Data Quality Assessment of Existing GBV/HP Tools, Processes and Data Management Systems in Uganda

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List of Acronyms

CSOs	Civil Society Organizations
DV	Domestic Violence
GBV	Gender based Violence
HP	Harmful Practice
HLGs	Higher Local Governments
MALGs	Ministries, Agencies and Local Governments
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NGBVD	National GBV Database
OVC	Orphans and Other Vulnerable Children
OVCMIS	OVC Management Information System
UBOS	Uganda Bureau of Statistics

Executive Summary

Gender-based violence is defined as violence directed at an individual based on the person's biological sex or gender identity. Gender-Based Violence is a threatening, protection, health, and human rights issue that can have a devastating impact on women and children in particular, as well as families and communities. The different forms of gender-based violence include sexual violence, physical violence and psychological violence.

Detailed data is required to gauge the magnitude and dimensions of the problem. Accurate and comprehensive data serve to increase societal awareness of gender-based violence including harmful practices (GBV/HP) and calls for attention to the accountability of the State to act against such violence. The main sources of data on gender-based violence are population-based surveys, which can be used to generate information on the prevalence of GBV/HP. On the other hand, information from administrative sources are useful for measuring the incidence and character of GBV/HP in the community.

UBOS undertook an assessment to review the data collection systems and explore the feasibility of integrating, harmonizing and standardizing existing administrative data collection tools, systems (including IT based systems), and resources (skills and equipment), with a view of amalgamating the information to get a national picture on the status of GBV/HP in Uganda. The institutions whose data collection systems were assessed include the Equal Opportunities Commission, National Planning Authority, Ministries of Education and Sports, Energy and Mineral Development, Finance, Planning and Economic Development, Gender, Labour and Social Development, Health, Public Service, local government, Internal affairs and Trade, Industry and Cooperatives, as well as selected CSOs

Findings from the assessment

There are different institutions that collect GBV/HP information. These include: the Ministry of Gender, Labour and Social Development, the Ministry of Health and the Ministry of Education and Sports.

The Ministry of Gender, Labour and Social Development has two independent systems which collect information on Gender Based Violence/Harmful practices (GBV/HP). These include the National GBV Database (NGBVD), the Orphans and Other Vulnerable Children Management Information System (OVCMIS). The Uganda Child Helpline (SAUTI 116) serves as a notifier to either of the systems. The NGBVD is an online Management Information System designed to collect, store and analyze GBV/HP data. GBV Actors use the GBV Incident Report Form for documenting information and collecting data about reported GBV/HP incidents. The form is filled at the service provision points such as the Community Development Office, Police, GBV Shelter or any other actor and then entered the NGBVD by authorized users at the Community Development Office (CDO) or Civil Society organizations (CSO). By the end of 2018, the NGBVD was operational in only 80 of the 122 districts in the country.

The Orphans and other Vulnerable Children Management Information System (OVCMIS) was designed so that all OVC service providers collect relevant and functional information on a routine basis for use in planning and making decisions to improve service delivery. The OVCMIS enables service providers to report through it in order to aggregate data. The Service Provider uses the Integrated OVC Register (Form 004) to register Orphans and other Vulnerable Children (OVC) and document services received. On a quarterly basis, the Service Provider summarize the information into the OVCMIS Quarterly Data Collection Tool (Form 100) and report to the District Community Development Departments, with a copy to the Subcounty CDO for entry into the OVCMIS.

The Ministry of Health developed the Health Management Information System (HMIS) to generate timely and accurate information which will inform health care management decisions at all levels of the health system. The health facilities collect information on GBV from the Out-patient Register (Form 031) and the SGBV Register (MCH Form 021). This is summarized on a monthly basis using the HMIS Forms (105) then entered into the HMIS.

The Ministry of Education and Sports does not have a regular structured system for compilation and/or reporting of information about GBV/HP in the education sector. The information is captured as part of the routine administrative reports

from the schools to the District Education Departments. The other government ministries have no system of capturing GBV information within their departments or in the general community.

Challenges identified

The assessment revealed several challenges associated with the systems;

1. The coverage of the various systems is low, arising out of limited geographical coverage of the systems. In addition, the reporting levels are low, arising out of reluctance of the population to report some of the GBV/HP cases. In addition, there are reported delays in transmission of information from the point of first registration/collection to the point of data capture, usually at the district headquarters because of logistical constraints. Such delays result in late release of the information to the stakeholders.

2. The data management systems are predominantly paper-based at the point of registration. Monthly/quarterly summaries are manually compiled and captured in the respective MIS, usually at the district level.

3. The management system of GBV/HP cases allows for a referral of a GBV/HP from one institution to another. However, there is no unique mechanism of isolating the referred case during the compilation of the monthly/quarterly summaries. This may lead to double counting of such cases.

4. The different institutions that collect GBV/HP information have varying mandates. Therefore, they collect different types of information and they use different varying methods of collecting and summarizing the information. Therefore, it is not possible to amalgamate information or triangulate from different institutions.

5. Information from the systems are not readily accessible to users. The local governments have no control on the outputs from the GBV/HP databases, so there is minimal or absolutely no data analysis at the district level. Thus, the data are not fully used for planning and budgeting at the local

government level. In addition, the district officials lack capacity to carry out analysis of the GBV/HP data from the various systems.

Proposed interventions

Several interventions will be required in order to improve the systems to be able to generate reliable data about the situation of GBV/HP in Uganda.

1. The MGLSD should define a minimum set of variables required for determining the incidence of GBV/HP in the country and all GBV/HP actors/data producers should be encouraged to include the 'minimum set of variables' in their registers/data collection tools. Further, the ministry should develop standard age groupings for reporting on GBV/HP, and each institution to be encouraged to ensure that their information can be collapsed into the standard age groups.
2. The districts should consider carrying out data capture of GBV/HP data at the point of first registration (possibly at Subcounty headquarters) so as to expedite the reporting process and also minimize the human errors while manually compiling summaries.
3. Each GBV/HP data collection system should have a unique identifier of a GBV/HP survivor, and that unique identifier will become part of the case information and is captured by other systems where that case may be referred to.
4. When compiling the summary information, a distinction should be made between newly reported cases and cases referred from other sources. Then, the summation of the newly reported cases will give the true magnitude of reported GBV/HP cases.
5. The MGLSD should expedite rolling out the NGBVD and any other databases to cover all local governments in the country.
6. There is need for continuous sensitization of the general public to report all GBV/HP cases, whether deemed by the survivor as minor or serious.

7. The GBV/HP databases should be made flexible to allow for Local Governments to be able to generate locally relevant outputs from the system. In addition, UBOS should conduct further training of the district level staff to enhance their capacity in data management and analysis so as to be able to analyze and utilize their locally collected data.

8. There is need for MDAs, LGs and CSOs to develop an explicit dissemination policy for the data they collect. The information disseminated should include standards, guidelines, manuals, and metadata for the data production process. All GBV/HP actors/data collectors (including UBOS) should be encouraged to develop and adhere to a Release calendar so as to enable timely release of information to users.

Way Forward

UBOS should spearhead reforms towards strengthening collection and dissemination of GBV/HP data in Uganda. The process of strengthening mechanisms for collection and dissemination of information GBV/HP should take a phased approach as highlighted below.

Step 1 – UBOS should develop a database of GBV/HP, populated with data from the currently existing systems, separating between newly reported cases and referred cases. This will enable the database to generate information on the reported cases of GBV/HP without duplication.

Step 2 – UBOS should develop a coding classification for the information on GBV/HP. Thereafter, the various actors/data collectors should be requested to collect and code their information using the coding categories agreed upon. This will enable the participating entities to produce information for a given variable that are comparable. This will make it possible for the GBV/HP database to generate number of reported cases of GBV by type (Sexual, Physical and Emotional).

Step 3 – UBOS should disseminate the information from GBV/HP to the general public on a regular basis. An on-line platform can be used to facilitate the dissemination. UBOS in consultation with the data providers should develop a

Release Calendar, to ensure regular and timely availability of information to the GBV/HP actors and general public.

Step 4 – The MGLSD should define the minimum set of variables that are required to measure the incidence of GBV/HP i.e. defining the GBV/HP 'Basic questionnaire'. All GBV/HP actors collecting information should be encouraged to include the variables onto their data collection tools/registers, such that all actors will contribute to measuring the incidence of GBV/HP in the country.

Step 5 – The MGLSD should define the set of variables required to study the character of GBV/HP i.e. defining the GBV/HP 'Ideal questionnaire'. The GBV/HP actors collecting information will be encouraged to include the variables onto their data collection tools. This will generate uniform information, which can be amalgamated into one data set.

Steps 1 & 2 will enable the compilation and amalgamation of quality information from the administrative sources. This will give the national level incidence of reported GBV/HP cases by type and location. On the other hand, steps 4 - 5 will provide easily accessible information on the characteristics of reported GBV/HP survivors in the country.

However, even with the proposed improvements, it will not be possible to capture information that are not reported to the GBV/HP actors. Therefore, periodic population-based surveys should be conducted to retrospectively measure the magnitude of the unreported cases, as well as profile the character and reasons for non-reporting. This will improve the knowledge base about GBV/HP in the country.

I. Introduction

1.1 Concepts of Gender Based Violence

Gender-based violence (GBV) is defined as violence directed at an individual based on the person's biological sex or gender identity. Gender-Based Violence is a threatening, protection, health, and human rights issue that can have a devastating impact on women and children in particular, as well as families and communities. The different forms of violence included in the indicator are defined as follows:

1) **Physical violence** consists of acts aimed at physically hurting the victim and include, but are not limited to, pushing, grabbing, twisting the arm, pulling the hair, slapping, kicking, biting or hitting with the fist or object, trying to strangle or suffocate, burning or scalding on purpose, or threatening or attacking with some sort of weapon, gun or knife.

2) **Sexual violence** is defined as any sort of harmful or unwanted sexual behavior that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts without consent, incest, sexual harassment, etc. In intimate partner relationships, experiencing sexual violence is commonly defined as being forced to have sexual intercourse, having sexual intercourse out of fear for what the partner might do, and/or being forced to so something sexual that the woman considers humiliating or degrading.

   Sexual violence (including rape) includes the following:

   a. Engaging in non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object; or

   b. Engaging in other non-consensual acts of a sexual nature with a person; or

   c. Causing another person to engage in non-consensual acts of a sexual nature with a third person. Consent must be given voluntarily as the result

of the person's free will assessed in the context of the surrounding circumstances.

3) **Psychological violence** includes a range of behaviors that encompass acts of emotional abuse and controlling behavior. These often coexist with acts of physical and sexual violence by intimate partners and are acts of violence in themselves.

However, there are other related vices whose definitions are given below:

1) **Domestic violence (DV)** refers to all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.

2) **Violence against Women/Girls (VAWG)** a violation of human rights and a form of discrimination against women/Girls and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

3) **Harmful Practices (HP)** are internationally recognized human rights violations that include child marriage and female genital mutilation/cutting.

4) **Violence against Children in Schools (VACiS)** the UN Convention on the Rights of Children (CRC) defines 'violence' as all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. Violence against children in schools refers to all acts of violence inflicted on children of school going age 3-18 years within the school setting.

1.2 Sources of data on GBV/HP

In Uganda, the main sources of data on GBV are population-based surveys and data from administrative sources. Population-based surveys maybe conducted purposely for measuring gender-based violence or as multi-discipline surveys that include a module of questions on experiences of violence. These include the Demographic and Health Surveys (DHS) and to a lesser extent other surveys, such as Reproductive Health Surveys and Crime Victimization Surveys. The population-based surveys can be used to generate information on the prevalence of GBV, which is good for studying the nature and patterns of GBV. They are also useful in profiling the characteristics of the different types of violence. The Population-based surveys are conducted once every five years, and therefore cannot be used for routine monitoring of the incidence of GBV in the community.

Information on GBV/HP needs to be collected on a more continuous basis in order to measure the incidence of GBV as well as monitor the interventions. Thus, the use of administrative data from institutions that manage GBV survivors is regarded as a good and cheap option. In Uganda today, various MDAs routinely compile administrative data/statistics on GBV[1] as part of the execution of their mandate. The most common sources of administrative data on GBV/HP are;

1) Uganda Police, which complies information on all cases of reported crimes in the country.

2) Ministry of Health through the Health Management Information System collects monthly information on the diagnoses of outpatients and inpatients of the health facilities in the country.

[1] These include: JLOS institutions (Uganda Police Force, Directorate of public prosecution, Ministry of justice and constitutional affairs, Ministry of Gender, Labour and Social Development), Ministry of Finance, Ministry of Health, Ministry of Education, Ministry of Local Government (MoLG) and Local Governments through the Community Development Department.

