GENDER BASED VIOLENCE

Information Management System Manual

GBV Information
Management System

Graphic Design & Layout: UNFPA/Reza Kajabi

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FOREWORD

The Ministry of Public Health is pleased to present the Gender Based Violence Information Management System (GBVIMS) manual. This manual is prepared in line with the Afghanistan Health Management Information System (HMIS) manual. It is the result of collaborative efforts by several partners of the Ministry of Public Health (MoPH) including United Nations Population Fund (UNFPA), and the Ministry of Women's Affairs, who have provided technical and financial contributions over the past year. The Gender Directorate at MoPH, HMIS team and, the UNFPA Gender Unit share credit for making this manual a reality, along with other stakeholders.

The GBVIMS manual provides informative, user-friendly documentation to guide users of the GBVIMS database on how to utilize forms related to health sector response to GBV in order to gather and manage data and to share information neutrally. All the forms are per the Global Guidelines and are clearly explained, with examples provided where appropriate.

The GBVIMS manual is consistent with the HMIS data flow at various types of health facilities, and ensures survivors' privacy and dignity in order to achieve quality health services provision through healthcare giver safety/ confidentiality. It introduces a special coding system for GBVIMS data collection, reporting and information sharing. HMIS accepted coding shall be used for health facilities and human resources, while the international coding system shall be applicable for survivors.

The GBVIMS manual could not have been developed without the tremendous efforts of many individuals (national and international) including general directorates, units, directorates, and programmes, and the highly valued continuous assistance of the governmental health and other sectors, as well of partners in health development.

I would like to particularly recognize the leadership of Ms. Farzana Akbari- Gender Director, and the co-chair of the committee Dr. Abdul Basat Hassanzai- GBV health and Humanitarian Program Analyst at UNFPA.

Outstanding coordination and facilitation was provided by Ms. Abida Jafari- Monitoring and Evaluation officer which is highly appreciated. I would also like to thank Ms. Mursal Musawi- Health Sector Response to GBV Programme Officer/ Gender Directorate/MoPH, and the GBVIMS manual taskforce members for their hard work and commitment. Last but not least, I would like to thank Niaz Muhammad- UNFPA consultant for his continuous support and guidance.

Your suggestions and recommendations have strengthened the GBVIMS manual in effective implementation, enhancing equal access to quality health services for the Afghan population.

Regards,

Dr Ahmad Jan Naeem

Deputy Minister for Policy& planning

Ministry of Public Health

ACKNOWLEDGEMENTS

The GBVIMS manual was finalized after more than a year of hard work and extensive consultations at MoPH and with the other ministries and sectors. The manual has been developed in alignment with the HMIS manual and global accepted standards for GBVIMS reporting.

The GBVIMS manual was a truly collaborative and participative effort, finalized under the guidance of H.E Dr Ahmad Jan Naeem, Deputy Minister of Policy, Planning and Evaluation leading the Health Sector Gender Working Group, Dr Abdul Qadir Qadir, General Director of Policy and Planning and Gender Taskforce Committee, and working group members led by the General Director. This included representatives of all general directorates and four key directorates as members, as well representatives of the Ministry of Women's Affairs and, above all, UNFPA.

I would like to thank all who contributed towards this endeavour especially Dr Humaira Farzeen (GD-EHIS), Dr Nilofer Barikzai (GD-ANPHI), Dr Nadia Shukori (GD-PM), Dr Abdul Razaq Rahimi (GD-HR), Amina Shukfmand (GD-CM), Dr Mayeda Jeenah (GD-PP) and Dr Ridwanullah (RHD), who contributed their ideas and provided valuable inputs on the GBVIMS manual as representatives of their various organizations. My special thanks go to Zalmai Sherzad and Farishta Akbari (both from the Ministry of Women's Affairs) for their support.

The success of the GBVIMS manual belongs to all those who provided their valuable time and lent their expertise in making it a richer, more useful document. It is not perfect, but it is a good start in the right direction. I believe implementing this manual will lead to the improvement of reporting and case management of GBV across Afghanistan.

Farzana Akbari,

Acting Gender Director, Ministry of Public Health

Government of Islamic Republic of Afghanistan

ACRONYMS

GBV	Gender Based Violence
GBV	Gender Based Violence Management Information System
HMIS	Health Information Management System
IR	Incident Recorder
IRC	International Rescue Committee
ISP	Information Sharing Protocol
MoPH	Ministry of Public Health
PPHD	Provincial Public Health Directorate
SGBV	Sexual and Gender Based Violence
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. INTRODUCTION

The Gender-Based Violence Information Management System (GBVIMS) enables those providing services to survivors of gender-based violence (GBV) survivors to effectively and safely collect, store, analyse and share data related to reported incidents of GBV. The system is expected to assist Government ministries, UN agencies and all national/ international civil society organizations to consolidate their efforts to eradicate GBV through informed and evidence-based data. The data shall assist in enhanced programme planning, service delivery, and enable advocacy to minimize the effects of GBV on the population in general, and women and girls in particular.

This is an internationally recognized system with described processes and steps to document, report and provide services to GBV survivors. The system provided a basis for uniform data collection, analysis and reporting from field to national level.

1.1 Purpose of the GBVIMS

Before the GBVIMS was created, the humanitarian community in Afghanistan did not have a common approach to the effective and safe collection, storage, analysis and sharing of GBV-related data. This significantly hampered the use of data generated through service provision to inform programming and impeded the humanitarian community's capacity to obtain a reliable and complete picture of GBV being reported. The sensitive nature of GBV incident data and concerns by many frontline actors impacted on information sharing and coordination between key stakeholders.

The GBVIMS was created to harmonize data collection by GBV service providers in humanitarian and protracted crisis settings, provide a simple system for GBV service providers to collect, store and analyse their data, and to enable the safe and ethical sharing of reported incident data.

The GBVIMS is intended to assist service providers to better understand the GBV cases being reported and to enable actors to share data internally across project sites and externally with diverse agencies, in order to facilitate broader trends analysis and improved GBV coordination.

Data compilation and statistical analysis: Using standardized incident report forms and a globally-standardized classification system, GBV service providers can enter data into an incident recorder (IR). This automatically produces statistical tables and charts, enabling them to analyse their data, identify correlations and reveal trends in reported data. These automatically-generated reports include statistics on incidents and survivors, and to a lesser extent, on the alleged perpetrators. They also include a snapshot of referral pathways and actions taken.

Data sharing: A safe and ethical mechanism for primary service providers to share and access compiled data is essential for effective GBV coordination. Actors should be clear on the data to be shared, the purpose for sharing it, who will compile the data, and how and when compiled statistics may be accessed. The GBVIMS IR anonymizes and standardizes reported data to facilitate the compilation and sharing of sensitive information. Comprehensive guidelines for data-sharing protocols, and information on all relevant ethical and safety issues related to sharing data, are an integral part of the GBVIMS project.

The GBVIMS manual has been developed in order to ensure that the data collected in the GBVIMS is consistent, complete and of high quality, and follows international guidelines on confidentiality and patient privacy. It is intended to be used by those collecting data on the ground and analysing it at various levels, and defines clear reporting schedules to support coordination and information sharing.

The GBVIMS manual is intended to improve understanding and feed into the development of detailed capacity development plans for caregivers, service providers and data managers at all levels.

1.2 Organization of the manual

This manual is organized into eight chapters.

Chapter 1 provides an introduction to the GBVIMS and explains the purpose of the system.

Chapter 2 gives an overview of the system, provides key definitions, explains the forms associated with the system and their utilization.

Chapter 3 describes data flow processes between field/ facility, provincial and national levels.

Chapter 4 delineates roles and responsibilities from field to national level.

Chapter 5 gives details about data protection including information sharing protocols and coding methods.

Chapter 6 provides details about the data collection tools package.

Chapter 7 gives details on reporting responsibilities and timelines at all levels.

Chapter 8, the final chapter, describes the structure, roles and responsibilities of the GBVIMS Taskforce.

2. OVERVIEW OF GBVIMS

2.1 Definition

The GBVIMS was developed by UNFPA, the International Rescue Committee (IRC), and UNHCR to harmonize GBV data produced through service delivery in humanitarian or in protracted crisis settings. The GBVIMS Steering Committee has since grown to also include UNICEF and WHO.

