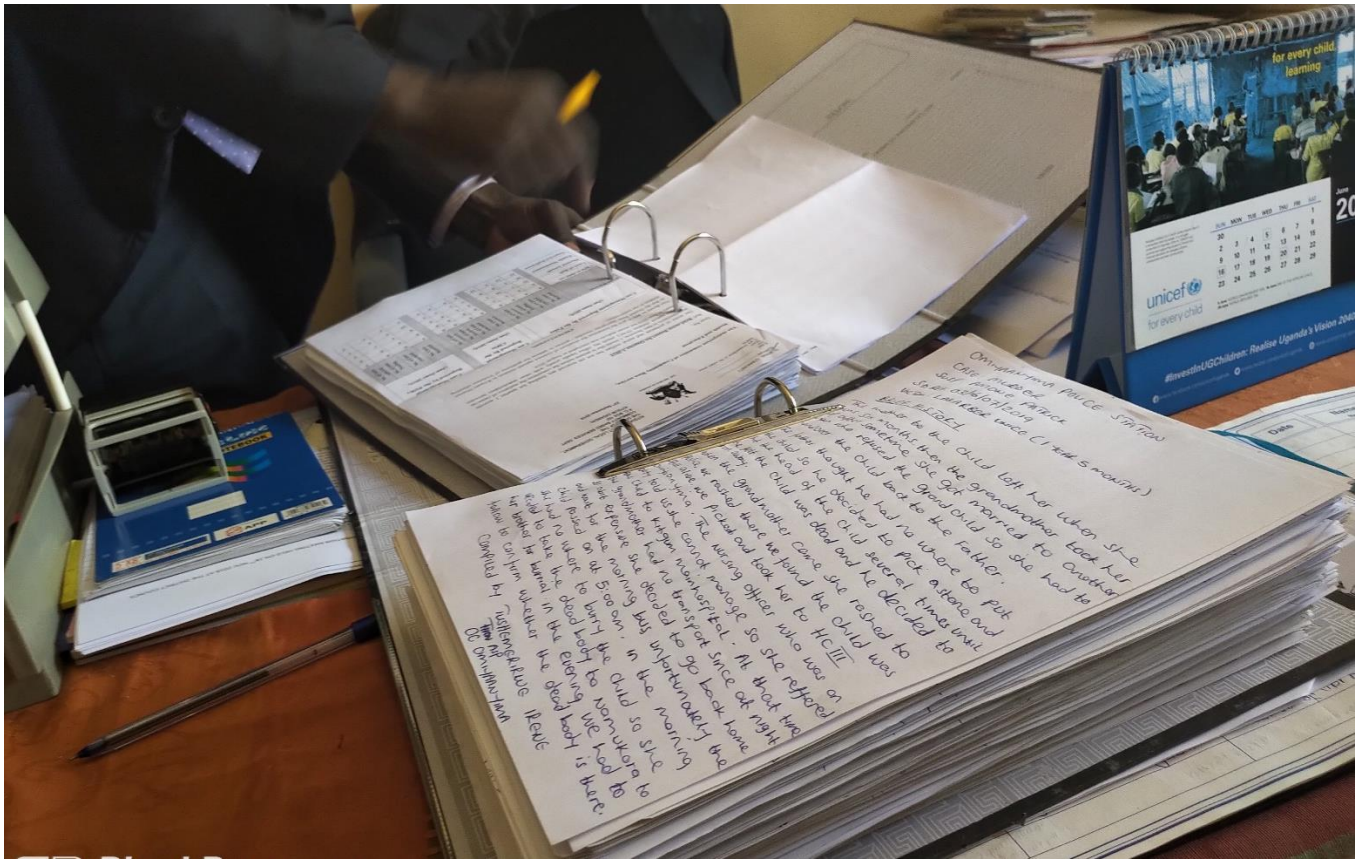
Quality Assessment of Existing GBV/HP Management Information Systems in Uganda



October 2019

Table of Contents

List of Acronyms

CSOs	Civil Society Organizations
DV	Domestic Violence
GBV	Gender based Violence
HP	Harmful Practice
HLGs	Higher Local Governments
ICT	Information Communication Technology
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

UBOS conducted an IT assessment of the different GBV systems in selected MDAs and higher local governments with an intention of reviewing and exploring the feasibility of integrating and linking these systems to have a one stop center on GBV data. The tool used for this assessment covered various aspects including: Name and description of system [technologies used for development, platforms (operating systems) on which the systems run, data types, data structure, the unique ID for the data, availability of data sharing services, report formats, concurrency support], system administration and users [developers of the system, system & data managers, number of users on the system, capacity building], data dissemination channels & frequency of dissemination, number of GBV indicators, geographical scope, frequency of data updates, volume of data sets and the system meta data and documentation.

Outcome

The GBV systems that were found in these MDAs and higher local governments are: National Gender Based Violence Database (NGBVD), Orphans and other Vulnerable Children Management Information System (OVCMIS), SAUTI 116 – Child Helpline Service, Health Management Information System (HMIS), and Education Management Information System (EMIS). Only one of these systems was found to be purely GBV while the rest contain just modules on GBV data.

It was noted that some systems are paper based and almost all systems do not uniquely identify a survivor who may have reported a GBV case at various offices. The systems have different data formats, some without data sharing services. It was keenly observed that in order to develop a centralized GBV system, a unique identifier, whether National Identification Number (NIN) or biometric data (like finger prints) be used across all GBV systems.