3) The Ministry of Gender, Labour and Social Development created the National Gender Based Violence Database (NGBVD) to routinely monitor and evaluate gender-based violence interventions in Uganda.

The Health care system handled 456, 071 cases of patients due to GBV between 2014 - 2018. In 2018, Uganda Police received cases involving 126,884 survivors of sex-related offences or assault. This is about 2.6 percent of the estimated number of sexual and physical offences in the country for the same period based on the 2016 Uganda Demographic and Health Survey that estimated 4.9 million men and women aged 15-49 years that has suffered sexual or physical violence.

1.3 The need for Quality Assessment of GBV Data collection Systems

The Uganda Bureau of Statistics (UBOS) underscores data quality as key in strengthening evidence-based decision making. Data quality can only be achieved through ensuring adherence to quality consciousness in the production of statistics. However, the mid-term evaluation of Uganda's second Plan for National Statistical Development (2013/14 – 2017/18) revealed that the systems being used to compile administrative data are parallel in nature and not linked. The administrative data systems are characterized by incompleteness, are lacking in quality and not able to answer to the specific needs of budget performance monitoring.

To address this weakness, UBOS in its capacity as the coordinator of the NSS, initiated efforts to strengthen the mechanisms for collection, analysis, dissemination and use of GBV/HP data from administrative sources, so as to identify patterns, understand the nature of GBV/HP and improve service delivery and mitigation measures. In this regard, UBOS undertook to review the data collection tools, systems (including IT based systems), and resources (skills and equipment). The programme also explored the feasibility of integrating, harmonizing and standardizing existing information management systems, with a view of amalgamating the information from the various agencies to get a national picture on the status of GBV/HP in Uganda.

1.4 The purpose of this report

This report presents a review of the data collection registers/forms and procedures used to generate administrative data on GBV/HP. The report makes proposals on the possible revisions that the Ministries, Departments and Agencies (MDAs) would be required to incorporate into their systems in order to explore the feasibility of integrating, harmonizing and standardizing existing data collection tools.

II. Quality Assessment of the GBV/HP Data Collection Systems

In Uganda, there are several systems that independently generate statistics on some aspects of GBV. UBOS undertook a data quality assessment of GBV data collection systems in 11 Ministries, Departments and Agencies (MDAs) and 20 Higher Local Governments (HLGs). The MDAs are the Ministry of Gender, Labour and Social Development, Ministry of Health, Ministry of Education and Sports, Ministry of Internal Affairs, Ministry Trade, Industry and Cooperatives, Ministry of Finance, Planning and Economic Development, Ministry of Energy and Mineral development, National Planning Authority, Ministry of Local Governments, Office of the Prime Minister and the Equal Opportunities Commission. At the Local Government level, the assessment was carried out in the districts of Abim, Amudat, Amuria, Arua, Bundibugyo, Gulu, Kaabong, Kaberamaido, Kasese, Kotido, Kiryadongo, Kitgum, Kyegegwa, Nakapiripirit, Napak, Moroto, Pader, Tororo, Yumbe, as well as Kampala Capital City. The assessments targeted the Community Development, Education and Health departments. However, the police were assessed in Amudat district upon the recommendation of the community development office as a source of its data. Data quality assessment for institutions in the Justice Law and Order sector is currently on-going as another activity. Thereafter, a report giving a comprehensive assessment of the quality of GBV/HP data from administrative sources in all sectors will be produced.

2.1 The Data Quality Assessment Process

The assessment was undertaken using the standard UBOS' Administrative Data Quality Assessment checklist for the NSS Version 1 (of 2015). The tool assesses the quality of the system using several dimensions including the Institutional Environment, the Statistical Production Processes and Statistical Quality Dimensions. The Statistical Production Processes includes several steps namely

the need for the data, design of the system, the actual data collection, data processing, data analysis, data dissemination, data archiving and process evaluation. On the other hand, the Statistical Quality Dimensions considered are Relevance of the data, Accuracy and completeness, Timeliness and punctuality. Comparability and coherence, Methodological soundness, Interpretability, Data accessibility and data Integrity. Prior to the assessment, preparatory and training meetings were held to review and create a common understanding of the tool.

2.2 Findings from the MDAs

The various departments in the districts do not have independent data collection systems, but rather, they do collect GBV/HP data on behalf of the respective line ministries, and using the tools and systems developed by the line ministries. Therefore, the findings in this section are presented by sector.

a) Education Sector

The Ministry of Education and Sports (MoES) developed the Education Management Information System (EMIS) to enable the ministry to regularly collect, capture and process data to generate management information that could help in planning and evidence-based decision making at all levels. However, the system does not include information on GBV. As such, the District Education Departments do not have a clear system for reporting on GBV.

The design of the system

Information on GBV in schools is collected from various sources including school reports, verbal reports, self-confessions, school visits and the Police. Some information is also recorded in the Ministry of Education and Sports - Guidance and Counselling Questionnaire.

A School Profile Template is provided by the ministry to the individual schools through the District Education Offices. The compilers of the information at the school level are the Head teachers or Chairperson School Management Committee or the Senior Woman/Man. This data is submitted to the DEO's office in hard copy. Some of the information is recorded directly at the district under Child and Family Protection Unit including the police. The information reported on violence includes;

1. Names of boys and girls violated against
2. Issue of violence/ particular case or crime committed
3. Perpetrators

The data is mainly stored in hard copy paper files. However, in some cases, the data is digitalized (using excel spreadsheets) for ease of submission to the ministry as well as for carrying out analysis.

This information is usually collected weekly, monthly or once a year. However, after compilation it is made available to users after approximately 3 months.

The Ministry of Gender, Labour and Social Development (MGLSD) is implementing the Spotlight Initiative in several districts. Under this programme, a gender focal person for the Education Department was recruited, and trained on the GBV-MIS. Under the Spotlight Initiative implemented by the MGLSD, hard copies of the completed forms are kept at the district and sub county levels in box files. The information is manually processed (tally counting) and presented in a tabular form in the periodic school reports submitted by the District Education Department. A number of GBV indicators can be compiled and these include;

1. Number of rape cases reported
2. Absenteeism
3. Assault in institutions
4. Beating in schools
5. Child labour
6. Defilement

7. Denial of midday meals
8. Molestations
9. Number of corporal punishments recoded in schools
10. Pregnancies in schools
11. School dropout
12. Sexual Harassment in schools

In Karamoja sub-region, there is an on-going donor funded programme on school monitoring. The monitoring tool used collects information on the number of pupils/students that experienced Violence against Children in School (VACiS). The same tool is used for monitoring VACiS in other districts, although on an ad hoc basis. The types of violence covered include;

1. Physical assault/Corporal punishment
2. Sexual offences (Defilement, Phonographique, Bad touches, rape, etc.)
3. Child marriage
4. Child labour
5. Child neglect
6. Use of abusive language
7. Bullying

Challenges

1. Information on GBV is not prioritized by the Ministry of Education and Sports. The information is produced basing on the needs of the stakeholders. The Information is mainly reported thorough the routine administrative reports.
2. The tools used are inadequate in that
    a. The tool leaves out some key variables like disability status, which are required for disaggregation.
    b. The information is not coded

3. Some of the cases of GBV at school are not captured as most parents prefer to report them directly to the Police.
4. The data collected from the districts are sent to the MoES and no analysis is carried out at the district. The staff at lower level specifically schools where GBV occurs have no training. Further, the district staff do not have adequate statistical skills to manage and analyse the data.
5. There is no requirement for the ministry to disseminate the GBV data.

Proposed interventions

1. Data on GBV should be collected as part of the Annual School Censuses.
2. There is need for the various actors concerned (Police and the Head teachers) to coordinate in sharing of information.
3. The ministry should provide guidelines for converting information from report format to a data format.
4. Interventions should be made to enable data capture for the entire country so as to give a true picture on the GBV in the country.
5. There is a need for capacity building (training and equipping) at all levels.
6. There is a need for the MoES, to develop guidelines for data analysis. The MoES as the lead Agency should work in close collaboration with UBOS while developing the guidelines.
7. There should be further sensitization of the general public on the importance of accurate data for GBV management.

Conclusion

There is no structured system for compilation and/or reporting of information about GBV/HP in the education sector. The information is captured as part of the routine administrative reporting by the schools to the District Education Departments. This may compromise the quality of the information given the fact that the Head teachers are expected to report about GBV cases in the same

schools they head. Therefore, the temptation of concealment of information is high, leading to gross under reporting. However, given that GBV is believed to be occurring in schools, the line ministry should devise means of regularly collecting such information from schools. A major recommendation is to include a module on GBV in the Annual School Censuses, and operationalize the strategic interventions outlined in the National Strategic Plan On Violence Against Children in Schools [2015-2020].

b) Health Sector

The Ministry of Health developed the Health Management Information System (HMIS) to generate timely and accurate information which will inform health care management decisions at all levels of the health system. The HMIS is a routine monitoring system that plays a specific role in the monitoring and evaluation process and is intended to provide warning signals through the use of indicators. The HMIS is the Ministry of Health's official reporting system and it replaced all co-existing routine reporting systems through the integration and harmonization process. The HMIS has two sources of GBV information namely the Out-patient Register and the SGBV Register.

The design of the system

The Outpatient Register (Form 031) is used to record detailed information about each outpatient visit, while Sexual and Gender-based Violence Register (MCH Form 021) is used for compiling information on cases of SGBV. On a monthly basis, The Records Officers or Laboratory Technicians at the Health Facilities summarize the information onto the Monthly Reporting Form (Forms 105). The monthly summaries are submitted to the DHO for data entry by the HMIS focal person. The data are cleaned by the district Bio-statistician and thereafter electronically submitted to the DHIS-2 at the ministry headquarters. The staff at the ministry headquarters clean the data and produce reports that are used for data validation and thereafter sharing with users. The HMIS can be used to

generate information on Abortions due to GBV, Injuries due to GBV and Sexually Transmitted Infections (STIs) due to GBV.

Challenges

1. There is limited coverage of the system in comparison to the target population, arising out of the fact that it is mainly the Government-owned Health facilities that report their information. However, according to the UNHS 2016/17, only one-third of the morbidity cases are reported to such facilities. Thus, the level of under reporting of SGBV cases is potentially to be high.
2. The system captures only the reported cases of SGBV (usually those with severe injuries) and leaves out those persons who do not seek for health care, thus under-reporting the incidences of SGBV.
3. The HMIS in its current format can generate information on the incidences of all GBV. However, one cannot identify the different types of violence i.e. physical, sexual or emotional violence.
4. The HMIS Form 105 in its current status captures the numbers of GBV cases, categorized into the age groups (0 – 28 days, 29 days – 4 years, 5 – 59 years and 60 years and above). Thus, it is not possible to identify cases of "GBV among women 15 years and over" as required by SDG indicators 5.2.1 and 5.2.2.
5. The health facilities sometimes experience stock-outs of the SGBV registers and other data compilation tools.
6. The health facilities are understaffed, have low capacity of managing data and lack equipment and infrastructure for capturing the data effectively.
7. There are transport challenges which lead to delayed submission of data from the health facilities to district headquarters and subsequently the ministry headquarters.
8. No data analysis and utilization takes place at the district level.

Proposed interventions

1. There is a need to further refine the diagnosis and the tools, so as to be able to identify and record the type of violence experienced.
2. There is a need to revise the age groups used for summarizing the information so as to be able to identify women 15-49 years in line with the requirement of SDG 5.
3. The data capture can be automated at the Health Facility to avoid hand delivery of filled paper forms to the district headquarters. In this regard, the Ministry should provide sufficient compilation tools including computers to all health facilities at all times.
4. The ministry should fast track rolling out use of the new SGBV form (MCH Form 021) so that the HMIS gives a comprehensive national picture.
5. There is a need to continuously sensitize the survivors of GBV to report to a health facility so that even those with minor injuries are captured.
6. There is a need to build capacity in data analysis and utilization, as well as putting in place a Data Dissemination Policy for the information collected.
7. When disseminating information, it should be accompanied with the metadata and a compendium of definitions to accompany the dataset, in order to enhance utilization and understanding of the data.
8. The ministry should devise a mechanism of estimating GBV cases reported to private health facilities.

Conclusion

The HMIS is a good source of information on number of SGBV cases that seek health care services. However, the electronic system only captures aggregate information on Form 105. The system can be improved to electronically capture the individual records (Columns 1 – 19 of MCH Form 021), so that the data can be used to study the magnitude of GBV cases in the country as well as the characteristics of the survivors.