The GBVIMS enables humanitarian actors responding to GBV to safely collect, store and analyse reported GBV incident data, and facilitate its safe and ethical sharing. The intention is to improve understanding of reported GBV cases by enabling service providers to more easily generate high quality GBV incident data, analyse it and safely share it for broader trends analysis and improved coordination.

The GBVIMS offers:

- A simple and efficient process for GBV service providers to collect, store, analyse and share incident data.
- A standardized approach to data collection for GBV service providers.
- A confidential, safe and ethical approach to sharing anonymous incident data on
- reported cases.

The three pillars of Afghanistan's GBVIMS are:

- To coordinate through GBVIMS Taskforce with all stakeholders including ministries (MoPH, Women's Affairs, Interior and Justice), UN agencies (UNFPA, UNWOMEN, UNDP, WHO and UNICEF) and all national and international civil society organizations working on GBV.
- To ensure quality service delivery.
- To facilitate information sharing on GBV.

2.2 Content, forms and their utilization

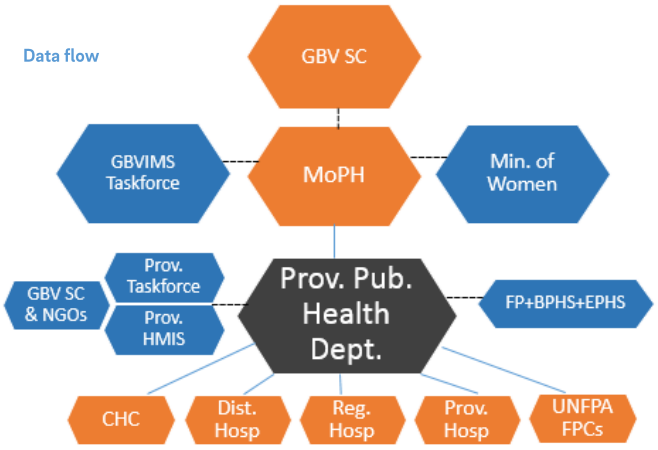
The GBVIMS includes:

- **GBV classification tool:** This provides definitions for six core types of GBV, thereby enabling uniform terminology in data collection and to reliably classify reported incidents in a standardized fashion.
- **Intake form:** This ensures that all GBV actors collect a common set of data points in a consistent format. The form allows for local and institutional customization.
- **Consent tool:** This enables caregivers to ensure that all information is obtained and shared in accordance with the survivor's own will.
- **Referral form:** This documents referrals for tracking and follow up purposes.
- **Incident recorder:** This is an Excel database designed to simplify and improve data collection, compilation and analysis.
- **Inter-agency information sharing protocol template:** This provides a framework for a customized Information Sharing Protocol (ISP) based upon the safe and ethical sharing of GBV data and best practices.

For the ease of understanding, service provision and proper data flow, all forms are also available in Pashto and Dari languages.

3. PROCESSES AND DATA FLOW

The Afghanistan GBVIMS includes detailed processes and filters for data flow, increasing data security, integrity and relevance as per the GBVIMS Global Guidelines.[1] The processes and filters contribute to local contextualization and ownership, and build local capacities for data collection and reporting. This manual thereby contributes to creating a clear understanding and detailed capacity development plan for caregivers, service providers and data managers at all levels. This This chapter discusses data collection and flow as well as expectations of major stakeholders from facility to provincial and national levels.



3.1 Field level: Health facilities

Five types of health facilities are mandated to provide GBV services, with trained service providers/ caregivers as first points of contact for survivors affected by any form of violence:

- Comprehensive Health Centres
- District hospitals
- Provincial hospitals
- Regional hospitals
- Family Protection Centres

Following training on case classification, seeking consent, filling initial assessment and intake forms, the designated staff and service providers are eligible to provide an initial and comprehensive service package. Each designated staff member may generate unique geographical, facility, caregiver and survivor codes (see section 5.3).

After classification of the type of violence, seeking consent from the survivor, and filling out the intake and referral forms, the caretaker shall refer the survivor to services based on the type of violence experienced.

After ensuring that the survivor has received all due services and care, the designated staff shall finalize the forms for formal reporting.

Monthly reports should only have codes for survivors and type of violence they were subject to, not the individuals' details.

Staff must code the survivor following the appropriate protocols and keep all forms in a properly locked place inside the facility to ensure confidentiality.

1. The Global Guidelines are available at: http://www.gbvims.com/.

Staff are expected to discuss all cases with the facility head for guidance and reporting.

At the end of each month, staff shall compile all data in the reporting sheet (included in the reporting package).

All information should be provided clearly and concisely so provincial focal persons can compile and report it easily.

After compilation and discussion with facility head, the monthly reporting sheet shall be shared with the Provincial Public Health Directorate (PPHD) focal person by the 3rd of every month.

Designated staff shall remain available for any questions or clarifications from provincial or national focal persons.

3.2 Provincial level: Provincial Public Health Directorate (PPHD)

The PPHD is the main bridge for the smooth flow of quality data in the GBVIMS at all levels.

The provincial focal person at the PPHD is a critical element of this system. For this reason, the focal person must have a designated alternate to support daily workload and substitute in case of absence. This will bring stability in data flow and coordination.

The focal person and her/ his alternate are both trained in GBV case classification, filling and reporting intake, consent, referral and other forms filled at the field level.

Their responsibilities are:

Capacity building, coaching, monitoring and feedback: The focal person is among the GBVIMS master trainers at the provincial level and provides quality stepdown training and on-the-job capacity building of facility based staff. She/ he remains in direct contact with all designated staff/ caregivers at field facilities on case classification, filling of the field information package, data collection and timely reporting at all levels. The focal person conducts monitoring visits (with and without the national level Data Specialist) to facilities, and provides on-the-job coaching and feedback to staff based on trainings and the agreed tools/ methods. The focal person also provides feedback to individual staff, keeping the facility supervisor in the loop. In coordination and consultation with the Data Specialist and Head of Gender Directorate at MoPH, the focal person conducts refreshers for existing staff and induction courses for new staff.

Reporting: The focal person bears primary responsibility for ensuring data and feedback flow from the bottom to the top and vice versa. In agreement with field and national level colleagues, the focal person collects, reviews and analyses data. Reporting occurs along two dimensions:

- Internal reporting informs the provincial PPHD management about the trends and situation in the field, enabling them to make informed decisions and allocate appropriate human and other resources.
- The focal person reviews, compiles and reports to the national level, and coordinates on both monthly reporting and to discuss any additional technical, human or financial assistance required. The focal person also coordinates with the Data Specialist and Head of the Gender Directorate, MoPH, about extending services to additional facilities and planning trainings for new staff.

The PPHD focal person shall obtain agreement with field facilities about data flow deadlines in order to ensure timely and accurate reporting. All field staff should report data to the PPHD focal person by the 3rd of each month.

Data shall be reviewed and compiled into a province specific report within four days. If necessary the focal person should obtain clarifications from facilities during this time.

Province-specific data shall be provided to the Data Specialist, MoPH, by the 8th of each month, keeping all relevant stakeholders in the picture.

When required, the focal person shall present province-specific data and other information to the GBVIMS Taskforce and/ or to the GBV Sub-Cluster through the Gender Directorate in MoPH and in consultation with the Data Specialist at national level.

3.3 National level: Gender Directorate, Ministry of Public Health

The Gender Directorate, MoPH, is the overall custodian of the GBVIMS with technical and financial support from UNFPA. It has a dedicated team to manage the GBVIMS, coordinate with all provinces and report to all stakeholders including Government ministries (Women's Affairs and Justice), UN agencies (UNFPA, WHO, UN Women, UNICEF, UNDP and WHO), the GBV Sub-Cluster, the GBVIMS Taskforce and all national and international civil society organizations.

As custodian of the GBVIMS, the Gender Directorate is responsible for maintaining dedicated technical expertise to ensure data quality, protection and coordinated information sharing with all stakeholders at all levels.

The Data Specialist, under the supervision of the Head of the Gender Directorate, is responsible for coordinating with all PPHD focal persons for data collection and monthly reporting and for analysing the data to prepare regular national reports.

