors do not need to answer every question on the safety plan, only the questions that are useful to her. Prioritize the questions most supportive of each individual survivor's safety needs. Safety plans can be re-visited and revised. Remember, the most dangerous time for an IPV survivor is when she is trying to leave the perpetrator.	☐ Yes ☐ No
Was a safety plan developed with the survivor (if applicable)?	☐ Yes ☐ No
Safety Plan Completion Date	Click or tap here to enter text.
Identify safety concern (in survivor's words)	Click or tap here to enter text.
RESOURCES	
Economic / material <i>Name the resources I am using now that I have, that can help me stay safe in following categories</i>	Click or tap here to enter text.
Relationships	Click or tap here to enter text.
Community help	Click or tap here to enter text.
Other	Click or tap here to enter text.

SAFETY PREPAREDNESS

What steps did the survivor identify as options to minimize risk of further harm for herself (and her children) before violence occurs (safety preparedness)?

Examples could include: The survivor will agree on a code or signal with friends, neighbors or family, and if she needs help she will then communicate using that code, for example, if she cannot talk in front of the perpetrator; The survivor will gather some basic things and important documents, and leave these things in a place where she can reach them if she has to leave her home (list those things); The survivor will teach her children that when the violence starts they should go to a specific place; The survivor will come up with a code word or a signal with her children so that she can safely tell them when they should leave. Please refer to the Safety Planning tool for the full list of guiding questions to discuss with the survivor.

Click or tap here to enter text.

SAFETY STRATEGIES

What actions did the survivor identify as options to mitigate risks when violence happens (safety strategies)?

Examples could include: The survivor can recognize some patterns in the abuser's violence that may tell her when he is about to become violent, such as (certain times of the day or week, when he is around certain friends, when he is using drugs or drinking, etc.): The survivor can identify the pattern of violence or when the violence starts; If the survivor has to leave her home for a few days or more, she knows where to go; The survivor will check with friends, family, etc to find out if they will let her stay with them if she needs to leave; The survivor will check with these people to find out if they would lend her money or food in an emergency. Please refer to the Safety Planning tool for the full list of guiding questions to discuss with the survivor.

Click or tap here to enter text.

STEPS AFTER LEAVING

What steps did the survivor identify as options to minimize risks after leaving her home/community if she chooses to do so?

Examples could include: The survivor knows how to deal emotionally if people blame her for leaving; The survivor knows who to talk to for support; The survivor recognizes the trauma and stress that the situation has caused her; The survivor knows what to do to make her feel stronger.

Click or tap here to enter text.

How long did it take you to develop the safety plan with the survivor for this case?

- ☐ Less than 15 minutes
- ☐ 16-30 minutes
- ☐ 31 minutes – 1 hour
- ☐ 1-2 hours
- ☐ More than 2 hours



5.A. FOLLOW-UP

GBV CASE MANAGEMENT STEP	STEP 4 and 5: IMPLEMENT THE CASE ACTION PLAN AND FOLLOW-UP
WHEN TO COMPLETE	Whenever a follow-up is conducted at any point during the case management process for the opening of the case until case closure. The frequency of follow-ups should be linked to the survivor's needs and risk level.
WHO SHOULD COMPLETE	Assigned caseworker to the case.
PURPOSE OF FORM	To record information on the follow-up with the purpose to confirm that specific actions have been taken and services are provided (or to identify and address barriers in accessing services) and to monitor the survivor's situation. This form also tracks progress made towards goals set in the initial action plan.
FOLLOW-UP	
Date of follow-up session	Click or tap here to enter text.
Type of service provided by me/my organization	☐ Safehouse Service ☐ Health/Medical Service ☐ Psychosocial Service ☐ Police/Other Service ☐ Legal Assistance Service ☐ Livelihoods Service ☐ Child Protection Service ☐ Education Service ☐ NFI/Clothes/Shoes Service ☐ Water/Sanitation Service ☐ Registration Service ☐ Food Service ☐ Other Service
Comments <i>What did the survivor tell you? What additional needs does she have? What challenges did you face in the follow-up session (e.g. survivors did not present)?</i>	Click or tap here to enter text.
Is there a need for further follow-up visits?	☐ Yes ☐ No
If yes, when do you recommend the next visit to take place?	Click or tap here to enter text.
Did the survivor share any new needs or concerns during the follow-up appointment?	☐ Yes ☐ No
If yes, please describe the needs and revise the Case Action Plan section accordingly.	Click or tap here to enter text.
If needs are met, do you recommend that the case be closed? <i>If not, please update the Case Action Plan section accordingly to address the need(s)</i>	☐ Yes ☐ No ☐ Not Applicable or needs not met
How long did it take you to complete the follow-up for this case?	☐ Less than 15 minutes ☐ 16-30 minutes ☐ 31 minutes – 1 hour ☐ 1-2 hours ☐ More than 2 hours

PROGRESS MADE TOWARDS GOALS	
Progress towards Safety goals	☐ N/A ☐ In progress ☐ Met Explain Progress towards Safety goals: Click or tap here to enter text.
Progress towards Health care goals	☐ N/A ☐ In progress ☐ Met Explain Progress towards Health care goals: Click or tap here to enter text.
Progress towards Psychosocial Support goals	☐ N/A ☐ In progress ☐ Met Explain Progress towards Psychosocial Support goals: Click or tap here to enter text.
Progress towards Justice/legal goals	Progress towards legal/justice goals: ☐ N/A ☐ In progress ☐ Met Explain Progress towards Justice/legal goals: Click or tap here to enter text.
Other goals (list here)	Click or tap here to enter text.
Progress towards other goals	☐ N/A ☐ In progress ☐ Met Explain Progress towards other goals: Click or tap here to enter text.

6.A. CASE CLOSURE

GBV CASE MANAGEMENT STEP	STEP 6: CASE CLOSURE
WHEN TO COMPLETE	When case closure criteria are met, and in discussion with the survivor (when possible)
WHO SHOULD COMPLETE	Assigned caseworker with the approval of the supervisor.
PURPOSE OF FORM	To record information on the closure of the case.
Case Closure Date	Click or tap here to enter text.
Case Status	☐ Open ☐ Closed ☐ Transferred ☐ Duplicate
Closure Assessment	Click or tap here to enter text.
CLOSURE CHECKLIST	
Case Closure Reason	☐ Survivor's needs have been met to the extent possible ☐ There has been no contact with survivor for a specified period (e.g., more than 30 days) ☐ Survivor requests to close the case ☐ Survivor left the area or no longer lives there ☐ The case was transferred to another organization ☐ The case was closed because of funding constraints of the service provider
Explain	Click or tap here to enter text.
Survivor's safety plan has been reviewed and is in place	☐ Yes ☐ No Explain (safety plan): Click or tap here to enter text.
Survivor's needs have been met as described in the Case Action Plan	☐ Yes ☐ No Explain (complete and satisfactory): Click or tap here to enter text.
The survivor client and caseworker agree that no further support is needed	☐ Yes ☐ No Explain (no need for further support): Click or tap here to enter text.
Survivor has been informed that she can resume services at any time	☐ Yes ☐ No Explain (resuming services): Click or tap here to enter text.
Case supervisor has reviewed case closure/exit plan	☐ Yes ☐ No Explain (case review): Click or tap here to enter text.
How long did it take you to complete the case closure for this case?	☐ Less than 15 minutes ☐ 16-30 minutes ☐ 31 minutes – 1 hour ☐ 1-2 hours ☐ More than 2 hours



6.B. CLIENT FEEDBACK FORM

GBV CASE MANAGEMENT STEP

STEP 6: CASE CLOSURE

WHEN TO COMPLETE

This form should be completed at the end of the case management process, or after 6 months (whichever is the shortest period).

WHO SHOULD COMPLETE

Supervisor of the caseworker or another caseworker than the one who managed the case during an interview with the survivor.

PURPOSE OF FORM

To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement.

Client Feedback

Client feedback surveys provide an opportunity for clients to give feedback on the services they received and key information to help your organization identify what is working well, possible challenges, and what needs to be improved in terms of service delivery.

The Client Feedback Survey can be given at case closure, when

- *Survivor's needs have been met as described in the Case Action Plan*
- *Survivor's needs have been met to the extent possible*
- *Survivor requests to close the case*

The completion of a Client Feedback Survey should be voluntary and is anonymous. It is a means to elicit feedback on services to improve programming. In contexts where survivors may only seek services once, your organization may decide to use the Client Feedback form at the end of the first session, if it is feasible to do so.

In contexts where survivors receive services for longer periods of time, you can also consider administering client feedback surveys more frequently (e.g. on a monthly or quarterly basis).

The process for using them with a survivor should be as follows:

1. *Explain to the person that the purpose is for you and your organization to improve your services, and that their feedback is valued.*
2. *Inform the person that the information will remain anonymous and that it will not impact the services they currently receive or may need in the future. And ultimately, it is their choice as to whether they complete the survey.*
3. *A different caseworker, supervisor or other relevant staff member should be the one who gives the survey to the person and collects it from them at the end. For literate clients, this can be done independently through a paper form or an electronic form (handheld device) in which the person does not have to provide their name, just the name of the caseworker with whom they worked.*

Closure Assessment

Click or tap here to enter text.

Questionnaire administered by:

Instructions for staff:

1. *Identify who on your team is going to administer the feedback form. Identify whether it will be done in writing (giving the person the questionnaire to complete themselves) or whether a staff member will ask the questions and record the person's answers.*
2. *Inform the person that you will ask them some questions but will not write their name on the form and that the interview will remain anonymous.*
3. *Explain the purpose. Say: 'This questionnaire is voluntary and confidential. Its purpose is to collect information about the services that have been provided to you and to help make improvements in the quality of care that GBV survivors receive in this community.'*
4. *Remind the person that you will not ask them any questions about their actual case but are just interested in the services they received throughout the case management process.*
5. *Get consent to proceed or if the person declines, tell the person that it is ok and if they change their minds they can contact you.*

Click or tap here to enter text.



If the client is minor and the caregiver is providing the answers for the feedback form, what is the age group of the child survivor?	☐ 0-5 year-old ☐ 6-12 year-old ☐ 13-17 year-old
How did the client/caregiver find out about our service(s)?	☐ Family or friend ☐ Referral from another organization ☐ Neighbour or community member ☐ Community discussion ☐ Flyer or pamphlet you saw or received ☐ Other (specify): Click or tap here to enter text.
SURVIVOR-CENTERED SERVICE DELIVERY	
Were opening hours at times the client could attend?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Did the client feel comfortable with the case worker?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Was the client able to see the same person at each return visit?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Was the client given full information about what her options were for services and referrals?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Did the client decide for herself what she wanted to happen next with her case (in terms of next steps)?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Was the client referred to another place if a service could not be provided?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
CONFIDENTIALITY	
Could the survivor access services without drawing attention to herself or being seen by other community members?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Did the staff respect her confidentiality? Did she share any information about the client or her case that she was not entitled to do?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.

