

Guidance on Oversight Audits or Evaluations of GBV Case Management Services

Version 1: June 2023

Version 2: March 2024

Internal

Audits conducted for oversight purposes help UNHCR accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. The Office of Internal Oversight Services (OIOS), through its UNHCR Audit Service, provides internal audit services to UNHCR in accordance with a Memorandum of Understanding. While audits are conducted in line with procedures of UN-wide regulations that determine scope, frequency, each audit has a set of guiding documents (including TOR, Scoping Document, and document request matrix) that are important to inform those involved in advance of the audit what is expected and preparations that will need to be made to facilitate access to the necessary documents for auditors.

It is important to note, that while it is the responsibility of UNHCR staff to provide access to documentation to auditors to allow them to fulfil their mandate, it is also part of the process to ensure that UNHCR's response to any requests demonstrate and advocate for practices in line with those outlined in foundational GBV guidance including the UNHCR GBV Policy, GBV Minimum Standards and GBV Case Management Guidelines. The purpose of this document is to outline established GBV standards in line with a survivor-centered approach and data protection and options for assessing and measuring the quality of different aspects of GBV case management services and related activities that are in line with these standards.

The following section applies for audits and evaluations and can be shared with the auditing and evaluating teams.

Best Practices for those Responsible for Auditing or Evaluating GBV Programs

- Auditing and evaluating teams should be briefed by GBV/protection workforce on the GBV guiding principles as well as the [WHO 8 principles on ethical data collection](#). At all times, auditing and evaluation teams must commit to respect the GBV guiding principles and WHO 8 principles.
- They should also be briefed on [GBV safe disclosures and referrals](#) and provided with a GBV referral pathway if any discussions are being conducted with the community. They should never organize focus group discussions or meetings targeting only GBV survivors.
- UNHCR should share, in accordance with SOPs, information on channels and appropriate processes to safely report concerns or incidents of sexual exploitation or abuse concerns must be shared with the audit or evaluation team.
- GBV survivors should never be sought out or communicated with for the purposes of auditing and evaluation.
- Based on the wishes and consent of survivors, personal information and case files are only shared for the purposes of service provision. Therefore, GBV case files should never be shared for the purpose of trend analysis, auditing and/or evaluation.

Recommended Activities for External Auditing or Evaluating of GBV Case Management

How to assess quality of GBV case management services without accessing case files

[Service Availability](#)

- Do check if the GBV case management referral pathways capturing multi-sectoral services (Health/Medical, Psychosocial Support, Safety, Security, Education and Livelihood) are established, functional and updated regularly (every year at least).
- *Good Practice: Service Spot Check*
 - Service available according to the referral pathway, contact/hours/responsive to request for services. (This should be done in a manner that does not impact the ability for services to be provided in a safe and confidential method). Consider gender of auditor, method of contact (phone), locations that need to be confidential (safe spaces).
 - Check that private confidential spaces are available for case management by interviews with staff about case management (CM) procedures and processes.
 - Existence of Internal Case Management SoPs
 - Do check for data security principles are being adhered to, such as case files in lockable cabinets, the use of passwords, not leaving devices unattended, strict non-disclosure.¹

Service Quality

- *Review Programming Resources*
 - Review the operations CM SOPs to find out if the ratio of caseworker/case manager per caseload (not more than 1:20 and case worker per supervisor (1:8) are in line with the Interagency standards.
 - Check for the gender of caseworkers/case managers. For example, GBV programs established to address violence against women and girls, and where the entry point for GBV case management services is women and girls' safe spaces (WGSS), female caseworkers/case managers should be hired in order to keep the WGSS 'women-only', to protect the emotional and physical safety of the survivors.
- *Good Practice: Review of Aggregate Key Performance Indicators (KPIs) for Services Provided*
GBVIMS aggregate statistics from partners ²and relevant COMPASS indicators can be used to understand access to services and types of violence being seen in the context.

Aggregate analysis of KPIs:

- *Overall Quality:*
 - *Client Satisfaction Survey:* review average of satisfaction based on survey
 - In addition, review partner (or UNHCR if they are providing direct services) recent summary findings and actions based upon client satisfaction surveys to ensure that they are in use and the level of satisfaction by survivors accessing services.
- *Introduction and Engagement:*
 - *See staff Knowledge, Skills and Attitudes activities below*
 - *% of Survivors Signing Consent form*
- *Assessment:*
 - *Completion of Demographic and Incident Data: Will indicate how comprehensive documentation was at Assessment.*
- *Action Plan:*
 - *% of IPV cases with Safety Plan Completed*
 - *% of Rape cases referred to Health Services in 72/120 hours*
 - *% of services needed received*

¹ See Data Protection Checklist here: <http://www.gbvims.com/wp/wp-content/uploads/DATA-PROTECTION-CHECKLIST.pdf>

² Please note: this is not referring the InterAgency GBVIMS data which is governed by the IA ISP which a request would have to be directed to the IA GBVIMS Coordinator in country. This is the aggregate monthly statistics shared by funded partners with UNHCR on a monthly basis .