In conclusion, it is feasible to develop an integrated system and this will be presented as a link on the UBOS website for public access. In the short run, the different stakeholders agree to share their latest data sets with UBOS. UBOS will develop a system that will be able to clean and standardize these data and upload them in an Integrated GBV system.

In the long run, the different GBV systems will develop data sharing services with which the Integrated GBV system at UBOS will be able to dynamically import the required data (indicators) into the one stop center.

1. Introduction

UBOS conducted an IT assessment of the different GBV information management systems in selected MDAs and higher local governments. Cognizant of the fact that various government Ministries Departments and Agencies (MDAs) currently collect data related to GBV/HP, with independent Management Information Systems (MISs). However, the MISs are fragmented, uncoordinated, manual, limited in scope, and some are not web-based, which limits accessibility, utilization, and timely reporting. Key case management and data collection systems – including the NGBV database – are not functional in all districts. The assessment of GBV MISs was undertaken specifically to explore the feasibility of integrating and linking these systems to have a one stop centre on GBV data.

1.1 Aim and Objective

The assessment of GBV MISs was undertaken to document their status and specifically to explore the feasibility of integrating and linking these systems to have a one stop centre on GBV data.

1.2 Methodology

The team used multiple techniques to collect relevant information to address the assessment. The team undertook visits to the selected districts and Higher Local Governments (HLGs). The exercise was held in the selected entities over two weeks with an average of 2-3 working days in the entities to enable collection of the right data from the core users of the GBV systems in the Districts and HLGs.

Tools development

A structured questionnaire was developed to guide the assessment of the GBV MISs. The assessment covered the following areas:

1. Name and description of the system,
2. Description of the platforms, technologies used, data sharing, where it is housed, and who developed it,
3. The team responsible for managing the system at the district,
4. Type of data in the system, geographical scope, number of indicators in the system,
5. Review of available documentation, data structure, and unique identification in the database,
6. Review of report formats, frequency of data updating, number of people accessing the system, dissemination frequency, channels, volumes of data sets,
7. Capacity building and training and opinions about linking of the data system to other systems.

Key Informant Interviews

The team carried out Key Informant Interviews with systems managers and administrators in selected MDAs and local governments (LGs) to collect relevant information to address the assessment. The interviews took place at the community and district headquarters targeting the following offices: the district planners' office, District Health Office, District Probation and Welfare office, and District Community Development Office.

Reporting and Analysis

The team took detailed notes of all interviews during the assessment exercise. They also took photos of data collection tools, data, records and systems that could be accessed during the exercise.

2. Institution Specific Findings

2.1. National Gender Based Violence Database

The National Gender Based Violence Database (NGBVD) is a database designed to collect, store and analyze GBV data. The system was created to track incidence of GBV in the country. It collects GBV incident data to facilitate evidence-based decisions making at all levels. The Database was developed by Ministry of Gender, Labour and Social development and can be accessed through URL https://ngbvd.mglsd.go.ug. GBV data compilation and reporting is done by different actors in different field settings in the country. Through this GBV system, reports can be generated in real time.

The system runs on the Windows Platform. The system is online, it permits multiple users at any given time. The system requires internet connection and Internet browser to access it. The Technologies used to develop the system are C# and Sql Server for the back end. The infrastructure and platforms used for development and managing the systems are managed by the MGLSD.

Tools

GBV actors in Uganda use the GBV Incident report form developed by MGLSD for documenting of and collection of data about the reported GBV incidents. The database functions through the data collected from the GBV Incident Report form. The forms are filled at the service provision points such as CDO's office, Police, GBV shelters or any other actions.

The system has user manuals online and in soft copy. The procedures for data quality assurance and improvement, data access, data dissemination, data storage, and data backup are all enshrined in the Standard Operating Procedures for the NGBVD that can be accessed via the ministry's online resource link. The data cleaning and validation is done based on agreed criteria developed by the Ministry.

The filled in forms are captured on the NGBVD by authorized officers CDO/Civil society organizations.

Dissemination

The system also requires one to have Microsoft Office and PDF reader to enable reading of the reports. The reports can be downloaded from the system and are shared in excel or pdfs. The NGBVD data is shared in summarized reports and does not disclose individual identity. The Data is mainly accessed by the CDO, DCDO, Probation and Welfare officers and the CAO.

The NGBV information is disseminated through different forums namely: OVC website, review meetings, social sector review meetings, local council III meetings, mass media, press release, brochures and Meetings at the districts technical meetings. This is done on a quarterly, semi-annually and annually.

Training

System administrators at MGLSD train and monitor all users, ensure compliance for agencies. It provides training to agencies and users on the privacy plan in an adhoc manner. Data quality is monitored by the NGBVD task force at the ministry. Data entry is done anytime and access is in real time for authorized users.

The Districts reported that training and technical support is provided by the MGLSD based on their schedule and resources. The District Community Development Officers are supposed to train the data entrants from time to time.

Security

Security of database is monitored by the IT team at the MGLSD. User authentication is done by the MGLSD. All users must have an active email address, mobile phone, unique identification and password that is automatically generated by the system.