Did the client meet with a caseworker or other staff in private?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Could your conversation be overheard?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
THE STAFF	
Were the staff friendly?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Were the staff open-minded, not judging the client?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Were the staff able to answer all the client's questions to her satisfaction?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Did the staff use language the client could understand?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Did the staff allow time to let the client express her problems in her own words?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
Did the client feel like the staff helped her with her problem?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
THE CLIENT'S WELLBEING	
Would the client recommend a friend who has experienced GBV to come here for help?	☐ Yes ☐ No ☐ Not Applicable Please Explain: Click or tap here to enter text.
If any, what other improvements would the client like to suggest or other comments she would like to make?	Click or tap here to enter text.

ANNEX B: GBV CASE MANAGEMENT OUTCOME SCALES VISUALS

Adapted for Syrian Refugee Population



Visuals for Psychosocial Functionality Scale




				
Not difficult at all	A little bit difficult	Moderate amount	Very difficult	Unable to carry this out



Visuals for Felt Stigma Scale




			
Not at all	A little bit	A moderate amount	A lot

Visuals for Psychosocial Functionality Scale



Not difficult at
all



A little bit
difficult



Moderate
amount



Very difficult



Unable to carry
this out

Visuals for Felt Stigma Scale



Not difficult at
all



A little bit
difficult



Moderate
amount



Very difficult

Visuals for Psychosocial Functionality Scale

 Hakuna shida ao magumu Aucune difficulté	 Shida ao magumu kidogo sana Un peu de difficulté	 Shida ao magumu kwa kadiri Un niveau moyen de difficulté.	 Shida ao magumu zaidi Beaucoup de difficulté	 Shida ao magumu sana hata hawezi kuifanya Tellement de difficulté qu'elle ne peut pas le faire
--	--	---	---	--

Visuals for Felt Stigma Scale

 Hata kamwe pas du tout	 Kidogo un peu	 Kiasi ya kadiri un niveau moyen	 Mingi beaucoup
--	---	--	--

ANNEX C:

KEY PERFORMANCE INDICATOR TABLES

How to Read the KPI Tables

Definition	This is the definition of the KPI. It describes what is being measured.
Objective/Purpose	This describes the KPI in further detail and includes why the KPI is being measured. .
How It's Measured	This field details how the KPI is measured. It includes a bullet point list of the fields that correspond with this indicator in the GBVIMS+. • Field 1 • Field 2 • Field 3 • Field 4
Source of Data/GBVIMS+ Field Names	This section lists the code for the sources used to measure the KPI. Within brackets, the name of the form that holds the sources is listed, ex: [Case Closure Form]
Limitations	This section lists the limitations of the data produced by the KPI. Limitations recognize what the system is not able to understand or produce.
Assumptions	This section identifies the assumptions that are made by the system to produce the KPI data. Assumptions are believed to be true.
Who uses this information and how?	This identifies the types of positions that will use this actionable data.
Contextual Clues: What Could This Mean?	First, this section will list what low counts, etc. could potentially mean: • Possible explanation 1 • Possible explanation 2 • Possible explanation 3 • Etc. Next, this section will list the possible reasons that a count, etc. might be high: • Possible explanation 1 • Possible explanation 2 • Possible explanation 3 • Etc. * "High" or "Low" is not a globally set or defined figure. This will depend on the site and other contextual information. It can be especially helpful to compare numbers or percentages from the previous month, quarter, year, or other time period, to see more contextualized change over time.
Ways to Use It	This section describes how the KPI can be used to improve and influence programming and services.
Suggested Indicator Language	This section includes suggested language for an indicator that could be used in donor proposals or learning reports. Sometimes this will match the KPI and in other cases, the wording will be slightly different. Some contain language in brackets which can be customized. For example [time frame] could be changed to "during the project cycle" or "per month."

Number of Recorded Cases

Definition	This indicator counts how many new cases are opened each month per site. A reporting site is understood as the site where the User Organization is providing services and where the case was reported to the service provider.
Objective/Purpose	Primary Objective: To count the number of new GBV cases opened each month per site. Secondary Objective: To better understand the caseload of caseworkers and the number of GBV survivors that are seeking services at that site.
How It's Measured	This counts the number of reported GBV cases per month per reporting site. Reporting site is defined as the 2nd geographical level (per system configuration level location). NB: Ensure location is added to each user registered in the system.
Source of Data/GBVIMS+ Field Names	New Case: Location (site) is determined by the location of the record owner per their user profile location.
Timeframe	Per month
Limitations	This only captures open cases that have been entered into the GBVIMS+, for which a case was started.
Assumptions	Reporting site is the "county" (or specific site location) in which the organization is located, which is found in the owned_by_location data field.
Who uses this information and how?	This could be used by a caseworker, supervisor, or program manager to determine their opened cases that month.
Contextual Clues: What Could This Mean?	A high number of cases could signify several things. • Increased access to services • Reduced barriers to service • Increased trust in programming or service providers • Improved service quality • Increased awareness of services • Increased awareness of reportable violence • New service locations • Uptick in violence* (if combined with other factors) • Improved service quality • Increased staff (higher ability to receive) • Improved referrals/referral pathway (internal or external) • Population arrival • Specific major incident occurrence A low number of cases could signify several things: • Reduced access to services • Increased barriers to service • Decreased trust in programming or service providers • Reduction in service quality • Lack of awareness of services • Lack of awareness of reportable violence • Closed service locations • Reduction in service quality • Decreased staff • Decreased referrals/ referral pathway (internal or external) • Population on the move/leaving area
Ways to Use It	Caseload; reporting on trends
Suggested Indicator Language	Number of cases opened [during timeframe] Example: Number of cases opened during the project cycle

Number of Recorded Incidents

Definition	This indicator counts the number of new GBV reported incidents opened each month per site. A reporting site is understood as the site where the User Organization is providing services and where the incident was reported to the service provider.
Objective/Purpose	Primary Objective: To count the number of new incidents opened each month per site.
How It's Measured	Incidents are individual acts of violence. A case (digital case file) should have at least one incident associated with it but could have multiple if a survivor reports multiple unique acts of violence. This counts the number of reported incidents per month per reporting site. Reporting site is defined as the "county" (or specific site) level location. N.B.: Ensure location is added to each user registered in the system.
Source of Data/GBVIMS+ Field Names	New Incident; Location (site) is determined by the location of the record owner per their use profile location.
Timeframe	Per month
Limitations	This only captures incidents that have been entered into the GBVIMS+, for which a new incident was started.
Assumptions	Reporting site is the "county" (or specific site location) in which the organization is located, which is found in the owned_by_location.
Who uses this information and how?	This could be used by a caseworker, supervisor, or coordinator to determine the number of reported incidents that month.
Contextual Clues: What Could This Mean?	A high number of reported incidents could signify several things. • Increased access to services • Reduced barriers to service • Increased trust in programming or service providers • Increased awareness of services • Increased awareness of reportable violence • New service locations • Improved service quality • Uptick in violence* (if combined with other factors) • Increased staff (higher ability to receive) • Improved referrals/referral pathways (internal or external) • Population arrival • Specific major incident occurrence A low number of reported incidents could signify several things: • Reduced access to services • Increased barriers to service • Decreased trust in programming or service providers • Lack of awareness of services • Lack of awareness of reportable violence • Closed service locations • Reduction in service quality • Reduction in violence • Decreased staff • Decreased referrals/referral pathway (internal or external) • Population on the move/leaving area • Poor data entry
Ways to Use It	Identifying trends in reported GBV
Suggested Indicator Language	Number of new GBV incidents opened [during the timeframe] Example: Number of new GBV incidents opened during the project cycle



Reporting Delay

Definition	This indicator counts and categorizes the number of days that have elapsed between when the survivor experienced GBV and when the survivor first reported it to a service provider. It is calculated based on when the incident happened versus when it was first reported. The data is categorized based on different periods of time (0-3 days; 4-5 days; 6-14 days; 15-30 days; Over 1 month; Over 3 months).
Objective/Purpose	Primary Objective: To determine the number of days that have elapsed between when the survivor experienced GBV and when the survivor first reported it to a service provider. Secondary Objective: This helps identify and determine delays in accessing services.
How It's Measured	This calculates the difference in days between the date of report and the date of the incident. The calculated number is then grouped into one of the following categories: • 0-3 days • 4-5 days • 6-14 days • 15-30 days • 1 - 3 months • Over 3 months
Source of Data/GBVIMS+ Field Names	Date of Report minus the Date of Incident [GBV Incident Form]
Timeframe	Monthly; It is also possible to filter for cases opened during a certain time period (past month, 3 months; 6 months; 1 year).
Limitations	This only captures cases that have been entered into the GBVIMS+.
Assumptions	The survivor has access to the exact or closely estimated date the incident occurred. Dates are entered into the GBVIMS+ accurately or by the survivor's estimation.
Who uses this information and how?	Caseworkers, supervisors, and coordinators can use this information to better advocate for increased access to services/reduced barriers to services.
Contextual Clues: What Could This Mean?	A delay in accessing services of over 72 hours can have a negative impact on a survivor's ability to access critical, life-saving health/medical services following rape or sexual assault. Trends in services being accessed within 0-3 or 4-5 days can show: • Ready access to services • Strong help-seeking behaviour • Awareness of services and violence • Accessible service location • Trust in service providers • Well-functioning referral pathway • Urgent need for services • Lower social stigma/high community support • Safe access to services • Confidence in service providers to maintain confidentiality

Contextual Clues: What Could This Mean?	Trends in services being accessed within six days to over a month (the longer the time the more accurate these assumptions are) can show: • Barriers in access to services • Reluctance to report • Lack of awareness of services and violence • Caregiving/Household care prioritized over self-care/service access • Potential mistrust in service providers or services • High social stigma/low community support • Population on the move/active displacement • Safety of service access in question • Fear of mandatory reporting consequences • Stigma • Inaccessible services due to distance, cost, lack of childcare etc. • Service provider reputational challenges (e.g., maintaining confidentiality) • Lack of “permission” (e.g., for adolescent girls) to access/travel to services
Ways to Use It	Reporting on trends; Advocacy for improved access to services
Suggested Indicator Language	Percentage of GBV survivors who receive case management within [timeframe] of the incident Example: Percentage of GBV survivors who receive case management within three days of the incident

Specialized Service Access Delay⁷⁶

Definition	This indicator counts the average delay of access to specialized GBV services, such as legal, psychosocial, medical, etc.
Objective/Purpose	Primary Objective: To determine the number of days that have elapsed between when the survivor first reported the incident to a service provider and when the survivor received a specialized service. Secondary Objective: This helps identify and determine delays in access to specialized services.
How It's Measured	This is calculated based on when the first intervention is offered, not when the incident was first reported. For instance, a survivor reports rape to a psychosocial service provider. How long does it take to receive medical services? Length of delay: • 0-3 days • 4-5 days • 6-14 days • 15-30 days • Over 1 month • Over 3 months Date survivor receives specialized service (under Follow-up sub-form 'when was the service provided') minus date survivor first reports the GBV incident, grouped into the above categories. This KPI only counts cases for which a specialized service is needed. This indicator can be broken down by type of GBV and survivor's displacement status at time of the incident (ex. pre-displacement, during refuge or resident).
Source of Data/GBVIMS+ Field Names	When was the service provided [Follow-Up form] minus the Date of Report [Survivor Information form];
Timeframe	Monthly
Limitations	This only captures those cases that have been entered into the GBVIMS+.
Assumptions	The survivor has access to the exact date that the specialized service was provided and can relay this accurately to the caseworker. Dates are correctly inputted into the GBVIMS+. Follow-Up is performed to track service provided.
Who uses this information and how?	Caseworkers, supervisors, and coordinators can use this information to better advocate for increased access to services/reduced barriers to specialized services.
Contextual Clues: What Could This Mean?	A delay of services over 72 hours can have a negative impact on a survivor's ability to access critical, life-saving health/medical services following rape or sexual assault. Trends in services being accessed within 0-3 or 4-5 days can show: • Ready access to services • Strong help-seeking behaviour • Awareness of services and violence • Good understanding of the referral pathway • Trust in service providers • Urgent needs for services • Could be indicative of priority of referrals • Could be indicative of enforced mandatory reporting • Could be indicative of types of violence that require urgent specialized services • Could be indicative of set up of services (e.g., One Stop Centre)

⁷⁶ This KPI is not currently live but is in the pipeline.