The Data Specialist has three key functions:

Capacity building: The Data Specialist, working with a UNFPA international consultant, develops detailed capacity assessments of staff at various field level facilities and at the provincial level. Based on these capacity assessments, the Data Specialist assists the international consultant in developing a detailed capacity development plan which is used conduct GBVIMS trainings in all provinces, ensuring that the capacities of all designated field staff (facility and PPHD) are up to date. In consultation and coordination with PPHD focal persons, the Data Specialist also conducts refresher courses for facility staff as required, and coordinates or arranges induction courses for new staff.

Coordination: The Data Specialist coordinates with all PPHD focal persons to ensure smooth flow of quality data. This includes periodic discussions (in person and remotely) on matters related to data and capacity, providing support for PPHD focal persons in expanding GBVIMS to other health facilities, and coordinating quality control related to data flow and protection. The Data Specialist also coordinates with HMIS at MoPH, the GBVIMS Taskforce, the GBV Sub-Cluster and other ministries on data related matters including specific studies/ assessments on gender and GBV at all levels. If required, the Data Specialist presents data and information based on GBV statistics from the field.

Analysis and reporting: The Data Specialist collects, reviews and analyses field data on a monthly basis, coordinating with PPHD focal persons to compile, analyse and report timely and high quality data to the GBVIMS Taskforce and the GBV Sub-Cluster. The Data Specialist ensures that provincial data is received in a timely fashion, and reviews and compiles all data into a monthly national report by the agreed deadline. The Data Specialist also supports the GBVIMS Taskforce and GBV Sub-Cluster in converting the data into knowledge for informed planning as well as for programme delivery. This report should include a narrative portion providing qualitative analysis including analysis of types of cases/ survivors, field trends and geographic hotspots. She/ he assists the Head of the Gender Directorate or designated persons to share data with relevant ministries including Ministry of Women's Affairs. The Data Specialist is also responsible for developing quarterly and biannual reports reflecting the GBV situation in the field.

The Data Specialist should obtain agreement with provincial focal persons about data flow deadlines in order to ensure timely and accurate reporting and to ensure that all provincial data is received at the national level by the 8th of each month.

Data must be reviewed and compiled into a national report and provided to the Head of the Gender Directorate for approval by the 12th of each month.

3.4 Data flows at the national level

The national report is shared with internal and external stakeholders including ministries, UN agencies, GBV Sub-Cluster, Protection Cluster, GBVIMS Taskforce and the Gender Donors Group.

Data flow to MoPH (internal)

After the monthly national report is finalized by the Data Specialist by the 12th of each month, it is shared with the Head of the Gender Directorate for approval.

Following approval, the report is shared with all relevant departments within MoPH, including HMIS, for informed planning and service delivery.

Data flow to Ministry of Women's Affairs

The Head of the Gender Directorate or a designated person is responsible for sharing monthly reports, with province-wise situation analyses and clear recommendations from MoPH, with the Ministry of Women's Affairs.

Data flow to GBV Sub-Cluster

The Head of the Gender Directorate or a designated person is responsible for sharing monthly reports with the GBV Sub-Cluster, and to coordinate with the GBV Sub-Cluster to further elaborate the report and develop analysis on field trends, services needed and coordination.

Data flow to GBVIMS Taskforce

The Head of the Gender Directorate or a designated person is responsible for sharing the monthly report with the GBVIMS Taskforce. The report is to be reviewed and discussed within the GBV Taskforce, focusing on technical issues, challenges faced and scope for further improvements in the GBVIMS.

4. ROLES AND RESPONSIBILITIES

The roles and responsibilities of designated staff and data managers at all levels, from the field to national levels, are described in this chapter.

4.1 Field level: Health facilities

Five types of health facilities are mandated to provide GBV services, with trained service providers/ caregivers as first points of contact for survivors affected by any form of violence. These include, under the MoPH, PPHD, Basic Package of Health Services and the Essential Package of Health Services, Comprehensive Health Centres, district hospitals, provincial hospitals and regional hospitals, in addition to Family Protection Centres.

Following training on case classification, seeking consent, filling initial assessment and intake forms, designated facility staff and service providers are eligible to provide an initial and comprehensive service package. Each designated staff member may generate unique geographical, facility, caregiver and survivor codes (see section 5.3).

Roles and responsibilities

- For each GBV survivor, designated staff shall classify the type of GBV, seek consent, and fill the intake and referral forms.
- It is the responsibility of the caregiver to assist the survivor with accessing the appropriate services and referring her/ him to specialized services based on the type of violence experienced.
- Once the survivor is provided with services, the caregiver shall inform the survivor about follow-up actions.
- After dealing with all formalities and ensuring survivor get all services and care, designated staff shall finalize the forms for formal reporting based on their training and using the agreed reporting formats.
- All forms must be kept in a properly locked place inside the facility to ensure confidentiality and appropriate coding must be used as per the training provided.
- Staff are expected to discuss all cases with the facility head for guidance and reporting.
- For forms of GBV that have legal implications, staff shall refer to the legal support manual.
- At the end of each month, staff shall compile all data in the reporting sheet (included in the reporting package).
- After compilation and discussion with facility in-charge/ supervisor, the monthly reporting sheet shall be shared with the appropriate focal person at the PPHD.

Important to remember:

When assisting survivors:

It is the responsibility of caregivers to assist GBV survivors with identification of and referral to the appropriate specialized services.

Once GBV survivors are provided with the appropriate services, caregivers should inform them about follow up actions.

For forms of GBV that have legal implications, please refer to the legal support manual.

When reporting data:

Please provide all information clearly and concisely so PPHD focal persons can compile and report it easily.

Monthly reports should only have codes for survivors and type of violence they were subject to, not the individuals' details.

Keep yourself available for any questions or clarifications from provincial or national levels.

Monthly reports must be shared with the PPHD focal person by the 3rd of every month.

4.2 Provincial level: Provincial Public Health Directorate (PPHD)

The PPHD is the central and critical pillar of the GBVIMS. The provincial focal person at the PPHD has overall responsibility for timely and high quality data flow from the province. This position is a core element of this system and must have a designated alternate to support daily workload and substitute in case the focal person is absent. This will bring stability in data flow and coordination.

Roles and responsibilities

- The focal person and her/ his alternate are trained in GBV case classification, filling and reporting intake, consent, referral and other forms filled out at the field level. The core responsibilities of the focal person are:
- Capacity building, coaching, monitoring and feedback:
- The focal person is included among the GBVIMS master trainers at the provincial level and provides quality stepdown training and on-the-job capacity building for facility based staff.
- The focal person is in direct contact with all designated staff/ caregivers at field level facilities on case classification, filling of the field information package (all forms) data collection and timely reporting at all levels.
- The focal person conducts monitoring visits, both with and without the national level Data Specialist, to facilities, providing on-the-job coaching and feedback to staff based on trainings and the agreed tools/ methods.
- The focal person provides feedback to individual staff, keeping the facility supervisor/ manager/ in-charge in the loop.
- In coordination and consultation with the Data Specialist and Head of Gender Directorate at MoPH, the focal person conducts refreshers for existing staff and induction courses for new staff.

Reporting:

- The focal person bears primary responsibility for ensuring data and feedback flow from the bottom to top and vice versa.
- In agreement with field and national level colleagues, the focal person collects, reviews and analyses the data.
- Reporting occurs along two dimensions:
  - Internal PPHD reporting: The focal person informs the provincial PPHD management about trends and the field situation, enabling them to pursue informed decision making and allocate the appropriate resources (human and other).
  - National level reporting: The focal person reports monthly data and discusses additional assistance needed (technical, human or financial). The focal person also coordinates with the Data Specialist and Head of the Gender Directorate, MoPH, about the extension of services to additional facilities and to plan trainings for new staff.

Important to remember:

Agreement should be obtained with field facilities about data flow deadlines in order to ensure timely and accurate reporting.

When required, province-specific data and other information should be presented to the GBVIMS Taskforce and/ or to the GBV Sub-Cluster through the Gender Directorate at MoPH and in consultation with the Data Specialist at national level.

Please ensure that all field staff report data by the 3rd of each month.