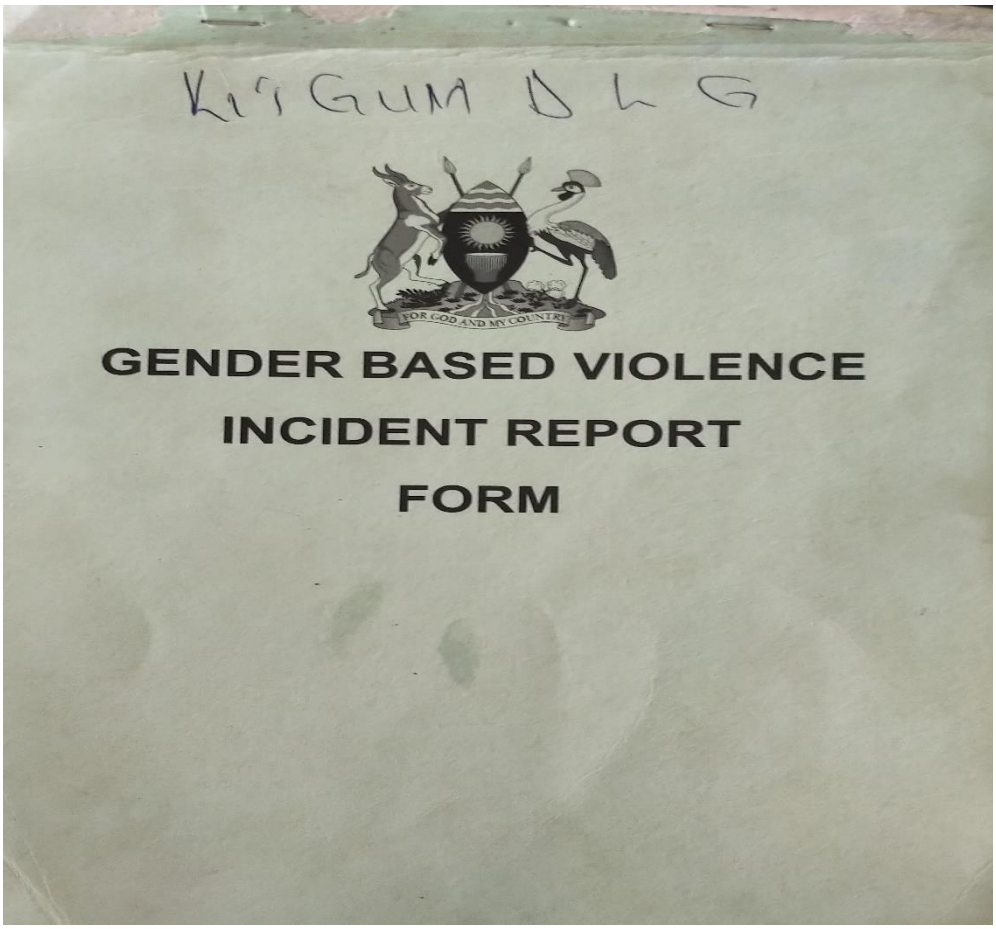
The system logs off automatically after 30 minutes and it is assumed that all computers accessing the system have anti-virus protection. The Ministry

ensures that the system is available 24/7 and protects and backs it up. Data is encrypted and stored in binary format of Postgres sql.

Key Variables collected

The database contains the following variables: Number of incidents by type of incident, time of day, general location, survivor, age marital status, number of perpetrators, perpetrator age, services received, referrals made, actions pending, general outcomes, security issues, actions pending general outcomes, referral and coordination issues. The coverage of the data includes district, sub county, county, parish and villages.

The information generated can be used to compute the GBV Incidence Rate, showing trends across the country.



2.2. Orphans and other Vulnerable Children Management Information System

The Orphans and other Vulnerable Children Management information system was developed by the MGLSD, it acts as a central hub for OVC related data. It is an application that is used to collect process, store and communicate information relating to the OVC interventions, implemented by OVC service providers to the various levels of local and central government. The system can be accessed online via URL https://ovcmis.mglsd.go.ug .

The system runs on the Windows Platform. The infrastructure and platforms used for development and managing the systems are managed by the MGLSD. The Technologies used to develop the system are C# and Sql Server. This is an open system that does not require a password to access the various informative OVC intervention reports.

Tools

The OVCMIS creates a Unique ID for each OVC as follows: OVCID (4 digit)/MM (month in 2 digits)/YYYY (year of registration) /HHD NO/ID

The system has user manuals online and in soft copy. The procedures of data quality assurance and improvement, data access, data dissemination, data storage, data backup are all enshrined in Standard Operating Procedures for OVCMIS data management document online. The data cleaning and validation is done based on an agreed criterion developed by the Ministry.

The TWG teams at the Ministry are responsible for reviewing and changing the data tools and systems.

Dissemination

The system supports concurrency and the data is disseminated in an aggregated manner. There is access by three officers concurrently. The systems are managed by the DCDOs who are mainly in charge for data capture, data analysis, interpretation, dissemination and reporting. The reports can be downloaded

offline in PDF, Word and data outputs are in Excel. OVCMIS is updated on a quarterly basis and it is versioned.

The primary users of the OVCMIS are: CSOs, NGOS, faith-based Organizations and Community based organizations, child care and protection institutions, Community Based Service Department staff, District and sub county technical planning committees, District and sub county OVC coordination committees. The users of the system mainly include the general public, local governments, Ministries, Departments and Agencies, Private Entities, UN Agencies like UNICEF, UNFPA, Faith Based Organization.