Contextual Clues: What Could This Mean?	Trends in services being accessed within six days to over a month (the longer the time the more accurate these assumptions are) can show: • Barriers to access to services • Reluctance to report • Lack of awareness of services and violence • Potential mistrust in service providers or services • Reluctance to fully disclose • Unclear referral pathway/outdated referral pathway • Could be indicative of priority of referrals • Low availability of services • High demand for services
Ways to Use It	Reporting on trends; Advocacy for improved access to services
Suggested Indicator Language	Percentage of GBV survivors receiving case management who receive [specialized GBV service] within [timeframe] Example: Percentage of GBV survivors receiving case management who receive psychosocial support within three days of the incident

Assessment Status

Definition	This indicator calculates the proportion of active GBV cases for which an assessment form was completed. An assessment is considered completed when a set of pre-determined minimum fields within the Survivor Assessment form are completed.
Objective/Purpose	Primary Objective: To determine the percentage of the caseload that has completed an assessment. Secondary Objective: To better understand where a survivor is in the GBV case management process.
How It's Measured	This calculates the percentage of active GBV cases for which an assessment form was completed. The assessment is considered completed when all mandatory fields have at least one character filled in. The numerator is the number of cases with completed assessments. The denominator is the number of open cases. Percentages of fields completed in the assessment form (except fields related to child survivor which is not mandatory). The fields to be completed include: • Reasons for seeking GBV case management services • Describe what happened to the survivor in the survivor's own words • Current situation and imminent risks
Source of Data/GBVIMS+ Field Names	Assessment_presenting_problem; Assessment_current_situation; Assessment_main_concerns [Survivor Assessment form]
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative assessment information and do a true assessment for quality. Rather, this measurement is looking for completeness as a proxy measure of the assessment status.
Assumptions	This indicator assumes that if these fields have characters in them, the assessment has been completed.
Who uses this information and how?	GBV caseworkers and supervisors can see at which step of the GBV case management process their cases are; Coordinators can look across their program to determine the step of the GBV case management that has been completed.
Contextual Clues: What Could This Mean?	Low rates of assessment completion can show: • Cases have not yet reached the assessment step • Assessments are not being completed in the system • GBV caseworkers have not yet entered their information in GBVIMS+ • Poor technology or use of mobile app • High caseload, which detracts from collecting assessment information • Delay in data entry • Data entry training needs/lack of training • Limitation in case management skills • Low rate or a decline in rate of assessment completion should be followed up by supervisors High rates of assessment can show: • Caseworkers are readily using GBVIMS+ • Caseworkers are completing assessments • Cases have reached or surpassed the assessment step; Use of web-based or mobile technology is functioning well
Ways to Use It	Tracking where survivors are in the GBV case management process
Suggested Indicator Language	Percentage of active cases with a completed assessment



Assessment Status for High Risk GBV Cases⁷⁷

Definition	This indicator calculates the proportion of active, high-risk cases (and thereby survivors) for which an assessment form was completed. An assessment is considered completed when a set of mandatory fields within the Survivor Assessment form are completed.
Objective/Purpose	Primary Objective: To determine the percentage of the high-risk caseload (i.e. survivors) that has completed an assessment, and that has been reviewed and approved by a supervisor Secondary Objective: To better understand where high-risk survivors are in the GBV case management process.
How It's Measured	This calculates the proportion of active, high-risk cases for which an assessment form was completed and reviewed/approved by supervisor for high-risk cases. The measure of quality of an assessment is what percentage of the mandatory fields are filled out. Percentages of fields completed in the assessment form (except field related to child survivor which is not mandatory). The fields to be completed include: • Survivor's family situation (for adults) • Survivor's current living situation • Reasons for seeking case management services • Current situation and imminent risks
Source of Data/GBVIMS+ Field Names	Assessment_presenting_problem; Assessment_current_situation; Assessment_main_concerns [Survivor Assessment form]; High-risk
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative assessment information and do a true assessment for quality. Rather, this indicator is looking for completeness as a measure of assessment status.
Assumptions	This indicator assumes that if these fields have characters in them, the assessment has been completed.
Who uses this information and how?	Caseworkers and supervisors can see where their high-risk cases are in the case management process; Coordinators can look across their program to determine the stage of case management that has been completed.
Trends	Low rates of assessment completion can show: • High-risk cases have not reached the step of assessment yet • Assessments are not being completed in the system • Caseworkers have not yet entered their information in GBVIMS+ • Poor technology literacy or use of mobile app • High caseload, which detracts from collecting assessment information • Delay in data entry • Data entry training needs/lack of training • *Low rate of assessment completion should be followed up by supervisors High rates of assessment can show: • Caseworkers are readily accessing GBVIMS+ • Caseworkers are completing assessments • High-risk cases have reached or surpassed the stage of assessment • Use of web-based or mobile technology is functioning well
Ways to Use It	Tracking where high-risk survivors are in the GBV case management process

⁷⁷ This KPI is not currently live but is in the pipeline.

Completed Case Safety Plans

Definition	This indicator calculates the percentage of active cases (i.e., survivors) for which a safety plan was deemed necessary and completed (e.g., intimate partner violence, suicide/homicide risk, child protection, ongoing threat). A safety plan is considered completed where a set of mandatory fields within the Safety Plan form are completed.
Objective/Purpose	Primary Objective: To determine the cases that have completed safety plans.
How It's Measured	This calculates the percentage of active cases (i.e., survivors) for which a safety plan was needed AND completed. If 'yes' marked for "Did you develop a safety plan?" divided by If 'yes' marked for "Is a safety plan needed for this case?" To be considered complete, characters must be entered in the mandatory fields related to the safety plans. Mandatory field are the following: • Is a safety plan needed for this case? • Was a safety plan developed with the survivor? • Safety plan completion date • Identify safety concern • Safety preparedness • Safety strategies • Steps after leaving The percentage is calculated by dividing the numerator by the denominator: Numerator: Number of active cases for which a safety plan was needed AND completed Denominator: Number of active cases for which a safety plan was needed
Source of Data/GBVIMS+ Field Names	Safety_plan_needed; Safety_plan_developed_with_survivor; Safety_plan_completion_date; Safety_plan_main_concern; Safety_plan_preparedness_signal; Safety_plan_preparedness_gathered_things [Safety Planning form]
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative assessment information to do a true assessment for quality or need. Rather, this indicator is looking for completeness as a proxy measure of the need for a safety plan being met.
Assumptions	This indicator assumes that if these fields have characters in them, the safety plan has been completed.
Who uses this information and how?	Caseworkers and supervisors can see if needed safety plans are complete; Coordinators can look across their program to determine if needed safety plans are complete.

Contextual Clues: What Could This Mean?	Low rate of completion of safety plans can show: • Safety plans are not being completed in the system • Caseworkers have not yet entered their information in the GBVIMS+ • Caseworkers are not completing safety plans • Caseworkers misunderstand/are under-trained on the value for safety plans • Caseworkers misunderstand the process for completing safety plans • Poor quality of case management • Lack of training on safety planning • Lack of trust in caseworker • *Low rate or a decline in rate of safety plan completion (for safety plans indicated as needed) should be followed up by supervisors High rate of completion of safety plans can show: • Caseworkers are readily accessing GBVIMS+ • Caseworkers are completing safety plans • Caseworkers have a good understanding of the value for safety plans • Could be indicative of the quality of case management/experience in case management • Caseworkers understand the process for completing safety plans • Caseworkers are comfortable with safety planning
Ways to Use It	Tracking where survivors are in the case management process. If additional training is needed for staff on safety planning.
Suggested Indicator Language	Percentage of active cases with a completed safety plan.

Completed Case Action Plans

Definition	This indicator calculates the percentage of active cases (i.e., survivors) for which a Case Action Plan form was completed. A case action plan is considered completed where a set of mandatory fields within the Case Action Plan form are completed.
Objective/Purpose	Primary Objective: To determine the percentage of the caseload that has completed an action plan. Secondary Objective: To better understand where survivors are in the GBV case management process.
How It's Measured	This calculates the proportion of active cases for which an action plan form was completed. The measure of completion of an assessment is what percentage of the mandatory fields are completed. Percentages of fields completed in the action plan form. The fields to be completed include: • Type of need • How will the survivor access this service? • Did you receive written consent from survivor to release personal information for the purpose of referrals? (Can mark yes or no, but an answer is required) The percentage is calculated by dividing the numerator by the denominator: Numerator: Number of active cases for which a safety plan was completed Denominator: Number of active cases
Source of Data/GBVIMS+ Field Names	Service_type; Service_referral; Service_referral_written_consent [Action Plan form]
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative action planning information and do a true assessment for quality. Rather, this indicator is looking for completeness as a proxy measure of the action plan status.
Assumptions	This indicator assumes that if these fields have characters in them, the action plan has been completed.
Who uses this information and how?	Caseworkers and supervisors can see what stage of GBV case management the cases are at; Coordinators can look across their program to determine the step of GBV case management that has been completed.
Contextual Clues: What Could This Mean?	Low rates of action plan completion can show: • Cases have not reached the stage of action planning yet • Action plans are not being completed in the system • GBV caseworkers have not yet entered their information in GBVIMS+ • Poor technology/use of mobile app • Delay in data entry • Inexperienced caseworker • Mistrust in service provider/lack of trust building • Triage caseload • High caseloads therefore GBV caseworkers cannot spend much time on individual cases High rates of action plan completion can show: • GBV Caseworkers are readily accessing GBVIMS+ • GBV Caseworkers are completing action plan • GBV cases have reached or surpassed the stage of action planning • Using web-based or mobile technology is functioning well
Ways to Use It	Tracking where GBV survivors are in the GBV case management process.
Suggested Indicator Language	Percentage of active cases with a completed case action plan