Data must be reviewed and compiled into a province-specific report within four days. If clarifications are required, they should be obtained from facilities during this period.

Province-specific data must be provided to the Data Specialist, Gender Directorate, MoPH, by the 8th of each month, keeping all relevant stakeholders in the picture.

4.3 National level: Gender Directorate, Ministry of Public Health

The Gender Directorate at MoPH is the overall custodian of the GBVIMS.

Roles and responsibilities

The Gender Directorate is responsible for maintaining the dedicated technical expertise to ensure data quality, protection and coordinated information sharing with all stakeholders at all levels.

The Data Specialist at the Gender Directorate, under the supervision of the Head of the Gender Directorate, is responsible for coordinating with all provincial focal persons for data collection and monthly reporting and for analysing the data to prepare regular national reports.

The defined responsibilities of the Data Specialist are:

Capacity building:

- The Data Specialist, working with a UNFPA international consultant, develops detailed capacity assessments of staff at various field level facilities and at the provincial level.
- Based on the capacity assessment, the Data Specialist assists the international consultant in developing a detailed capacity development plan.
- Based on this plan the Data Specialist conducts GBVIMS trainings in all provinces, ensuring that the capacities of all designated field staff (facility and PPHD) are up to date.
- In consultation and coordination with PPHD focal persons, the Data Specialist conducts refresher courses for facility staff and coordinates or arranges induction courses for new staff.

Coordination:

- The Data Specialist coordinates with all PPHD focal persons to ensure smooth flow of quality data.
- This includes periodic discussions (in person and remotely) on matters related to data and capacity, providing support for PPHD focal persons in expanding the outreach of GBVIMS to other health facilities, and coordinating quality control related to data flow and protection.
- The Data Specialist also coordinates with HMIS at MoPH, the GBVIMS Taskforce, the GBV Sub-Cluster and other ministries on data related matters including specific studies/ assessments on gender and GBV at all levels.
- If required, the Data Specialist presents data and all other information based on GBV statistics from the field.

Analysis and reporting:

- The Data Specialist collects, reviews and analyses field data on a monthly basis.
- The Data Specialist coordinates with all PPHD focal persons to compile, analyse and report timely and high quality data to the GBVIMS Taskforce and the GBV Sub-Cluster.
- The Data Specialist reviews and compiles all data into a monthly national report.
- The Data Specialist supports the GBVIMS Taskforce and GBV Sub-Cluster in converting the data into knowledge for informed planning as well as for programme delivery.
- The Data Specialist assists the Head of the Gender Directorate or a designated person in sharing data with relevant ministries including the Ministry of Women's Affairs.
- The Data Specialist is also responsible for developing quarterly and biannual reports reflecting the GBV situation in the field.

Important to remember:

Agreement should be obtained with provincial focal persons about data flow deadlines in order to ensure timely and accurate reporting.

The monthly national report should include a narrative portion which provides a qualitative analysis of monthly proceedings and trends at various levels, including analyses of types of cases and survivors, field trends and locations which appear to be GBV hotspots.

Please ensure all provincial data is received at the national level by the 8th of each month.

Data must be reviewed and compiled into a national report and provided to the Head of the Gender Directorate for approval by the 12th of each month.

The finalized national report is shared with internal and external stakeholders including ministries, UN agencies, GBV Sub-Cluster, Protection Cluster, GBVIMS Taskforce and the Gender Donors Group.

After the monthly national report is finalized by the Data Specialist by the 12th of each month, it is shared with the Head of the Gender Directorate for approval.

Following approval, the report is to be shared with all relevant departments within MoPH, including HMIS, for informed planning and service delivery.

The Head of the Gender Directorate or a designated person is responsible for sharing monthly reports, with province-wise situation analyses and clear recommendations from MoPH, with the Ministry of Women's Affairs.

The Head of the Gender Directorate or a designated person is responsible for sharing monthly reports with the GBV Sub-Cluster, and to coordinate with the GBV Sub-Cluster to further elaborate the report and analyse field trends, services needed and coordination.

4.4 National level: GBV Sub-Cluster

The GBV Sub-Cluster, under the guidance of the Protection Cluster and together with MoPH and GBVIMS Taskforce, reviews GBVIMS data in detail, and plans services, advocacy and resource mobilization based on field data.

The Sub-Cluster works with the MoPH, Ministry of Women's Affairs, UN agencies and NGOs to convert data acquired from GBVIMS into actionable knowledge. This knowledge guides coordinated and evidence-based response in terms of service delivery, capacity building and evidence-based advocacy at all levels. The GBV Sub-Cluster reprioritizes interventions, geographic coverage and response modalities based on data.

4.5 National level: GBVIMS Taskforce

The GBVIMS Taskforce has overall responsibility for overseeing the technical and capacities aspects of service delivery through GBVIMS. The Taskforce acts as an advisory body to the GBV Sub-Cluster on the situation of GBV in Afghanistan, including conducting qualitative and quantitative analysis of data.

The GBV Taskforce ensures data quality, protection and the means for information sharing with all stakeholders following an agreed information sharing protocol (ISP). The Taskforce ensures that no breach in data/ information occurs and, in the case of breach, coordinates with participating organizations considered responsible.

5. DATA PROTECTION

5.1 Why data protection?

Sharing GBV-related data in humanitarian and protracted crisis contexts is challenging. There is an inherent tension between the need to provide complete and accurate data, and the concern that this data is sensitive, with potential negative consequences if mishandled.

5.2 Information sharing protocol

The information sharing protocol (ISP) guides information sharing on GBV with all stakeholders so as to ensure that all required information is fully provided yet confidentiality is ensured.

The ISP ensures that only essential and appropriate data is shared externally and the purpose for sharing the data is explicitly stated.

Survivors' control over their data must be respected at all levels by all stakeholders.

It is imperative that a detailed internal assessment be conducted of data protection mechanisms at all levels. Since GBV falls under the health sector response initially, a detailed assessment of mechanisms, staff capacities and their terms of reference/ job descriptions is required to ensure uniformity at all levels.

Trust and a spirit of collaboration are essential to facilitate information sharing at all levels. As a result, participating organizations will emerge as collaborators rather than competitors in responding to GBV and advocating to eliminate it.

The process of developing the ISP is intended to be consultative, involving all stakeholders including ministries, UN agencies and civil society organizations (national and international NGOs).

The ISP is developed using the inter-agency information sharing protocol template provided as part of the GBVIMS.

The ISP lays the ground rules and provides guiding principles on the procedures for sharing non-identifiable data on reported GBV cases.

It ensures, protects and guides how shared data shall be used, but also exactly what information is shared at various levels.

The ISP also describes the processes of data gathering, analysis and reporting, and is designed to be flexible and adjust according to ground realities and the security situation.

As part of integrated GBV service delivery under the GBV Sub-Cluster, all partners providing GBV services are mapped. This not only ensures high-quality coordinated service delivery, it contributes to evidence-based programming. The ISP provides all service providers with the opportunity to learn from each other's experiences in a systematic manner.

The ISP helps to answer certain critical questions:

- Are there other GBV agencies operating in the same area as your organization? Who are they? Have they implemented the GBVIMS? Is there a desire amongst agencies to collaborate and share GBV information? Would they be willing to collaborate on the creation and implementation of an ISP?
- What are the pros and cons of sharing information more widely?
- How might data sharing improve your GBV programming or coordination?
- Which agencies in your area have implemented the GBVIMS and want to share data?
- Are there agencies that have not implemented the GBVIMS but provide GBV services and would also like to participate?
- What specific types or fields of data do you want to share? Why should that information be shared and how will it be used?
- What data is most useful to share amongst GBV service providers to improve programming and coordination in your context?
- Are the identities of the survivors and those involved in helping them adequately protected? How will your protocol ensure this?
- Could any survivors be negatively affected by sharing of even anonymous data? If so, how?

The process by which the ISP is developed between participating organizations is as important as the resulting protocol itself. A collaborative, inclusive and respectful process can help to develop trust between participating organizations, facilitate information sharing and enable a more robust response to GBV.

5.3 Coding

Coding is intended to secure data, ensure confidentiality and protect survivors as well as caregivers from any backlash.

In the coding process, data is encrypted in a way that gives information about the type of GBV, sex of survivor and the facility that provided services (or referral), but completely hides the individual details.

