Programmatic Decision Making

Practioner Guidance for the GBV Case Management Outcome Monitoring Toolkit

Contents

Acknowledgments

The GBV Case Management Outcome Scales Practitioner Guidance documents have been 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, innovative and scalable solutions. Elrha's Humanitarian Innovation Fund is funded by the UK Foreign, Commonwealth and Development Office (FCDO) and Norway.

Elrha is a global organisation that that finds solutions to complex humanitarian problems through research and innovation. Visit www.elrha.org to find out more. This publication has been produced with financial support from Norway. The contents of this publication are the sole responsibility of the International Rescue Committee and can in no way be taken to reflect the views of the Government of Norway.

Furthermore, the International Rescue Committee would like to thank the IRC's Kenya Women's Protection and Empowerment (WPE) teams, who generously and significantly contributed to the learning on this project; participants in the Irish Aid WPE Learning Forum 2024; Yarn Creative for their designs; and Mercy Lwambi, Sarah Belle Iskander, Becka Kindler, Marian Rogers, Kristy Crabtree, Sarah Cornish-Spencer, Patricia Gray, Veronicah Gikunju, Billy Akelola, and Megan O'Brien for their programming guidance and project dedication.

Most importantly, thank you to the past contributors who have led to this development of the GBV Case Management Outcome Monitoring Toolkit up to this point, including the women and girls seeking services after experiencing gender-based violence.

Introduction

The humanitarian community has more knowledge and guidelines than ever to support quality comprehensive gender-based violence (GBV) response, including the Interagency GBV Case Management Guidelines, Caring for Child Survivors of Sexual Abuse, and Clinical Care for Sexual Assault Survivors.[1]

Monitoring and evaluation (M&E) is an important part of accountable and effective GBV response. However, most humanitarian data is limited to monitoring programmatic outputs that track deliverable completion, not the outcome or impact of deliverables. To tackle this issue, The GBV Case Management Outcome Monitoring Toolkit aims to measure outcomes, not outputs: **the impact of gender-based violence (GBV) case management on psychosocial wellbeing and felt stigma.**

Released in 2020, the IRC now aims to scale up and refine the capacity of GBV caseworkers and supervisors to interpret the results of the Scales from the GBV Case Management Outcome Monitoring Toolkit[1]. This document, the GBV Case Management Outcome Scales Practitioner Guidance, was informed by feedback from existing users and field experts. It provides a methodology for data analysis and interpretation to translate scores into actionable information. As a result, GBV caseworkers and WPE Staff can support individual Survivors more effectively and make data-driven programmatic adaptions to improve outcomes for women and girls following violence.

The GBV Case Management Outcome Monitoring Toolkit comprises two scales (the Scales), or surveys, that aim to measure the impact of GBV case management on women and older adolescent girls through reported wellbeing and felt stigma in humanitarian settings. These two scales are the Psychosocial Functionality Scale and the Felt Stigma Scale.

This document will guide how practitioners can use, calculate, analyze, interpret, and make data-driven decisions using the results of the GBV Case Management Outcome Scales[2], whether they are administered once, twice, or multiple times throughout case management.

For more detailed information on the GBV Case Management Outcome Monitoring Toolkit, visit GBVResponders.org.

1 *GBV Case Management Outcome Monitoring Toolkit.* (July 2020). Retrieved from https://gbvresponders.org/response/case-management
2 Ibid.

1 The GBV Case Management Outcome Scales

Review of the GBV Case Management Outcome Monitoring Toolkit

There are two main objectives of the GBV Case Management Outcome Monitoring Toolkit.

1. To help provide GBV caseworkers with a tool to support their work with individual women and older adolescent girls. Measuring progress together can inform better targeted psychosocial support strategies by the caseworkers and action planning by the client. It can also inform referrals for higher-level mental health care where needed.

2. To provide GBV response teams with high-quality, aggregated data on psychosocial functioning and stigma across your client caseload to inform programming improvements. To achieve this second objective, the aggregated results collected from the Psychosocial Functionality Scale and Felt Stigma Scale must be analyzed and discussed to develop actionable recommendations.

The Psychosocial Functionality Scale

The Psychosocial Functionality Scale is a 10-item questionnaire that measures a woman and older adolescent girls' ability to carry out important tasks in their daily lives.

The Felt Stigma Scale

The Felt Stigma Scale is a 10-item that measures women and older adolescent girls' both perceived and internalized experiences of stigma.

"Felt stigma" is the personal experience of feeling judged or looked down upon by others, impacting self-esteem and behavior. It involves internalizing harmful attitudes, beliefs, and/or discrimination due to a specific experience (like GBV), condition, or circumstance, and is often rooted in patriarchal society and norms. Felt stigma can lead to feelings of shame, guilt, and/or embarrassment, causing individuals to withdraw socially and feel unworthy.

Who are the Scales used with?

The GBV Case Management Outcome Monitoring Toolkit has 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.

When do you use the GBV Case Management Outcome Scales?

This tool can be used by GBV caseworkers, as part of the Survivor's psychosocial assessment. In the Interagency GBV Case Management Guidelines, this corresponds to Step 2 Assessment, Section 3: Psychosocial Needs and Support.[3]

3 Interagency Gender-Based Violence Case Management Guidelines. (2017), p. 64.

For a one-time measure of psychosocial functionality and felt stigma:

- The Scale(s) only need to be administered once.
- It is recommended that the monitoring tool be administered during the assessment of psychosocial needs and support, or after three visits, for the most urgent needs of the Survivors to be addressed and to give time for trust-building
    - HOWEVER, administering the Scale after three visits might be challenging in some contexts. If administering the scale for the first time during the fourth session does not align with your context, consider using the one-time measure of psychosocial functionality or felt stigma as a part of the assessment of psychosocial needs and support, or Step 2 of the case management process – so long as the survivor is not in acute distress.[4] This provides an opportunity to discuss the Survivor's wellbeing and may encourage them to return for additional case management sessions.
    - Remember, it is not recommended to use the Scales during the first session with a Survivor.

To monitor change in Survivors' wellbeing over time:

- The Psychosocial Functionality/Felt Stigma scale should be administered at least twice: first, at baseline (typically, during the assessment of psychosocial needs and support[5]) and again after three additional sessions (typically when discussing case closure or at session 7).
    - If case management continues or needs to resume based on the second use of the Scale (instead of moving towards case closure), the Scale can be used a third time when next discussing case closure. When this happens, compare the baseline and the most recent survey.
    - Remember, this is a recommendation, and you can determine when to use these surveys based on your context.
        - For example, if you typically only meet with a Survivor three times, rather than waiting until the fourth session with a survivor, you could conduct the baseline survey during Step 2 of GBV Case Management: the assessment of psychosocial needs and support, and then every three weeks after that session – or when discussing case closure.