Case Action Plans Approved by Supervisor

Definition	This indicator calculates the percentage of active cases for which a Case Action Plan was completed and approved by a supervisor. A case action plan is considered complete where a set of mandatory fields within the Action Plan form are completed.
Objective/Purpose	Primary Objective: To determine the percentage of the caseload that has completed an action plan and that has been reviewed and approved by a supervisor. Secondary Objective: To better understand where GBV survivors are in the GBV case management process.
How It's Measured	This calculates the proportion of active cases for which an action plan was completed and reviewed and approved by a supervisor. Percentages of fields completed in the action plan form. To be considered complete, the following fields in the action plan form must contain characters: • Type of need • How will the survivor access this service? • Did you receive written consent from survivor to release personal information for the purpose of referrals? (Can mark yes or no, but an answer is required) This KPI takes the latest state of the approval. The percentage is calculated by dividing the numerator by the denominator: Numerator: Number of active cases for which an action plan was completed <i>and</i> approved by the supervisor Denominator: Number of active cases for which an action plan was completed.
Source of Data/GBVIMS+ Field Names	Service_type; Service_referral; Service_referral_written_consent [Action Plan form] Case_plan_approved [Approvals form]
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative action planning information and do a true assessment for quality. Rather, this measurement is looking for completeness as a proxy measure of the action plan status.
Assumptions	This indicator assumes that if these fields have characters in them, the action plan has been completed.
Who uses this information and how?	GBV caseworkers and supervisors can see what step of the GBV case management process their cases are at; Coordinators can look across their program to determine the step of the GBV case management process that has been completed.
Contextual Clues: What Could This Mean?	Low rates of action plan completion and approval can show: • Cases have not reached the stage of action planning yet • Action plans are not being completed in the system • GBV caseworkers have not yet entered their information in GBVIMS+ • Poor technology/use of mobile app • Delay in data entry • Inexperienced caseworker • Mistrust in service provider/lack of trust building • Triage caseload • High caseloads therefore caseworkers cannot spend much time on individual cases • Supervisors have not been requested to approve action plan • Supervisors have not reviewed action plan • Action plans are completed, but not in a correct format

Contextual Clues: What Could This Mean?	High rates of action plan completion and approval can show: • GBV caseworkers are readily accessing GBVIMS+ • GBV caseworkers are completing action plan • GBV cases have reached or surpassed the stage of action planning • Using web-based or mobile technology is functioning well • Supervisors are accessing the system and reviewing action plans • Action plans are being completed satisfactorily
Ways to Use It	Tracking where GBV survivors are in the GBV case management process.
Suggested Indicator Language	Percentage of active cases with a completed case action plan that have been approved by a supervisor

Services Provided

Definition	This indicator counts the type of services provided to GBV survivors in the GBV case management process. By service provided, we mean the service that is provided by the User organization in-house, not service provided by referrals to other services.
Objective/Purpose	Primary Objective: To determine the number of services provided by your organization/ agency.
How It's Measured	This calculates the number of services provided. It shows for each service that has been provided in-house. It only counts unique services and not the number of times a type of service is received. Under each service (PSS, medical, etc.) of the action plan form, when marked 'Service provided by your agency', this is counted towards Services Provided. If you provided the same service more than once on the same case, it will only count one.
Source of Data/GBVIMS+ Field Names	Service type provided; 'service provided by your agency' [Action Plan; Follow up Form]
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	Action Plan and Follow-up forms are being completed regularly, fully, and accurately.
Who uses this information and how?	Coordinators can look across their program to determine services being accessed internally by survivors.
Contextual Clues: What Could This Mean?	Low rates of services provided: - Action Plan and/or Follow Up forms are not being completed in the system - Action Plan and/or Follow Ups are not taking place - GBV caseworkers have not yet entered their information in GBVIMS+ - Action plan forms are not being completed in the system High rates of action can show: - GBV caseworkers are readily accessing GBVIMS+ - GBV caseworkers are completing Action Plan and/or Follow-up forms - There is a high need of services provided by your agency - Over-extending GBV case management - Frequency of high need cases - Context with few services available; organizations have to provide more services - Misunderstanding of what it means to provide a service
Ways to Use It	Trends can be used in reporting.
Suggested Indicator Language	Percentage of GBV survivors receiving case management who receive specialized GBV service Example: Percentage of GBV survivors receiving case management who receive medical support.

Average Referrals

Definition	This indicator counts the average number of referrals done for each recorded case (for all type of services) and the calculates the average across all cases.
Objective/Purpose	Primary Objective: To determine the average number of referrals provided by your organization/ agency. Secondary Objective: To determine if referral pathways are functioning appropriately.
How It's Measured	This calculates the average number of referrals per case (for all types of services). For each case, this counts how many action plans with "When appropriate did you refer the survivor to the service" is set to 'referred'. To calculate the average, sum the counts of referrals across all cases and divide by the number of cases.
Source of Data/GBVIMS+ Field Names	Service referral; referred [Action Plan form]
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	This assumes that all referrals have been entered into the GBVIMS+
Who uses this information and how?	Coordinators can look across their program to determine services being accessed externally by survivors.
Contextual Clues: What Could This Mean?	Low average of referrals can show: • Additional services are not needed by survivors • Barriers in the referral pathway • Population movement • Lack of capacity of GBV caseworkers to know where to refer • Outdated referral pathways • Awareness of referral pathways • Static population/no new major incidents • Lack of trust from the community (low ask for support) • Lack of trust between service providers • Services in referral pathway are not available • Trend in incident types • Change in crisis results in decrease in access or availability of services • Lack of coordination for referral pathways

Contextual Clues: What Could This Mean?	High average of referrals can show: • Additional services are needed by GBV survivors • Referral pathways (at least some) are functioning • Poor service provision (high number of referrals because do not know where to go) • Referring when not necessary (capacity issues at case management levels) • High ask from community driven by desire for more support • Majority of GBV survivors reporting are new cases and therefore more referrals are happening (compared to a caseload made up mostly of return visits – influx of GBV survivors) • Services listed in referral pathway are not actually available • Obligation to refer because of pressures (from donors, orgs, etc.) • Caseworker's increased awareness of services for referral on behalf of caseworker • Movement of population • Services are newly available for referral • Update on referral pathways at coordination level • Incident occurs that increases GBV survivor needs (i.e., natural disaster, conflict) • Change in crisis that requires new types of referrals
Ways to Use It	Trends can be used in reporting, for service mapping and referral pathway improvements; to determine barriers in referral pathways.
Suggested Indicator Language	Average number of referrals made per GBV survivor receiving case management.

Average Completed Referrals⁷⁸

Definition	This indicator counts the number of completed referrals made for each case and then calculates the average across all cases.
Objective/Purpose	Primary Objective: To determine the average number of completed referrals provided by your organization/ agency. Secondary Objective: To determine if referral pathways are functioning appropriately.
How It's Measured	This calculates the average number of completed referrals per case (for all types of services). For each case, on average, how many action plans with "When appropriate did you refer the GBV survivor to the service" is set to 'referred.' Completed services are known through the field "When was the service provided?" of the Follow-up form. To calculate the average, sum the number of completed referrals per case (for all types of services) and divide by the number of cases.
Source of Data/GBVIMS+ Field Names	Service_referral; referred [Action Plan form]; When was the service provided [Follow-up form]
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	Follow-up forms are being completed entirely and accurately for every follow-up session.
Who uses this information and how?	Coordinators can look across their program to determine services being accessed externally by survivors and when the service was provided.
Contextual Clues: What Could This Mean?	Low average of referrals can show: • Additional services are not needed by GBV survivors • Barriers in the referral pathway • Population movement • Lack of capacity of caseworkers to know where to refer • Outdated referral pathways • Limited awareness of referral pathways • Static population/no new major incidents • Lack of trust from the community (low ask for support) • Lack of trust between service providers • Services in referral pathway are not available • Trend in incident types • Change in crisis results in a decrease in access or availability of services • Lack of coordination for referral pathways • Services are not available, do not function, are not accessible and resources are not available

⁷⁸ This KPI is not currently live but is in the pipeline.



Contextual Clues: What Could This Mean?	High average of referrals can show: • Additional services are needed by GBV survivors • Referral pathways (at least some) are functioning • GBV caseworkers have high capacity with the system and are completing documentation • Good follow-up and case coordination • High ask from community driven by desire for more support • Majority of GBV survivors reporting are new cases and therefore more referrals are happening (compared to a caseload made up mostly of return visits – influx of survivors) • Obligation to refer because of pressures (from donors, orgs, etc.) • Increased awareness of service on behalf of GBV caseworker • Movement of population • Services are newly available for referral • Update on referral pathways at coordination level • Incident occurs that increases survivor needs (i.e. natural disaster, conflict) • Change in crisis that requires new types of referrals • High level of trust in community for services available • High level of trust between service providers • Services are available, functioning, accessible and resources available
Ways to Use It	Trends can be used in reporting, for service mapping and referral pathway improvements; to determine barriers in referral pathways.

Referrals per Service⁷⁹

Definition	This indicator counts the number of referrals made per type of service (e.g., safe house/shelter, health/medical, psychosocial, legal assistance, safety and security and livelihood services).
Objective/Purpose	Primary Objective: To determine the number of referrals provided by your organization/ agency per service. Secondary Objective: To determine if referral pathways per service are functioning appropriately.
How It's Measured	This calculates the average number of referrals per case (for all types of services). Number of referrals made per type of service (e.g., safe house/shelter, health/medical, psychosocial, legal assistance, safety and security and livelihood services) per month. For each case, on average, how many action plans with "When appropriate did you refer the survivor to the service" is set to 'referred.'
Source of Data/GBVIMS+ Field Names	Service_referral; referred; service_type_provided [Action Plan form]
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	Service Referral forms are being completed regularly, entirely, and accurately.
Who uses this information and how?	Coordinators can look across their program to determine services being accessed externally by survivors.
Contextual Clues: What Could This Mean?	Low average of referrals can show: • Additional services are not needed by GBV survivors • Barriers in the referral pathway • Services not available • Lack of trust in the referral service • One organization; one stop centre • Lack of awareness about services or referral procedures High average of referrals can show: • Additional services are needed by GBV survivors • Referral pathways (at least some) are functioning • Multiple services are needed by many survivors • Available services • Poorly trained GBV caseworkers over referring because of improper assessment • Could be indicative of the type of need of GBV survivors; trends in the area
Ways to Use It	Trends can be used in reporting, for service mapping and referral pathway improvements; to determine barriers in referral pathways. Can be useful to compare this KPI to the KPI on Average Completed Referrals per Service.
Suggested Indicator Language	Number of referrals made per GBV survivor receiving case management per service.

⁷⁹ This KPI is not currently live but is in the pipeline.