The coding system promotes and protects the safety and dignity of the survivor and the security of the caregiver or service provider at every step. It is the basis for how information is organized in the GBVIMS.

A secondary purpose of coding geographic, facility/ partner, caregiver and survivor data is to make data reporting easier. Incident details are kept in the facility and the codes are used to transmit key data to provincial and national levels.

Every province, facility/ partner, service provider/ caregiver and survivor receives a unique code. If a staff member leaves the facility, the same code is allotted to her/ his replacement after training.

Every reported incident is assigned a unique code, even if the same survivor reports more than one incident.

5.3.1 How to code an incident ID

An incident ID is made up of the following components:

Facility Code + Site Code + Staff Code – Incident Number

For example:

A woman comes to Rabia Balkhi Hospital in Kabul and reports a case of GBV that occurred in Balkh. Hers is the 16th case reported at that facility. The caregiver assigned to her has already been assigned a standard HRD staff code of 120.

By referring to the coding table below, we see that the incident ID is coded as:

142+AD+120+016

The final Incident ID as recorded on the paperwork is: 142AD120-016.

Facility code		Site code		Staff code		Incident number (three digits)	
Rabia Balkhi Hospital	142	Kabul	AA	Each staff working in a health facility is assigned an HRD staff code.	120		014
		Nangarhar	AB		198		015
Ibne Sina Emergency Hospital	136	Balkh	AD		263		016
		Herat	AC		575		
Ali-Abad Hospital	132	Baghlan	AE				
etc.		etc.			etc.		etc.

5.3.2 How to create the survivor code

The back of the consent form provides a tool for collecting information to generate the survivor code. This code is used to denote the survivor in all forms in order to preserve their anonymity.

- Collect the necessary information from the survivor (see back of consent form).
- Circle the first letter or digit of the responses and place them in order as described below.
- If the information is unknown, use an X in place of the missing information.

For example:

The survivor in the previous example has as her mother's name, Halima. She is the third child born to her parents. The survivor was born in Balkh in 1993.

Using the tool on the consent form, the survivor code is generated as follows:

Question	Response	Code
Survivor's mother's name	Halima	H
Birth order of survivor	3	3
Place of birth of survivor	Balkh	AD
Year of birth of the survivor	1993	93
Three digit serial number	[assigned at facility, derived from the case number]	015

The final survivor code is: H3AD93015.

5.3.3 Other codes

All provinces, partners and service providers/ caregivers are allocated codes and the list is included in the HMIS. The codes are assigned after training is completed.

This coding is useful when reporting certain types of domestic violence that needs legal follow up, such as cases of physical abuse. The coding protects the caregiver who has provided care to the survivor and reported the case. Without coding, caregivers may face difficulties due to the presence of the family and other repercussions in case of reports from family members.

6. TOOL PACKAGE

6.1 Intake form

The intake form is intended to be used by service providers/ caregivers offering GBV services to survivors seeking assistance. It is designed to collect data on reported cases of GBV uniformly across Afghanistan, making compilation and analysis of data within organizations and from different service providers/ caregivers easier.

The form collects anonymous data on the survivor, referral pathways, the incident, alleged perpetrator, planned action and an initial assessment. It is an easy-to-use form that is intended to be adjusted to meet specific needs and the local context.

Clear and fully articulated information in the intake form will help ensure that GBV survivors receive proper care and provides vital information for GBV reporting and services at all levels.

The information collected in the intake form is confidential and must be kept under lock and key after it has been filled out and reported.

The data to be collected from survivors was determined by MoPH in partnership with UNFPA, participating UN agencies and civil society organizations. A detailed review of the intake form was conducted in order to further streamline the data collection process and adapt the system to the Global Guidelines. The revised version has been shared with all stakeholders including UN agencies and Government ministries and shall be shared with civil society organizations at a later stage.

6.1.1 Intake form: Administrative information

Section 1 of the form collects basic information about the staff member recording the incident and the incident report itself.

Staff code – As described in chapter 5, every designated and trained staff member is provided a staff code to ensure confidentiality and their own safety.

Report date/ Incident date – Bear in mind that the *report date* may be different from the *incident date,* for example if the incident occurred far from the facility or reporting was delayed due to cultural reasons.

The survivor may not be able to recall the precise date of the incident. Help the survivor recall the date or number of days since the incident occurred.

Report by survivor? – It is useful to know if the incident has been reported by the survivor him- or herself, or by a guardian, acquaintance or relative. This may have a bearing on the quality of information provided.

Administrative Information			
Staff code:	Report date:	Incident date:	Report by survivor? ☐ Yes ☐ No

6.1.2 Intake form: Survivor information

Section 2 collects basic information about the survivor that helps to determine the status of the survivor and the level of care that might be needed.

The data collected includes vital statistics including civil status, gender, displacement status, date of birth, country of origin, physical status (such as disability) and whether the survivor is an unaccompanied or vulnerable child.

Is the survivor a person with a disability? – Take care to note the mental and physical status of the survivor. If the mental condition is not stable or the survivor faces any physical challenge, she or he may need of additional assistance or follow-up. Survivors may also be referred for special services such as to shelter, homes or to the police for legal assistance.

Is the survivor an unaccompanied minor, separated child, or other vulnerable child? – If survivor is an unaccompanied minor, please refer to the Child Protection Centre or other specialized services. Please also inform camp management or any other person/ organization/ institution dealing with overall protection issues related to unaccompanied, separated or other vulnerable children.

Survivor Information			
Date of birth:	Sex of survivor: ☐ Female ☐ Male	Survivor's country of origin: ☐ Afghanistan ☐ Other: _____	Current civil/ marital status: ☐ Single ☐ Married ☐ Divorced/ separated ☐ Widowed
Displacement status at time of report: ☐ Refugee ☐ Asylum seeker ☐ Resident ☐ Foreign national ☐ IDP ☐ Stateless person ☐ Returnee		Is the survivor a person with a disability? ☐ No ☐ Mental disability ☐ Physical disability ☐ Both	Is the survivor an unaccompanied minor, separated child, or other vulnerable child? ☐ No ☐ Unaccompanied minor ☐ Separated child ☐ Other vulnerable child

6.1.3 Intake form: Details of the incident

Section 3 collects details about the incident itself.

This section gathers critical information about when and where an incidence occurred, and the stage of displacement at the time of the incident. It is useful in mapping incident areas, and identifying areas and services where incidents commonly occur, for reporting and developing mitigating measures.

Time of day that incident took place – This helps to determining the time for improvement purposes.

Incident location/ Where the incident took place – This helps in mapping incident areas and to establish mitigating measures at such places.

Incident area – Please note the province, district and area where the incident occurred, in case it should be different from the place where it is reported.

Details of the Incident			
Stage of displacement at time of incident: ☐ Not displaced / Home community ☐ Pre-displacement ☐ During flight ☐ During refugee ☐ During return/ transit ☐ Post-displacement		Time of day that incident took place: ☐ Morning (sunrise to noon) ☐ Afternoon (noon to sunset) ☐ Evening/ night (sunset to sunrise) ☐ Unknown/ Not applicable	
Incident location/ Where the incident took place: ☐ Survivor's residence ☐ Perpetrator's home ☐ International border ☐ Checkpoint ☐ Health centre / hospital ☐ Market / shopping centre ☐ Police station / security ☐ Religious centre ☐ School / educational institution ☐ Unoccupied or abandoned building		☐ Garden/ open field ☐ Water point ☐ Shelter / safe house ☐ Street ☐ Registration point ☐ Distribution setting ☐ Transportation ☐ Public toilet/ latrine ☐ Workplace (factory, office) ☐ Prison / detention centre ☐ Other (please specify): _____	
Incident area:	Province	District	Area

6.1.4 Intake form: Type of case

Section 4 helps staff determine the type of case being reported.

This section prescribes distinct steps to assist staff to correctly identify the type of GBV being reported.

It is essential to engage with the survivor to determine the type of incident.

If multiple types of GBV are being reported by the same survivor (e.g. sexual assault and forced marriage) each should be treated as a separate incident and a separate incident report be completed.

Please take survivor through all the steps in this section and ask what actually happened to the survivor.