Table 2.1 Summary of Assessment for the GBV/HP Data Collection tools in the Health Sector

Attribute	Findings	Findings	Findings
Name of Institution	• Ministry of Health - HMIS	• Ministry of Health – HMIS	• Ministry of Health - HMIS
Name of Form/ Register	• HMIS Form 031: Out-patient Register Form	• HMIS MCH 021: Sexual and Gender-Based Violence Register	• HMIS Form 105: Health Unit Monthly Report
Data Type	• Individual records	• Individual	• Monthly Summaries
Key variables collected	• Abortions due to Gender-Based Violence • Injuries due to Gender-Based Violence • STI due to Gender-Based Violence	• Abortions due to Gender-Based Violence • Injuries due to Gender-Based Violence • STI due to Gender-Based Violence	• Abortions due to Gender-Based Violence • Injuries due to Gender-Based Violence • STI due to Gender-Based Violence
Other useful information	•	• Referral code that corresponds/ matches with the indicated first point of contact for the client from where they were referred to the health facility • National Identification Number (NIN)	• The HMIS captures ONLY aggregated information
Possible indicator	• Incidence of severe sexual violence • Incidence of severe physical violence • The revised form will infer the incidence of emotional violence	• Incidence of Physical violence • Incidence of Sexual violence	• Infer incidence of severe sexual violence • Infer incidence of severe physical violence

Attribute	Findings	Findings	Findings
Level of disaggregation	• Age • Sex • New attendance/ re-attendance	• Age • Sex • Location • Marital status • New Client/incident/client Reported and repeated/follow-up visit /case seen before.	• Sex (Female and male) • Age group: 0-28 days, 29 days - 4 years, 5-59 years, 60 years and above
Challenges	• Micro data records remain on paper, and the HMIS captures ONLY monthly aggregates • Only 70% of the morbidity cases are reported to the appropriate Health Facility (UNHS 2016/17)	• Individual information on this form is currently not captured, and only summarized onto Form 105	• The data is aggregated and can give the characteristics of the survivors
Proposed revisions	• Disaggregate by marital status	• Information should be captured and analysed.	• Revise the age group to have a category for 15 years and above • The Ministry of Health has proposed 10-19 years and 20+

c) Social Development Sector

The Ministry of Gender, Labour and Social Development has two independent systems which collect information on GBV/HP. These include the National GBV Database and the Orphans and Other Vulnerable Children Management Information System (OVCMIS). Both systems were assessed during the exercise. The Uganda Child Helpline (SAUTI 116) serves as a notifier to either of the systems.

National Gender Based Violence Database

The National Gender Based Violence Database (NGBVD) is an online Management Information System designed to collect, store and analyze GBV/HP data. The NGBVD was developed in order to monitor and evaluate GBV interventions in both humanitarian and non-humanitarian settings.

The design of the system

GBV Actors in Uganda use the Gender Based Violence Incident Report Form developed by the Ministry of Gender, Labour and Social Development (MGLSD) for documenting information and collecting data about reported GBV/HP incidents[2]. Each survivor is assigned a unique code (Case Number) on the form. The form is filled at the service provision points such as the Community Development Office, Police, GBV Shelter or any other actor. The forms are then captured onto the NGBVD by authorized users at the Community Development Office or Civil Society organizations. The types of GBV/HP cases captured include Child marriage, Child neglect, Defilement, Denial of resources, opportunities & services, Domestic violence, Female Genital Cutting / Mutilation, Forced Marriage, Physical Assault, Psychological Abuse and Rape (including gang rape, marital rape).

The database generates reports on the number of incidents in total and by type of incident, Time of day, general location, survivor's age, marital status,

[2] In Napak district, information on GBV/HP is obtained from the Station Dairy (SD) books from all the seven (7) Police Stations in the district.

other demographic information, Perpetrator's relationship to survivor, number of perpetrators, perpetrator's age, other demographic information, services received, referrals made, actions pending, general outcomes, security issues, referral and coordination issues, and other factors.

The information generated can be used to compute the GBV Incidence Rate, showing trends across the country. Subsequently, GBV planning can be based on such information and strategies are designed to redress any identified inequalities.

Challenges faced

1. The stakeholders were not adequately consulted during the design of the data collection forms so as to take care of their data needs, and yet the type of information collected cannot be changed.
2. There is low coverage because of several factors including:
    i. The tendency for the hard-to-reach areas not to submit returns to the district
    ii. Fear by some GBV/HP survivors to be required to become witnesses in court.
    iii. Some districts are less vigilant in reporting cases e.g they have records of only one case over the last eight years. In addition, not all sub counties in some districts do report.
3. High prevalence of missing information on the incident reporting form. About 30 percent of the records have some missing information.
4. There are delays in release of the information to the stakeholders, which affects their utilization in planning interventions and operations of the data users

Proposed interventions

1. The National GBV database should be periodically reviewed to allow the inclusion of variables on emerging issues. When doing this, wider stakeholder consultations or feedback meetings should be conducted to enhance the relevance of the data compilation tools.
2. There is a need to have continued sensitization of communities about the need to report incidents of GBV/HP and the available services for GBV/HP survivors so that the survivors can report more to give a true picture of the problem.
3. There is a need for more sensitization of the data compilers about quality of data in general and the importance of completeness of the information collected.
4. The MGLSD should develop and adhere to a Release calendar to ensure timely dissemination of information to users, including the metadata.
5. The MGLSD should work with UBOS to build capacity in data analysis and utilization at the national and district levels.
6. There is a need to develop a data dissemination policy for the NGBVD and other related outputs.

Conclusion

The National Gender Based Violence Database (NGBVD) is an ideal source of information on the magnitude and characteristics of GBV/HP in the country. However, the coverage is not yet countrywide and the level of reporting of cases of GBV/HP is still low.

In order for the NGBVD to provide a true picture of the situation of GBV/HP in the country, it should be expanded to cover all districts and subcounties in the country. There is also a need for more sensitization to survivors to report not only the severe cases of GBV/HP but even these with less physical or emotional impact. A clear dissemination policy should be developed and

implemented so as to improve on the timeliness of release of the information, as well as increase the types of information released.

OVCMIS

The Orphans and other Vulnerable Children Management Information System (OVCMIS) was designed so that all OVC service providers collect relevant and functional information on a routine basis for use in planning and making decisions to improve service delivery. The OVCMIS enables service providers[3] to report through it in order to aggregate data on total reach and measure the country's progress towards achieving the goal of National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children (NSPPI). The specific objectives of the OVCMIS are;

i. To provide quick and timely OVC data to stakeholders for effective decision making for expanded access to child care and protection services.

ii. To generate OVC service provision reports to track performance.

iii. To generate information, which OVC service providers and stakeholders can use to compare actual performance with the set performance standard;

iv. To obtain information to use in judging program efficiency and effectiveness.

The OVCMIS involves collecting, processing, storing and communicating information relating to the OVC interventions, implemented by OVC service providers, to the various levels of local and central government so that they are facilitated in discharging their mandate in respect to policy adjustment and management decisions that lead to increased access to quality, integrated and comprehensive services by OVC and their caregivers.

[3] Serine Providers include Probation and Social Welfare Officer, Community Development Officer, Community and Family Protection Unit, Government Owned Reception Centres and Rehabilitation facilities, and Non-state actors (Civil Society Organisations NGOs, CBOs, FBOs, etc.).

The design of the system

The Service Providers use the Integrated OVC Register (Form 004) to register on Orphans and other Vulnerable Children (OVC) and document services received. On a quarterly basis, the Service Providers clean, validate and summarize the information onto the OVCMIS Quarterly Data Collection Tool (Form 100) and report to the District Community Development Departments (with a copy to the Subcounty CDO).

The OVCMIS collects a lot of information on OVC services provided. However, with respect to GBV/HP, the only information generated includes;

1. Number of child abuse & neglect cases handled
2. Number of OVC provided with psychosocial support
3. Number of OVC provided with nutritional support
4. Number of OVC removed from Child labour

The OVCMIS data can be availed to other users on request.

Challenges

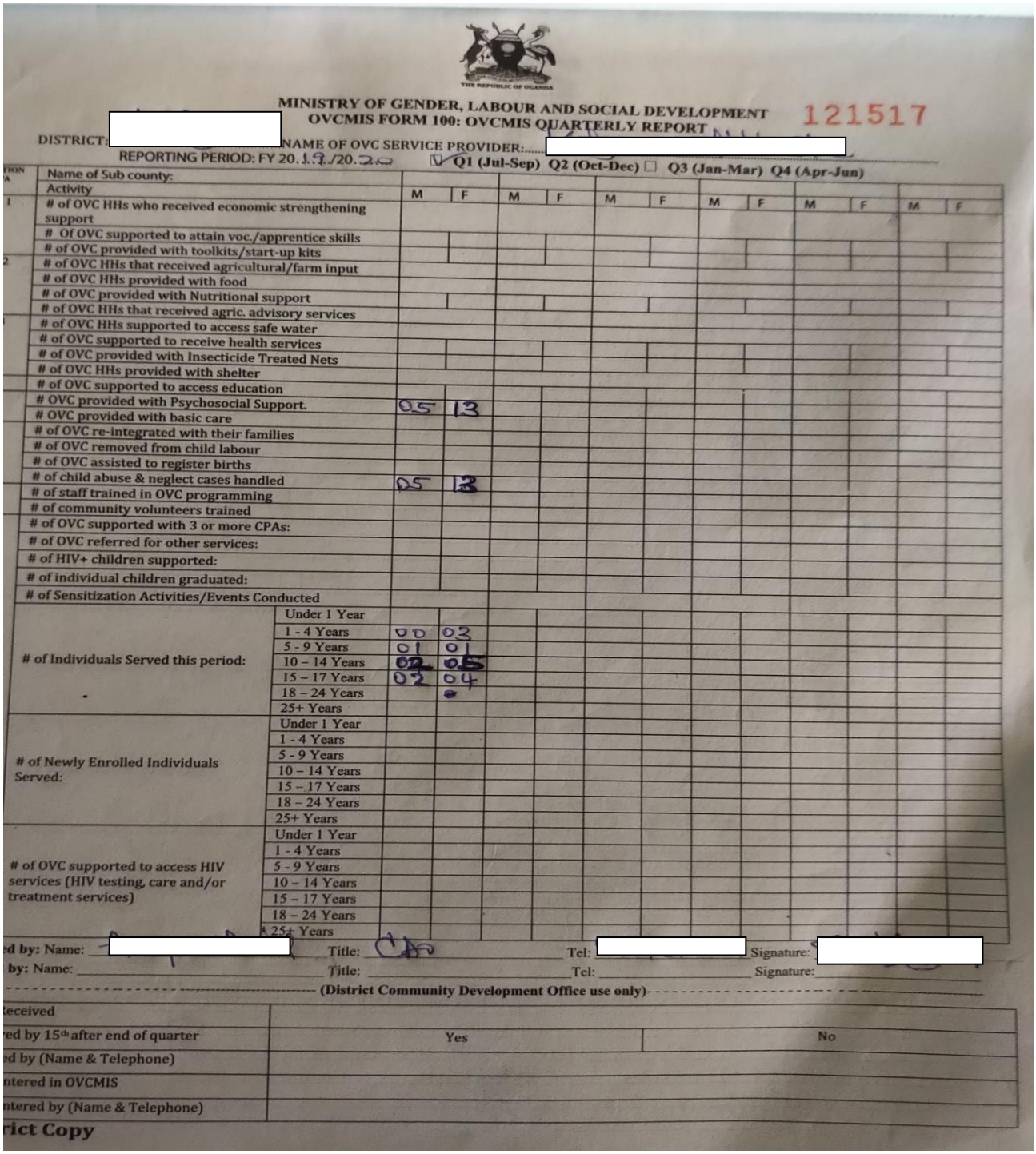
1. The system does not capture all OVCs, but rather captures only those OVCs who seek for services.
2. There is no unique identifier for each OVC registered, so there is a potential for double counting the number of OVCs in the event that the OVC seeks for services from multiple Services providers.
3. There is no data analysis carried out on the data collected at the Subcounty or district level.

Proposed interventions

1. There is need to develop a coding system for OVCs and assign a unique identifier to the OVCs to assist in elimination of double counting.
2. There is a need to build capacity at the Subcounty or district level to enable local planners to carry out data analysis at that level.
3. There is a need to develop a data dissemination policy to enhance utilization of the information.

Conclusion

The OVCMIS collects information on some aspects of GBV/HP among the OVCs who seek for services. Thus, OVCMIS cannot be used as a source of information on the magnitude of OVCs in Uganda. However, it can be used to generate a true picture of the situation of OVC services offered by the various actors in the country.