The OVC MIS data is disseminated through different forums namely: OVC website, review meetings, social sector review meetings, local council III meetings, District website, mass media, press release, brochures and Meetings at the districts technical meetings. This is done on a quarterly, semiannually and annually.

Key variables collected

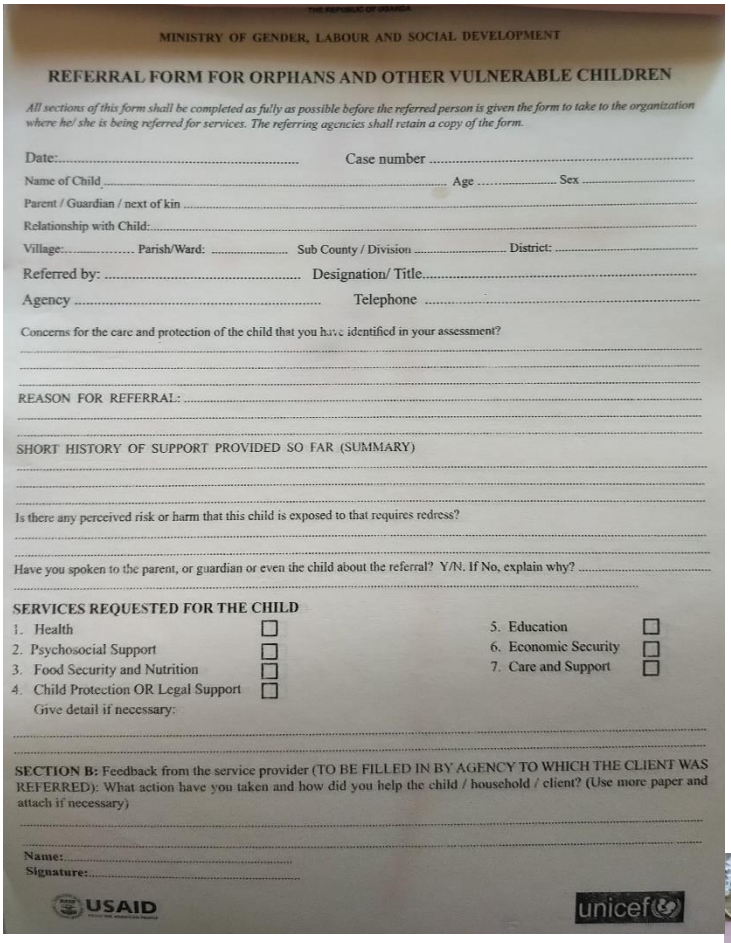
The OVCMIS system reports on 13 indicators, data collected is disaggregated by age, sex, location and time. The data is in tabular format with columns representing the variables and the rows representing the data records.

Security

The OVC MIS server is maintained by the IT team of the MGLSD. The OVCMIS is backed up weekly, incremental backups are made on a daily basis before proceeding to update the OVCMIS.

Data can be accessed in two ways publicly and privately. Publicly through the OVCMIS website and privately through making a written request to DCDO and Probation officers.

All service providers have secure data storage facilities for OVC data and the focal persons have safe areas for storing the data. All the data that is entered on the system is also exported, printed and hardcopies are kept at the District.



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

REFERRAL FORM FOR ORPHANS AND OTHER VULNERABLE CHILDREN

All sections of this form shall be completed as fully as possible before the referred person is given the form to take to the organization where he/ she is being referred for services. The referring agencies shall retain a copy of the form.

Date:..... Case number .....

Name of Child..... Age ..... Sex .....

Parent / Guardian / next of kin .....

Relationship with Child:.....

Village:..... Parish/Ward: ..... Sub County / Division ..... District: .....

Referred by: ..... Designation/ Title.....

Agency ..... Telephone .....

Concerns for the care and protection of the child that you have identified in your assessment?

.....

.....

.....

REASON FOR REFERRAL: .....

.....

.....

SHORT HISTORY OF SUPPORT PROVIDED SO FAR (SUMMARY)

.....

.....

.....

Is there any perceived risk or harm that this child is exposed to that requires redress?

.....

.....

Have you spoken to the parent, or guardian or even the child about the referral? Y/N. If No, explain why? .....

.....

SERVICES REQUESTED FOR THE CHILD

1. Health ☐
2. Psychosocial Support ☐
3. Food Security and Nutrition ☐
4. Child Protection OR Legal Support ☐
5. Education ☐
6. Economic Security ☐
7. Care and Support ☐

Give detail if necessary:

.....

.....

SECTION B: Feedback from the service provider (TO BE FILLED IN BY AGENCY TO WHICH THE CLIENT WAS REFERRED): What action have you taken and how did you help the child / household / client? (Use more paper and attach if necessary)

.....