Type of Case	
Type of GBV (Please select only ONE of the options below. Refer to the GBVIMS GBV Classification Tool for further clarification.) ☐ Rape (includes gang rape, marital rape) ☐ Sexual assault (includes attempted rape and all sexual violence/ abuse without penetration, and female genital mutilation) ☐ Physical assault (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature) ☐ Forced marriage (includes early marriage) ☐ Denial of resources, opportunities or services (includes denial of inheritance, earnings, access to school or contraceptives, etc.) ☐ Psychological/ emotional abuse (includes threats of violence, forced isolation, harassment / intimidation, gestures, etc.) ☐ Non-GBV (specify)	1. Did the reported incident involve penetration? If yes → classify the incident as "Rape". If no → proceed to the next incident type on the list. 2. Did the reported incident involve unwanted sexual contact? If yes → classify the incident as "Sexual assault" If no → proceed to the next incident type on the list. 3. Did the reported incident involve physical assault? If yes → classify the incident as "Physical assault". If no → proceed to the next incident type on the list. 4. Was the incident an act of forced marriage? If yes → classify the incident as "Forced marriage". If no → proceed to the next incident type on the list. 5. Did the reported incident involve the denial of resources, opportunities or services? If yes → classify the incident as "Denial of resources, opportunities or services". If no → proceed to the next incident type on the list. 6. Did the reported incident involve psychological/emotional abuse? If yes → classify the incident as "Psychological / emotional abuse". If no → proceed to the next incident type on the list. 7. Is the reported incident a case of GBV? If yes → start over at number 1 and try again to reclassify the incident (If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident). If no → classify the incident as "Non-GBV"
Was this incident a harmful traditional practice? ☐ No ☐ Marriage exchange ☐ Forced marriage to perpetrator ☐ Deprivation of inheritance ☐ Honour killing ☐ Other (please specify): _____	Was money, goods, benefits, and / or services exchanged in relation to this incident? ☐ No ☐ Yes
Type of abduction at time of the incident: ☐ None ☐ Forced conscription ☐ Trafficked ☐ Other abduction / kidnapping	
Has the survivor previously reported this incident anywhere else? (If yes, select the type of service provider) ☐ No ☐ Yes, other GBVIMS organization, specify: _____ ☐ Yes, non-GBVIMS organization, specify: _____	
Has the survivor had any previous incidents of GBV perpetrated against them? ☐ No ☐ Yes If yes, include a brief description: _____	

6.1.5 Intake form: Information on the alleged perpetrator

Section 5 collects information on the person(s) alleged to have caused the violence.

Number of alleged perpetrator(s) – Please engage with the survivor to find out the number of people whom the survivor alleges to be perpetrators. This is important in determining what services are appropriate as well as suitable referrals.

Alleged perpetrator relationship with survivor – Please also engage with the survivor about the relationship of the perpetrator with the survivor. This is important in determining the appropriate services as well as suitable referrals.

Alleged perpetrator(s) sex / Alleged perpetrator(s) age – The gender and age of the alleged perpetrators is important for providing psychosocial services and assisting in deciding about follow-ups with the survivor.

Alleged perpetrator occupation – Data on the links/ affiliations of the alleged perpetrator shall help in efforts to mitigate GBV.

Alleged Perpetrator Information	
Number of alleged perpetrator(s): ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown	Alleged perpetrator relationship with survivor: ☐ Primary caregiver ☐ Family other than spouse or caregiver ☐ Supervisor / employer ☐ Teacher / school official ☐ Service provider ☐ Host family ☐ Landlord ☐ Co-tenant/ housemate ☐ Schoolmate ☐ Family friend / neighbour ☐ Other refugee / IDP / returnee ☐ Other resident community member ☐ Other ☐ No relation ☐ Unknown
Alleged perpetrator(s) sex: ☐ Male ☐ Female ☐ Both	
Alleged perpetrator(s) age: ☐ 0–11 ☐ 12–17 ☐ 18–25 ☐ 26–40 ☐ 41–60 ☐ 61 and older ☐ Unknown	

Alleged perpetrator occupation:

☐ Armed forces	☐ UN staff	☐ Community based organization
☐ Armed group	☐ Community leader	☐ Taxi driver
☐ Police	☐ Religious leader	☐ Unemployed
☐ Security personnel	☐ Govt. service provider	☐ Unknown
☐ Teacher	☐ Civil servant	☐ Other: _____
☐ NGO staff	☐ Landlord	

6.1.6 Intake form: Referral pathway

Section 6 collects information on how the survivor came to the service provider and the services to which the survivor has been referred.

This section focuses on formal ways to provide services to survivors.

The first part of this section asks how the survivor came to report the incident to the facility or service provider and whether she/ he was referred by another source or came of her/ his own volition.

The second part asks about the services provided as well as specific referrals. Details should be provided in this section. Please provide details of the referral and services you have provided to survivor in the right hand columns.

The third part asks for information about health and medical services provided to the survivor. Please check the appropriate boxes and provide referral details in the right-hand column.

Does the survivor want to pursue legal action? – Please engage closely with the survivor to find out if she or he wants to seek legal assistance. This is important point to discuss in detail and it is essential to respect the survivor's decision.

In the last two parts of this section, please provide information about referrals to police or livelihood services.

In all these referrals, the survivor's consent and willingness is paramount.

Do not push for anything that the survivor does not want.

Referral Pathway	
Who referred this survivor to you? ☐ Self-referred ☐ Health/ medical services ☐ Community/ religious or camp leader ☐ Legal services ☐ Police/ other security actor ☐ Psychosocial/ counselling services ☐ Teacher/ school official ☐ Safe house/ shelter ☐ Livelihood programme ☐ Other humanitarian/ development actor ☐ Other government service ☐ Other (specify): _____	
Was survivor referred to a safe house/ shelter? ☐ Yes ☐ No – Service provided by your agency ☐ No – Service already received from another agency ☐ No – Service not applicable ☐ No – Referral declined by survivor ☐ No – Service unavailable	**Referral details:**
Was survivor referred to health/ medical services? ☐ Yes ☐ No – Service provided by your agency ☐ No – Service already received from another agency ☐ No – Service not applicable ☐ No – Referral declined by survivor ☐ No – Service unavailable ☐ Family Protection Centre	**Referral details:**
Was survivor referred to psychosocial services? ☐ Yes ☐ No – Service provided by your agency ☐ No – Service already received from another agency ☐ No – Service not applicable ☐ No – Referral declined by survivor ☐ No – Service unavailable ☐ Family Protection Centre	**Referral details:**
Does the survivor want to pursue legal action? ☐ Yes ☐ No ☐ Undecided at time of report	

Did you refer the survivor to legal assistance service? ☐ Yes ☐ No – Service provided by your agency ☐ No – Service already received from another agency ☐ No – Service not applicable ☐ No – Referral declined by survivor ☐ No – Service unavailable	**Referral details:**
Was survivor referred to the police/ other security actor? ☐ Yes ☐ No – Service provided by your agency ☐ No – Service already received from another agency ☐ No – Service not applicable ☐ No – Referral declined by survivor ☐ No – Service unavailable ☐ Family Response Unit (FRU)	**Referral details:**
Did you refer the survivor to a livelihoods programme? ☐ Yes ☐ No – Service provided by your agency ☐ No – Service already received from another agency ☐ No – Service not applicable ☐ No – Referral declined by survivor ☐ No – Service unavailable	**Referral details:**

6.1.7 Intake form: Assessment points

Section 7 helps staff document assessment points and determine the way forward with the survivor. Please note the survivor's apparent emotional state at the start and end of the interview. How is she/ he feeling? Is she/ he sad, scared, depressed, angry or calm? This will help you, as caregiver, to determine the way forward about referral or services.

Will the survivor be safe when she or he leaves? / What actions were taken to ensure the survivor's safety? – Provide an analysis based on the interview of whether the survivor will be safe when she or he leaves the facility. Please also articulate the steps taken to ensure her/ his security.

If raped, have you explained possible health consequences of rape to the survivor? – This question is about information sharing with the survivor in the aftermath of rape. Please hold a session to explain possible health consequences and to advise the survivor about care, medication and follow-up steps after rape.