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
OVCMIS FORM 100: OVCMIS QUARTERLY REPORT 121517

DISTRICT: [redacted] NAME OF OVC SERVICE PROVIDER: [redacted]

REPORTING PERIOD: FY 20.1.../20.2... ☑ Q1 (Jul-Sep) Q2 (Oct-Dec) ☐ Q3 (Jan-Mar) Q4 (Apr-Jun)

Name of Sub county:												
Activity	M	F	M	F	M	F	M	F	M	F	M	F
# of OVC HHs who received economic strengthening support												
# Of OVC supported to attain voc./apprentice skills												
# of OVC provided with toolkits/start-up kits												
# of OVC HHs that received agricultural/farm input												
# of OVC HHs provided with food												
# of OVC provided with Nutritional support												
# of OVC HHs that received agric. advisory services												
# of OVC HHs supported to access safe water												
# of OVC supported to receive health services												
# of OVC provided with Insecticide Treated Nets												
# of OVC HHs provided with shelter												
# of OVC supported to access education												
# OVC provided with Psychosocial Support.	05	13										
# OVC provided with basic care												
# of OVC re-integrated with their families												
# of OVC removed from child labour												
# of OVC assisted to register births												
# of child abuse & neglect cases handled	05	13										
# of staff trained in OVC programming												
# of community volunteers trained												
# of OVC supported with 3 or more CPAs:												
# of OVC referred for other services:												
# of HIV+ children supported:												
# of individual children graduated:												
# of Sensitization Activities/Events Conducted												
# of Individuals Served this period: – Under 1 Year												
1 - 4 Years	00	03										
5 - 9 Years	01	01										
10 – 14 Years	02	05										
15 – 17 Years	02	04										
18 – 24 Years												
25+ Years												
# of Newly Enrolled Individuals Served: – Under 1 Year												
1 - 4 Years												
5 - 9 Years												
10 – 14 Years												
15 – 17 Years												
18 – 24 Years												
25+ Years												
# of OVC supported to access HIV services (HIV testing, care and/or treatment services) – Under 1 Year												
1 - 4 Years												
5 - 9 Years												
10 – 14 Years												
15 – 17 Years												
18 – 24 Years												
25+ Years												

d by: Name: [redacted] Title: CDO Tel: [redacted] Signature: [redacted]

by: Name: _____ Title: _____ Tel: _____ Signature: _____

(District Community Development Office use only)

eceived		
ed by 15th after end of quarter	Yes	No
d by (Name & Telephone)		
ntered in OVCMIS		
ntered by (Name & Telephone)		

rict Copy

Table 2.2 Summary of Assessment for the GBV/HP Data Collection tools in the Social Development Sector

Attribute	Findings	Findings	Findings
Name of Institution	• Ministry of Gender, Labour and Social Development	• Ministry of Gender, Labour and Social Development	• Ministry of Gender, Labour and Social Development
Name of Form/ Register	• OVCMIS Form 004: Integrated OVC Register	• OVCMIS Form 100: OVCMIS Quarterly Report	• GBV Incident Report Form
Data Type	• Individual records	• Summaries	• Individual records
Key variables collected	• Number of child abuse & neglect cases handled • Number of OVC provided with psychosocial support • Number of OVC provided with nutritional support • Number of OVC removed from Child labour	• Number of child abuse & neglect cases handled • Number of OVC provided with psychosocial support • Number of OVC provided with nutritional support • Number of OVC removed from Child labour	• Rape (includes gang rape, marital rape) • Defilement • Physical Assault • Forced Marriage • Denial of Resources, opportunities & services • Psychological Abuse • Child marriage • Female Genital Cutting / Mutilation
Other useful information	• Characteristics of Child abuse cases	•	• Details of the Perpetuator • Action taken

Attribute	Findings	Findings	Findings
Possible indicator	•	• Proportion of OVCs provided with Psychosocial Support • Proportion of Children who are abused and neglected	• Incidence of Rape • Incidence of Defilement • Incidence of Physical Assault • Incidence of Forced Marriages • Incidence of Resources Deprivation • Incidence of Psychological Abuse • Incidence of Child marriages • Incidence of Female Genital Cutting / Mutilation
Level of disaggregation	• Age • Sex • Residence	• Sex	• Age • Sex • Location of survivor • Location of incident
Challenges	• Information on this form is currently not captured into the OVCMIS.	• Only quarterly aggregated information is captured.	• Coverage is not countrywide
Proposed revisions	• Information should be electronically captured and analysed.	• Improve on the timeliness of reporting	• Expand to cover all districts in the country

d) Equal Opportunities Commission

The Equal Opportunities Commission (EOC) was established 'to give effect to the state's constitutional mandate to eliminate discrimination and inequalities against any individual or group of persons on the ground of sex, age, race, colour, ethnic origin, tribe, birth, creed or religion, health status, social or economic standing, political opinion or disability'. The commission registers individual or group complaints on issues of marginalisation/ discrimination.

The design of the system

The Legal Clerks /Tribunal Clerks collect information on marginalization/ discrimination using the Complaints Registration Form from willing complainants as and when they are reported. The form identifies among others the Complainant, Nature of complaint and person/entity being complained against. The number of cases are summarized on a weekly basis. Reports are produced monthly, quarterly and biannually as inputs to the final annual report. The information is uploaded to the commission's website for public use. A Management Information System is being developed and is currently piloted. When ready, the system will be used for capture and storage of the information.

The commission concentrates reporting specifically on cases of discrimination and how they are handled. There are no systematic data analysis and processing systems in place yet so no specific tabulation plans are available. There are no standard GBV/HP indicators generated from the system. The indicators that can be generated are determined by the nature of complaints raised.

Challenges

1. The information stored mainly refers to the type of marginalisation/ discrimination but not the magnitude of the persons affected.

2. The officers handling the information (Tribunal Clerks and lawyers) have limited or no knowledge in statistics and data management.
3. The weekly summaries are compiled manually. The electronic MIS is currently being piloted.
4. Although the launch of annual reports is on time, there is no strict requirement to generate statistical indicators.

Proposed interventions

1. The Complaints Registration Form should be revised to include an estimate of the number of persons affected by the marginalization. For instance if it is discrimination in employment make mention of how many people are affected to give a picture of the magnitude.
2. There is a need for training and capacity building for the commission staff in data management and analysis.
3. There is a need to expedite the development of the MIS system to enable smooth data processing.
4. Dissemination of the information should be made more systematic, with publication of statistical indicators and their metadata.

Conclusion

The EOC in execution of its mandate may capture cases of GBV/HP. However, the common practice is for the population to report cases of marginalization/discrimination and not GBV/HP against individuals. It is thus recommended that the EOC information be excluded from the national compilation of GBV/HP-MIS. For purposes of improving on its reporting, the EOC should start collecting information on the estimated number of persons affected by the complaints which it is handling.

Table 2.3 Summary of Assessment for the GBV/HP Data Collection tools in the EOC – a part of the Social Development Sector

Attribute	Findings
Name of Institution	• Equal Opportunities Commission
Name of Form/ Register	• Complaints Registration Form
Data Type	• Individual
Key variables collected	• Marginalisation/ discrimination **Other useful information** • Whether in marginalized groups (Batwa, youth, women, child)
Possible indicator	• Persons reporting marginalization/discrimination
Level of disaggregation	• Age • Sex • Place of residence • Vulnerability Status
Challenges	• The compilation of numbers is manually done
Proposed revisions	• Revise the Complaint register Form to capture an estimate of the number of persons marginalized. • Expedite the automation of the Management Information system • In the meantime, exclude the information from the proposed GBV/HP information compilation

e) Uganda Police Force

The Uganda Police has a legal provision to support GBV data compilation and submission. Data is registered in the Station Diaries (SD) by data compilers who include: CID, CFPU, and police officer. The data is collected to capture crime rates to facilitate planning, sensitization and policy programing.

The design of the system

The Uganda Police force collect nationwide, comprehensive data on all offences reported to police. Data are recorded by a unique case number that indicates the given police office, the reported criminal offence with reference to the national penal code, and the individual case number. The GBV data collection tools designed by the Uganda Police Force include: Station Diary book, police form 3 (PF 3), police form 3A (PF 3A), Police form 24 (PF 24), Police form 24A (PF 24A), Monthly return forms. The GBV variables collected include Sex Related Offences, Child Related Offences, Assaults. Data is compiled from all the police stations in a given district and aggregated before it is sent to the national level on a monthly basis. The public has access to summary tables through the Uganda police website, which presents data on annual reported specific criminal offences through the crime report.

Challenges

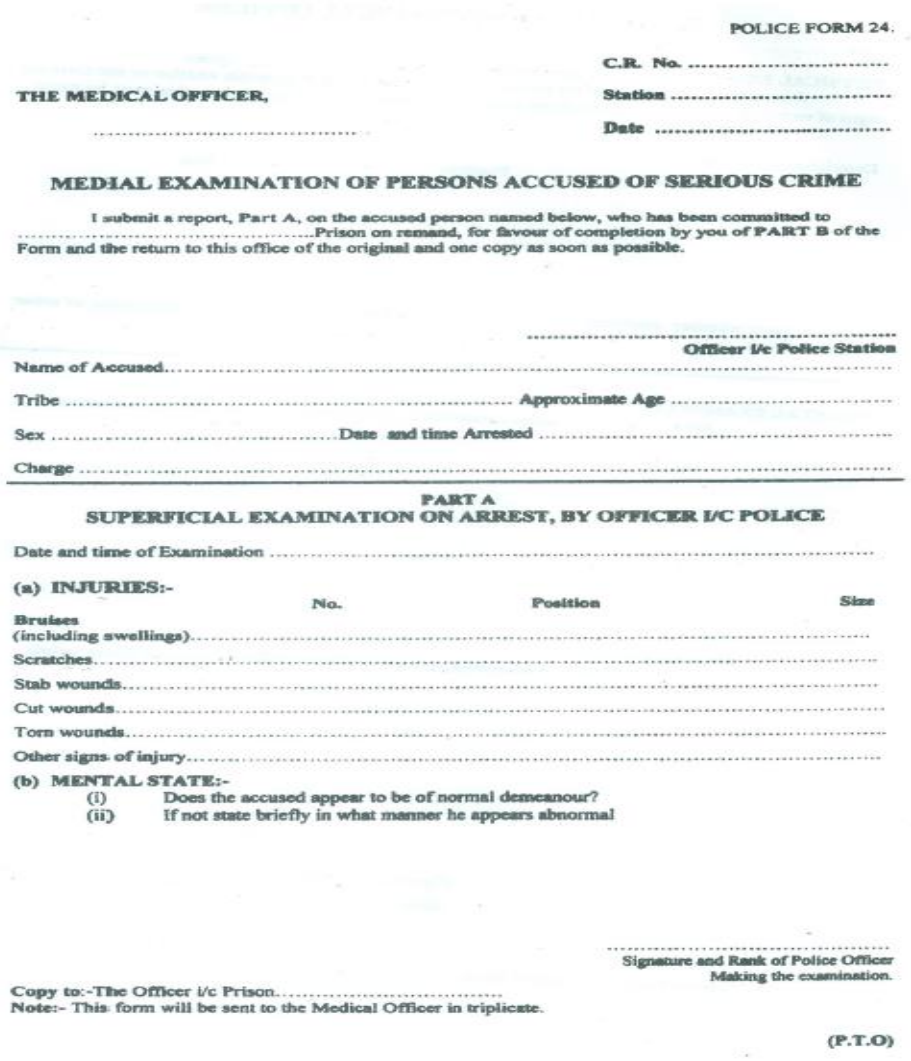
1. There are no guidelines for data analysis and the data is analyzed manually. There are no specific guidelines, or standards for data compilation.
2. Data is stored in paper form, hard copy and files. There are no procedures /processes to routinely assess the data quality.
3. Tools have not been adjusted to international standards to allow for comparability and coherence.
4. Generally, there is limited training and capacity in data handling, limited IT resources and limited staff to handle data issues.

Proposed interventions

1. Need for development and documentation of metadata.
2. Need to automate the data management at the lower levels to avoid human errors in compilation.

Conclusion

The Uganda Police records are an ideal source of data on GBV but there is need to triangulate it with what is available in the health facilities and probation offices because some of the survivors are referred to health facilities and probation offices and are recorded there too.



POLICE FORM 24.

C.R. No. .....

THE MEDICAL OFFICER, Station .....

..... Date .....

MEDIAL EXAMINATION OF PERSONS ACCUSED OF SERIOUS CRIME

I submit a report, Part A, on the accused person named below, who has been committed to .....Prison on remand, for favour of completion by you of PART B of the Form and the return to this office of the original and one copy as soon as possible.

..... Officer I/c Police Station

Name of Accused.....

Tribe ..... Approximate Age .....