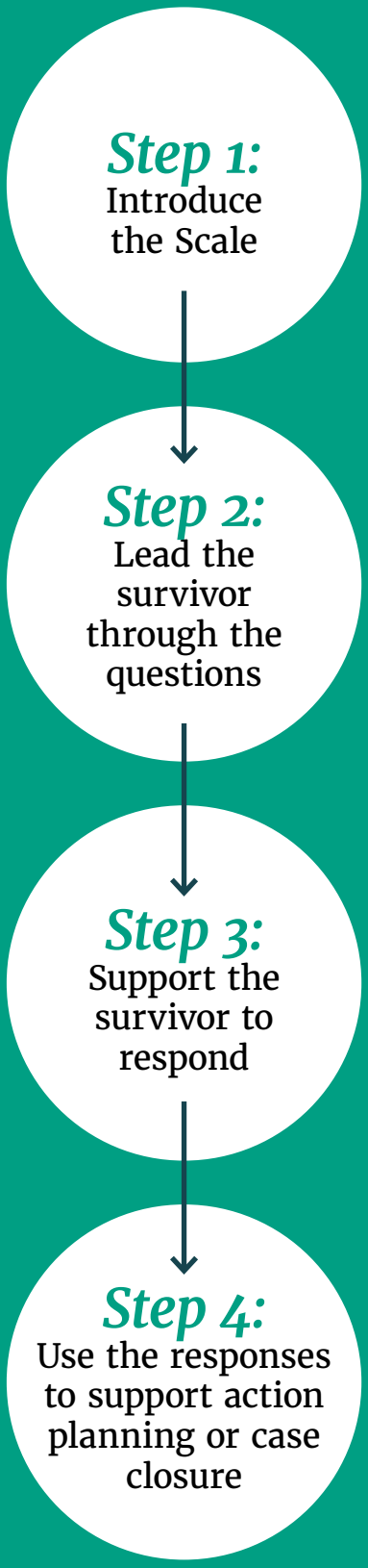
The primary purpose of the scales is to support case management processes, understand the psychosocial needs, and inform action planning with Survivors. Determine with your teams when it makes sense to deploy these surveys based on your context.

Contact your Technical Advisor and M&E Focal Point with questions or concerns.

NOTE: If you utilize the Outcome Monitoring Toolkit for calculating and reporting indicators, ensure that your program's use of the Scales aligns with your measurement requirements.

4 Interagency Gender-Based Violence Case Management Guidelines. (2017), p. 57.
5 Interagency Gender-Based Violence Case Management Guidelines. (2017), p. 64.

How do I use the Scales during GBV Case Management?



Introduce the Scale(s) to the Survivor (females, 15 years and older) and receive consent to use them.

This should be done during the assessment of psychosocial needs and support (this will provide the baseline score) and again when discussing case closure or at the end of the case management intervention plan (this will generate the endline score).

Lead the Survivor through the questionnaire, using visual aids when relevant.[6]

Support the Survivor in choosing relevant feelings, activities, and relationships to focus on during the development or refinement of their case action plan.

Return to the action planning activity or case closure process within your case management session.

6 You can also show the Survivor the contextualized visual aids to help them select the response that best matches their experience.

Tips on Using the GBV Case Management Outcome Scales

Tip 1:

Use the Psychosocial Functionality and Felt Stigma Scale as a part of the Survivor's action planning.

- Beyond measuring outcomes, the GBV Case Management Outcome Scales support action planning with Survivors. Together, reflect on and select relevant feelings, activities, and relationships from the Scales to develop and refine their action plan.

Tip 2:

Familiarize yourself with the Scale(s) your team is using in your context.

- This will make the Scales feel more organic when administered to the Survivor. The Scales should feel more like a conversation than an additional form.

Tip 3:

Weave the Scale questions into your case management sessions with Survivors when appropriate.

- Once you are comfortable with the tool, you can seamlessly incorporate the Scales into your case management action planning sessions with Survivors, rather than treating them like an additional form. Introduce the tool and receive informed consent, then weave the questions into the assessment. These surveys are meant to support and guide your case management decisions with Survivors, and they are therefore flexible.
    - For example, when using the Psychosocial Functionality Scale, instead of saying "How difficult is it for you to unite with other community members to do tasks for the community? Select one of the following options…", you could weave something into the conversation such as: "How have you been involved in your community in the past? How have you felt about being with and involving yourself with your community now?"
    - Or, instead of saying "How difficult is it for you to keep your household clean? Select one of the following options…", you could weave something into the conversation like: "I know it takes a lot of work to maintain a house – how have you felt about doing those same things now?"
    - When using the Felt Stigma Scale instead of saying "How often have you had thoughts and feelings of feeling badly treated by community members? Select one of the following options…", you could weave something into the conversation such as: "How have you been treated by your community in the past? How have you felt about your community and how they treat you now?"
    - Or, instead of saying "How often have you had thoughts and feelings of wanting to avoid other people or hide? Select one of the following options…", you could weave something into the conversation like: "Some survivors who have experienced GBV may withdraw or avoid others – do you ever feel like that?"
- Based on the response of the Survivor, you can select the most appropriate survey response.
- It is okay if you don't ask all the questions – you can calculate the score based on how many questions were answered!

Tip 4:

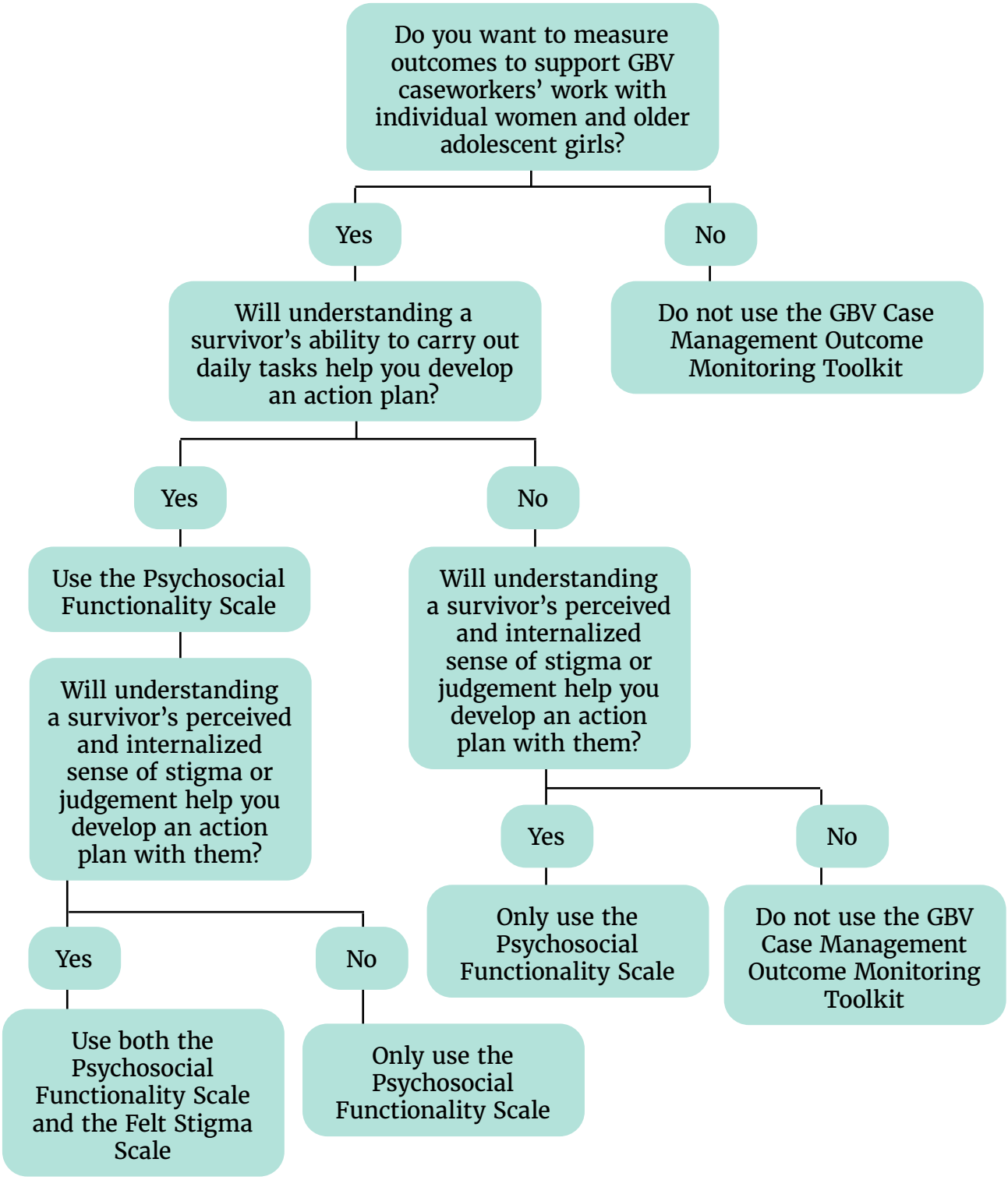
If the Survivor doesn't understand the question, you can help explain it in your own words. You can also use the visual aids as needed.

Which GBV Case Management Outcome Scale Should I Use?

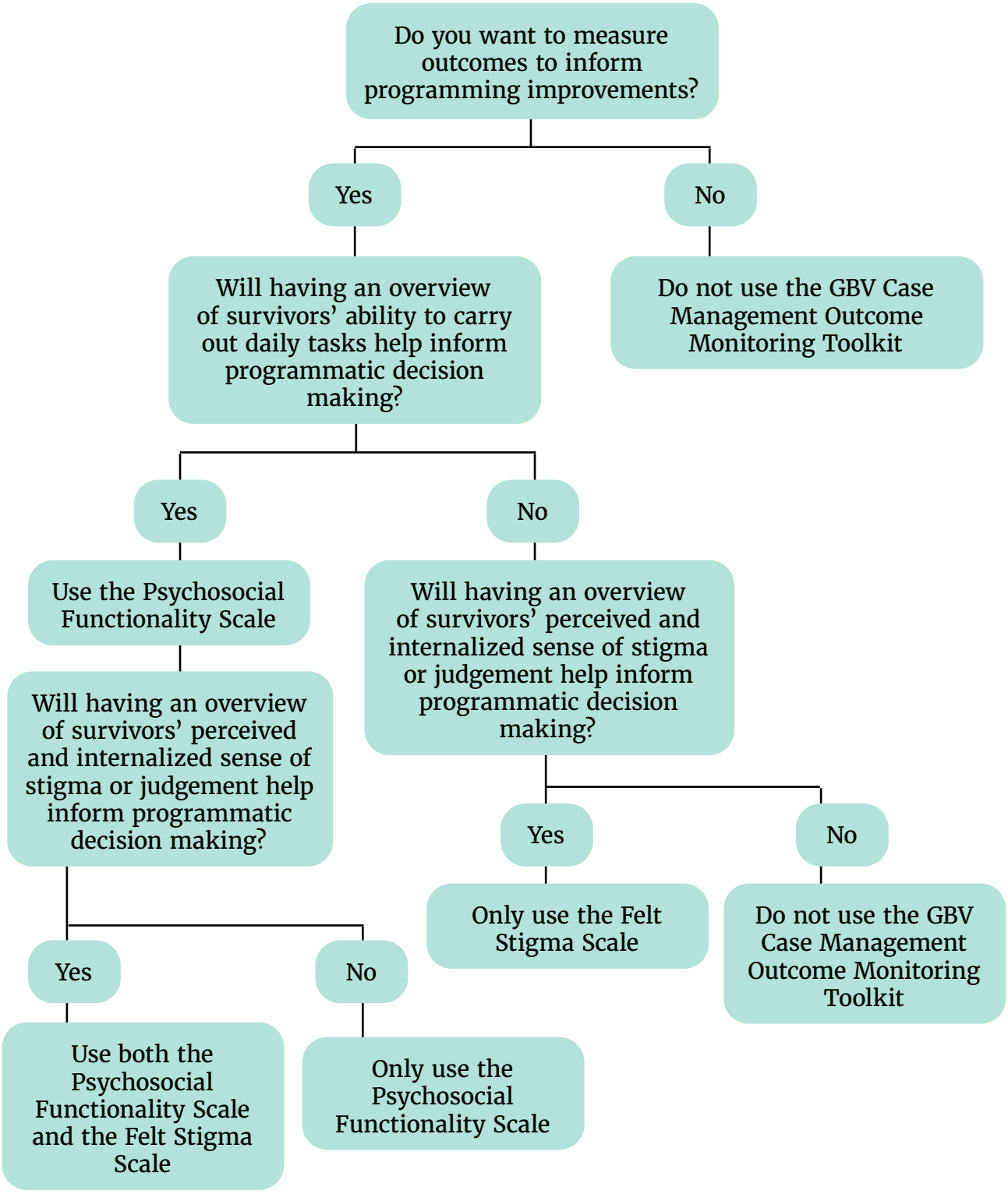
When implementing the Scales as a part of GBV Case Management services, country program teams and their supporting Technical Advisors should determine which Scale, or if both Scales, should be used during case management.