Average Completed Referrals Per Service⁸⁰

Definition	This indicator counts the number of completed referrals made for each case per service and then calculates the average across all cases.
Objective/Purpose	Primary Objective: To determine the number of completed referrals provided by your organization/ agency per service. Secondary Objective: To determine if referral pathways per service are functioning appropriately. This calculates the average number of completed referrals per case per type of service.
How It's Measured	For each case, on average, how many action plans with "When appropriate did you refer the survivor to the service" is set to 'referred.' Completed services are known through the field "When was the service provided?" of the Follow-up form. Number of referrals where the service was provided per type of service (e.g., safe house/shelter, health/medical, psychosocial, legal assistance, safety and security and livelihood services) per month. To calculate the average, sum the number of completed referrals made for each case per service and divide by the number of cases.
Source of Data/GBVIMS+ Field Names	Service_referral; referred; Service_type [Action Plan form]; When was the service provided [Follow-up form]
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	Service Referral forms are being completed regularly, entirely, and accurately.
Who uses this information and how?	Coordinators can look across their program to determine services being accessed externally by survivors and where the referral services are being provided.
Contextual Clues: What Could This Mean?	Low average of referrals can show: • Additional services are not needed by GBV survivors • Barriers in the referral pathway • Referrals are happening, but not completed • Lack of trust in the referral service • Lack of communication/follow-up between service providers • Inappropriate/irrelevant referrals • Services not available • Lack of access to GBVIMS+ High average of referrals can show: • Additional services are needed by GBV survivors • Referral pathways (at least some) are functioning • Referrals are happening (at least some) and being completed • Trust in the referral service • Good communication between service providers • Indicative of quality services • Appropriate referrals
Ways to Use It	Trends can be used in reporting, for service mapping and referral pathway improvements; to determine barriers in referral pathways.

⁸⁰ This KPI is not currently live but is in the pipeline.

Average Follow-Up Meetings Per Caseworker⁸¹

Definition	This indicator counts the number of follow-up meetings conducted for every active case per caseworker on the platform and then calculates the average across all cases.
Objective/Purpose	Primary Objective: To determine the number of follow-up meetings per caseworker. Secondary Objective: To determine the breadth and depth of GBV casework or the time and effort invested in supporting disclosure and providing GBV case management.
How It's Measured	This counts the number of follow-up meetings conducted for each active case in a single caseworker's case load over a set period of time and then calculates the average across those cases. This counts the number of meetings with GBV survivors conducted for active cases in a single caseworker's case load by counting the number of sub-forms created under follow up form. To calculate the average, sum all the counted follow-ups per caseworker and divide by the number of active cases. An active GBV caseworker is someone who has taken an action after logging into the system within the last 30 days.
Source of Data/GBVIMS+ Field Names	Number of [Follow-Up forms] divided by GBV caseworker
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	Follow-up forms are being completed regularly, entirely, and accurately.
Who uses this information and how?	Coordinators can look across their program to determine the breadth and depth of their work.
Contextual Clues: What Could This Mean?	Low number of follow-up meetings can show: • Lack of value seen in the service; poor service provision • Population may be on the move • Lack of experience initially • Poor service provision • Uneven allocation of cases to caseworkers • Overburdened GBV caseworkers (e.g., from a case load too high) • Potential distrust in services or aid generally • High potential for stigma • Pressure from community/family to do mediation or traditional mechanisms instead • Wanted one specific service and nothing else • Indicative of the type of service (for example, mobile or remote) services • Mass incident occurrence; emergency response • GBV caseworker demonstrated poor interpersonal skills; dismissive, judgmental

⁸¹ This KPI is not currently live but is in the pipeline.

Contextual Clues: What Could This Mean?	High number of follow-up meetings can show: • High needs/complex cases (particularly for those attending to high-risk or specialty cases) • Reluctance to disclose • Over-extending GBV case management; failure to close the case • GBV caseworkers have an appropriate caseload so they can follow-up more (if needed) • Poor coordination within the organization (e.g., follow-up with different caseworkers) • Indicative of the service types (e.g., legal may require more follow-ups than other services) • Poor assessment leads to new needs being identified progressively • Uneven allocation of cases to caseworkers • Poor training; lack of understanding of GBV case management • Poor quality of GBV caseworker to encourage appropriate disclosure; interpersonal skills
Ways to Use It	Trends can be used in reporting; to determine caseloads and staff needs; Budget requirements.
Suggested Indicator Language	Average number of follow-up meetings per caseworker.

Average Follow-Up Meetings Per Case

Definition	This indicator counts the number of follow-up meetings conducted for each active case and then calculates the average across all cases.
Objective/Purpose	Primary Objective: To determine the average number of follow-up meetings per case. Secondary Objective: To determine the breadth and depth of GBV casework or the time and effort invested in disclosure and GBV case management.
How It's Measured	This calculates the average number of follow-up meetings conducted for every active case over a set period of time. This counts the number of meetings with GBV survivors conducted per active case by counting the number of sub-forms created under Follow-up form (number of follow-up sub-forms with a date for a meeting set). To calculate the average, the counts (number of follow-up meetings) are summed across all cases and then divided by the number of active cases. The percentage is calculated by dividing the numerator by the denominator: Numerator: Number of meetings with GBV survivors conducted Denominator: Number of active cases
Source of Data/GBVIMS+ Field Names	Number of [Follow-up forms] divided by the number of cases
Timeframe	Monthly
Limitations	This will only show cases that have been entered into GBVIMS+.
Assumptions	
Who uses this information and how?	Coordinators can look across their program to determine the breadth and depth of their work.
Contextual Clues: What Could This Mean?	Low number of follow-up meetings can show: • Lack of value in the service; poor service provision • Population may be on the move • Poor experience initially • Poor service provision • Overburdened GBV caseworkers (e.g., from a caseload too high) • Inaccessible services • High potential for stigma • Pressure from community/family to do mediation or traditional mechanisms instead • Wanted one specific service and nothing else • Indicative of the type of service (for example, mobile or remote) services • Potential distrust in services or aid generally • Mass incident occurrence; emergency response • Uneven allocation of cases to caseworkers

Contextual Clues: What Could This Mean?	High number of follow-up meetings can show: • Reluctance to disclose • Over-extending GBV case management; failure to close their case • GBV caseworkers have an appropriate caseload so they are able to follow up more (if needed) • High need/complex cases • Indicative of the service type (e.g., legal may require more follow-ups than other services) • Poor assessment leads to new needs being identified progressively • Indicative of ongoing violence (e.g., IPV) • Poor coordination within the organization (e.g., follow up with different caseworkers) • Indicative of incentives • Uneven allocation of cases to caseworkers
Ways to Use It	Trends can be used in reporting; to determine caseloads and staff needs; Budget requirements.
Suggested Indicator Language	Average number of follow up meetings per case

Completed Case Closure⁸²

Definition	This indicator measures the percentage of cases that have completed case closure. Case closure is considered completed when a set of mandatory fields within the Case Closure form are completed.
Objective/Purpose	Primary Objective: To determine the percentage of cases that have completed case closure. Secondary Objective: To determine if cases are progressing through case management.
How It's Measured	This calculates the percentage of cases for which case closure documentation has been completed. This will help ensure case closure documentation is completed. This counts the number of cases with a completed Case Closure form. The form is considered completed if the fields below have characters in them. The fields to be completed, include: • Date of case closure • Survivor's safety plan has been reviewed and is in place • Survivor's needs have been met as described in the Case Action Plan • The GBV survivor and caseworker agree that no further support is needed • GBV survivor has been informed that she can resume services at any time • Case supervisor has reviewed case closure/exit plan
Source of Data/GBVIMS+ Field Names	Cases with all required fields completed (Date_closure; Closure_safety_plan; Closure_case_plan_complete; Closure_no_further_support; Closure_resume_notification; closure_supervisor_review [Case Closure form]) divided by the number of open cases.
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative case closure information and do a true assessment for completion. Rather, this indicator is looking for completeness as a proxy measure of the completeness of the case closure.
Assumptions	This indicator assumes that if these fields have characters in them, the case closure has been completed.
Who uses this information and how?	GBV caseworkers and supervisors can see what step of the GBV case management process their cases are at; Coordinators can look across their program to determine the step of the GBV case management process that has been completed. Low rates of case closure are common because of a reluctance to close cases. Recommend comparing this KPI to the KPI on approved case closures.
Contextual Clues: What Could This Mean?	Low rates of case closure completion can show: • GBV cases have not reached the stage of case closure yet • Case closures are not being completed in the system • GBV caseworkers have not yet entered their information in GBVIMS+ • Lack of understanding of case closure protocol • Poor quality case closure protocol High rates of action can show: • GBV caseworkers are readily accessing GBVIMS+ • GBV caseworkers are completing case closure • GBV cases have reached or surpassed the stage of case closure • High understanding of case closure protocol • Appropriate case closure protocol per context/population
Ways to Use It	Tracking where GBV survivors are in the GBV case management process.
Suggested Indicator Language	Percentage of cases which have completed case closure.

⁸² This KPI is not currently live but is in the pipeline.

Approved Completed Case Closures⁸³

Definition	This indicator measures the percentage of cases who have completed case closure and where a supervisor has reviewed and approved the case closure. Case closure is considered completed where a set of mandatory fields within the Case Closure form are completed.
Objective/Purpose	Primary Objective: To determine the percentage of cases that have completed case closure that has been reviewed and approved by a supervisor. Secondary Objective: To determine if cases are progressing through the GBV case management process.
How It's Measured	This calculates the percentage of GBV cases for which case closure documentation has been completed, reviewed, and approved by a supervisor. This will help ensure GBV case closure documentation is completed and assessed for quality. This is calculated by counting the number of cases that have a completed Case Closure form (based on the fields below having characters in them) and that were approved by supervisor. The fields to be completed, include: • Date of GBV case closure • GBV survivor's safety plan has been reviewed and is in place • GBV survivor's needs have been met as described in the Case Action Plan • The GBV survivor and caseworker agree that no further support is needed • The GBV survivor has been informed that she can resume services at any time and the case supervisor has reviewed case closure/exit plan. The percentage is calculated by dividing the numerator by the denominator: Numerator: Number of active cases for which a case closure form is completed <i>and</i> approved Denominator: Number of active cases for which a case closure form is completed
Source of Data/GBVIMS+ Field Names	Cases with all required field completed (Date_closure; Closure_safety_plan; Closure_case_plan_complete; Closure_no_further_support; Closure_resume_notification; closure_supervisor_review [Case Closure form]); Supervisor Approved divided by the completed case closure forms
Timeframe	Monthly
Limitations	GBVIMS+ cannot read through qualitative case closure information and do a true assessment for completion. Rather, this indicator is looking for supervisor approval as a proxy measure of the completeness of the case closure.
Assumptions	This indicator assumes that if these fields have characters in them, the case closure has been completed. This indicator assumes that supervisors are reviewing the case closure form and case file thoroughly to assess for quality before approving. Low rates of case closure are common because of a reluctance to close cases. Recommend comparing this KPI to the KPI on approved case closures.
Who uses this information and how?	GBV caseworkers and supervisors can see what step of the GBV case management process their cases are at; Coordinators can look across their program to determine the step of the GBV case management process that has been completed.

⁸³ This KPI is not currently live but is in the pipeline.

