

GBV IMS

GBV INFORMATION MANAGEMENT SYSTEM

Guidance Note: Drafting Safe and Ethical Indicators

LEBANON

This guidance aims at helping agencies overcome challenges related to drafting GBV indicators for information sharing purposes, due to the sensitive nature of GBV data. It promotes ethical good practices for drafting and sharing GBV incident information, in favor of protecting survivors and service providers. This document does not replace the Inter-Agency Information Sharing Protocol¹neither any other guidance notes organizations have developed internally. Organizations wanting to share information with any organizations outside of their own should ensure that they continue to uphold the utmost safe and ethical information sharing procedures.

OBJECTIVE

The objective of this document is: **1)** Understand some of the challenges around drafting and reporting on safe and ethical GBV indicators **2)** Include tips for advocating for the use of ethical GBV indicators per the GBVIMS's standards and principles.

CHALLENGES THAT HINDER THE USE OF SAFE AND ETHICAL GBV INDICATORS

- Lack of understanding of the GBVIMS (donors, senior management and staff in different capacities) ;
- Lack of understanding of GBV core concepts, principles, standards and need-to-know principle as the basis of information sharing (including staff in different capacities, monitoring and evaluation, grants, communication and etc.);
- Lack of understanding of the implications of sharing numbers verses percentages;
- Data collected is used for reporting purposes rather than analytical purposes, which aims to serve as a tool of impact of programmes;
- Pressure to raise funds, justify interventions and raise awareness for GBV programmes.

¹ For further information about the GBVIMS in Lebanon please contact the inter-agency GBV IMS Coordinator **Dana Dib** (dib@unfpa.org) and/or the SGBV Task Force Coordinator **Elsa Bousquet** (bousquet@unhcr.org).

COMMON CHALLENGES TO SAFE AND ETHICAL GBV INDICATORS

1. **Challenge:** *“What are the possible implications that GBV actors might encounter when asked to share raw numbers instead of percentages”*

GBV actors are constantly pressured by agencies and various coordinating bodies (donors, government authorities, media and etc) to share the number of survivors who have disclosed incidents of gender-based violence. This information is regularly embedded within donor partner agreements as a reporting mechanism because it is often perceived as an indication of success. This approach is often applied across of different sectors such as health, shelter, non-food items, however a lack of awareness remains existent among these agencies to identify that it isn't possible to apply the same approach with GBV actors.

In particular, it isn't possible to establish a baseline for such GBV indicators, especially in emergency contexts, where increases or decreases ²in reported incidents can't be measured³.

GBVIMS data are not substitutes for GBV prevalence, and therefore variations over time are not necessarily representative of changes in occurrence of GBV incidents, but can be due, rather, to changes in the service provision itself.

Example

Indicator: *“Number of survivors of GBV provided with quality, comprehensive and age-appropriate case management”*. Target: 30 adults, 20 children

❖ Bad Practice

Indicator: *“Percentage of GBV survivors receiving case management services who report satisfaction with services received”*. Target: 100%

❖ Good Practice

The above example illustrates what type of information is essential to collect while ensuring ethical standards are applied. The method of the indicator presented in percentage and tackles

² Inter-Agency Standing Committee Gender-Based Violence Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actions – 2015.

³ GBVIMS Global Guidance note: Sharing numbers vs. percentages

satisfaction of quality case management services which is what is needed to measure the level of programme effectiveness and impact.

Tip:

- Reporting against numbers doesn't reveal the magnitude of the prevalence of GBV as perceived by coordinating bodies, neither is it needed to justify the work or is essential to raise funds;
- Implementation of a methodology of data collection and reporting that upholds GBVIMS safe and ethical standards.

Good Practice: provide alternatives

Some organizations, may be required to share numbers, but when so, they provide alternatives of what type of data they may include within an indicator in order to minimize identification of the number of survivors; this exercise would require a minor tweak in the means of the verification ⁴(MoV) – (without providing a disaggregation of participants per activity).

Means of Verification: *Number of GBV survivors accessing case management services, number of participants in Emotional Support Groups (ESGs) and number of survivors accessing case management services through the hotline.*

- ❖ **Be clear from the onset (during proposal discussions) about what information (trends) you are capable of sharing.**

! **ESSENTIAL TO KNOW**

GBV Case Reporting

For a number of safety, ethical and practical reasons, **these Guidelines do not recommend using the number of reported cases (either increase or decrease) as an indicator of success.** As a general rule, GBV specialists or those trained on GBV research should undertake data collection on cases of GBV.