Sex ..... Date and time Arrested .....

Charge .....

PART A

SUPERFICIAL EXAMINATION ON ARREST, BY OFFICER I/C POLICE

Date and time of Examination .....

(a) INJURIES:-

	No.	Position	Size
Bruises (including swellings)			
Scratches			
Stab wounds			
Cut wounds			
Torn wounds			
Other signs of injury			

(b) MENTAL STATE:-

(i) Does the accused appear to be of normal demeanour?

(ii) If not state briefly in what manner he appears abnormal

..... Signature and Rank of Police Officer Making the examination.

Copy to:-The Officer i/c Prison.....

Note:- This form will be sent to the Medical Officer in triplicate.

(P.T.O)

Table 2.4 Summary of Assessment for the GBV/HP Data Collection tools in the Police

Attribute	Findings
Name of Institution	• Uganda Police Force
Name of Form/ Register	• PF 1, PF 3, PF 3A, PF 24, PF 24A
Data Type	• Summary
Key variables collected	• Sex Related Offences • Child Related Offences • Assaults
Possible indicator	• Incidence of Sex Related Offences • Incidence of Child Related Offences • Incidence of Assaults
Level of disaggregation	• Age • Sex • Location
Challenges	•
Proposed revisions	• Capture the Summary information into a database4 • Align the Age categories in Column 22 (Victims of Crime) to those proposed for the NGBVMIS

f) Other MDAs

Gender Based Violence in the form of sexual harassment is believed to exist in the public service, but there is no explicit mechanism for capturing such cases within the MDAs and LGs. Specifically, the assessment in the Ministries of Energy and Mineral Development, Finance, Planning and Economic Development and Trade, Industry and Cooperatives revealed that these ministries do not collect any information on sexual harassment at the work place. However, the Ministry of Finance, Planning and Economic Development has information on budget allocations and GBV related performance indicators among the different government institutions.

[4] Information for a given crime category, in a given district for a given month should constitute a separate record.

The Ministry of Public Service has no formal procedure of recording GBV incidences in the Ministry mainly because there is no designated official to handle the GBV cases and there is no IT system to record information on sexual harassment.

In few incidences, the survivors report to the Human Resources Officers but this is affected by lack of protection of the survivors from victimization by the superiors who are the most likely perpetuators. Hence many cases go unmentioned.

Proposed interventions

The Ministry of Public Service should develop a formal system of reporting and recording cases of GBV/Sexual harassment within the public service entities. To avoid victimization of the survivors, the reporting should be anonymous. A desk should be set-up in one of the regulatory MDAs such as EOC, UHRC, OPM or Ministry of Public Service to handle GBV at the work place. The possible options include using the 'whistle blower approach' (as used by the office of the IGG) or an online Complaint Registration Form specifically dedicated to cases of SGBV at the work place. The facility can also be expanded to cover the private sector employers.

2.3 Findings from the Civil Society Organizations

Data quality assessment was done in 11 Civil Society Organizations (CSOs)[5]. The findings reveal that sexual and gender-based violence data collected in the CSOs is generated through awareness campaigns conducted for refugees, host communities, schools, vulnerable groups among others. This is through in-depth interviews, case studies key informant interview and focus group discussion.

The System design

1. There is no administrative data collected at the institutions. Primary data is collected using tools designed by MDAs. The data is entered to the information management system of the MDA.
2. Respondents are usually the target communities such as refugees, those affected by war, GBV survivors, persons with functional difficulties, schools etc.
3. The need for the data is predominantly determined by external donor agencies.

The Data Collection tools

There is no standard tool used for data collection by the different CSOs. The data compilation tools available include survey questionnaires and forms developed by the institutions' Research/M&E unit. Trackers are also used.

Personnel and Infrastructure

[5] BRAC, CCEDU, Cross cultural foundation Uganda, DRC, IRC, IRCU, NUWODU, RAHU, Raising Voices, RAN, Uganda women's Network, WHRDN

The staff are generally well trained, competent and skilled to handle data. Most of the CSOs have Management Information Systems in place, accompanied by the availability of statistical software.

Data Management, Analysis and Dissemination.

Data is entered to the CSOs GBV Management Information System, or excel spreadsheets, cleaned and checked for errors. The clean data is validated and analyzed to produce statistical reports. Instructions Manuals and Standard Operating Procedures are also available. The CSOs themselves are major users of the administrative data produced by service centers.

Challenges faced

1. Some communities condone some practices of GBV/HP due to cultural beliefs.
2. Some reporting/ referral systems e.g. Police do not respond to some cases as expected by clients.
3. Poor data entry systems at the referral stations.
4. Inability to meet all the data needs due to limited resources.
5. Donors may want to track indicators that are not in the signed contract agreement with the CSO.
6. Limited analysis of vast data leaving most of it unused.
7. There are cases of non-response.
8. Fatigue by the community also affects data collection
9. High expectations by some of the respondents.
10. Duplication of cases at the time of reporting.
11. Changes in areas of settlement by clients affect the final analysis.
12. Delay in submission of the data.

13. Loss of some data due to the updates made on the GBV-MIS.

2.4 Common observations

Sections 2.2 and 2.3 highlighted the sector specific observations. However, some observations were common across GBV/HP data collection systems in the MDAs, HLGs and CSOs. This section highlights the observations that are common across several sectors.

System design

The three major systems collecting information on GBV/HP, these are: the Orphans and Other Vulnerable Children Management Information System (OVCMIS) and the National GBV Database (NGBVD) of the Ministry of Gender, Labour and Social Development, and the Health Management Information System (HMIS). These collect information on varying aspects of GBV/HP in line with teammates of the ministry. The OVCMIS and HMIS capture quarterly and monthly summary information respectively, using a pre-determined format. The NGBVD captures individual records directly into the MIS.

Challenges

Data collection Forms/Registers

1. Different institutions have varying mandates, and as such collect varying information required for fulfilment of their mandate. Table 2.4 gives the categorization of the types of GBV/HP information collected by the different institutions. Thus, the data from different institutions in their current format cannot be amalgamated into one dataset.

2. The information is collected for persons of all ages. However, the age groups used for compiling the monthly/quarterly summaries vary between institutions as shown below.

   HMIS: 0-28 days, 29 days - 4 years, 5-59 years, 60 years and above;

   OVCMIS: Under 1 year, 1 – 4, 5 – 9, 10 – 14, 15 – 17, 18 – 24, 25 and above

   NGBVD: Children (0 – 17), Youths (18 – 30), Adults (31 – 59), Seniors (60 and above).

   Therefore, it is not possible to amalgamate information from different institutions nor use information from an institution to validate another.

Design of the data collection systems

3. The data systems are predominantly manual at the sub-district level, except for the NGBVD. Individual records are collected at the point of registration and monthly/quarterly summaries are manually compiled and captured in the MIS at the district level. The process of compiling the summaries is highly prone to human error.
4. The system of management of GBV/HP cases allows for a GBV case to be referred from the point of first registration to another institution, or an office at a higher level of jurisdiction within the same institution. However, for most systems, there is no unique identifier of an incident/survivor that can be used to trace records which are captured in multiple institutions. This poses a risk of multiple-counting of incidents referred across MDAs or to a higher level within the same system.
5. The coverage of the various systems is low, arising out of limited geographical spread of the system[6]
6. The reporting levels are low, arising out of reluctance of the population to report some GBV/HP cases.
7. Some cases being resolved by the LC system usually remain unreported. Under the system. A case is reported to the LCI and depending on the severity it is referred to the next level (LC II). The cases resolved by the LCI or LCII are closed in a sitting by the LC Executive Committee. However, the data is not captured anywhere except if a qualitative assessment is made.

[6] Up to 2018, the NGBVD was operational in only 80 of the 122 districts in the country.

Personnel and infrastructure

8. There are reported delays in transmission of information from the point of first registration/collection to the point of data capture, usually at the district headquarters. This leads to delays in the release of information to the stakeholders, which affects the planning, interventions and operations of the data users

Data Analysis, Dissemination and Utilization

9. The local governments have no control on the outputs from the GBV/HP databases. The district officials act more as conduits for the data. Some offices reported that the data are compiled because it is a requirement of the line ministry.

10. The process of managing errors during data processing is not easy because of the manual process of data capture from the patient records and there is no quality control i.e. nobody verifies what has been aggregated.

11. There is minimal or absolutely no data analysis at the district level, implying that the data are not locally utilization. In addition, the district officials lack capacity to carry out analysis of the GBV/HP data from the various systems.

12. The databases were developed for internal management with less focus on dissemination of information to the general public. Where the data are disseminated, the metadata and compendium of definitions is usually not provided.

Proposed interventions

Data Collection Forms/Tools

1. The MGLSD should define a minimum set of variables required for determining the incidence of GBV/HP in the country. All GBV/HP

actors/data producers should be encouraged to include the 'minimum set of variables' in their registers/data collection tools.

2. The MGLSD should develop a standard age group for reporting on GBV/HP, and each institution to be encouraged to ensure that their information can be collapsed into the standard age groups.

Design of the data collection System

3. The districts should consider carrying out the capture of GBV/HP data at the point of first registration (possibly at the Subcounty headquarters) so as to expedite the reporting process and also minimize the human errors in compilation of summaries.

   Given the multiple data collection initiatives in the districts, rationalization of the resources would be required so as to minimize costs as well as optimize utilization of the equipment. One option is to have a Data Capture Unit at the Subcounty responsible for capturing data for various MISs operational in that subcounty.

4. Each GBV/HP data collection system should have a unique identifier of a GBV/HP survivor, and that unique identifier should be part of the record and captured by other systems wherever the case may be referred to.

5. When compiling the summary information, a distinction should be made between newly recorded cases and referred cases. If that is done, the true magnitude of GBV/HP would be obtained as the summation of the newly recorded cases only.

6. The GBV/HP databases should be made flexible to allow for local governments to be able to generate locally relevant outputs from the system.

7. The MGLSD should expedite rolling out the NGBVD and any other databases to cover all local governments in the country.

8. There is need for more continuous sensitization of the general public to report all GBV/HP cases, whether deemed by the survivor as minor or serious.

Data Analysis, Dissemination and Utilization

9. UBOS should conduct further training to build sufficient capacity in data management and analysis among the district level staff to be able to analyze their locally collected data.

10. All GBV/HP actors/data collectors should be encouraged to develop and adhere to a Release calendar so as to enable timely release of information to users.

11. There is need to develop and/or operationalize standards, guidelines, manuals, and metadata for the data production process to facilitate easy utilization of the data collected.

2.5 Conclusions

Routine administrative data on GBV/HP are desired for planning, monitoring trends, and informing the efforts to mitigate it. Currently, there several isolated initiatives that compile data on GBV/HP, as part of the process of executing their mandate in the management of GBV/HP cases. Because of the varying mandates, the types of data (variables) collected are different and so are the classification categories as shown in table 2.4. It is also acknowledged that a GBV/HP case can be referred to a higher level of jurisdiction within the same institution or to another institution. Unfortunately, the current systems by virtue of their respective designs are not able to track cases of GBV/HP which were referred. Hence, simple amalgamation may lead to multiple-counting of the same GBV/HP case.

Table 2.4: GBV/HP variables collected by the different institutions

GBV/HP Category	NGBVD	HMIS – Form 021	HMIS – Form 105	Integrated OVC Register	OVCMIS	Education Sector (Various tools)
Sexual Violence	Rape (includes gang rape, marital rape) Defilement	Sexual violence - if the violence involved use of or tampering with genital organs including the Anal area	Sexually Transmitted Infection due to SGBV			Sexual offences (Defilement, Phonographique, Bad touches, rape, etc.) Number of rape cases reported Defilement Sexual Harassment in schools Pregnancies in schools

GBV/HP Category	NGBVD	HMIS – Form 021	HMIS – Form 105	Integrated OVC Register	OVCMIS	Education Sector (Various tools)
Physical Violence	Physical Assault	Physical violence - if the violence involved hurting the body elsewhere but not the genital areas	Injuries due to Gender based violence			Physical assault/Corporal punishment Assault in institutions Beating in schools Molestations Number of corporal punishments recoded in schools Bullying
Emotional Violence	Psychological Abuse	Psychological Violence		Abused children	Number of child abuse & neglect cases handled Number of OVC provided with psychosocial support	Child neglect Denial of midday meals Use of abusive language

GBV/HP Category	NGBVD	HMIS – Form 021	HMIS – Form 105	Integrated OVC Register	OVCMIS	Education Sector (Various tools)
Economic Violence	Denial of Resources, opportunities & services				Number of OVC removed from child labour	Child labour
Harmful Practices	Forced Marriage Child marriage Female Genital Cutting / Mutilation		Abortions due to Gender-Base Violence			Child marriage
Others	Other (Specify)				Number of OVC provided with Nutritional support	

III. A Standard Tool for Compilation of GBV/HP Data

Routine collection of information on GBV/HP is required to study the situation of GBV/HP in the country, so as to measure changes over time in the magnitude and character of the vice. The most ideal source for such regular information is from administrative sources. In Uganda today, there are several actors who in execution of their respective mandates interact with GBV/HP survivors. These form a potential source to tap into to compile regular GBV/HP data. However, the type of information they collect is not the same, not uniformly coded and at times involving duplication of cases.