Contextual Clues: What Could This Mean?	Low rates of case closure completion can show: • GBV cases have not reached the stage of case closure yet • GBV case closures are not being completed in the system • GBV caseworkers have not yet entered their information in GBVIMS+ • Supervisors are not comfortable with GBVIMS+ • Lack of understanding of case closure protocol • Poor quality case closure protocol High rates of action can show: • GBV caseworkers are readily accessing GBVIMS+ • GBV caseworkers are completing case closure • GBV cases have reached or surpassed the step of case closure • Supervisors are comfortable with GBVIMS+ • Understanding of case closure protocol • High quality case closure protocol
Ways to Use It	Tracking where GBV survivors are in the GBV case management process; Supervision.
Suggested Indicator Language	Percentage of closed cases that have been approved by a supervisor

Time from Case Open to Case Closed

Definition	This indicator measures how long cases are kept open, how long the GBV case management process takes from the initial report to User Organization to case closure. The length of time is broken down by the following timeframes: less than 1 month; between 1 and 3 months; between 3-6 months; more than 6 months.
Objective/Purpose	Primary Objective: To determine the length of time GBV cases are open. Secondary Objective: To determine the time and effort investment of staff in the GBV case management process.
How It's Measured	This measures how long cases are kept open, i.e., how long the GBV case management process takes from report to case closure. This is measured by subtracting the date of opening for each case from the date of closing for each case and then calculating the percentage of GBV cases that were open for the following lengths of time: • % of GBV cases open less than 1 month • % of GBV cases open between 1 and 3 months • % of GBV cases open 3-6 months • % of GBV cases open more than 6 months
Source of Data/GBVIMS+ Field Names	Created_at [Survivor Information form]; Date_closure [Case Closure form]
Timeframe	Monthly
Limitations	This will only show GBV cases that have been entered into GBVIMS+. Does not explain why GBV cases are closed.
Assumptions	The GBV case is marked as closed in the GBVIMS+ on the exact date the GBV case was closed.
Who uses this information and how?	Supervisors and coordinators can look across their program to determine the length of time GBV cases are open.
Contextual Clues: What Could This Mean?	GBV cases open for short periods can show: • Populations may be on the move • Pressure to close cases; closing cases seen as sign of success • Issues with case closure protocol • Lack of barriers that might otherwise prevent access to services (i.e., central location) • Could be indicative of lower quality of service provision (i.e., no follow ups/action plans) • Limited trust in the caseworkers (survivors are not coming back)

Contextual Clues: What Could This Mean?	GBV cases open for long periods can show: • GBV survivors may be reluctant to fully disclose violence • GBV survivors may be facing complex issues • Barriers to services elongating process (i.e., travel times case distance between visits) • Neglecting to close cases in system (caseworker capacity) • GBV case management process – e.g., Types of service provided by case managers • Indicative of context: Survivors can come back multiple times for support • Indicative of community outreach and awareness of services • Issues with case closure protocol • Could be indicative of quality-of-service provision
Ways to Use It	Trends can be used in reporting; to determine GBV caseloads and staff needs; Budget requirements; quality of GBV case management
Suggested Indicator Language	Percentage of GBV cases that have been open for [timeframe] Example: Percentage of GBV cases that have been open for less than one month

Time from Case Open to Case Closed for High-Risk Cases⁸⁴

Definition	This indicator measures how long high-risk GBV cases are kept open, how long the GBV case management process takes from the initial report to User Organization to case closure. The length of time is broken down by the following timeframe: less than 1 month; between 1 and 3 months; between 3-6 months; more than 6 months.
Objective/Purpose	Primary Objective: To determine the length of time high-risk GBV cases are open. Secondary Objective: To determine the time and effort investment of staff in the GBV case management process for high-risk GBV cases.
How It's Measured	This measures how long high-risk GBV cases are kept open, how long the GBV case management process takes from report to case closure. This counts the percentage of length of time for high-risk GBV cases: • % of GBV cases open less than 1 month • % of GBV cases open between 1 and 3 months • % of GBV cases open 3-6 months • % of GBV cases open more than 6 months
Source of Data/GBVIMS+ Field Names	Created_at Risk Level [Survivor Information form]; Date_closure [Case Closure form]
Timeframe	Monthly
Limitations	This will only show GBV cases that have been entered into GBVIMS+.
Assumptions	The GBV case is marked as closed in the GBVIMS+ on the exact date the GBV case was closed.
Who uses this information and how?	Supervisors and coordinators can look across their program to determine the length of time high-risk GBV cases are open. This is an important indicator for supervisors to monitor.
Contextual Clues: What Could This Mean?	GBV cases open for long periods can show: • High-risk GBV survivors may be reluctant to fully disclose • High-risk GBV survivors may be facing complex issues • Barriers to services elongating process (i.e., travel times cause distance between visits) • Neglecting to close cases in system (caseworker capacity) • GBV case management process (e.g., types of services provided by GBV case managers) • Indicative of context: GBV survivors can come back multiple times for support • Indicative of community outreach and awareness of services • Issues with case closure protocol • Could be indicative of quality-of-service provision Cases open for short periods can show: • Populations may be on the move • Pressure to close GBV cases; closing cases seen as sign of success • Issues with case closure protocol • Lack of barriers that might otherwise prevent access to services (i.e., a central location) • Could be indicative of lower quality of service provision (i.e., no follow ups/action plans)
Ways to Use It	Trends can be used in reporting; to determine GBV caseloads and staff needs; Budget requirements; quality of GBV case management.

⁸⁴ This KPI is not currently live but is in the pipeline.



Reason for Case Closure⁸⁵

Definition	This indicator identifies and measures the percentage of GBV cases closed for a particular reason (cases closed because GBV survivor received action plan appropriately and wished to close the case; cases closed because GBV survivor did not return after 30-90 days; GBV cases closed because the case was transferred to another organization; cases closed because the GBV survivor does not wish to continue to receive the service; GBV cases closed because of funding constraints).
Objective/Purpose	Primary Objective: To determine why GBV cases are closed.
How It's Measured	This identifies the reason for GBV case closure. Percentage of GBV cases closed per reason for closure provided: • % of GBV cases closed because GBV survivor received action plan appropriately and wished to close the case • % of GBV cases closed because survivor did not return after 30-90 days • % of GBV cases closed because the case was transferred to another organization • % of GBV cases closed because the GBV survivor does not wish to continue to receive the service • % of GBV cases closed because of funding constraints A GBV case is considered closed if: • The status is closed. • The GBV case has a closure date. A GBV case can be closed for more than one reason. • This will need the form to change to prevent multiple reasons. The percentage is calculated by dividing the numerator by the denominator: Numerator: Number cases closed because [insert reason] Denominator: Number of cases closed
Source of Data/GBVIMS+ Field Names	Date_closure; Case closure reason [Case Closure form]
Timeframe	Monthly
Limitations	This will only show GBV cases that have been entered into GBVIMS+.
Assumptions	There is only one primary reason that the GBV case was closed.
Who uses this information and how?	Supervisors and coordinators can look across their program to determine the most common reasons for GBV case closure.

⁸⁵ This KPI is not currently live but is in the pipeline.

Contextual Clues: What Could This Mean?	High number of GBV cases closed because GBV survivor received action plan appropriately and wished to close the case could mean: • Services are being provided adequately • Desire to appease the GBV caseworker High number of GBV cases closed because GBV survivor did not return after 30-90 days could mean: • Populations are on the move • Services are not being provided adequately • Services are not well explained • GBV survivor expectations are not met • Community/family pressure to end service • Barriers to service (accessibility) • Lack of trust in case work staff High number of GBV cases closed because the GBV case was transferred to another organization could mean: • Services available do not meet GBV survivor needs • Service access is changing/sites closing • Limited resources in your organization to take on GBV cases • Misunderstanding in the community of services provided and available • Poor coordination • Limited services available in a context High number of GBV cases closed because the GBV survivor does not wish to continue to receive the service could mean: • Services available do not meet GBV survivor needs • Service access is changing/sites closing • Services are not well explained • GBV survivor expectations are not met • Barriers to service (accessibility) • Misunderstanding in the community of services provided and available • Poor service provision High number of GBV cases closed because of funding constraints could mean: • Service access is changing/sites closing
Ways to Use It	Trends can be used in reporting; to determine caseloads; quality of GBV case management.
Suggested Indicator Language	Percentage of GBV cases closed because [reason]. Example: Percentage of GBV cases closed because survivor did not return after 30-90 days.

Case Closure Count

Definition	This indicator measures the count of GBV cases closed per month per site. A reporting site is understood as the site where the User Organization is providing services and where the incident was reported to the service provider.
Objective/Purpose	Primary Objective: To determine the number of GBV cases closed per month per site.
How It's Measured	This counts the number of newly closed GBV cases per month per reporting site (county or local equivalent level). Number of GBV cases closed per site (based on the location list). Users should be associated to locations.
Source of Data/GBVIMS+ Field Names	Date of Case Closure [Case Closure form]
Timeframe	Monthly
Limitations	This only captures those that have been entered into the GBVIMS+, for which a new GBV case was started.
Assumptions	Reporting site is the county (or local equivalent) that the agency is in, which is found in the owned_by_location
Who uses this information and how?	This could be used by a GBV caseworker, supervisor, or coordinator to determine their closed cases that month; to look at GBV caseload.
Contextual Clues: What Could This Mean?	A low rate of GBV case closure could signify several things: • More significant investment (time and effort) in GBV case management needed by GBV survivors in that area • Dependency on GBV caseworkers • Non-adherence to the SOP about closing the case • Seasonal changes in case interactivity and therefore case closure • Failure to document closure • Lack of understanding the system/how to close • Indicative of service type (e.g., long requirements for the service to be completed) • Failure to follow up A high rate of case closure could signify several things. • Existence of pressure to close GBV cases • Belief that success means closing GBV cases quickly • Impending program closure • Population on the move • Indicative of environment (one-time or limited-service provision) • Misunderstanding of GBV case management process • Poor service provision • Resource change in organization (fewer staff going forward) • Change in contextual resources (multiple organizations closing) • Seasonal changes in case interactivity and therefore GBV case closure
Ways to Use It	Caseload; reporting on trends
Suggested Indicator Language	Number of newly closed GBV cases [during timeframe] Example: Number of newly closed GBV cases per month

Client Satisfaction Rate

Definition	This indicator measures the percentage of survivors who completed the Client Feedback Survey who are satisfied with the GBV case management services provided to them.
Objective/Purpose	Primary Objective: To monitor client satisfaction with GBV case management services.
How It's Measured	This is measured based on: Percentage of 'Yes' in the Client Feedback Form Group in the revised CM tab. If responded 'Yes' to over 50 percent of answered questions, they are counted as 'Satisfied' with the service. The percentage is calculated by dividing the numerator by the denominator: Numerator: Number of survivors whose client feedback form score is 50 per cent or more. Denominator: Number of survivors who responded to the Client Feedback Form.
Source of Data/GBVIMS+ Field Names	Of all feedback forms, what percentage answered yes (or yes equivalent) for more than 50 per cent of questions / fields [Client Feedback form] divided by the number of GBV cases that completed a client feedback form.
Timeframe	Monthly
Limitations	Captures only those that have been entered into the GBVIMS+.
Assumptions	Client Feedback responses were accurate depictions of their experiences with the GBV caseworker.
Who uses this information and how?	This could be used by a GBV caseworker, supervisor, or coordinator to determine quality of GBV case management.
Contextual Clues: What Could This Mean?	A low rate of satisfaction could signify several things: • Mistrust of services • Low quality of services • Opportunity for candor/honesty in client feedback collection • Misunderstanding of services; incorrect expectation of services • Lack of satisfaction with service received A high rate of satisfaction could signify several things. • Trust in services • Quality of services • Lack of opportunities for candor in client feedback collection • Satisfaction with service received • Services met expectations • Bias that a negative report would affect services
Ways to Use It	Improve quality of GBV case management services
Suggested Indicator Language	Percentage of GBV survivors receiving case management whose satisfaction score is at least 50 per cent.