Did the survivor give their consent to share her/ his non-identifiable data in your reports? – Please make sure that you get full consent from the survivor for sharing her/ his information in a non-identifiable manner for reporting and planning purposes.

Account of the incident – Please provide a complete account of the incident based on your analysis of the interview and assessment.

Assessment Points	
Describe the survivor's emotional state at the beginning of the interview (mark all that apply): ☐ Scared/ fearful ☐ Sad/ depressed ☐ Anxious/ nervous ☐ Angry ☐ Calm ☐ Other: _____	Describe the survivor's emotional state at the end of the interview (mark all that apply): ☐ Calmer than at the start of interview ☐ Similar to that at the start of interview ☐ More upset than at the start of interview ☐ Other, specify: _____
Will the survivor be safe when she or he leaves? ☐ Yes ☐ No If no, why not: _____	What actions were taken to ensure the survivor's safety? (mark all that apply): ☐ Safety plan created ☐ Referral to community-based support ☐ Referral to safe house ☐ Service provider to follow-up ☐ Other action taken
If raped, have you explained possible health consequences of rape to the survivor (and/or to guardian based on assessment capacity and best interest of survivor if under 14)? ☐ Yes ☐ No ☐ Not applicable (not rape)	
Did the survivor give their consent to share her/ his non-identifiable data in your reports? ☐ Yes ☐ No	
Account of the incident/ Description of the incident:	

Once the interview is complete, please thank the survivor. Emphasize once again the information about care and follow-up you have recommended for the safety, mental and physical health of the survivor.

6.2 Consent form

The consent form provides an ethical check and gives the survivor the right to control their information at various levels. At some local levels it may also be known as the "authorization form".

The consent process must be explained to the survivor at the start of the interview. The consent form must be filled out after referrals have been discussed.

The consent form should never be attached to the intake form. It should always be stored separately to ensure client confidentiality in the health facility.

The *Consent for Release of Information* form upholds survivors' rights to control how information about their case is used and shared with other agencies or actors.

At the top of the form, provide the incident ID on the left-hand side, coded according to the instructions in section 5.3.1.

At the top-right of the form, please enter the unique caregiver and facility codes.

Please explain each point of the consent form to the survivor before seeking written approval.

Inform the survivor that information shall be shared in a completely non-identifiable manner. No information about sex, age, ethnic group or religion shall be shared unless approved by the survivor.

If the survivor is literate, please let her/ him read it her/ himself and provide clarification if needed.

Please explain that the information shall remain confidential and shall not be shared with anyone for any reason unless given permission by the survivor.

Explain clearly whom the information could be shared with, and how this information sharing may facilitate or support her/ his case.

After providing a full explanation, please seek formal approval of the survivor to share her/ his information. This must be confirmed with the signature or thumb impression of the survivor.

The back of the form will assist you to determine the code for the survivor (see section 5.3.2). Please consult the coding exercise and seek guidance if you do not understand it fully. The coding process is extremely important and will ensure confidentiality as assistance is provided to the survivor.

6.3 Classification form

The form is used whenever an incident of GBV is reported. It is intended to guide service providers/ caregivers on how to collect and record salient information related to the incident and determine the service package to be offered to the survivor.

The classification form helps service providers/ caregivers determine the type of GBV reported by the survivor and to classify the reported incident accordingly.

6.3.1 Why classification?

Although a routine part of service providers' work, actors working to address GBV have long struggled to define the types of GBV, how these types should be defined and how to apply them consistently across individuals, organizations and contexts.

For example, in Afghanistan, the Ministry of Women's Affairs has identified 24 types of violence while the Global Guidelines only identify six types of violence.

The resulting variations in incident classification has made compiling GBV data challenging, thereby hindering information sharing and undermining coordination efforts.

In Afghanistan, UNFPA and MoPH are coordinating with the Ministry of Women's Affairs, and the GBVIMS is part of efforts to synchronize all data and types for improved reporting and service delivery.

The aim of the classification form is to standardize GBV terminologies by using a set of six core GBV types and definitions as its basis, clubbing additional types with the basic types. The form assists caregivers to use a process of elimination to determine how best to classify a case.

6.3.2 Components of the classification form

The form has three main sections:

- The first section explains the types of GBV as per the Global Guidelines. It explains the six globally accepted types of GBV in detail, providing their characteristics.
- The second section gives instructions on how to determine GBV types in a sequential manner.
- The third section includes the classification exercise and further explanations of GBV types. It also provides guidance on documenting and reporting different types of GBV.

6.4 Referral form

The referral form articulates the services that a survivor needs based on the classification form.

The form has specified fields to assist the service provider/ caregiver to assist the survivor to identify and access the appropriate services. The form may also be considered a service inventory for a survivor.

The form was developed in Afghanistan as a local extension of the Global Guidelines in order to capture maximum relevant information in this context. It is thus important to note that the referral form is not a compulsory part of the global package but has been incorporated in the GBVIMS in Afghanistan.

Based on the intake and classification tools, the referral form has codes for the service provider/ caregiver, health facility and incident.

The referral is used to assist the caregiver to track detailed information on referrals provided for the survivor as captured in the intake form. The referral form gathers information about the causes for referral, an explanation of the incident, services provided before referral, as well vital statistics on the survivor such as age, sex and type of violence experienced. It also includes information on the referral, and comments from the receiving department.

Please explain your reasons for referral in detail so the receiving officer/ organization has all the information required about the survivor in order to provide proper services and care.

In its final section, the referral form includes details about the referral pathway to which a survivor was referred, including the date, code of the receiver department, and its findings.

Please keep full information on referral in the records.

6.5 Incident recorder (IR)

The IR is used to compile a number of cases in a computer spreadsheet for analysis and reporting.

This is an MS Excel spreadsheet that is designed as a database for the compilation, storage and basic analysis of field data. Afghanistan has developed an online database to capture and analyse this information for GBVIMS reporting.

Service providers/ caregivers input the data from the intake form into the IR. Fields in the IR correspond directly with the fields in the intake form, with customizable dropdown lists to decrease input errors and reduce data entry time.

The IR is password protected and contains only de- identified incident data to ensure all data is safely stored and accessible only to those authorized.

As data is entered, the IR automatically calculates data for trend analyses and monthly statistical reports.

It also generates data tables and charts, enabling users to instantly search, utilize and analyse their GBV data.

For example, using the IR you may automatically tabulate the numbers/ percentage of reported GBV incidents that occurred within the context of an intimate partner relationship.

Thus, the analysis through the IR goes beyond the categories collected in the intake form.

The tool is used to obtain GBV information from participating organizations.

7. REPORTING

The GBVIMS in Afghanistan includes detailed processes to ensure timely and high quality reporting at field, provincial and national levels. A summary of reporting flows and timelines is provided below, and further explicated in this chapter.

Field level	Assist GBV survivor and create coded record	
Designated staff at health facilities	3rd of the month	Send monthly reports to provincial level PPHD focal person

Provincial level	Review monthly reports from health facilities and follow up as required	
PPHD focal person	8th of the month	Provide provincial monthly reports to Data Specialist, Gender Directorate, MoPH

National level	Review provincial reports, provide qualitative analysis	
Data Specialist, Gender Directorate, MoPH	12th of the month	Provide national monthly report to Head, Gender Directorate, MoPH
Head, Gender Directorate, MoPH	Review, approve and share national monthly report with: • MoPH (internal dissemination) • Ministry of Women's Affairs • GBV Sub-Cluster • GBVIMS Taskforce	

7.1 Field level

After classification of the type of GBV experienced by a survivor, seeking survivor consent and filling intake and referral forms, the caregiver assists the survivor with accessing the appropriate services, providing referrals to specialized services based on the type of violence and information on follow-up actions.

After the formalities have been completed and the survivor has received all required services and care, the designated staff shall finalize the forms for formal reporting (see also section 3.1).

Based on training and the agreed formats, staff shall code the survivor and keep all forms in a properly locked place inside the facility to ensure confidentiality. Staff are also expected to discuss all cases with the facility head for guidance and reporting, and refer to the legal support manual for cases with legal implications.

All data is to be compiled in the reporting sheet at the end of the month and discussed with the facility manager. The monthly reporting sheet is then shared with the PPHD focal person.