In order to be able to accurately measure the incidence of GBV/HP in the country, it is necessary to define the minimum set of variables that each institution should collect so that the information from the different institutions with respect to GBV/HP is comparable, hence the need for a standard questionnaire. Two types of questionnaires are proposed.

1. The Basic GBV/HP questionnaire which collects sufficient information to measure the magnitude of GBV/HP in the country.
2. The ideal GBV/HP questionnaire which collects information that can be used to study the magnitude and character of GBV/HP in the country.

3.1 The basic GBV/HP Questionnaire

In the short to medium term, a questionnaire with basic variables required for determining the incidence of GBV/HP by type is recommended. All institutions should be encouraged to collect the minimum set of variables (as given in Box 3.1), in addition to the other information they collect for purposes of executing their mandate. Thus, any GBV/HP data set, irrespective of purpose of its collection should contain these variables.

Box 3.1: Basic variable for determining the incidence of GBV/HP

Mandatory variables

1. Name of institution Reporting
2. Case #
3. Period of reporting
4. Date of the incident (if it can be recalled)
5. Sex of the Survivor
6. Age/Age group of the Survivor
7. Residence of Survivor
8. Type of violence
9. Initial reporting of case/referred case

NB: Referred cases should be excluded when computing the incidence of GBV/HP

Desired but NOT mandatory variables

10. Place of occurrence of the incident
11. Relationship between perpetrator and victim
12. Sex of the perpetrator
13. Age/Age group of the perpetrator

3.2 Tabulations from the Basic GBV/HP questionnaire

The individual records of cases registered using the Basic GBV/HP questionnaires would be captured. After the data capture, every MIS would be requested to generate and make public the following information. Details about the dissemination are given in Section 4.3

Box 3.2: Tabulation from the GBV/HP Basic Questionnaire

1. Number of Incidents in a sub-region/ district by type of violence and sex of survivor
2. Number of Incidents by age group and sex of survivor
3. Number of Incidents by institution reporting and sex of Survivor
4. Number of Incidents by sex of Survivor and age of perpetrator

The proposed age groups are 'Under 1 year, 1 – 4 years, 5 – 14 Years, 15 – 24 Years, 25 – 49 years, 50 - 59 years, and 60 years & above'

3.3 The Ideal GBV/HP Questionnaire

In the long-term, all GBV/HP actors/data collectors should be encouraged to collect detailed information that not only gives the magnitude of GBV/HP in the country, but also can be used to study its character. Such information is necessary for planning the fight against GBV/HP as well as management of the survivors.

Below are the questions that are proposed to be included in the standard questionnaire, and the associated code list is given in Appendix 3.

A. Identifier information

1. Serial number – to be allocated automatically by the GBV/HP-MIS
2. Source Institution – an identifier for the institution where the information was collected from
3. Case ID – An alpha-numeric identification Code as given by the institution providing the information
4. Date of first reporting

B. Information about the Survivor

5. Survivor Code
6. Sex
7. Date of Birth
8. Age/Age Group
9. Usual Residence of Survivor
10. Marital status
11. Disability Status
12. Nationality
13. Occupation/Work status
14. Religion
15. Highest Level of Educational Attainment
16. Residence Status

C. Information about the incident

17. Date of occurrence of reported violence (dd/yy/yyyy)
18. Type of offence/Violence
19. Relationship of perpetrator to survivor
20. Place of Occurrence
21. Time of reported violence
22. Effect of the Violence
23. Remedial/Punitive Action taken
24. Other related offences (Alpha-numerical)
25. Number of other persons affected by the violence

D. Information about the Perpetuator

26. Name/Code of Perpetuator
27. Sex
28. Age/Age group
29. Location/Residence
30. Nationality
31. Occupation/Work status
32. Religion
33. Education
34. Residence Status

3.4 Tabulations from the ideal GBV/HP questionnaire

The individual cases registered using the ideal GBV/HP Questionnaire would be captured and the respective MIS will be requested to generate and make public the following information.

Basic tabulations

1. Number of Incidents in a Sub-region/ District by Type of Violence and Sex of Survivor
2. Number of Incidents by Age group and Sex of Survivor
3. Number of Incident by marital status and Sex of Survivor
4. Number of Incidents by sex of Survivor and age of perpetrator
5. Number of Incidents by institution reporting and sex of Survivor

Sexual Violence

6. Incidence of physical violence by GBV age group and sex of survivor
7. Incidence of sexual violence by location and sex of survivor
   a) Among children
   b) Among adults
8. Incidence of sexual violence by type of act and sex of survivor
   a) Among children
   b) Among adults
9. Incidence of sexual violence by type of act and place of occurrence of the incident
   a) Among children
   b) Among adults
10. Incidence of sexual violence by type of act and time of occurrence of the incident
    a) Among children
    b) Among adults
11. Incidence of STI due to SGBV by sex of survivor
    a) Among children
    b) Among adults

12. Perpetuators of sexual violence by type of act and relationship to the perpetuator

    a) Among children

    b) Among adults

13. Perpetuators of sexual violence by type of act and sex of perpetuator

    a) Among children

    b) Among adults

Physical Violence

14. Incidence of physical violence by location and sex of survivor
15. Incidence of physical violence by age and sex of survivor
16. Incidence of physical violence by type of act and sex of survivor
17. Incidence of physical violence by type of act and place of occurrence of the incident
18. Incidence of physical violence by type of act and time of occurrence of the incident
19. Incidence of Injuries and/or abortions due to GBV by sex of survivor
20. Perpetuators of physical violence by type of act and sex of perpetuator
21. Perpetuators of physical violence by sex of survivor and relationship to the perpetuator

Emotional Violence

22. Incidence of Emotional violence by location and sex of survivor
23. Incidence of Emotional violence by age and sex of survivor
24. Incidence of Child abuse by age and sex of survivor
25. Perpetuators of Emotional violence by sex of perpetuator
26. Incidence of Emotional violence by sex of survivor and relationship to the perpetuator

Harmful Practices (FGM and Child marriages)

27. Incidence of Child marriage by location and sex of child
28. Incidence of Child marriage by location and age of spouse
29. Incidence of FGM by location and age of survivor

3.5 Supporting documents

Alongside the questionnaire, there are other documents that have to be developed.

1. It is a recommended practice in statistical production for tools/questionnaire developers to provide Instructions manuals for the data collectors.
2. The planned strategy is to merge data from different actors into one dataset. Therefore, one uniform Code list should be applied by all actors (see Box 3.3).

   NB: Use of the standard code list does not take away the unique features of the institution. Rather, it serves to ensure that the information is classified/coded in such a way that the needs of the parent institutions as well as those of the proposed GBV/HP-MIS are met.
3. When there are many actors operating/feeding into a single database, it is prudent that Standard Operating procedures for using the database are developed.

3.6 Conclusion

Comparable GBV/HP data are required to be able to measure change over time, or study variations over space. This requires that the data are collected on a repeated basis in exactly the same way and coded in the same categories. In the short to medium term, a basic questionnaire would be developed and the GBV/HP actors are encouraged to collect the information on that questionnaire.

In the long-term, MGLSD together with UBOS should develop an 'Ideal' GBV/HP questionnaire to be used by institutions collecting information on GBV/HP. Such a questionnaire should allow for the collection of information

necessary for studying the incidence, patterns, trends and monitoring management of GBV/HP in all areas in the country.

Box 3.3: Example of standardization of coding schemes

Type of Violence	Does not need reorganization		Needs Reorganization	Harmonised
	HMIS	NGBVD	Uganda Police	
Sexual	STIs due to GBV	Rape (includes gang rape, marital rape) Aggravated Rape Simple Defilement Aggravated Defilement	Sex related offences	• STIs due to GBV • Rape (includes gang rape, marital rape) • Aggravated Rape • Simple Defilement • Aggravated Defilement Sexual Domestic Violence
Physical	Abortions due to GBV Injuries due to GBV	Physical Assault	Physical Assault	• Abortions due to GBV • Injuries due to GBV • Physical Assault
Emotional		Denial of Resources, opportunities & services Psychological Abuse		• Denial of Resources, opportunities & services • Psychological Abuse • Other Emotional Domestic Violence
Other			Domestic Violence	

IV. Way Forward

Reliable data on GBV/HP are required to effectively report on key national indicators to ensure systemic accountability, or inform budgets, policies, and capacity planning. However, one of the challenges noted with the current GBV data systems is poor dissemination of information leading to usage of data that are insufficient to identify trends in GBV/HP. Data on GBV/HP are required to support the prevention and combating of GBV/HP.

Data from population-based surveys are useful in studying the prevalence of violence in society, its causes and the possible methods to prevent it. However, for purposes of studying the incidence of GBV/HP and monitoring changes over time, the ideal source of information is routinely collected administrative information.

The ideal situation would entail collecting detailed information about an individual, digitalize the person information, generate aggregates (cross tabulation) and share the aggregate information with the users in real time, while protecting the confidentiality of the individuals. The Istanbul Convention on preventing and combating violence against women and domestic violence (data collection: Chapter 2, Article 11) noted that "the data needs to be made available to the public so that it can inform public debate. In order to be useful to the public, relevant summaries, such as indicators, should be provided. It is good practice to bring together this relevant data in a single location that is easily accessible to practitioners, policy makers and the public. A further step is to ensure that the data is comparable between institutions in a country and over time and, ideally, between countries".

The current practice is that there are various institutions which routinely collect information about GBV/HP. Detailed information about the survivors and perpetuators is collected and are kept in hard copy/paper form. On a monthly/quarterly basis, the institutions compile summaries which are captured in the respective institution's MIS. Such summary information can

give an indication of the magnitude of the GBV/HP in the country. However, the level of reporting is still low (less than two percent in 2016), and hence not reflective of the magnitude of GBV/HP in the country. It is also known that most of the information that is collected and processed is not easily accessible to the general public.

Figure 4.1 and Sections 4.1 – 4.5 give the proposed way forward on strengthening systems for collection and dissemination of information on GBV/HP.

4.1 Systems for collection of data on GBV/HP

1. All Ministries, Agencies and Local Governments (MALGs)/CSOs involved in collecting administrative data on GBV/HP should make efforts to improve on the level and quality of reporting by:
    a. Undertaking community advocacy/sensitization to improve on completeness and comprehensiveness of reporting in their areas of operation.
    b. Training/sensitizing their data collection staff on the importance of ensuring quality and completeness of the data.
    c. Expanding on the geographical catchment area of the systems. This includes the NGBVD, the OVCMIS and the HMIS – specially the SGBV Module.
2. There are some institutions who are not mainstream actors and hence not expected to meet many incidents of GBV/HP. The MGLSD should provide such institutions with GBV Registers (based on the standard questionnaire). Whenever they receive a GBV case, they would fill in the GBV Register Form, which would be sent to the District CDO on a quarterly/Bi-annual bases for capture into the NGBVD.

4.2 Tools for collection of data on GBV/HP

3. The need for collecting GBV/HP information that is comparable irrespective of the institution collecting is critical for studying and management of GBV/HP. Currently, there are various isolated initiatives that compile data on GBV/HP, as part of the process of executing their mandate in the management of GBV/HP cases. However, because of the varying mandates, the target population, scope, and types of information (variables) collected are different and so are the classification categories. To be able to take advantage of information from the various initiatives, it is necessary to use standard questions and classification categories.

   UBOS should spearhead a process of developing a harmonized tool for collection of information on GBV/HP. The harmonized tool will define the minimum set of information that an institution collecting information on GBV/HP should collect. The process will require that:

   a. A comparable coding scheme for variables relevant to GBV be developed. All actors collecting GBV should be encouraged to re-organize their information coding systems such that their data can be collapsed to the standard coding system.

   b. In the short to medium term, the Basic questionnaire for GBV/HP data collection with a minimum set of variables required for determining the incidence of GBV/HP by type is recommended. All institutions should be encouraged to collect the minimum set of variables (See Box 3.1), in addition to information they collect for purposes of executing their mandate.

   c. In the long-term, all GBV/HP actors/data collectors should be encouraged to collect detailed information (using the ideal questionnaire) that not only gives the magnitude of GBV/HP in the country, but also can be used to profile its character (see Section 3.3). Such information is necessary for planning the fight against GBV/HP as well as management of the survivors.