- % of services declined
 - % of services not available
- *Implementation, Follow-up and Case Closures*
 - *Proportion of referred cases that received services*
 - *Client Satisfaction survey (on satisfaction with referred services)*
 - *Average # of follow-up visits per incident*
 - *Average # of referrals per incident*
 - *Time for service provision (length from start to case closure)*
 - *% of cases reviewed by supervisor before closure.*
 - *% of cases closed*
- *Review Staff Knowledge and Skills*
 - Staff interviews on case management / referral pathways and services / training.
 - Scenarios and role play with staff on service provision for simple and complex cases.
 - Check for the existence of case management assessment reports and updated capacity-building plan.
 - Review case management assessment report and capacity building plan to verify if capacity gaps align with plans to address the identified gaps.
 - Training records of staff.
 - Do check for data security principles are being adhered to secure documentation, not leaving devices unattended, strict non-disclosure.³
- *Review Supervision and Internal Monitoring Processes*
 - Review checklist for appropriate recruitment of case management team (caseworkers, supervisors, etc.).
 - Check case management supervision reports and staff care activities, including frequency and consistency of supervision, on-boarding procedures, one-on-one check-ins, group meeting including learning and confidential case review.
 - Check whether information sharing protocols (ISP) or bilateral data sharing agreements for sharing of non-identifiable for trend analysis are in place.

Do not:

- Seek out GBV survivors, engage directly, or interview them.⁴
- Process physical documentation or access files pertaining to GBV survivors.⁵ Including digital or paper files.
- Access women and girls' safe spaces.
- Request for names or any identifiable information of GBV survivors.
- Request interagency, or aggregate case management line data to identify cases for individual follow-up either with partners or survivors. (Breach of Information Sharing Protocols)

Programme Efficiency

- *Review existing reports and agreed upon statistics:*
 - Implementing Partner (IP) monthly reports can be used to compare the number of services provided with spending.

³ See Data Protection Checklist here: <http://www.gbvim.com/wp/wp-content/uploads/DATA-PROTECTION-CHECKLIST.pdf>

⁴ As GBV survivors are still in receipt of services, they may not be in a position to decline an invitation for an interview if contacted by HCR/partner and may instead, feel under pressure to accept an interview with an external party.

⁵ This case information (on the GBV as specific protection need) cannot be shared with the third party which is not part of the referral/service provision ecosystem, unless explicitly agreed to by the individual. Survivors should not be contacted to seek consent after the fact for the purposes of auditing or evaluation.

- Aggregate GBVIMS statistics reports can be used to compare the number of services provided with spending.⁶
- If non-identifiable sign-in sheets are used by partners or UNHCR staff to track funds provided to survivors as part of Case Management, these can be used to cross-check spending.

Do not:

- Interview or contact survivors
- Request identifiable information on survivors receiving services.

*Coordination – Response services*⁷

- Review service mappings to ensure they exist and are up to date.
- Look at SOPs and TOR for GBV Working group in refugee settings and meeting minutes. Do they exist, have they been updated/reviewed in the past year, do they include current actors in the GBV coordination mechanism, do UNHCR/partners regularly participate in meetings?
- Review existing participatory or other assessment reports, to gather recently collected information about GBV service accessibility. If no recent assessments have been conducted, focus group discussions can be held, with a random selection of women and girls to understand community awareness, engagement, and satisfaction with GBV programming.
- Find out if Coordinators are regularly assessing the coordination mechanism in terms of engagement, and satisfaction.
- Interview service providers and various types of organizations in the coordination mechanism to understand their engagement and satisfaction with the coordination mechanism.
- Check whether the case conference committee TOR⁸ outlines meeting procedures that only includes actors directly involved in providing services to affected survivor.

Do not:

- GBV survivors should never be targeted for participation in focus group discussions (FGDs) or KIIs due to the sensitivity around arranging meetings with survivors and potential for creating harm, identification and stigmatization.
- Participants in FGDs should never be asked to disclose their experiences with GBV or utilization of GBV services.
- Aggregate statistics should never be used as basis for individual follow-up with organisations to request personal data on individual survivors.

⁶ It is important to note that costs per case can vary significantly, but in situations where concern is raised, it can be appropriate to request a cost break for a sample of cases. No identifiable information should be shared as part of this process.

⁷ Refer to GBV Minimum Standard 15: GBV Coordination Key Actions (pg. 115) https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimum%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf

⁸ Refer to annex A, Case conference committee ToR.