Then, 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 or what your program overall decides to monitor.

Refer to the decision tree below to help determine which Scale to use to support individual case management:



Refer to the decision tree below to help determine which Scale to use to inform programmatic decision-making:



2 Data Analysis and Interpretation for Programmatic Decision-Making using the GBV Case Management Outcome Scales

Data analysis and interpretation are crucial skills for programmatic decision-makers, whether case management supervisors, program managers, coordinators, or technical advisors – especially when utilizing the GBV Case Management Outcome Scale scores. These scores, which reflect the impact of GBV case management on Survivors' psychosocial functionality and experiences of felt stigma, provide a quantitative measure of the outcomes of case management services.

When making programmatic decisions, understanding how to build, analyze, and interpret datasets from the Scale scores can empower you to make informed decisions directly influenced by the Survivors' experiences. By analyzing one-time scores or changes in GBV Case Management Outcome Scale scores over time, you can identify trends, measure the effectiveness of interventions, identify areas where additional support may be needed, and adjust programming to more effectively address the needs of Survivors.

For example, if the data shows a significant improvement in the psychosocial functionality of Survivors throughout the program, this may indicate that current case management services are successfully enhancing the Survivors' daily lives. Conversely, if the scores reveal a consistent increase in felt stigma, it may indicate the need for a review of the program's approach to addressing stigma and discrimination faced by Survivors. You can further disaggregate the Scale score dataset by caseworker to identify if their cases' scores are consistently concerning. This would suggest that additional supervision sessions to improve skills and support the caseworker's wellbeing may be needed.

Incorporating data analysis and interpretation into program management not only enhances the quality of GBV response but also ensures that the programming is Survivor-centered. It allows for a deeper understanding of the complex dynamics in Survivors' lives and facilitates the development of targeted strategies to support their recovery and empowerment. By leveraging the insights gained from the GBV Case Management Outcome Scale scores, program managers and coordinators can ensure that their programming is responsive, evidence-based, and, most importantly, shaped by the voices and experiences of the Survivors themselves.

Using the Psychosocial Functionality Scale and Felt Stigma Scale for Programmatic Decision-Making

Support caseworkers and inform programming by identifying, analyzing, and interpreting psychosocial functionality and felt stigma trends across entire programs. To do this, you will need an overview of the psychosocial functioning or felt stigma across their program.

Using Scores from a Single Administration of the Scales to Inform Programming

Analyzing and interpreting one-time scores from the GBV Case Management Outcome Scales is crucial for programmatic decision-making. By grouping the scores and visualizing the distribution, you can look for patterns in the data that may indicate specific programmatic needs. It provides a foundational understanding of current conditions and performance levels, enabling effective resource allocation and the ability to tailor programs to meet the needs of Survivors. These one-time scores also create an initial point of reference, allowing us to measure Survivor progress more accurately.

To use scores from a single administration of the Scales, use scores from either the baseline Scale administration or the endline Scale administration. Do not combine these.

Remember, along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

How to Distribute, Visualize, and Interpret Scores from a Single Administration of a Scale

Step 1:

Collect the scores from the Psychosocial Functionality Scale and Felt Stigma Scale across your program

- To build a database using Excel (or similar software), create a spreadsheet where each row represents one survivor's Scale responses.[7] Label each column header with a question from the Scale(s) you are using in your context. Add additional columns to record the overall scores and any other relevant information. This will help you organize and analyze the data effectively.
- Be sure to password-protect the database.

Step 2:

Group the one-time scores into the following distribution categories, and count the number of scores that fall into each category:

For psychosocial functionality scale scores, the distribution categories are:

- 0-1
- 1-1.5
- 1.5 – 2.25
- 2.25 – 4

For felt stigma scale scores, the distribution categories are:

- 0-1
- 1-2
- 2-3

When using scores from a single administration of the Scale, use scores from either the baseline Scale administration (during the psychosocial needs and support assessment) or the endline Scale administration (during initial discussions about case closure). Do not combine these.

Step 3:

Visualize the distribution of scores from a single administration of the Psychosocial Functionality or Felt Stigma Scale.

In a bar graph, display the number of Survivors in each possible score distribution category. Below the bar graph, you can include text that indicates the average score across all Survivors.

- The average score can be useful, but without the distribution categories, it may hide variations across your caseload that require specific attention. For example, you may have several women or older adolescent girls with very high scores that require additional support, such as specialized therapies.
- You can color code your data to better identify areas of progress compared to areas of concern.
- Refer to Figure 5, below, to see an example of a data visualization of baseline Psychosocial Functionality Scale scores.
  - In the example, the categories are color-coded from green to red to indicate no or little difficulty to significant difficulty accomplishing tasks.

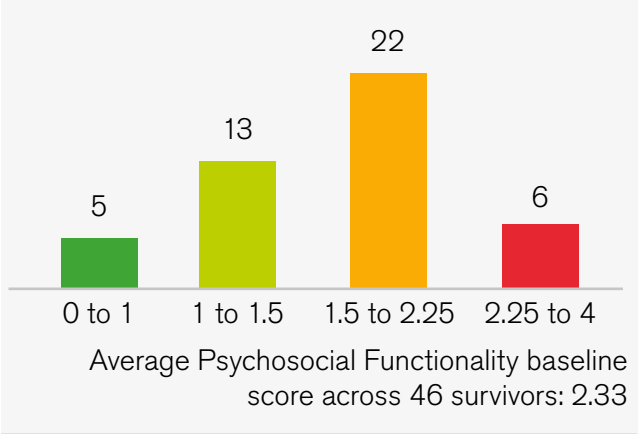


Figure 5: Psychosocial Functionality Scores MM/YY

0 to 1
Survivors are experiencing little to no difficulty in accomplishing tasks.

1 to 1.5
Survivors are experiencing minimal and sometimes moderate amounts of difficulty in accomplishing tasks.

1.5 to 2.25
Survivors are experiencing moderate to significant difficulties in accomplishing at least some tasks.