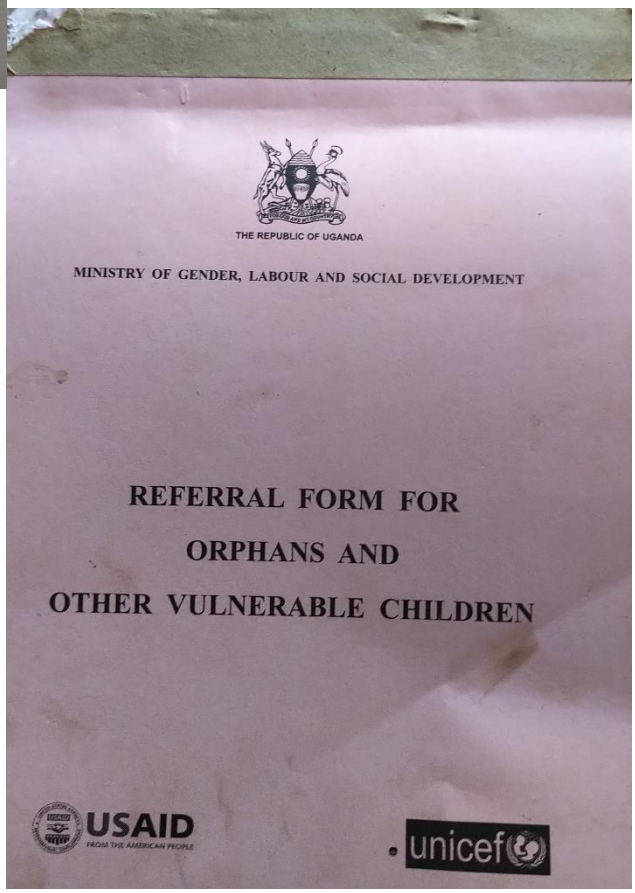
.....

Name:.....

Signature:.....

USAID

unicef



THE REPUBLIC OF UGANDA

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

REFERRAL FORM FOR ORPHANS AND OTHER VULNERABLE CHILDREN

USAID FROM THE AMERICAN PEOPLE

unicef

2.3. SAUTI 116 – Child Helpline Service

The Uganda Child Helpline **SAUTI 116** was developed by the MGLSD with support from UNICEF. The system was created to report violence against children.

It can be accessed through http://uchl.mglsd.go.ug/login.html The system runs on the Windows Platform. The Technologies used to develop the system are C#, HTML, and Sql Server. The System is upgraded by the Ministry on an adhoc basis. All the backups and security related aspects are the responsibility of the IT team at the MGLSD. The primary objective of this system is to protect children from abuse and violence and provide counselling via telephone and enable them to live in a safe and secured environment. This child help line service could only be accessed in very few districts and not much information could be provided about the description of the system. It was also reported that most of the reported cases on the child help line end up in the GBV incident registers and eventually into the NGBVD.

2.4. Health Management Information System

The Health Management Information System is hosted by Ministry of Health (MoH). The system is web based and can be accessed via logins on URL: https://hmis2.health.go.ug/#/. The system was developed by Ministry of health and runs on Windows operating system. It was developed using web technologies like html, Csharp, sql server, css etc. The HMIS system has a module on Data entry, Data Analysis and data backup. It allows one to run reports online.

Tools

Data is collected from the health centres on paper forms and the HMIS focal persons then enter the data on the HMIS, they validate the data and copy to the District Health Officer who has to confirm the data before it is submitted to the

MOH. The system is updated annually and the data structure is updated every year to capture new variables. All the documentation is done online.

The data is in a tabular format with columns representing the variables and the rows representing the data records. The data is captured from patients at the health centers as either excel, pdf or csv.

Security

Security of database is monitored by the IT team at MoH. User authentication is managed by the MOH. System logs off automatically after 30 minutes and it is assumed that all computers accessing the system have anti-virus protection. The ministry ensures that the system is available 24/7 and protects and backs it up. Data is encrypted and stored by MoH. The HMIS data is shared in summarized reports and does not disclose individual identity.

The system is managed at the District by the District Biostatisticians who also does data analysis, interpretation and dissemination. The system is mainly accessed by the District Biostatisticians, health facility in charges for HII, HIII, HIV and hospitals. The Systems Administrator at MOH maintains security standards for the use of computer infrastructure in the MOH.

Dissemination

Most of the data is disseminated as aggregated data. The dissemination is mainly done on the website, as pdf reports and as soft copies in Microsoft excel, the reports can be downloaded offline.

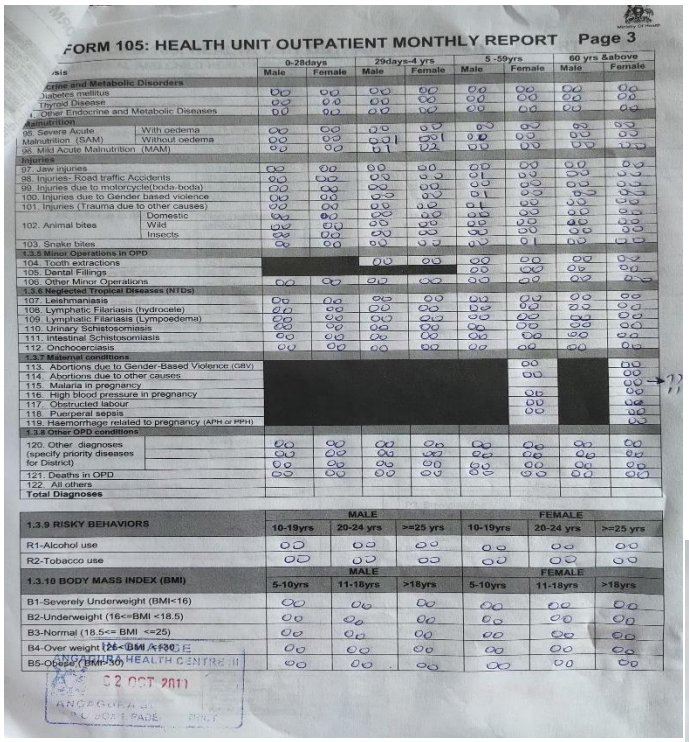
Dissemination is done on a quarterly basis through website and quarterly meetings. Health data is stored per year and HMIS can be accessed by health assistants and Biostatistician at the district. The data formats are PDF, Microsoft word, CSV and Excel. Data can be accessed through request for data via a letter hard or soft copy to the DHO, permission is granted and data can be accessed. The system is mainly used by the local governments, MDAs, NGOs, and UN Agencies.