4.3 Dissemination of information on GBV/HP

Reliable data on GBV/HP are required to effectively report on key national and international indicators. However, one of the challenges noted with the current GBV data systems is poor dissemination of information leading to usage of data that are insufficient to: identify trends in GBV/HP, ensure systemic accountability, or inform budgeting, policies, and capacity planning.

4. There is a need to set-up a one-stop center for administrative information on GBV/HP in Uganda. However, it is not possible to amalgamate the GBV/HP data from the different sources (in their current format) to get the national picture on the incidence of GBV/HP. In this regard, UBOS should setup an Integrated GBV/HP database using information collected by the different agencies in Uganda. The aim of this platform is to ease access and feedback to GBV/VAWG/HP/and SRHR stakeholders. The Integrated GBV/HP database would have a wing for aggregated information and another for micro-data records. Development of the Integrated GBV/HP database should be phased as follows;

   In the short term, UBOS should develop a database that has aggregated GBV/HP data from the different sources. The aggregate database will include the 57 variables as given in Box 4.1. Owing to the known overlap in the current information from different sources, detailed metadata should be provided alongside the data. It is recommended that the information is separated between cases of 'First time reporting' and 'Referred cases'.

   Because of the need to study the patterns across geographical areas and time trends, each record in the database should contain information for a given geographical area (district/sub-region) and referring to a given time period (month/quarter). The national picture will be obtained by amalgamating the respective period for the geographical area and time periods.

Box 4.1: Variable to be included in the National GBV/HP Database

National GBV Database

1.1. Number of persons Psychologically Abused

1.2. Number of persons defiled

1.3. Number of persons physically assaulted

1.4. Number of persons denied of Resources, opportunities & services

1.5. Number of persons Forced into Marriage

1.6. Number of new cases of Child marriage

1.7. Number of new cases of Female Genital Cutting / Mutilation

1.8. Other cases of GBV

Uganda Police Force

2.1. Number of persons accused (**or prosecuted or convicted**) of Sex-related offences

2.2. Number of persons accused (**or prosecuted or convicted**) of Child-related offences

2.3. Number of persons accused (**or prosecuted or convicted**) of assault

2.4. Number of persons accused (**or prosecuted or convicted**) of Domestic violence

2.5. Number of cases of Sex-related offences reported

2.6. Number of cases of Child-related offences reported

2.7. Number of cases of Assault cases reported

2.8. Number of cases of Domestic violence reported

Health Management Information System (HMIS)

3.1. Number of Sexually Transmitted Infections due to SGBV

3.2. Number of Injuries due to Gender based violence

3.3. Number of Abortions due to Gender-Base Violence

OVCMIS

4.1. Number of Child Abuse & Neglect cases handled

4.2. Number of OVC provided with psychosocial support

4.3. Number of OVC removed from child labour

4.4. Number of OVC provided with Nutritional support

NB: Variables 1.1 – 2.3 should be presented separately for Women, Men, Girls and Boys.

In addition to collating the information from the different sources into a single database, UBOS needs to put in place mechanisms for easy sharing of the information with the targeted users. An online platform would be highly recommended for this purpose. It would be presented as a link on the UBOS website.

5. UBOS should start publishing statistics on GBV/HP (and other dimensions of Human Rights) through the Annual Statistics Abstract.

4.4 The phasing of the strengthening process

The process of strengthening mechanisms for collection and dissemination of information on GBV/HP should take a phased approach as highlighted below and in Figure 5.1;

Step 1 – UBOS should develop a database of GBV/HP, populated with data from the currently existing systems, separating between new and referred cases. This will enable the database to generate information on all the reported cases of GBV without duplication.

Step 2 – UBOS should develop coding classifications for the information on GBV. Thereafter, the various actors/data collectors will be requested to collect and code their information in such a way that it can be aggregated into the coding categories being produced. This will enable the participating entities to produce reports that are comparable for a given variable, and enable the GBV/HP database to generate number of cases of GBV by type of violence (Sexual, Physical and Emotional).

Step 3 – UBOS will make available the information from GBV/HP data to the general public using an on-line platform that will be presented as a link on the UBOS website. UBOS in consultation with the data providers will develop a release calendar, to ensure regular and timely availability of information to the GBV/HP actors and the general public.

Step 4 – The MGLSD will define the minimum set of variables required to measure the incidence of GBV/HP i.e. defining the GBV/HP Basic questionnaire. All GBV/HP actors collecting information will be requested to include the variables onto their data collection tools, such that all actors will contribute to measuring the incidence of GBV/HP in the country.

Step 5 – The MGLSD will define the set of variables required to study the character of GBV/HP i.e. defining the GBV/HP ideal questionnaire. The GBV/HP actors collecting information will be encouraged to include the variables onto their data collection tools. This will generate uniform data, which can be amalgamated into one data set.

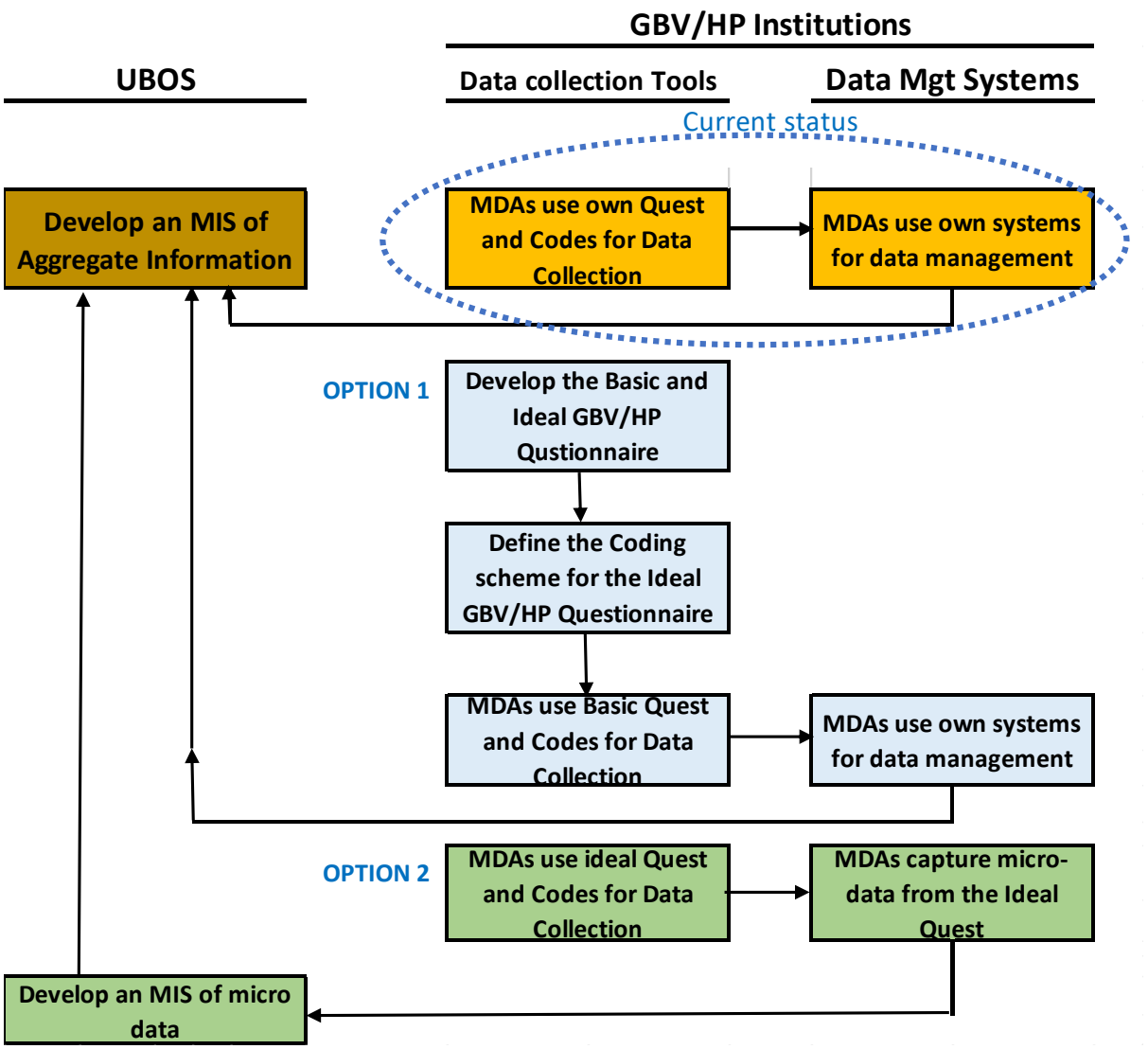
Step 6 – UBOS will be creating an Integrated GBV/HP Database, populated by individual records from the GBV/HP actors. The Integrated GBV/HP Database will have a two-fold use:

1) The information will be used to generate summaries that will be used to populate the GBV/HP database (as in Step 1).

2) Generation of client-defined cross tabulations to enhance management of the GBV.

Steps 1 & 2 will enable the compilation and amalgamation of quality information from the administrative sources. This will give the national level incidence of reported GBV/HP cases by type and location. On the other hand, steps 4 - 6 will provide easily accessible information on the character of reported GBV/HP in the country. However, even with these improvements, it will not be possible to capture information that are not reported to the GBV/HP actors. Therefore, periodic population-based surveys should be conducted to retrospectively measure the magnitude of the unreported cases, as well as profile the character and reasons for non-reporting. This will improve the knowledge base about GBV/HP in the country.

Figure 4.1. Flow Chart for the harmonization of GBV Tools and Systems in Uganda



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Ministry of Gender, Labour and Social Development (2015), Standard Operating Procedures for the National Gender Based Violence Database (NGBVD)

Ministry of Gender, Labour and Social Development (2015), OVCMIS Service Provider Procedure Manual

Uganda Bureau of Statistics (2019), Report on Quality Assessment of the GBV Management Information Systems in Selected Ministries, Departments, Agencies and Higher Local Governments

United Nations (2019), United Nations National Quality Assurance Frameworks Manual for Official Statistics. Including recommendations, the framework and implementation guidance

APPENDICES

Appendix 1: List of persons/organizations meet during the assessments

Name of Organization	Name of Officer	Office held
Equal opportunities Commission	Mr. Mugabe Moses Ms. Irene Nassaka	Senior M&E Officer Legal Officer
Kampala Capital City		
Ministry of Education and Sports	Ms. Patricia Nambafu	SA
Ministry of Energy and Mineral Development	Mr. Ian Kisawuzi	Senior Statistician
Ministry of Trade, Industry and Cooperatives	Mr. Muhwezi Kenneth	Senior Statistician
Ministry of Finance, Planning and Economic Development		
National Planning Authority	Ms. Judith Mutabazi M. Andrew Ssaali	Information & data management
Uganda Police Force		
Ministry of Public Service	Mr. Magimbi Geofrey	Principal Officer Records
Ministry of Health	Mr. Jimmy Akena	Senior Biostatistician
Ministry of Gender Labour and Social Development	Mr. Charles Etoma Mr. Mwandha Philip Mr. Biran Masimbi	
BRAC	Mr. James W Khakehi	
CCEDU		
NUWODU	Mr. Nsimbi Johnmary	
Raising Voices	Ms. Janet Nakuti	
Cross cultural foundation Uganda		
Uganda Human Rights Defenders Network Uganda	Ms. Brenda Kugonza	Executive Director
Resilient Africa Network	Ms. Christine Muhumuza Ms. Natasha Kassami	Research Manager Community Liason Officer
Reach a Hand Uganda	Mr. Paul Waiswa	MEL Officer
Danish Refugee Council	Mr. Simon Simkute Ms. Daphine Mwubaha	Information Management Officer Information Technology Specialist
UWONET	Mr. Muwereza Ramadhan	
CCFU	Ms. Emily Drania	
International Rescue Commmittee	Ms. Irene Ochola Ms. Harriet Kezaabu	MEAL coordinator WPE coordinator
Abim district		
Amudat district		
Amuria district	Mr. Robert Okisimo Ms. Kelen Acom Mr. Paul Okuraja	SPSWO DEO HMIS FP
Arua district	Mr. Kefa Adule Mr. Adiga Rajab Mr. Obia Richard Mr. Ben Agumanyi	Planner Probation officer DCDO Biostatistician

Name of Organization	Name of Officer	Office held
Bundibugyo district	Mr. Balyebulya Richard Ms. Adong Pamela Mr. Justus kule Mr. Mugisa Simon Mr. Asuman Bwambale	Senior Probation officer Probation officer District Health Officer DCDO CDO
Gulu district	Mr. Yoweri Idiba	DHO
Kaabong district		
Kaberamaido district	Mr. Elyebu Richard Ms. Iyeset Ruth Atiro Mr. Ejoyu Rogers	DEO HMIS FP SCDO
Kasese district	Mr. Singoma Joseph Mr. Kinanyuwa Sowedi Mr. Thembo Constantine	Senior Planner Senior Probation officer Biostatistician
Kotido district		
Kiryadongo district		
Kitgum district	Mr. Ogwen Micheal Mr. Onono Charles	Senior Probation Officer DHO
Kyegegwa district	Mr. Aganyira Isaaya Mr. Nyakabwa Augustine	Planner Probation officer
Nakapiripirit district	Mr. Waiswa Peter Mr. Oboth Henry	Biostatistician IT Officer
Napak district	Ms. Esther Munyise Ms. Molly Nangiro Mr. Teko timothy Ms. Nakoya Joceyln	Senior CDO Probation Welfare Officer Biostatistician Education
Moroto district	Mr. William Lochedo Mr. Ben Loupa Mr. Aleper Joseph	Senior Probation Welfare Officer Biostatistician Inspector of schools
Pader district		
Tororo district	Ms. Akongo Catherine Mr. Oguti Vincent	Senior Education Officer D CDO
Yumbe district		

Appendix 2: Other relevant Information collected during the assessment exercise

During the process of carrying out the assessment, the Equal Opportunities Commission and the Ministry of Public Service provided information that is useful for the development of administrative statistics in the NSS.