All information must be reported in a clear manner so the PPHD focal person may compile and report on it easily.

The monthly report should only have codes for survivors and type of violence she/he was subject to.

Designated staff should keep themselves available for any questions or clarifications from the provincial or national levels.

Designated staff may report data using the web-based tool or on the manually developed IR form, depending on the facilities and infrastructure available for web-based reporting. The means of reporting may be agreed with the PPHD focal person and MoPH Data Specialist.

Key reporting deadline:

Monthly reports must be provided to the focal person at the PPHD by the 3rd of every month.

7.2 Provincial level

The PPHD focal person and her/ his alternate are trained in GBV case classification, reporting intake, consent and referral. The focal person has overall responsible for ensuing that timely and high quality reporting occurs at the provincial level and is responsible for ensuring that data and feedback flow from the field level to the top and vice versa.

Based on agreements with field and national level colleagues, the focal person collects, reviews and analyses data collected, and reports on it along two dimensions:

- Internal PPHD reporting: The focal person informs the provincial PPHD management about trends and the field situation, enabling them to pursue informed decision making and allocate the appropriate resources (human and other).
- National level reporting: The focal person reports monthly data and discusses additional assistance needed (technical, human or financial). The focal person also coordinates with the Data Specialist and Head of Gender Directorate, MoPH, about the extension of services to additional facilities and to plan trainings for new staff.

The focal person must agree with staff at facilities in the field about deadlines for the data flow and ensure that data is reported on time.

When required, the focal person has to present province-specific data and analysis to the GBVIMS Taskforce and/or the GBV Sub-Cluster through the Gender Directorate in MoPH, in consultation with the Data Specialist at the national level.

Key reporting deadlines:

Ensure all field staff report data by the 3rd of each month.

Data must be reviewed and compiled into a province specific report within four days. If necessary the focal person must obtain clarifications from facilities within this time.

Province-specific data must be provided to the Data Specialist, MoPH, by the 8th of each month, keeping all relevant stakeholders in the picture.

7.3 National level

As lead and custodian of the GBVIMS, the Gender Directorate, MoPH, is responsible for ensuring it has dedicated technical expertise to ensure data quality, protection and coordinated information sharing with all stakeholders at all levels.

The Data Specialist at the Gender Directorate, under the supervision of the Head of the Gender Directorate, is responsible for coordinating with all provincial focal persons for data collection and monthly reporting. The Data Specialist is responsible for collecting, reviewing and analysing field data on a monthly basis.

The Data Specialist coordinates with all provincial focal persons to ensure that timely high-quality data is provided. She/ he compiles, analyses and reports data to the GBVIMS Taskforce and the GBV Sub-Cluster. To achieve this, she/ he ensures that all provincial data is received in a timely fashion and is compiled into a national report. The monthly national report should include a narrative portion which provides a qualitative analysis of monthly proceedings and trends at various levels, including analyses of types of cases and survivors, field trends and locations which appear to be GBV hotspots.

The Data Specialist supports the GBVIMS Taskforce and the GBV Sub-Cluster in converting this data into knowledge to inform planning and programme delivery.

The Data Specialist also assists the Head of the Gender Directorate (or designated persons) to share data with relevant ministries including the Ministry of Women's Affairs. The Data Specialist also develops quarterly and biannual reports reflecting the field situation with respect to GBV.

Key reporting deadlines:

Ensure all provincial data is received at the national level by the 8th of each month.

Data must be reviewed and compiled into a national report and provided to the Head of the Gender Directorate for approval by the 12th of each month.

After the Data Specialist finalizes the monthly report by the 12th of the month, it is shared with the Head of the Gender Directorate for approval. The report is then shared with all relevant departments within MoPH, including HMIS, to inform planning and service delivery.

The Head of the Gender Directorate (or designated person) is responsible for sharing the report with the Ministry of Women's Affairs, ensuring that it includes a province-wise situation analysis with clear recommendations from MoPH.

The Head of the Gender Directorate (or designated person) also shares this report with the GBV Sub-Cluster on a monthly basis, coordinating with GBV Sub-Cluster to further elaborate the report and develop analysis on field trends, services needed and coordination.

The Head of the Gender Directorate (or designated person) also shares the report with GBVIMS Taskforce on a monthly basis. The Taskforce reviews and discusses the report focusing on technical issues, challenges faced and further improvements to the system.

8. GBVIMS TASKFORCE

The GBVIMS Taskforce oversees deliberations, reviews reports and provides suggestions to management on GBV trends. Its participants include MoPH, UN agencies and international and national NGOs.

The GBVIMS Taskforce helps transform data into action-oriented programmes and coordinates with other stakeholders to mainstream GBV information into cross-sectoral programme delivery under the GBV Sub-Cluster specifically, and the Protection Cluster overall.

The GBVIMS Taskforce assists in monitoring the implementation of uniform tools and processes and in ensuring field colleagues to have clear understanding of these. It ensures coordination, contributes to capacity development, provides support for advocating for GBV issues and joint resource mobilization based on ground realities and trends.

The taskforce is expected to contribute to finding answers to questions related to the sustainability of the GBVIMS, promoting national ownership and resilience.

8.1 Structure

Members: The GBVIMS Taskforce comprises all organizations and agencies working on GBV (see section 8.3 below).

Leadership: The taskforce is led by MoPH under guidance from the GBV Sub-Cluster, with UNFPA as a co-chair.

Secretariat: The national Data Specialist's team serves as Secretariat.

8.2 Responsibilities

The GBVIMS Taskforce acts as an advisory body to the GBV Sub-Cluster, including conducting qualitative and quantitative analysis of recorded data. The taskforce ensures the data quality, protection and means for information sharing with all stakeholders following agreed ISPs (see section 5.2). It ensure that no breach in data/ information occurs. If a breach does occur, it coordinates with the involved organizations to address it.

The GBVIMS Taskforce meets monthly with its main task being to review and analyse monthly GBV data. Based on this review and analysis, the taskforce may provide recommendations for improved programme delivery.

The taskforce coordinates with the GBV Sub-Cluster, Protection Cluster and UNOCHA to illustrate the current situation of GBV in Afghanistan, and recommends advocacy interventions to promote further awareness.

It supports the GBV Sub-Cluster in inter-agency coordination and streamlining GBV-specific interventions in programme delivery.

8.3 Membership

Membership of the GBVIMS Taskforce is open to all organizations and agencies involved in any aspect of GBV prevention, including service delivery, community mobilization, awareness raising and advocacy.

Key members include MoPH, Ministry of Women's Affairs, Ministry of Interior, Ministry of Justice, UNFPA, UN Women, UNDP, UNICEF, UNHCR, Norwegian Refugee Committee the IRC, among others. These organizations are core members of the taskforce due to the direct relevance of their work.

8.4 Terms of reference for the GBVIMS Taskforce

The terms of reference of the GBVIMS Taskforce cover coordination, contributing to capacity building, and providing expert analysis. These terms of reference may be modified and further contextualized based on ground realities and trends.

1. Coordination

- Participate in and take leadership in GBVIMS rollout in Afghanistan.
- Provide all support needed to the rollout, including the identification of new GBVIMS users.
- Develop, maintain and update the plan for the GBVIMS rollout, ensuring a clear implementation process.
- Ensure ongoing communication between the GBVIMS Taskforce and the Sexual and Gender Based Violence (SGBV) Working Group.
- Assist with any other issues related to coordination for the GBVIMS.
- Coordinate with governmental ministries, UN agencies and other civil society organizations.

2. Capacity Building/ Coaching

- In coordination with the SGBV Working Group and the Global Team, provide technical support, training, and quality assurance during the rollout phase.
- Identify capacity building needs for service providers.
- Document concerns, good practices and lessons learned from the rollout process.

3. Information and Analysis

- Facilitate the process of developing and revising the Information Sharing Protocol (ISP); once rollout is initiated.
- Assist the SGBV Working Group in producing guidelines and lessons learnt from the rollout of GBVIMS in Afghanistan.

4. Facilitation and Representation

- Represent the GBVIMS Steering Committee as requested.

ANNEXES

GENDER BASED VIOLENCE

Information Management System Manual

GBV Information
Management System