⁴ Means of verification indicates what sources of information you will need to use to report against the progress towards the target set for an indicator.

- 2. Challenge:** *“When GBV data is used for collection and reporting purposes only and not analyzed with the goal of identifying where modifications may be beneficial. Instead focus shifts to ensure that targets are met”.*

Monitoring and Evaluation (M&E) is a fundamental tool which must be embedded within every project or programme design ⁵and shouldn't be imposed only by donors. Proper M&E allows actors to properly plan, budget, monitor, evaluate and inform programming. When doing so, it is crucial that an exhaustive list of indicators isn't included when implementing programme activities. The goal is to ensure that staff aren't overwhelmed with the amount of data they need to collect and report against. When such processes are set in place, staff are better able to tackle the analysis aspect.

Example

Indicator	Progress towards target				Target
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Number of women, girls, men and boys at risk accessing GBV prevention and response services in safe spaces.	200	500	700	750	1000

What does the table tell us?

- Data has been collected and reported against the progress towards target
- A notable increase of beneficiaries attending activities in the safe spaces between quarter one to quarter three;
- Data from quarter four indicates a slight increase in beneficiaries accessing services.

What does the table not tell us?

- What factors affected the attendance of beneficiaries attending activities in safe spaces? (i.e. no transportation available);
- Doesn't include disaggregated data by sex, age, disability or etc.

⁵ Monitoring and Evaluation Toolkit for the SGBV Task Force – 2017 – Lebanon

- ❖ **The goal isn't to collect a wide range of data sets for collecting, storing and reporting purposes only, but the data collected is analyzed and used to inform program design (prevention and response) and advocacy.**

- 3. Challenge:** *"Lack of understanding of GBV core concepts, principles, standards and need-to-know principle as the basis of information sharing for all staff in different capacities (monitoring and evaluation, grants, communication and etc.)".*

Not all staff should or needs to have access to all data collected within a programme.

Example

- If a case management supervisor works in the Bekaa, she/he would require access to the case management files so she/he is able to provide technical support to the case workers. However she/he wouldn't require that same access of information from another area of operations (i.e. Tripoli).
- Same example applies if information sharing about trends (i.e. GBVIMS reports) is requested to be shared internally with staff members of different capacities. (i.e. a communication officer⁶ shouldn't have access to the same level of information as a GBV program officer⁷).
- **Tip:** Inform donors about the GBVIMS generally (we have an inter-agency endorsed system used in 25 countries and it's a safe and ethical approach to sharing anonymous incident data on reported cases of GBV).
- **Tip:** Inform donors about the GBVIMS in Lebanon (system was piloted towards end of 2012 and currently hosts an inter-agency rollout, used by 11 organizations, 7 local and 4 international).
- **Tip:** Educate donors and staff in different capacities on ethical standards in GBV data management and sharing and need to know principles.

⁶ For example, a communication officer might be requested to produce an awareness video tackling early marriage, in this case, the officer shouldn't have access to the full set of data points that the programme collects, but rather requests access to data of the total percentage of survivors under the age of eighteen, of that the percentage that disclosed incidents of early marriage.

⁷ Refer to the GBVIMS "Need to know pyramid".

Recommendations

- Shift focus from the “proof” needed to justify funds of reporting numbers but rather on trends and patterns;
- Seek advice from GBV and data experts on what information to collect, share and report and how to do so safely and ethically;⁸
- Have a unified set of means of verifications when developing indicators (i.e. use percentages or several data sources);
- Continuous awareness raising about the GBVIMS (including GBV core concepts) within your own organization : be clear about the GBVIMS scope and principles (*use GBVIMS resources*);
- From the onset of discussions with donors (proposal discussions), be transparent of what you can and can’t share, while educating donors about the ethical considerations that must be put in place;
- Provide context on data reported, while ensuring it is presented in a comprehensive way varying on who the audience is (i.e. approaching the media would be different then a donor);
- Always reference the “Inter-Agency Gender-Based Violence Case Management Guidelines - 2017” and “Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actions - 2015”;
- Maintain inter-agency solidarity and give uniformed messages when possible.

For further information on the Gender-Based Violence Information Management System, visit www.gbvims.com

⁸ Reporting and Interpreting Data on Sexual Violence from Conflict – Affected Countries: Do’s and Don’ts, Stop Rape Now, June 2008.