In humanitarian situations, GBV service provision through GBV case management is the primary entry point for survivors to access other services and receive crisis and longer-term psychosocial support, especially since more established health and social services are typically lacking in emergency settings.

Under the leadership of UNICEF, the GBVIMS Global Team spearheaded a two-year project to understand gaps and address needs in GBV case management. This initiative culminated in June 2017 – thanks to funding from the U.S. Office of Foreign Disaster Assistance (OFDA) – with the publication of the *Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to survivors of gender-based violence in humanitarian settings*. These Guidelines set interagency standards for providing care, support and protection to GBV survivors, with a focus on GBV case management, and are accompanied by practical tools and training materials.

Following its publication, the GBVIMS Global Team invested in a capacity-building initiative to operationalize the guidelines: the GBV Case Management Capacity Building Initiative. In 2017-2018, pilot rollouts were implemented in Mali, Nigeria and Somalia to finalize and test the approach of the initiative, as well as training materials and tools. Since September 2018 and thanks to funding from USAID’s Bureau for Humanitarian Assistance (BHA), more comprehensive rollouts of the initiative have taken place in five additional countries: Bangladesh, Central African Republic, Libya, Niger and Yemen.

In parallel, UNICEF also invested in the development of a groundbreaking web application to enable humanitarian actors to safely collect, store, manage and share data for incident monitoring as well as facilitate and document the full GBV case management process: Primero/GBVIMS+. GBVIMS+ is a module within the Protection Related Information Management System (Primero) and the only globally endorsed interagency GBV digital information management system that ensures safe and ethical documentation of both the GBV case management process and GBV data management. UNICEF prioritizes GBV case management capacity building with Primero/GBVIMS+ rollouts.

“When the emergency evolved, all of a sudden [many] organizations came to support GBV survivors, but the capacity of case workers and organizations was really limited. These two trainings transformed organizations from non-GBV to GBV. Now we have several organizations who are known as quality service providers.”

– certified trainer in Cox’s Bazaar, Bangladesh

“Local organizations became more empowered and demonstrated it during coordination meetings and while defending the need for GBV programming during Humanitarian Needs Overview (HNO) process.”

– GBV CM Focal Point, Libya
UNICEF and the GBVIMS Global Team has continued to actively engage the Global Pool of trainers through quarterly coaching sessions covering a variety of topics related to GBV case management. GBV case management Focal Points across the eight countries also gather bi-monthly to participate in an exchange and share lessons learned and good practices across contexts. The initiative is planned to be rolled out in new contexts and will primarily focus on working with women-led organizations at local level. For a detailed implementation guide of each phase of this Initiative, please refer to the Toolkit and Rollout Strategy resource developed by the GBVIMS Global Team. This Toolkit and Strategy is intended for practitioners interested in adopting this interagency approach to building capacity on GBV case management and provides guidance and tools to implement the GBV Case Management Capacity Building Initiative.

The GBVIMS Global Team, along with the GBV AoR Helpdesk, NCA and Trocaire, recently released guidance on transitioning to remote GBV case management in the context of COVID-19, whether phone-based or via a hotline. UNICEF is now investing in creating an accompanying training package to build capacity on providing support and services to survivors remotely.

The overall objective of the GBV Case Management Capacity Building Initiative is to strengthen capacity of and support country-level service providers to provide quality care, with a focus on safe, ethical and comprehensive service provision. The main output of the Initiative was to develop a national pool of trainers on GBV case management – a cadre of country-level GBV actors with enhanced understanding and commitment to GBV case management based on the Interagency GBV Case Management Guidelines and accompanying tools and training materials. To date, the Global Pool of trainers is composed of over 150 GBV case management experts who have in turn trained over 3,300 individuals across eight countries. The Initiative was divided into three phases:

1. Planning & Preparation: This first phase, estimated to take 8-12 weeks, is key to building a strong foundation for and ensuring successful and sustainable implementation and buy-in for the initiative. Among other things, it includes identifying resources and an interagency Focal Point to coordinate and oversee activities, securing commitment in country, conducting a desk review of existing resources and interagency capacity assessment, identifying facilitators for the training of trainers, etc.

2. In-country Training of Trainers (ToT): Through a competitive application process, individuals are invited to attend an 8-day in-country (or remote) training of trainers (ToT) where participants are evaluated and, when they meet pre-defined evaluation outlined criteria, certified as trainers.

3. Follow up: Participants that are certified during the ToT composed the in-country Pool of trainers. This Pool of trainers is in turn tasked with delivering stepdown trainings on GBV case management to continue building capacity among service providers in their respective countries. Certified trainers could access a small pool of funding dedicated for stepdown trainings and disseminated through the coordination body in country.

“The GBV case management capacity building initiative catalyzed a process in CAR.” – GBV sub-cluster coordinator in CAR

The GBV CM CBI is unprecedented both in approach and scale. Several participants mentioned wanting to adopt the approach of creating a pool of in-country experts for other projects and initiatives. Participants also mentioned that being able to identify and rely on human expertise in country was not only more sustainable but created a sense of empowerment, pride and camaraderie among actors who are used to requesting support from ‘global experts’ that are not always available and often lack contextual expertise.

“This initiative created a pool of qualified, human resources at a national level” – GBV CM Focal Point, Mali