Supervisor to Caseworker Ratio

Definition	This indicator is the number of GBV caseworkers that a supervisor is supervising: the supervisor to GBV caseworker ratio. This calculation is based on the system roles allocated on the platform.
Objective/Purpose	Primary Objective: To identify the number of GBV caseworkers supervised by each supervisor. Secondary Objective: To determine levels of supervision, and GBV case management quality control.
How It's Measured	Ratio of GBV caseworkers to supervisors
Source of Data/GBVIMS+ Field Names	Supervisor to GBV caseworker ratio = Total number of supervisors: Total number of GBV caseworkers (Benchmark of 1:5 and no larger than 1:8).⁸⁶ The system tallies the number of GBV caseworkers and divides that by the number of GBV case management supervisors (according to their role in the system).
Timeframe	Monthly
Limitations	This only captures GBV caseworkers that are registered in the GBVIMS+.
Assumptions	That all GBV casework staff managed by the supervisor are using and entering data into GBVIMS+.
Who uses this information and how?	This could be used by a GBV caseworker, supervisor, or coordinator as one factor of quality supervision. Supervisors affect the quality and effectiveness of GBV casework. Without manageable supervisor-GBV caseworker ratios, supervisors are unable to provide high-quality, supportive, and timely supervision and coaching. High ratio outcomes: • Lack of time to invest in supervision • Lack of time to provide supportive coaching • Lack of availability to monitor for GBV case work quality • Lack of availability to interpret and implement organizational policies with frontline staff • Lack of ability to provide quality training to GBV caseworkers Low ratio outcomes: • Adequate time to invest in supervision • Adequate time to provide supportive coaching • Adequate availability to monitor for GBV case work quality • Adequate availability to interpret and implement organizational policies with frontline staff • Adequate ability to provide quality training to GBV caseworkers
Contextual Clues: What Could This Mean?	A low supervisor to GBV caseworker ratio can signify: • Appropriate level of resource and program funding • Low staff turnover • Population on the move • Quality GBV case management structure A high supervisor to GBV caseworker ratio can signify: • Limited resources; program funding • High staff turnover • Indicative of context; influx of GBV cases • Poor quality GBV case management structure
Ways to Use It	Improve quality of GBV case management services through supervision.
Suggested Indicator Language	Average number of caseworkers per supervisor.

⁸⁶ For further information, read the Inter-Agency Case Management Guidelines.

Caseload

Definition	This indicator measures the average GBV caseload per enabled GBV caseworker based on open GBV cases. The percentage of GBV cases to GBV caseworkers is divided based on the following breakdown: less than 10 open GBV cases, between 10-20 open GBV cases, between 21-30 open GBV cases, more than 30 open GBV cases.
Objective/Purpose	Primary Objective: To determine the ratio of GBV cases to GBV caseworkers for each GBV caseworker.
How It's Measured	Ratio of GBV cases to GBV case manager/GBV caseworker or data collector. To calculate the ratio, sum the number of cases per caseworker and then divide the total by the number of active caseworkers. The data can also be presented using the following categories: • % of GBV caseworkers have < 10 open GBV cases • % of GBV caseworkers have 11 - 20 open GBV cases • % of GBV caseworkers have 21-30 open GBV cases • % of GBV caseworkers have + 30 open GBV cases The average GBV caseworker-to-GBV survivor ratio: Total number of GBV caseworkers: Total number of active GBV cases (Benchmark 1:15 active GBV cases, at the most 1:20) ⁸⁷
Source of Data/GBVIMS+ Field Names	GBV Caseworker; number of open GBV cases where that GBV caseworker is the record owner [Record Owner form]
Timeframe	Monthly
Limitations	This only captures those that have been entered into the GBVIMS+.
Assumptions	All GBV cases that a GBV caseworker is working on are entered into the GBVIMS+. Every GBV caseworker is using and entering GBV case data into GBVIMS+.
Who uses this information and how?	This could be used by a GBV caseworker, supervisor, or coordinator to determine quality of GBV case management by monitoring the average GBV caseload. High GBV caseloads could mean a reduction in quality of GBV case management service quality or increase the possibility of staff burn out.
Contextual Clues: What Could This Mean?	Small caseload could mean: • Appropriate caseload • Not all GBV cases have been entered in GBVIMS+ • High possibility of staff burnout • Not entering data into the system/closing cases • GBV Caseworkers are closing GBV cases in the system • More resources for programming • Change in context; population movement • Time of year trends/patterns • Limited data entry in the system • Limited number of GBV survivors accessing services • Barriers to access • High number of GBV caseworkers • Community awareness (lack of) • Lack of accessibility/adaptation for need of remote services • Lack of community trust

⁸⁷ For further information, read the Inter-Agency Case Management Guidelines.

Contextual Clues: What Could This Mean?	Large GBV caseload could mean: • Excessive workload • Limited number of GBV caseworkers • GBV Caseworkers are not closing cases in the system • Change in programming (resources cut) • Change in context: population movement (influx) • Time of year: trends/patterns • Recording non-GBV cases • High number of GBV survivors accessing services • Clear access to services • Community awareness of services
Ways to Use It	Improve quality of GBV case management services; Budgeting.
Suggested Indicator Language	Average number of cases per caseworker.

High Risk GBV Cases⁸⁸

Definition	This is the percentage of GBV cases that are high-risk.
Objective/Purpose	Primary Objective: To determine what percentage of GBV cases are high-risk.
How It's Measured	The percentage of GBV cases marked as high-risk, per the GBV caseworker designation, divided by the overall number of GBV cases
Timeframe	Monthly
Limitations	This will only capture cases entered in GBVIMS+ that a GBV caseworker has noted as high-risk.
Assumptions	All GBV cases that are high-risk have been marked as such.
Who uses this information and how?	GBV caseworkers and supervisors can understand what percentage of their GBV cases are high-risk.
Contextual Clues: What Could This Mean?	High number of high-risk GBV cases could mean: • Complex context • Perpetration by government or high profile; high likelihood or impact of retribution • Likelihood of suicidal ideation • Indicative of target population of the program • Initial onset of emergency; initial access to services • High stigma in the setting • Lack of safe houses • Poor understanding of high-risk categorization Low number of high-risk cases could mean: • Indicative of the target population of the program • Misunderstanding of high-risk GBV cases (if there are none)
Ways to Use It	This may help programs advocate for appropriate resources according to the profile of their GBV caseload.

⁸⁸ This KPI is not currently live but is in the pipeline.

ANNEX D: CLIENT FEEDBACK TABLES

How did you find out about our service(s)?

Objective/Purpose	Primary Objective: To determine how survivors come to know about GBV services.
Possible Uses	Identify gaps in outreach, accessibility, possible improvements in referral pathway. Identify what elements of the referral pathway are functional.
Potential Interpretations: What Could This Mean?	High number of GBV cases who found out about your service from a family member or friend could mean: • Word of mouth is a valuable way to learn about services; could be possible way to disseminate information • Trust in services • Lack of outreach through other forums High number of GBV cases who found out about your service via a referral from another organization could mean: • Functioning referral network • Clarity in SOPs • Lack of outreach through other forums • Trust in services; organizational reputation; peer to peer trust among organizations High number of GBV cases who found out about your service from a neighbour or community member could mean: • Word of mouth is valuable way to learn about services; could be possible way to disseminate information • Trust in services • Lack of outreach through other forums High number of GBV cases who found out about your service from a community discussion could mean: • Outreach is working well • Consider accessibility factors for community meetings/discussions High number of GBV cases who found out about your service from a flyer or pamphlet could mean: • High literacy levels • Visuals or written materials are useful forms of communication • Effective visual or messaging Diversity across responses could mean: • Outreach is functioning well in a range of fora
Helpful Disaggregations	• Sex • Age Group • Disability Status • Identify specific gaps in service accessibility for diverse and marginalized women and girls according to context

Survivor-Centered Service Delivery

Were services available at the times you were able to attend?

Objective/Purpose	Primary Objective: To determine if services are accessible.
Possible Uses	Identify gaps in service accessibility
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Adequate resources (to maintain productive services) • Adequate staffing • Appropriateness of placement and/or timing of services • Consistency of services High number of GBV cases who responded negatively to this question could mean: • Conduct further qualitative research on what could make services more accessible • Inadequate resources (to maintain productive services) • Inadequate staffing • Lack of appropriateness of placement and/or timing of services • Inconsistent services • Barriers to access (transportation, location of services, fees, security/conflict context)
Helpful Disaggregations	• Sex • Age Group • Disability Status • Identify specific gaps in service accessibility for diverse and marginalized women and girls according to context

How comfortable did you feel with the GBV caseworker?

Objective/Purpose	Primary Objective: To determine if survivors feel comfortable with GBV caseworkers.
Possible Uses	Identify gaps in GBV survivor reception, harmful GBV caseworker attitudes and areas for improvement in the development of caseworker inter-personal skills.
Potential Interpretations: What Could This Mean?	High number of GBV cases who felt not at all comfortable with the caseworker could mean: • Lack of caseworker training • Poor quality of services • Lacking communication or attitudinal skills • Low trust in services • Client and caseworker mismatch • Language barriers • Inadequate staffing • High case load • Indicative of particular contextual or environmental factors • Community stigma • Indicative of a lack of other service options available • <i>Additional focus group/interviews may be needed to determine levels of comfort and opportunities for improvement including opportunities for training/ case management quality enhancements</i> High number of GBV cases who felt somewhat comfortable with the caseworker could mean: • <i>Additional focus group/interviews may be needed to determine levels of comfort and opportunities for improvement including opportunities for training/ case management quality enhancements</i> High number of GBV cases who felt completely comfortable with the caseworker could mean: • Quality caseworker training • Quality services • Appropriate communication or attitudinal skills • Trust in services • Client and caseworker match • Appropriate language skills • Adequate staffing • Desire to please caseworker; pressure to respond in a certain way • Indicative of a lack of other service options available Diversity across responses could mean: • <i>Additional focus group/interviews may be needed to determine levels of comfort and opportunities for improvement including opportunities for training/ case management quality enhancements</i> • Varying levels of caseworker training; quality of care • Varying levels of “fit” among caseworkers and survivors
Helpful Disaggregations	• Sex • Age Group • Disability Status • Type of GBV • Identify specific gaps in service accessibility for diverse and marginalized women and girls according to context

Did you see the same person at each visit?