2.25 to 4
Survivors are experiencing significant difficulties in accomplishing tasks and may often not be able to carry these tasks out at all.

7 Visit GBVResponders.org to access an example of a Scale score database.

Step 4:

Analyze and interpret the data visualization to inform programmatic decision-making.

By grouping the scores and visualizing the distribution, you can look for patterns in the data that may indicate specific programmatic needs. For example, a cluster of high scores might suggest that additional support or specialized therapies are needed. If a significant number of Survivors have scores in the higher range, you may consider implementing or strengthening specialized support services.

In the above example (Figure 5), the categories are color-coded from green to red to indicate no or little difficulty to significant difficulty accomplishing tasks. You can see a large number of scores between 1.5 and 2.25. This suggests that most survivors are experiencing moderate to significant challenges in completing at least some tasks. Knowing this, there are actions that you can consider to improve your programming.

Depending on which Scale scores you are analyzing, refer to the "Single Score Interpretation Table for Programmatic Decision-Making: Psychosocial Functionality Scale" or the "Single Score Interpretation Table for Programmatic Decision-Making: Felt Stigma" below. These Interpretation Tables are a starting point when analyzing scores to inform your programming. Contextualize the interpretations and actions for your specific program with your qualitative knowledge and additional data sources, such as safety audits, case file reviews, focus group discussions, and other relevant information.

To use these tables:

1. Find the trend that aligns with your findings (based on your score grouping counts and data visualization) in the first column.
2. Read across the corresponding row to identify the possible interpretation and the recommended data-driven programmatic actions.
   a. The actions in the table are not exhaustive. Contextualize the recommended actions for your specific program needs and use additional data sources to make informed decisions for the next steps.
3. The recommended actions in the table are cumulative (though not exhaustive). If a score is high, review all suggested actions, including those for lower scores, to address the needs of your program comprehensively.

Psychosocial Functionality Scale Single Score Interpretation Key for Programmatic Decision-Making

Single Score Interpretation Table for Programmatic Decision-Making: Psychosocial Functionality Scale

Trends in the Dataset	Interpretation	Action
The majority of scores are between 0-1	*Most Survivors are experiencing little to no difficulty in accomplishing tasks.*	**Strengthen and Maintain Current Effective Practices:** Continue effective current practices. Implement regular review sessions to ensure these practices remain effective. **Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use them to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. **Prevention Investments:** Invest in prevention programming to maintain high levels of psychosocial functionality beyond the individual and into the community. Examples include Safe at Home and EMAP.
The majority of scores are between 1-1.5	*Most Survivors are experiencing minimal to moderate amounts of difficulty in accomplishing tasks.*	**Alongside the suggested actions above, consider the following:** **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include: GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. **Monitor and Analyze Further:** Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies, and validate these findings and trends.

Note: These recommended actions are not exhaustive and are suggestions. Along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

Trends in the Dataset	Interpretation	Action
The majority of scores are between 1.5-2.25	*Most Survivors are experiencing moderate to significant amounts of difficulties in accomplishing at least some tasks.*	**Alongside the suggested actions above, consider:** **Enhance Training and Support for Staff:** Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support. Consider additional training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage and increase their ability to accomplish tasks. Encourage check-ins and follow-up sessions with Survivors. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.
The majority of scores are between 2.25-4	*Most Survivors are experiencing significant difficulties in accomplishing tasks and may often not be able to carry these tasks out at all.*	**Alongside the suggested actions above, consider:** **Targeted Intervention Required:** Review GBV case management practices and identify gaps, challenges, and opportunities to ensure Survivor-centered services. Investigate and address specific areas or demographics where psychosocial functionality is decreasing. Implement targeted interventions to curb this trend. Consider implementing specialized interventions or services to support Survivors' psychosocial wellbeing, such as MHPSS and multisectoral services. **Referral Pathway Enhancement:** Map, review, and enhance referral pathways to ensure easy access to services, or specialized services beyond GBV case management. Identify and eliminate barriers for Survivors seeking services.

Interpretation in Practice: Using Scores from a Single Administration of the Psychosocial Functionality Scale to inform Programmatic Decision-Making

In the example from Figure 5, most scores fall between 1.5 and 2.25. According to the "Single Score Interpretation Table for Programmatic Decision-Making: Psychosocial Functionality Scale" (above), this trend indicates that most Survivors are experiencing moderate to significant challenges in accomplishing at least some tasks. Recommended actions for your programming could include, but are not limited to:

Strengthen and Maintain Current Effective Practices:

Continue effective current practices. Implement regular review sessions to ensure these practices remain effective.

Monitor and Analyze Further:

Continue to gather data to identify factors contributing to this trend and use them to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc.

Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate these findings and trends.

Enhance Training and Support for Staff:

Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit.

Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support.

Consider additional training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers.

Enhance GBV Case Management Services:

Increase case management support services for Survivors to manage and increase their ability to accomplish tasks. Encourage check-ins and follow-up sessions with Survivors.

Enhance Survivor Feedback:

Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.

Note: These recommended actions are not exhaustive and are suggestions. Along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

Felt Stigma Scale Single Score Interpretation Key for Programmatic Decision-Making

Single Score Interpretation Table for Programmatic Decision-Making: Felt Stigma

Trends in the Dataset	Interpretation	Action
The majority of scores are between 0-1	*Most Survivors are experiencing little to no difficulty in accomplishing tasks.*	**Strengthen and Maintain Current Effective Practices:** Continue effective current practices. Implement regular review sessions to ensure these practices remain effective. **Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use them to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. **Prevention Investments:** Invest in prevention programming to maintain low levels of stigma beyond the individual and into the community. Examples include Safe at Home and EMAP.
The majority of scores are between 1-2	*Most Survivors are experiencing minimal to moderate amounts of felt stigma.*	**Alongside the suggested actions above, consider the following:** **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support. Consider additional training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage and reduce feelings of stigma. Encourage frequent and regular check-ins and follow-up sessions with Survivors. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.

Trends in the Dataset	Interpretation	Action
The majority of scores are between 2-3	*Most Survivors are experiencing moderate to significant amounts of felt stigma.*	**Alongside the suggested actions above, consider:** **Targeted Intervention Required: Targeted Intervention Required:** Review GBV case management practices and identify gaps, challenges, and opportunities to ensure Survivor-centered services. Investigate and address specific areas or demographics where felt stigma is increasing. Implement targeted interventions to curb this trend. Consider implementing specialized interventions or services aimed at stigma reduction, such as MHPSS and multisectoral services. **Referral Pathway Enhancement:** Map, review, and enhance referral pathways to ensure easy access to services, or specialized services beyond GBV case management. Identify and eliminate barriers for Survivors seeking services. **Community Engagement:** Identify opportunities to address and reduce root causes of stigma and harmful social norms that contribute to Survivors' experiences of perceived and internalized felt stigma. Initiate dialogue with community leaders and invest in prevention programming to reduce levels of stigma beyond the individual and into the community.