Equal Opportunities Commission

1. The EOC representatives reported training gaps and need for capacity building of their staff on data processing/analysis and systems management. There is vast data within the institution that needs to be transformed into meaningful information. However, the staff have limited knowledge and skills on statistics. In fact, most of the staff are legal officers and clerks.
2. The EOC is currently developing the institution's strategic plan and metadata for some of their indicators.
3. The EOC requested UBOS to source for a statistician preferably with computing option to help with data management under the Plan for National Statistical Development (PNSD)
4. There is need to have an integrated reporting system. The compliance manager at the commission expects UBOS to share findings from the assessment especially with regard to the IT- Management Information system

Ministry of Public Service

5. The ministry requested UBOS to support the Ministry to develop a system and build capacity of their staff to start the compilation of administrative data on Gender Based Violence.
6. Emphasized the need to conduct advocacy and sensitization of different stakeholders about the importance of compiling GBV data in the fight against Gender based violence in our country.
7. UBOS should liaise with development partners to support the enforcement of laws against Gender Based Violence in the different

sectors. Emphasis should be made on the protection of GBV survivors in ensuring a Uganda free of Gender Based Violence.

Appendix 3: Proposed coding of variables on the Ideal GBV/HP questionnaire

It is recommended that UBOS sets up a GBV/HP database. The GBV/HP database would be populated with information from the various databases/MIS being operated by the MDAs. Therefore, the variables in the GBV/HP database will be a subset of the variables that the MDAs collect information on. For each variable of interest in the GBV/HP database, UBOS will develop a mutually exclusive and exhaustive code-list, which takes cognizance of the coding schemes as used by the source MDA as follows:

A. Location Information

B1. Serial number – to be allocated automatically by the GBV/HP- database system based on an agreed permutation of the source institution and the case ID assigned and the date of initial reporting.

B2. Source Institution[7] – an identifier for the institution where the information was collected from.

- ✓ CSO – Civil Society Organization
- ✓ DPO – District Probation Office
- ✓ EOC – Equal opportunities Commission
- ✓ GBV – GBV Centre
- ✓ HRC – Human Rights Commission
- ✓ IGG – Inspectorate of Government
- ✓ JUD – The Judiciary
- ✓ POL – Police
- ✓ OTH – Others

B3. Case ID – An alpha-numeric identification code as given by the institution providing the information

B4. Date of initial reporting

[7] Not all the proposed variables would have been collected by all institutions supplying SGBV/HP information. This code will be used to freeze the "Not Applicable" fields during the data conversion.

B. Details of the Survivor

B1. Client/Complainant/Survivor Code

Cases for UBOS to consider when assigning a unique code to a survivor:

a. One Survivor, One Perpetuator, Once Incident (e.g One-time rape)
b. One Survivor, One Perpetuator, Multiple Incidents (Serial Victim)
c. One Survivor, Multiple Perpetuators, Multiple Incidents (Serial Victim)
d. Multiple Survivors, One Perpetuator, Multiple Incidents (Serial Rapist)

B2. Sex

B3. Date of Birth

Record as (dd/mm/yyyy) – if Not reported, record 44/44/4444

B4. Age/Age group - Record age using a 3-digit code

- If age is in completed years use a 3-digit code, e.g. 15 years should be recorded as 015;

If age is reported in groups, use the codes below (which take care of ALL age categorizations of MDAs collecting data on GBV/HP)

- If exact number of days is given, record number of days using a 3-digit code starting with digit 1 e.g. 56 days would be code 156
- If exact number of weeks is given, record number of weeks using a 3-digit code starting with digit 3 e.g., 8 weeks would be 308
- If exact number of Months is given, record number of months using a 3-digit code starting with digit 4 e.g. 2 months would be 402
- If age groups are given, use the codes below:

501 0 – 28 days
502 29 – 364 days[8]
503 Less than 1 Years
504 29 days – 4 years
505 1 – 4 years
506 5 – 9 Years
507 10 – 14 Years

[8] The HMIS in its current format does not capture this category

508 15 – 17 Years

509 15 – 24 Years

510 Less than 18 Years

511 18 and above

512 18 – 24 Years

513 25 – 30 years

514 31 - 49 years

515 50 – 59 Years

516 5 – 59 Years

517 60 years & above

999 Not Reported

NB: The Integrated GBV/HP database system should create a new variable of age group which is in line with the proposed publication classification as given below;

Under 1 year; 1 – 4 years; 5 –17 Years; 18 – 24 Years; 25 – 30 years; 31 - 49 years; 50 years & above

B5. Usual Residence of Survivor/ Complainant

a. Region/Sub-region Code

501000 Acholi

502000 Ankole

503000 Bukedi

504000 Bunyoro

505000 Busoga

506000 Bugisu

507000 Kampala

508000 Karamoja

509000 Kigezi

510000 Lango

511000 North Buganda

512000 South Buganda

513000 Teso

514000 Toro

515000 West Nile

601000 Central Region

602000 Kampala

603000 Central exc Kampala

604000 Greater Kampala

603000 Central exc Greater Kampala

605000 Eastern Region

606000 Northern Region

607000 Karamoja

608000 Northern exc Karamoja

609000 Western Region

b. District Code (Standard 6-digit Codes from UBOS[9] – See Annex 1)

c. Subcounty Name (Alpha-numerical)

B6. Marital status

11. Never Married
12. Currently Married
13. Formerly married

B7. Disability Status (if **not reported**, record 99)

B8. Nationality (if **not reported**, record 9)

1. Ugandan
2. Other EAC
3. Outside EAC

B9. Occupation/Work status (if **not reported**, record 99)

10. Paid Employment
11. Employers
12. Own account workers
13. Contributing family Workers
14. Subsistence agriculture workers
15. Household work
16. Fulltime Student
17. Other

[9] UBOS is proposing to use a standard 6-digit code for all areas at Subcounty level or higher. For example, the codes for Kalangala District = 101000; Bujumba County (of Kalangala District) = 101100 and Mugoye Subcounty (of Bujumba County, Kalangala district) = 101103

B10. Religion (if not reported, record 99)

1. Anglican
2. Catholic
3. Other Christian
4. Muslim
5. Other
6. Don't Know

B11. Highest Level of Educational Attainment (if not reported, record 9)

1. None
2. Primary
3. Secondary
4. Post-Secondary (inc Vocational)
8. Don't Know

B12. Residence Status (if **not reported**, record 9)

1. National resident
2. Non-national resident
3. Refugee
4. IDP
5. Repatriate
6. Other-specify
8. Don't Know

C. Information about the incident

C1. Date of occurrence of reported violence (dd/yy/yyyy)

C2. Type of offence/Violence

10. Any Harmful Practice

11. Early/Child marriages
12. Female Genital Cutting / Mutilation
13. Forced Marriage

20. Any Sexual Violence

21. Defilement – Simple
22. Defilement - Aggravated

23. Rape (including gang rape, marital rape)
24. Sexual Harassment
25. Indecent assault
26. Other Sexual offences (Phonographique, Bad touches, etc.)

40. Any Violence against Children in Schools

41. Bullying/ Beating in schools
42. Corporal punishment
43. Denial of midday meals
44. Molestations
45. Use of abusive language in school

50. Any Violence against Children

51. Child Abduction/Kidnap
52. Child abuse/Torture
53. Child Desertion
54. Child neglect
55. Child Stealing
56. Child Trafficking

60. Any Violence Outside Schools

61. Common Assaults
62. Aggravated Assault (Acid cases)
63. Aggravated Assault (general)

70. Any Emotional Violence

71. Psychological Abuse
72. Threatening Violence
73. Use of abusive language

80. Any Economic Violence

81. Denial of resources, opportunities & services

96. Violence NEC

98. Any Form of Violence

C3. Relationship of perpetrator to victim

11. Current Spouse/partner
12. Former Spouse/partner
13. Current girlfriend/Boyfriend
14. Former girlfriend/Boyfriend
15. Father/stepfather
16. Mother/stepmother
17. Brother/Stepbrother
18. Sister/Stepsister
19. Daughter/son
20. Step Daughter/Step son
21. Other relative
22. Mother-in-law
23. Father-in-law
24. Other in-law
25. Own friend/acquaintance
26. Family friend
27. Teacher
28. Employer/someone at work
29. Policeman/soldier
30. Priest/religious leader
96. Other Stranger

C4. Place of occurrence of violence

11. Survivors Home
12. Perpetuators Home
13. Other Home
14. Street near Survivors Home
15. Street near Perpetuators Home
16. Other Street
17. Workplace

18. School
96. Other

C5. Time of occurrence of the violence

1. 12.00 midnight -3.59 am
2. 4.00 am-7.59 am
3. 8.00 am-11.59 am
4. 12.00 noon-3.59 pm
5. 4.00 pm -7.59 pm
6. 8.00 pm -11.59 pm

C6. Effects of the Violence

1. Abortions due to GBV
2. Injuries due to GBV
3. Pregnancy
4. Sexually Transmitted Infection (STI) due to GBV

C7. Action taken by the institution

1. Referred to Police:
2. Referred to Legal Protection Centre
3. Referred to Livelihoods Program
4. Referred to Local Council Officials (LC's):
5. Referred to Safe shelter
6. Referred to Health Centre
7. Referred to Community Development Officer

C8. Other related offences (Alpha-numerical)

C9. Number of other persons affected in the Violence

D. Information about the Perpetuator

D1. Name of Perpetuator (In case of NGBVD use the Survivor code)

D2. Sex

D3. Age

1. Less than 18 Years
2. 18 – 24 Years
3. 25 – 59 years
4. 60 years & above

D4. Location/Residence

D5. Nationality

D6. Occupation/Work status

D7. Religion

D8. Education

D9. Residence Status

Appendix 4: Persons who contributed to this report (conducted the assessment)

1. Mr. Ronald Ssombwe	PST/QA
2. Mr. Thomas Rutaro	Ag POC
3. Ms. Pamela Nabukhonzo Kakande	SST/ Population
4. Mr. George William Mukasa	SST/Population
5. Ms. Molly Nina Acan	SO/Coordination
6. Mr. Suuna Luutu	SO/Research
7. Mr. Hillary Muhanguzi	SO/M&E
8. Ms. Diana Byangeru	SO/Gender
9. Mr. Simon Kyewalyanga	ST/ Social Statistics
10. Ms. Sharon Apio Basaala	ST/Social Statistics
11. Mr. Robert Makombe	ST/ Population
12. Mr. Johnstone Galande	ST/Population
13. Mr. Daniel Okello	ST/Population
14. Mr. Daniel Gidudu	SA/Coordination
15. Ms. Pamela Khisa	SA/Coordination
16. Mr. Yunus Koire Luggya	ST/Population
17. Ms. Stella Nassolo	O/Gender
18. Ms. Esther Ruth Nabwire	O/M&E
19. Ms. Noor Kurssim Namiyonga	O/Research
20. Mr. Paul Okello	O/Coordination
21. Mr. Ronnie Wambi	SA/Coordination
22. Ms. Abenakyo Aidah	SA/Coordination
23. Mr. Namoma Jackson	SA/Coordination
24. Ms. Kashenyi Dorah	SA/Coordination

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