Objective/Purpose	Primary Objective: To determine if there is continuity of services.
Possible Uses	Identify gaps or opportunities in service set-up.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Appropriate follow-up • Desire to please caseworker; pressure to respond in a certain way • Staff retention • Caseload balancing challenges • Understaffing • Uneven staff capacity levels (certain caseworkers handle certain cases) • Unbalanced ratio of cases to caseworker High number of GBV cases who responded negatively to this question could mean: • Staff turnover • Caseload balancing challenges • Inappropriate follow-up • Scheduling conflicts • Case handover/caseworker matching
Helpful Disaggregations	• Location/site of services (in caseworker profile) • Date of follow-up visits

Did you feel that you received all the information you needed about your options for services and referrals?

Objective/Purpose	Primary Objective: To determine if appropriate information is being shared to inform GBV survivor decision making.
Possible Uses	Identify gaps or opportunities in how referral service options are discussed
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Adequate staff training • Clear SOPs • Regular, consistent supervision • Lack of other service options • Updated service map • Outdated service map • Good coordination among service providers High number of GBV cases who responded negatively to this question could mean: • Outdated service map • Outdated SOPs • Inadequate staff training • Inadequate supervision • Lack of other service options • Survivor expectations unmet/not realizable • Poor coordination among service providers
Helpful Disaggregations	• Sex • Age Group • Disability Status • Type of GBV

Did you make decisions about what you wanted to happen with your case (in terms of next steps)?

Objective/Purpose	Primary Objective: To determine if the GBV case management process is survivor-led.
Possible Uses	Identify opportunities to improve the GBV case management process, caseworker attitude, knowledge, and skills.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Adequate staff training on GBV Guiding Principles • Appropriate supervision High number of GBV cases who responded negatively to this question could mean: • Inadequate staff training on GBV Guiding Principles • Need for further supervision • Survivor expectations unmet/not realizable
Helpful Disaggregation	• Sex • Age Group • Disability Status • Type of GBV

Were you referred to another place if a service could not be provided?

Objective/Purpose	Primary Objective: To determine if appropriate services and referrals are provided.
Possible Uses	Identify gaps and opportunities in referral service and referral pathways.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Adequate staff training • Understanding of GBV Principles • Appropriate supervision High number of GBV cases who responded negatively to this question could mean: • Inadequate staff training • Lack of understanding of GBV Principles • Need for further supervision • Survivor expectations unmet/unrealizable
Helpful Disaggregation	• Type of GBV • Level of Risk • Age Group

Confidentiality

Were you able to access services without being seen by other community members?

Objective/Purpose	Primary Objective: To determine if there are appropriate levels of privacy.
Possible Uses	Identify gaps or flaws in service set-up and entry points.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Confidential pathways • Service providers coordinating on confidentiality models • Low levels of stigma associated with services • Services in an appropriate location • Appropriate time offering for services High number of GBV cases who responded negatively to this question could mean: • Placement of services inadequate • Service providers not thinking through confidentiality • High stigma associated with receiving services • Services are in inappropriate/not preferred locations • Inappropriate/inadequate time offering for services • Could be indicative of mobile or remote service set-up
Helpful Disaggregations	• Location/site of services (in caseworker profile) • Date of report

Did the staff respect your confidentiality?

Objective/Purpose	Primary Objective: To determine if there are appropriate levels of privacy.
Possible Uses	Identify gaps in adherence to GBV guiding principle of confidentiality by caseworker and opportunities for staff supervision and support to rectify.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Trust in staff • Understanding of GBV Principles • Successful supervision sessions • Adequate training of caseworker High number of GBV cases who responded negatively to this question could mean: • Lack of trust in staff • Lack of understanding of GBV Principles • Supervision sessions could be improved • <i>Additional focus group/interview may be needed to determine opportunities for improvement, including opportunities for training/case management quality enhancements</i>

Did you feel like you could speak freely without being overheard?

Objective/Purpose	Primary Objective: To determine if there are appropriate levels of privacy.
Possible Uses	Identify gaps and opportunities in service set up.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded negatively to this question could mean: • Lack of sound proofing • Caseworker couldn't escort survivor to private location once disclosure occurred • Inadequate resourcing of services • Could be indicative of mobile or remote service set-up High number of GBV cases who responded positively to this question could mean: • Adequate sound proofing • Ability to receive disclosure in appropriate location • Adequate resourcing for services
Helpful Disaggregations	• Location/site of services (in caseworker profile) • Date of report

Caseworker

How friendly was your GBV caseworker?

Objective/Purpose	Primary Objective: To determine if services are open, non-judgmental, accepting.
Possible Uses	Identify opportunities to improve GBV caseworker attitude and interpersonal skills.
Potential Interpretations: What Could This Mean?	High number of GBV cases who felt not at all friendly with the caseworker could mean: • Inadequate training of caseworker • Lack of understanding of GBV principles • High caseload • Staff burnout High number of GBV cases who felt somewhat friendly with the caseworker could mean: • Additional focus group/interviews may be needed to determine interpersonal and attitudinal skills and opportunities for improvement including opportunities for training/case management quality enhancements High number of GBV cases who felt completely friendly with the caseworker could mean: • Adequate training of caseworker • Quality matching of caseworker and survivor • Lack of boundary setting for caseworker Diversity across responses could mean: • Additional focus group/interviews may be needed to determine interpersonal and attitudinal skills and opportunities for improvement including opportunities for training/case management quality enhancements • Varying levels of caseworker training; quality of care

How judgmental were the staff towards you?

Objective/Purpose	Primary Objective: To determine if services are open, non-judgmental, accepting.
Possible Uses	Identify opportunities to improve GBV caseworker attitude and interpersonal skills.
Potential Interpretations: What Could This Mean?	High number of GBV cases who felt not at all judgmental with the caseworker could mean: • Understanding of cultural appropriateness in communication/reception • Adequate training of caseworker • Quality supervision • Understanding of GBV principles • Survivor-centered care High number of GBV cases who felt somewhat judgmental with the caseworker could mean: • Additional focus group/interviews may be needed to determine interpersonal and attitudinal skills and opportunities for improvement including opportunities for training/case management quality enhancements High number of GBV cases who felt completely judgmental with the caseworker could mean: • Cultural misinterpretation; lack of cultural understanding • Inadequate training of caseworker • Lacking supervision • Lack of understanding of GBV principles • Lack of survivor-centered care in practice • Staff burnout Diversity across responses could mean: • <i>Additional focus group/interviews may be needed to determine interpersonal and attitudinal skills and opportunities for improvement including opportunities for training/case management quality enhancements</i> • Varying levels of caseworker training; quality of care
Helpful Disaggregations	Country of origin Ethnicity Age group

Did you receive all the information you needed from the caseworker?

Objective/Purpose	Primary Objective: To determine if appropriate information is being shared to inform survivor decision making.
Possible Uses	Identify gaps or opportunities in how the GBV case management process and options are discussed.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Adequate training for caseworker • Quality communication skills of caseworker • Could be indicative of other available services • Survivor expectations met High number of GBV cases who responded negatively to this question could mean: • Inadequate training for caseworker • Inadequate communication skills of caseworker • Could be indicative of other available services • Survivor expectations unmet/unrealistic

Did the caseworker use language you could understand?

Objective/Purpose	Primary Objective: To determine if services are accessible, in terms of language.
Possible Uses	Identify gaps in service accessibility.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Quality communication skills of caseworker • Ability to use simplified language • Availability of needed local/prevalent language skills High number of GBV cases who responded negatively to this question could mean: • Caseworker may not understand guiding principles and trained only on jargon • Inadequate local/prevalent language skills/representation • Poor communication skills
Helpful Disaggregations	• Country of origin • Displacement status • Age group

Did the caseworker give you enough time to share your thoughts and problems?

Objective/Purpose	Primary Objective: To determine if services are open, non-judgmental, accepting.
Possible Uses	Identify opportunities to improve the GBV case management process and service set-up.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • Adequate caseload • Adequate training for caseworker • Lack of boundary setting for caseworker • Appropriate time management High number of GBV cases who responded negatively to this question could mean: • High caseload; high demand may mean rushed case management • Caseworker burnout • Poor time management
Helpful Disaggregations	• Level of risk • Type of GBV

How much did you feel like the caseworker helped you with your problem?

Objective/Purpose	Primary Objective: To determine satisfaction with services.
Possible Uses	Identify opportunities to improve service provision, staff training, service set-up.
Potential Interpretations: What Could This Mean?	High number of GBV cases who felt not at all helped with the caseworker could mean: • Survivor expectations unmet; unrealistic • Inadequate training for caseworker • Inadequate resources (for productive services) • High caseload • <i>Could be indicative of the type/complexity of the case</i> High number of GBV cases who felt somewhat helped with the caseworker could mean: • <i>Additional focus group/interviews may be needed to determine service offering and opportunities for improvement including opportunities for training/case management quality enhancements</i> High number of GBV cases who felt completely helped with the caseworker could mean: • High level of client satisfaction in services • Survivor expectations met • Adequate training for caseworker; highly skilled caseworker • Adequate resources (for productive services) • Adequate caseload • <i>Could be indicative of the type/complexity of the case</i> Diversity across responses could mean: • <i>Additional focus group/interviews may be needed to determine service offering and opportunities for improvement including opportunities for training/case management quality enhancements</i> • Varying levels of caseworker training; quality of care • Varying levels of “fit” among caseworkers and survivors

Client's Wellbeing

Would you recommend that a friend who has experienced GBV come here for help?

Objective/Purpose	Primary Objective: To determine satisfaction with services.
Possible Uses	Identify opportunities to improve service provision, staff training, service set-up, accessibility, GBV caseworker knowledge, attitude, and skills.
Potential Interpretations: What Could This Mean?	High number of GBV cases who responded positively to this question could mean: • High level of client trust in the organization • High level of client satisfaction in services • Lack of other available options • Combination of other satisfactory components of service such as positive caseworker interaction, positive caseworker attitude or communication skills, confidentiality, survivor-centered service delivery, or service accessibility • Positive experience with this particular caseworker High number of GBV cases who responded negatively to this question could mean: • Low levels of client trust in the organization • Low levels of client satisfaction in services • Consistently better service experiences at other organizations/providers • Negative experience with this particular caseworker • Client expectations unmet/unrealistic • Lack of or inadequate communication with community on service offerings
Helpful Disaggregations	• Sex • Age Group • Disability Status • Type of GBV • Identify specific gaps in service accessibility for diverse and marginalized women and girls according to context

If any, what other improvements would you like to suggest?

Objective/Purpose	Primary Objective: To create space for open feedback from survivors.
Possible Uses	To identify further opportunities to integrate survivor feedback into service design and delivery and provide feedback to inform GBV response staff learning and development.
Tips	Try to categorize trends from this qualitative information such as client's wellbeing, caseworker interaction or attitude or communication skills, confidentiality, survivor-centered service delivery, or service accessibility. Determine if it would be helpful to pair this information with other trends in the survey for further understanding.