Note: These recommended actions are not exhaustive and are suggestions. Along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

Using Change-Over-Time Scores of the Scales to Inform Programming

Analyzing and interpreting change-over-time scores from the GBV Case Management Outcome Scales is crucial for programmatic decision-making. By grouping the scores and visualizing the distribution, you can look for patterns in the data that may indicate specific programmatic needs. It provides valuable insights into programmatic conditions and performance levels, enabling effective resource allocation and the ability to tailor programs to meet the needs of Survivors. These change-over-time scores also provide insight into the impacts GBV case management services have on Survivors, allowing us to measure Survivors' progress across caseloads more accurately.

To use change-over-time scores from the Scales, administer the Scale at least twice. Use scores from the baseline Scale administration and the endline, or most recent, Scale administration.

Remember, along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

How to Distribute, Visualize, and Interpret Change-Over-Time Scores from Baseline to Endline

Step 1:

Collect the change-over-time scores from the Psychosocial Functionality Scale and Felt Stigma Scale across your program

- To use change-over-time scores, your program must collect at least two scores (baseline and endline) for the Psychosocial Functionality or Felt Stigma Scales.
- To build a database using Excel (or similar software), create a spreadsheet where each row represents one survivor's Scales responses.[8] Label each column header with a question from the Scale(s) you are using in your context. This structure will help you organize and analyze the data to observe changes in scores from baseline to endline for individuals and across your program's caseload. For example:
  - Baseline Survey: Include columns for each question in the baseline survey (e.g., Q1_ Baseline, Q2_Baseline, etc.) and the score.
  - Endline Survey: Include columns for each question in the endline survey (e.g., Q1_ Endline, Q2_Endline, etc.) and the score.
  - Change-Over-Time: Add columns at the end of the database for the change-over-time scores and their level and direction of change (i.e. small, negative change). Then use this for interpretation and decision-making.
- Be sure to password-protect the database.

Step 2:

Group the change-over-time scores into the following distribution categories, and count the number of scores that fall into each category:

- For psychosocial functionality scale change-over-time scores, the distribution categories are:
  - 0 to -0.17
  - 0 to +0.17
  - -0.18 to -0.66
  - +0.18 to +0.66
  - -0.67 and lower
  - 0.67 and higher
- For felt stigma scale change-over-time scores, the distribution categories are:
  - 0 to -0.2
  - 0 to +0.2
  - -0.2 to -1.2
  - +0.2 to +1.2
  - -1.2 and lower
  - +1.2 and higher

8 Visit GBVResponders.org to access an example of a Scale score database.

Step 3:

Visualize the distribution of the change-over-time scores for the Psychosocial Functionality or Felt Stigma Scale using a bar graph.

- In a bar graph, display the number of Survivors in each possible score distribution category. Below the bar graph, you can include text that indicates the average score across all Survivors.
  - The average score can be useful, but without the distribution categories, it may hide variations across your caseload that require specific attention. For example, you may have several women or older adolescent girls with very high scores that require additional support, such as specialized therapies.
- You can color code your data to better identify areas of progress compared to areas of concern.
- Refer to Figure 6, below, to see an example of a data visualization of change-over-time Felt Stigma Scale scores.
  - In the example, the categories are color-coded from green to red to indicate strong programming to programming that may have critical concerns and needs.

Large, Negative Change
Suggests very strong and successful programming.

Medium, Negative Change
Suggests strong programming.

Small Change
Requires additional information to determine programmatic needs. Further follow-up is needed.

Medium, Positive Change
STRONG CONCERN: Suggests a need to revisit programmatic structures and support case management teams. Further follow-up is needed

Large, Positive Change
CRITICAL CONCERN: Suggests a need to revisit programmatic structures and support case management teams. Further follow-up is needed.

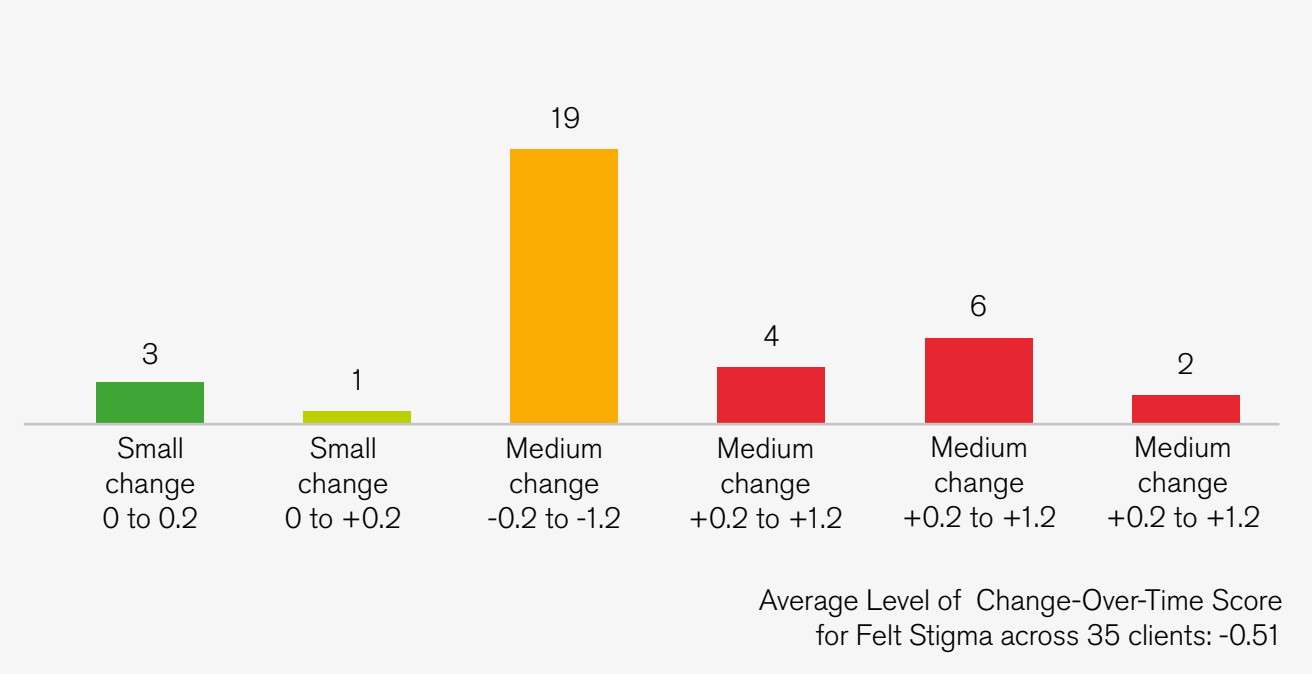


Figure 6: Felt Stigma Scale Change-Over-Time Scores

Step 4:

Analyze and interpret the dataset and data visualization to inform programmatic decision-making

By grouping the change-over time scores and visualizing the distribution, you can look for patterns in the data that may indicate specific programmatic needs. For example, a cluster of change-over-time results that have been large and positive (+1.2 and higher) for felt stigma indicates that most survivors accessing your program are experiencing an increase in felt stigma despite GBV case management services. This could suggest that additional support or specialized therapies are needed. If a significant number of Survivors have results that indicate small change, this may imply that, despite GBV case management services, Survivor's experiences of felt stigma are staying the same. This could suggest a need to implement or strengthen specialized support services.

In the above example (Figure 6), the categories are color-coded from green to red to indicate strong programming to programming that may have critical concerns and needs. You can see that most change-over-time scores are between -0.2 and -1.2. This suggests that most survivors are experiencing a moderate decrease in experiences of felt stigma, which indicates strong programming. Knowing this, there are actions that you can consider to improve your programming.

Depending on which Scale you are analyzing, refer to the "Change-Over-Time Score Interpretation Table for Programmatic Decision-Making: Psychosocial Functionality" or the "Change-Over-Time Score Interpretation Table for Programmatic Decision-Making: Felt Stigma" below. These Interpretation Tables are a starting point when analyzing change-over-time scores to inform your programming. Contextualize the interpretations and actions for your specific program with your qualitative knowledge and additional data sources, such as safety audits, case file reviews, focus group discussions, and other relevant information.

To use these tables:

1. Find the trend that aligns with your findings (based on your score grouping counts and data visualization) in the first column.
2. Read across the corresponding row to identify the possible interpretation and recommended data-driven programmatic actions.
3. The actions in the table are not exhaustive. Contextualize the recommended actions for your specific program needs and use additional data sources to make informed decisions for the next steps.

Psychosocial Functionality Scale Change-Over-Time Score Interpretation Table for Programmatic Decision-Making

Change-Over-Time Score Interpretation Table for Programmatic Decision-Making: Psychosocial Functionality Scale

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between 0 and -0.17	*Most cases are experiencing little change or a small decrease in difficulties in accomplishing tasks.*	**Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage and increase their ability to accomplish tasks. Encourage check-ins and follow-up sessions with Survivors. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.

Note: These recommended actions are not exhaustive and are suggestions. Along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between 0 and +0.17	*Most cases are experiencing little change or a small increase in difficulties in accomplishing tasks.*	**Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage and increase their ability to accomplish tasks. Encourage check-ins and follow-up sessions with Survivors. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs
The majority of change-over-time scores are between -0.18 to -0.66	*Most cases are experiencing a moderate decrease in difficulties in accomplishing tasks. This indicates strong programming.*	**Strengthen and Maintain Current Effective Practices:** Identify and continue effective current practices. Implement regular review sessions to ensure these practices remain effective. Scale up successful interventions and practices where possible. Use these successful results to support advocacy efforts.

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between +0.18 to +0.66	Most cases are experiencing a moderate increase in difficulties in accomplishing tasks. This indicates a need to revisit programmatic structures and support case management teams.	**Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support. Consider additional training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage and increase their ability to accomplish tasks. Encourage check-ins and follow-up sessions with Survivors. Explore the implementation or identification of services designed to enhance the social networks of women and older adolescent girls, such as Women Rise or Girl Shine. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.
The majority of change-over-time scores are -0.67 or lower	Most cases are experiencing significant decreases in difficulties in accomplishing tasks. This indicates a successful program and model.	**Strengthen and Maintain Current Effective Practices:** Identify and continue effective current practices. Implement regular review sessions to ensure these practices remain effective. Scale up successful interventions and practices where possible. Use these successful results to support advocacy efforts. **Leverage Proven Strategies:** Document your program's strategies and successes that have supported significant improvements in psychosocial functionality. Advocate for policy changes and increased funding based on these proven results. Share successful models with other programs regionally.

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are +0.67 or higher	Most cases are experiencing significant increases in difficulties in accomplishing tasks. This indicates an urgent need to revisit programmatic structures and support case management teams.	***Immediate action is required to address increasing difficulties in accomplishing tasks across your case management services.*** **Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Identify support for case management teams that may be needed. Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support. Consider targeted training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers. **Referral Pathway Enhancement:** Map, review, and enhance referral pathways to ensure easy access to services, or specialized services beyond GBV case management. Identify and eliminate barriers for Survivors seeking services. **Targeted Intervention Required:** Review GBV case management practices and identify gaps, challenges, and opportunities to ensure Survivor-centered services. Encourage check-ins and follow-up sessions with Survivors. Investigate and address specific areas or demographics where psychosocial functionality is decreasing. Implement targeted interventions to curb this trend. Consider implementing specialized interventions or services to support Survivors' psychosocial wellbeing, such as MHPSS and multisectoral services. Explore the implementation or identification of services designed to enhance the social networks of women and older adolescent girls, such as Women Rise or Girl Shine. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.

Felt Stigma Scale Change-Over-Time Score Interpretation Table for Programmatic Decision-Making

Change-Over-Time Score Interpretation Table for Programmatic Decision-Making: Felt Stigma

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between 0 and -0.2	*Most Survivors are experiencing little change or a small decrease in experiences of felt stigma.*	**Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage their experiences of felt stigma. Encourage check-ins and follow-up sessions with Survivors. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs. **Prevention Investments:** Invest in prevention programming to maintain low levels of stigma beyond the individual and into the community. Examples include Safe at Home and EMAP.

