

# Successes and Opportunities for Actionable Impactful Data for Programmatic Decision Making

## LEARNING BRIEF



Humanitarian  
innovation fund

elrha



### BACKGROUND

With support from the Humanitarian Innovation Fund, the International Rescue Committee (IRC) has integrated two validated outcome measures and key performance indicators directly into the Gender-Based Violence Information Management System Plus (GBVIMS+) case management information system. This learning brief discusses the findings of the end-of-project assessment conducted with staff in Jordan who had piloted these new features.

#### WHOSE VOICES ARE REFLECTED IN THE ASSESSMENT?



**CASEWORK  
SUPERVISORS**



**CASEWORKERS**

#### WHOSE VOICES ARE NOT REFLECTED?



**GBV CASE  
MANAGEMENT  
CLIENTS**

### METHODOLOGY

The assessment integrated data from qualitative key informant interviews (KIIs) and a mixed methods survey. The KIIs were primarily conducted via Teams, though one respondent provided written responses over email due to scheduling challenges. The mixed methods survey was sent via Kobo to 21 IRC staff members who had been trained on the GBVIMS+.

#### Key Informant Interviews



**N = 7**

#### User Satisfaction Survey



**N = 10**

### LIMITATIONS

The findings of this learning assessment are restricted to the pilot which was conducted in Jordan and therefore may not be representative of experiences of staff in other contexts. One respondent shared feedback via email rather than an interview, which limited the detail of the responses and did not allow for follow up discussion. Additionally, of the 10 who responded to the user satisfaction survey, only 5 had had exposure to the new features and could complete the full survey.

## FINDINGS

### Successes

**"This will lessen the load on [caseworkers] because now, they are working on GBVIMS+ and the paperwork. They do both work, so if they just fill the GBVIMS+, this will be better for them and this will save effort and time. "**

*Caseworker Supervisor*

#### FACILITATED REMOTE WORK

Having all data within one system allowed caseworkers to easily complete documentation at home, which was particularly valuable during COVID-19 lockdowns. Supervisors also reported being able to provide better remote support and necessary approvals using the GBVIMS+.

**"It is a remote tool. [Caseworkers] can access it outside, especially outside our offices, especially during the coronavirus situation. They used to work from home, and the paperwork was not available with them...The GBVIMS gives them the opportunity to document all the new cases during the shutdown and the lockdown."**

*Caseworker supervisor*

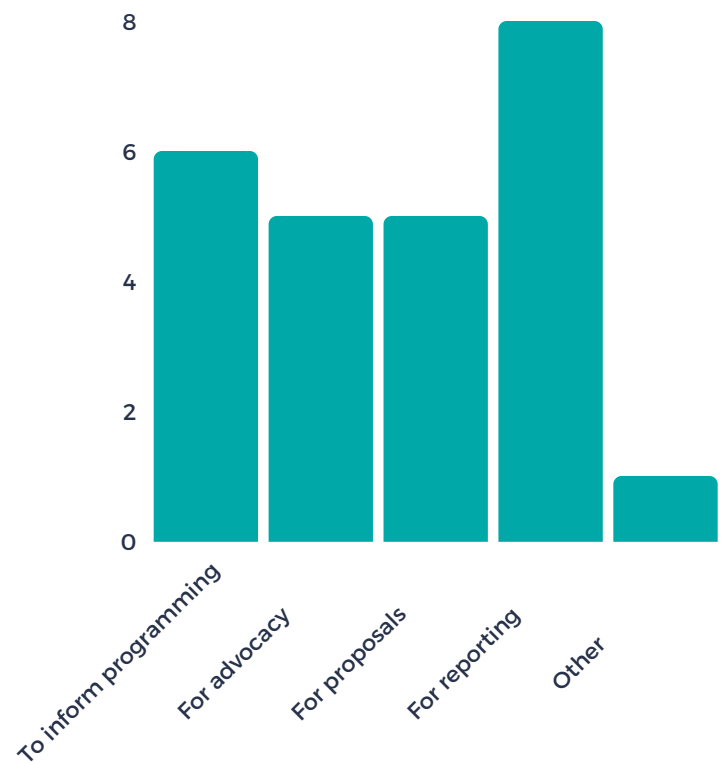
#### IMPROVED SERVICE DELIVERY

Respondents felt caseworkers could better tailor their support to the needs of the survivor due to having easy access to the data from the Outcome Scales. Because the scales are administered multiple times, staff also reported that seeing the change over time was motivational and helped them better understand survivor outcomes.

#### STREAMLINED REPORTING

Caseworkers and supervisors both reported that workloads were reduced because all documentation happens in one system. This is an improvement because staff previously had to enter case data into GBVIMS+ and then collect outcome data on paper or via Kobo. They also spoke about how having integrated key performance indicators allows them to nimbly report to the donor, which they hope will also help in fundraising efforts.

#### INTENDED USE OF AUTOMATED INDICATORS



# 100%

of surveyed users said they would recommend using the Outcome Scales in the GBVIMS+ to a colleague

## FINDINGS

### Opportunities

#### AUTOMATIC SCORING

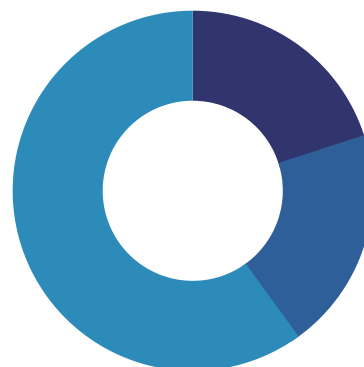
The biggest challenge reported was that the new features did not include automatic calculation of the outcome scales; anyone wanting to understand the psychosocial wellbeing or felt stigma of a survivor must manually calculate the data after it is input. One of the most commonly repeated suggestions was to add a feature to the GBVIMS+ that would automatically calculate the score and changes to that score over time. Additionally, staff were interested in having cut-off scores that identify when extra support is needed for the case.

**"It's maybe affected my work because...I will work [based on] the need of the case. So when I apply the PSS or psychosocial support wellbeing...tool, maybe it comes with me at the results—she has low self-esteem—so I can work with this...[S]ome of paragraphs can measure...'how can you take a decision and rely?', 'how do you look to yourself?' Maybe this is giving me indicators to know what I will work with here, so it can be improve[d] and help me in my work. "**

*Caseworker*

#### USER AGREEMENT WITH THE STATEMENT "I WOULD BE CONFIDENT USING THE OUTCOME SCALES IN THE FUTURE WITHOUT ADDITIONAL SUPPORT"

Somewhat disagree  
60%



Somewhat agree  
20%

Neither agree nor disagree  
20%

#### ADDITIONAL TRAINING TO ENCOURAGE DATA USE

Results of the user satisfaction survey revealed that respondents are not yet confident in using the new features without support. The KIIs further illuminated the need for additional training, particularly because of a lack of clarity regarding whose responsibility it is to interact with the data once it is collected. The lingering discomfort with the system coupled with the confusion around responsibilities represent significant barriers to uptake that should be addressed. Suggested training topics include:

- Continued practice inputting data
- A refresher on the outcome scales
- Deep dive into the Felt Stigma Scale

The Felt Stigma Scale seemed to prove particularly challenging for caseworkers as there was a belief that only certain types of GBV might lead to felt stigma and there was uncertainty around how to address stigma once it was identified by the scale. Developing a training that focuses demystifying the concept of felt stigma and why it is an important outcome is likely to lead to better uptake and more meaningful usage of the data collected.