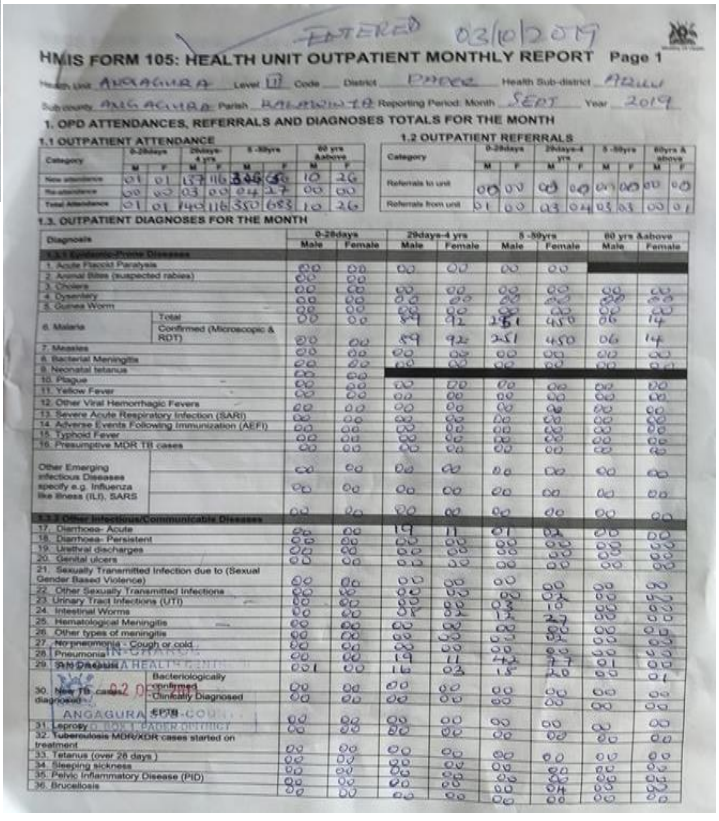
Training

The MOH is responsible for system maintenance, ICT support is provided to the different districts and health facilities by the technical team at the MOH.

Key variables collected

The GBV related variables collected: abortions due to GBV, sexually transmitted diseases due to GBV and injuries due to GBV.


FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT Page 3


HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT Page 1

2.5. Education Management Information System

The Education Management Information System (EMIS) is an ICT management toll that integrates people, technology and practices of collecting, capturing and processing data from different sources to generate information to aid informed decision.

There is no electronic system in place, the districts visited device their own means by using microsoft excel for data entry while others keep their information in paper / forms used for data collection

Tools

The data is collected at the district by the Education Assistants with the guidance of the inspector of schools and District Education officer. At the district all the data is either stored in paper form or entered into an excel sheet for compilation and analysis.

Dissemination

Dissemination is done on a quarterly basis through website and quarterly meetings. Education data is stored per year and EMIS can be accessed by Education Assistants and Biostatistician.

Data can be accessed through request for data with a letter hard or soft copy to the District Education Officer, permission is granted and data can be accessed

Key variables collected

The key GBV related variables include: second chance enrollment after Pregnancy or marriage, number of girls enrolled/Completed on skills development after marriage and go back to school and stay campaign.

3. Common observations

The review of the different systems that are used to collect GBV data made the following observations:

1. Some systems are electronic and others are still paper based in some districts and sectors.
2. Some systems though web based are not accessed by all districts either due to lack of training or lack or resources (human and internet). In one of the districts the responsible officer said the NGBVD stopped working in 2016 and another said they forgot the password to the system. To fulfil the data requirement, they send hard copies to MGLSD as when possible- who then inputs into the NGBVD.
3. Only one system (NGBVD) is purely GBV the rest of the systems have only modules of GBV with a few questions.
4. Some Systems do not have a common unique identifier for the GBV survivors, they are auto generated by the system and therefore can not be tracked across facility levels or institutions. This does not solve the challenge of having double counting of some cases.
5. Systems are not updated with data at the same time, let alone not being updated at all within a given period.
6. Systems were not created using the same technologies i.e the systems are not built uniformly and the tools for data collection are also not uniform.
7. Technically the teams that manage the systems are not technology savvy and this hinders them to continuously update the systems.
8. Systems have different owners and so their management is done accordingly. They are all hosted externally at the ministry health quarters.
9. Systems lack metadata about the data collected with the different systems.

10. Systems have different data in different formats and are at different levels of advancement. All MDAs collect individual records, but the respective MISs (except in the NGBVD) capture the summary information.

11. The data volume is approximately 30 mbs for the NGBVD and OVCMIS while for health and education it is less than 20mbs

12. Systems also share data sets differently.

13. In the short run, the different stakeholders agreed to share their latest data sets with UBOS. UBOS will develop a system that will be able to clean and standardize these data and upload them an Integrated GBV system.