Note: These recommended actions are not exhaustive and are suggestions. Along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between 0 and +0.2	*Most Survivors are experiencing little change or a small increase in experiences of felt stigma.*	**Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage their experiences of felt stigma. Encourage check-ins and follow-up sessions with Survivors. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs
The majority of change-over-time scores are between -0.2 and -1.2	*Most Survivors are experiencing a moderate decrease in experiences of felt stigma. This indicates strong programming.*	**Strengthen and Maintain Current Effective Practices:** Identify and continue effective current practices. Implement regular review sessions to ensure these practices remain effective. Scale up successful interventions and practices where possible. Use these successful results to support advocacy efforts. **Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Prevention Investments:** Invest in prevention programming to maintain low levels of stigma beyond the individual and into the community. Examples include Safe at Home and EMAP.

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between +0.2 and +1.2	*Most Survivors are experiencing a moderate increase in experiences of felt stigma. This indicates a need to revisit programmatic structures and support case management teams.*	**Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support. Consider additional training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers. **Enhance GBV Case Management Services:** Increase case management support services for Survivors to manage their experiences of felt stigma. Encourage check-ins and follow-up sessions with Survivors. Explore the implementation or identification of services designed to enhance the social networks of women and older adolescent girls, such as Women Rise or Girl Shine. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.
The majority of change-over-time scores are between -1.2 and lower	*Most Survivors are experiencing significant decreases in experiences of felt stigma. This indicates a successful program and model.*	**Strengthen and Maintain Current Effective Practices:** Identify and continue effective current practices. Implement regular review sessions to ensure these practices remain effective. Scale up successful interventions and practices where possible. Use these successful results to support advocacy efforts. **Leverage Proven Strategies:** Document your program's strategies and successes that have supported significant decreases in stigma. Advocate for policy changes and increased funding based on these proven results. Share successful models with other programs regionally. **Prevention Investments:** Invest in prevention programming to maintain low levels of stigma beyond the individual and into the community. Examples include Safe at Home and EMAP.

Trends in the Dataset	Interpretation	Action
The majority of change-over-time scores are between +1.2 and higher	*Most Survivors are experiencing significant increases in experiences of felt stigma. This indicates an urgent need to revisit programmatic structures and support case management teams.*	**Immediate action is required to address increasing experiences of felt stigma across your case management services.** **Monitor and Analyze Further:** Continue to gather data to identify factors contributing to this trend and use this to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc. Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate findings and trends. **Enhance Training and Support for Staff:** Identify support for case management teams that may be needed. Provide comprehensive training for caseworkers to enhance their capacities and skills. Examples of training topics include the GBV Case Management Guidelines, the Minimum Standards for GBV Programming in Emergency Settings, and the GBV Case Management Outcome Toolkit. Increase support services for GBV case management staff to reduce burnout and address heavy caseloads, including psychosocial support. Consider targeted training and support for staff, including sensitivity and Survivor-centered approaches or psychosocial support for caseworkers. **Referral Pathway Enhancement:** Map, review, and enhance referral pathways to ensure easy access to services, or specialized services beyond GBV case management. Identify and eliminate barriers for Survivors seeking services. **Targeted Intervention Required:** Review GBV case management practices and identify gaps, challenges, and opportunities to ensure Survivor-centered services. Encourage check-ins and follow-up sessions with Survivors. Investigate and address specific areas or demographics where felt stigma is increasing. Implement targeted interventions to curb this trend. Consider implementing specialized interventions or services to support Survivors' psychosocial wellbeing, such as MHPSS and multisectoral services. Explore the implementation or identification of services designed to enhance the social networks of women and older adolescent girls, such as Women Rise or Girl Shine. **Enhance Survivor Feedback:** Improve feedback mechanisms for Survivors to understand what is successful (or not) around GBV Case Management Services and incorporate their input more directly into programmatic decision-making. With their consent, consult with women and girls to identify and validate program needs.

Interpretation in Practice: Using Felt Stigma Change-Over-Time Scores to Inform Programmatic Decision-Making

In the example from Figure 6, most change-over-time scores fall between -0.2 and -1.2. According to the "Change-Over-Time Score Interpretation Table for Programmatic Decision-Making: Felt Stigma Scale" (above), this trend indicates that most Survivors are experiencing a moderate decrease in felt stigma. This demonstrates strong, effective programming. Recommended actions for your programming could include, but are not limited to:

Strengthen and Maintain Current Effective Practices:

- Identify and continue effective current practices. Implement regular review sessions to ensure these practices remain effective.
- Scale up successful interventions and practices where possible.
- Use these successful results to support advocacy efforts.

Monitor and Analyze Further:

- Continue to gather data to identify factors contributing to this trend and use them to inform your programming. Conduct and compare safety audits, risk assessments, specific impact research, etc.
- Conduct meetings with staff to gain a better understanding of their insights and needs. Discuss methodologies and validate these findings and trends.

Prevention Investments

- Invest in prevention programming to maintain low levels of stigma beyond the individual and into the community. Examples include Safe at Home and EMAP.

Note: These recommended actions are not exhaustive and are suggestions. Along with the GBV Case Management Outcome Scales, it is essential to make survivor-centered programmatic decisions informed by best practices, context-specific research and analysis, expertise and knowledge, and validated findings and methodologies.

3 Conclusion

When data is collected, it must be effectively utilized. The GBV Case Management Outcome Scales provide a critical opportunity to understand how GBV case management services impact survivors and how programming can be improved.

The collection, organization, and interpretation of survey scores from the Psychosocial Functionality Scale and Felt Stigma Scale are vital for informing individual GBV case management and enhancing programs. By calculating scores and tracking change-over-time results, caseworkers can deliver individualized, data-driven, survivor-centered care to women and girls who, despite the challenges, barriers, and risks, choose to seek support through GBV case management services after experiencing GBV. Collecting and analyzing baseline, endline, and change-over-time scores across programs enables survivor-centered programmatic decision-making.

Utilize the interpretation tables within this guidance document as a starting point to inform action planning and programmatic decisions, while also contextualizing these interpretations and integrating additional data sources, such as safety audits and case file reviews. This approach ensures a holistic understanding of survivors' needs and challenges.

By following these steps and utilizing the tools provided, you can better support the psychosocial health and wellbeing of survivors, ultimately contributing to more effective and responsive program delivery. Understanding the outcomes of GBV case management is not only important for improving services but also for ensuring that survivors receive the comprehensive care and support they deserve. This commitment to informed and survivor-centered case management is crucial for fostering empowerment and recovery among survivors, thereby reinforcing the impact and effectiveness of GBV programs.

This commitment to informed and survivor-centered case management is crucial for fostering empowerment and recovery among survivors, thereby reinforcing the impact and effectiveness of GBV programs.

Produced with funding from

Norway

HIF Humanitarian innovation fund | elrha

INTERNATIONAL RESCUE COMMITTEE