

# Case Study

## Implementing a Survivor-Centred GBVIMS in Djibouti (2021–2026)

*From paper-based case management to intersectoral, data-informed decision-making*

<b>National Counterparts / Stakeholders</b>	Ministry of Health, Ministry of Justice, UNFD, Ministry of Women and Family, Social organisations and intersectoral GBV coordination actors
<b>Development Partner</b>	UNFPA
<b>Implementing Technical Partner</b>	Community Systems Foundation
<b>Project Location</b>	Djibouti
<b>Implementation Period</b>	July 2021 - Present

### 1. Context and Rationale

Prior to 2021, the national response to Gender-Based Violence (GBV) in Djibouti relied largely on paper-based case management systems across health, social, and justice sectors. While services existed, the absence of a shared information management system meant that cases were difficult to track over time, referrals across sectors were fragmented, and reliable GBV statistics were largely unavailable for planning and policy formulation.

Key challenges included the lack of standardised tools, limited coordination mechanisms, weak data aggregation, and the absence of a secure system capable of protecting survivor confidentiality while supporting intersectoral collaboration. Despite strong institutional commitment, GBV data remained underutilised and survivors often risked falling out of the response system.

In this context, the Government of Djibouti, with support from partners and technical accompaniment from CSF, initiated the development and implementation of a national Gender-Based Violence Information Management System (GBVIMS).

### 2. The GBVIMS Solution in Djibouti

The GBVIMS implemented in Djibouti is a **survivor-centred, multisectoral digital platform** designed to support coordinated case management while ensuring strict confidentiality and data protection. It relies on the foundation of the global GBVIMS, but is has been customised to the cultural context of Djibouti.

At the core of the system is the survivor, whose case is managed across sectors according to informed consent and clearly defined roles. Health, social, and justice service providers are able to:

- create and manage cases,
- provide counselling,
- refer survivors across services, and
- follow cases over time until appropriate closure.

A fundamental design principle is the **strict separation between case-level data and aggregated data**. Case data remains accessible only to authorised service providers directly involved in care, while anonymised, aggregated data is generated for analysis, reporting, and decision-making. No national-level actor has access to identifiable survivor information.

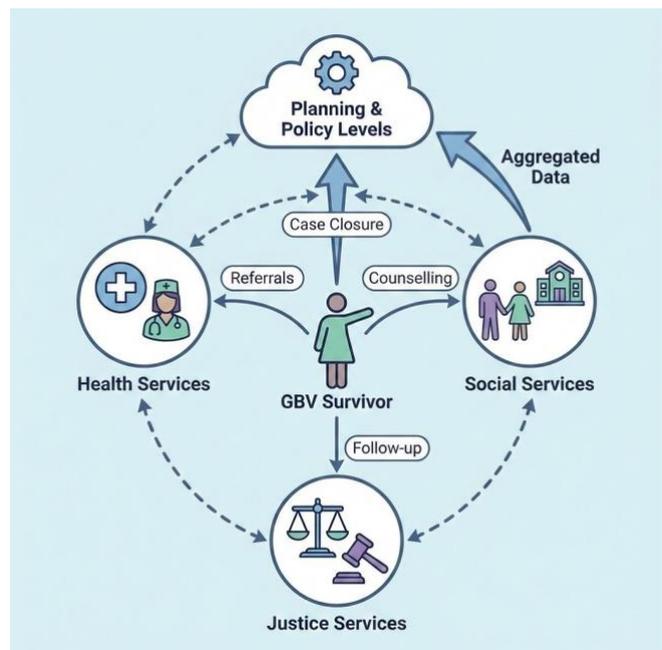
Governance of the platform is anchored institutionally. The Ministry of Health serves as the national authority, with the Direction de l'Information Sanitaire (DIS) designated as system administrator. Over time, the platform evolved into **GBVIMS-SANTÉ**, including interoperability with the national health information system (DHIS2), allowing selected GBV indicators to inform health sector planning while preserving confidentiality safeguards.

Taking into account the connectivity challenges in various structures, along with the web based application, a mobile application of GBVIMS is also available that allows service providers to work in an offline mode, ensure efficiency in operations.

### 3. Implementation Approach

Implementation followed a phased, participatory approach between 2021 and 2024:

- Phase 0 – Needs assessment and consultations:**  
 Multi-stakeholder interviews and consultations identified gaps, constraints, and institutional expectations across sectors.
- Co-design and validation:**  
 National actors from health, social, and justice sectors jointly co-designed workflows, tools, and governance arrangements, ensuring contextual relevance and ownership.
- Capacity strengthening and operationalisation:**  
 A cascade training approach was adopted, combining training of trainers, hands-on practice, and continuous accompaniment. Particular emphasis was placed on confidentiality, counselling, and ethical data use.
- Institutional anchoring and system maturation:**  
 National administration was progressively reinforced, roles clarified, and the platform stabilised. Over more than two years of operation, the system functioned reliably and supported the transition to an improved version with enhanced features and interoperability.



### 4. Results and Value Added

More than two years after launch, GBVIMS in Djibouti has reached a level of maturity where **data is actively informing decision-making**. Aggregated statistics on GBV cases—disaggregated by gender, age group, region, and type of violence—are now available and used in intersectoral forums.

During national coordination meetings, including those attended by ministerial leadership, GBV data generated by the system has provided a shared evidence base for discussions on priorities, resource allocation, and policy responses. Importantly, this visibility has been achieved without compromising survivor safety or confidentiality.

Beyond data, the platform has strengthened coordination among service providers, reduced case fragmentation, and reinforced a shared understanding that GBV response is both a technical and a human process.

## 5. Key Lessons Learned

The Djibouti experience highlights several lessons relevant for replication:

1. **Digital systems are enablers, not substitutes:** Effective GBV case management depends as much on human coordination and counselling as on technology.
2. **Clear governance protects survivors and institutions:** Defined roles and strict access controls are essential, especially in intersectoral and interoperable environments.
3. **Counselling and case closure matter:** A case is not complete when data is entered, but when the survivor feels safe and appropriately supported.
4. **Interoperability requires discipline:** Linking GBVIMS with other systems adds value only when confidentiality principles are rigorously upheld.
5. **National ownership is key to sustainability:** Institutional anchoring beyond project cycles is critical for long-term impact.

## 6. Scalability

Djibouti's experience demonstrates that a survivor-centred GBVIMS can be successfully implemented even in resource-constrained environments through phased deployment, strong institutional governance, and sustained capacity strengthening. The approach is adaptable to different national institutional arrangements and can integrate effectively with existing health information architectures, including DHIS2-based environments.

More broadly, this case study illustrates how countries can move from fragmented gender-based violence data systems toward a coordinated, ethical, and decision-oriented information management framework. By prioritizing survivor safety, inter-institutional collaboration, and responsible data governance, similar systems can be adapted and scaled across diverse national contexts to strengthen GBV prevention and response efforts.