14. In the long run, the different GBV systems will develop data sharing services with which the Integrated GBV system at UBOS will be able to dynamically import the required data (indicators) into the one stop center.

4. Challenges Observed

1. Some management Information systems are still manual (paper based) like for Education, Health and even for the NGBVD in some districts especially at the sub district level.
2. Lack of power at the upcountry District Offices and Sub county offices, this hinders the use of electronic systems.
3. Lack of internet at some of the collection centers limits the use of the systems i.e data entry into the system is not done on time.
4. The required time for entering data or reporting or updating the system by the district officials is not adhered to on a regular basis.
5. There is a challenge of limited technical capacity of the staff to manage MIS. The questionnaire that was administered about the GBV-MIS environment was rich, but returned partially filled as most of the questions could not be answered by higher local governments. This is so, as the systems are predominantly developed and managed by line ministries. There is limited understanding of the system development at the district level.
6. Training on the use of the systems is not as frequent as should be, and yet there is high staff turnover in the local governments, this may lead to the systems not to be used because of lack of skills by the newly recruited staff.
7. Data analysis is mainly done at the respective headquarters where the systems are based (especially for MOH, MGLSD) so the districts do not extract any data from the system for their own use.
8. Changes to the Data structure is only done at the Ministry level, it cannot be done at district level.

5. Feasibility of integration and linkage of GBV systems

An Integrated system is an organized collection of multiple similar sub systems into one system. It is the meddling of systems and technologies to form one more capable system that is intended to take on additional tasks to exhibit improved performance and or enhance existing data systems. Data integration involves mixing existing (often disparate) subsystems and data sources and then creating a unique and new value for the customer or end user. An effective integrated system should be able to harmoniously bring together information systems of different structures (Relational and non-relational) into one data ecosystem that allows growth, change and adaptation of the individual systems hence achieving the harmonized, adaptable and a connection of these GBV systems into an integrated System.

Integration of Systems will reduce the duplication of efforts at various levels and also ease and will promote transparency and accountability to all sectors, ease data sharing amongst departments in districts, between Local Governments, MDAs, NGOs and CBO. It will improve the reporting of GBV data and therefore support resource mobilization and will improve M&E mechanisms.

From the assessment it was observed that there is feasibility of linking these systems but it depends a lot on the following:

Technical aspects

- The technical ability of the different IT teams to inter link these systems
- The design of the systems to be interlinked
- Agreed data positions of the different systems i.e whether monthly, quarterly or annually and at level of disaggregation,
- Creation of data services

Stakeholder involvement

- Engagement of major stakeholders to allow the linking of their systems into the UBOS centralized system (change management processes). There is should be “buy-in”.

Operational aspects

- UBOS should have a one stop Centre system and managed by UBOS for sustainability
- Rules, guidelines and methodologies should be well defined by the Statistical teams to guide the IT teams

The following options are proposed for the development of an Online GBV Portal and Dashboard.

Option 1 – Short Term

- UBOS considers using the currently available data in aggregated form
- Combine the current data from the different data sources where possible
- Develop a database that has aggregated GBV data from the different sources
- Develop the online dashboard with aggregated data by January 2020
- Add a link of the online dashboard to the UBOS website.
- This will be done using web technologies and tableau

Option 2- Medium Term / Long term

- UBOS will develop the online version of the standardized tool to obtain individual records without identifiers of the survivors in order to develop a one stop centre --Web based tool for all the indicator templates required for the integrated system. This is a template with the ideal and basic GBV variables to facilitate data sharing -where different MDAs should be able to record their GBV data and also provide for an upload portal. The template will in Microsoft excel and will include the related metadata.

- Develop and agree on one unique identifier to be used across all the systems (e.g NIN/Case NO –DD/MM/YYYY) or biometric data (like finger prints) to avoid duplicates.
- The system will have all the MDA/HLGS which are expected to report about GBV to regularly provide data.
- Modules will be developed for
    - capturing raw data from the reporting centres
    - capturing aggregated data by agreed time periods
    - capturing historical data
    - capturing metadata linked to the data (like questionnaires and reports) and the respective data sources (like source surveys/census, and administrative data by producing agency).
    - displaying visualizations (maps, graphs, charts and other infographics)
- A ranking mechanism will be incorporated to measure the trend of the indicators.

The integrated system will be presented as a link on the UBOS website for public access. However, option 2 will involve large sums of data so in order for UBOS to wholesomely have GBV data, there is need for a server at UBOS for storage and GBV data management.

Opinions

The opinions of database manager and IT specialists were also sought during the assessment about having their organizations link their data system on GBV to other data systems, and these are listed below:

1. It is a good idea to have one GBV data system with the same indicators across the board, however, there is need to standardize the data collection tool and indicators that are not collected for a specific MDA or District, can

be grayed out. This will enable UBOS to have one centralized system with common indicators including definitions.

2. It is a good idea to have one GBV system with the same indicators across the board, but there is:
    a. Need to allocate more resources to manage the Gender Data
    b. Need to engage the parish chiefs, LC1s, NGOS, to allow them feed data into the system as well
    c. Communication should be strengthened through the CAO's office because he is on ground.
3. UBOS should have a system where all gender related indicators can be reported by sector. The education sector has a paper form questionnaire with some questions on GBV , there is need for one system with different modules on Gender, health, education and other related areas like Police and NGOs where all the GBV data can be fed. It will reduce on duplicates.

6. Conclusion and Recommendations

Data on GBV/HP are required to support the prevention and combating of GBV/HP. The data from both administrative and survey forms can be used to study the causes of the violence and the possible methods to prevent it. The need for collecting GBV/HP information which is comparable irrespective of the institution collecting it is critical for studying and management of GBV/HP.

The general consensus is that there is a need to set-up a one-stop centre for administrative information on GBV/HP in Uganda. In this regard, UBOS should setup a GBV/HP-MIS using information collected by the different agencies in Uganda. This should also include other indicators envisaged in the future. This should be phased as follows

a. In the short term, UBOS should develop a database that has aggregated GBV/HP data from the different sources, and make them readily available online. This will give an indication of the magnitude of GBV/HP in Uganda.

b. In the Short – medium term, put in place a mechanism to capture a scientifically selected sample of individual GBV/HP records. This will provide not only the magnitude but also the characteristics of GBV/HP in Uganda; capture a randomly selected sample of records and assign them appropriate weights to give the national picture.

Therefore, to achieve an integrated system, it is recommended as follows;

1. Line MDAs (MGLSD, MoH and Uganda Police) should be engaged directly to fill the gaps in completing the assessment; particularly on issues to do with hosting of systems, dissemination of information, usage of systems, stakeholders, etc.

2. Additionally, the Line MDAs should be further engaged to see how to access data from the systems on a routine basis.
3. Have a consistent data collection form with all the common variables to be shared with the MDAs for uniformity of the information provided into the integrated system.
4. Have a web-based system version which can be accessed using both a computer and tablet.
5. Help the MDAs/ Districts without GBV systems to develop the GBV Data collection and management activities so that they can all feed into the integrated system. This should include expanding the coverage of some existing systems like the NGBVD.
6. There should be a training component for all MDAs & Districts to enhance skills in data management to ensure availability and timeliness of complete data including improved storage.
7. The integrated system should be made more simplified and user friendly with limited restrictions to accessing the data with improved abilities to process and retrieve data.

In order to monitor the SDGs regularly, UBOS will develop an SDG dashboard and specifically, there will be an attempt to update SDG goal 5 indicators will administrative data. The SDG dashboard will provide for ranking based on the SDG ranking methodology of the UNSTAT Division.

---

7. References

Ministry of Health (2010), The Health Management Information System (Volume 1 - Health Unit Procedure Manual)

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

Council of Europe (2016), Ensuring data collection and research on Violence against Women and Domestic Violence: Article 11 of the Istanbul convention

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

APPENDICES

Appendix 1: Electronic Systems reported by Institution

The table below summarizes the systems reported to be available in each district.

Districts	National GBV Database	Health MIS	OVC MIS	SAUTI	Education MIS Paper based/Excel
Arua	√	X	√	X	√
Amuria	√	√	√	X	√
Kyegegwa	√	√	√	X	√
Bundibugyo	√	√	√	X	√
Kasese	√	√	√	X	√
Kyegegwa	√	√	√	X	√
Amudat	√	√	√	X	√
Kaberamaido	√	√	√	X	√
Tororo	√	√	√	X	√
Nakapiripirit	√	√	√	X	√
Kiryadongo	√	√	√	X	√
Moroto	√	√	√	√	√
Napak	√	√	√	√	√
Yumbe	√	√	√	X	√
Pader	√	√	√	X	√
Gulu	√	√	√	X	√
Kitgum	√	√	√	√	√
Kiryadongo	√	√	√	√	
KCCA					

Appendix 2: Summary of Ministries Departments and Agencies reported without GBV

Entity	GBV System (exclusive)	GBV data
National Planning Authority	*n/a*	*n/a*
Ministry of Energy & Mineral Development	*n/a*	*n/a*
Ministry of Trade , Industry and Cooperatives	*n/a*	*n/a*
Ministry of Internal Affairs	*n/a*	*n/a*
Ministry of Health	*n/a*	*n/a*
Ministry of Education & Sports	*n/a*	*n/a*
Ministry of Finance, Planning & Economic Development	*n/a*	*n/a*
Ministry of Local Government	*n/a*	*n/a*
Kampala Capital City Authority	*n/a*	*n/a*
Equal opportunities Commission	*n/a*	*n/a*
Ministry of Local government	*n/a*	*n/a*

Appendix 3: List of persons/district meet during the assessments

Names	Title	District
Mr. Malinga Micheal	CDO Gender Officer	Tororo
Mr. Balyebulya Richard	Senior Probation officer	Bundibugyo
Ms. Adong Pamela	Probation officer	Bundibugyo
Mr. Justus kule	District Health Officer	Bundibugyo
Mr. Mugisa Simon	District CDO	Bundibugyo
Mr. Asuman Bwambale	CDO	Bundibugyo
Mr. Singoma Joseph	Senior Planner	Kasese
Mr. Magezi Richard	District Education offier	Bundibugyo
Mr. Kinanyuwa Sowedi	Senior Probation Officer	Kasese
Mr. Thembo Constantine	Biostatistician	Kasese
Mr. Aganyira Isaaya	Planner	Kyegegwa
Mr. Nyakabwa Augustine	Probation Officer	Kyegegwa
Mr. Andeman Austin	DCDO	
Mr. Yanji Alfred	DHO	
Mr. Kira Jamali	Gender Officer	
Mr. Kefa Adule	Ag. District Planner	Arua
Mr. Adiga Rajab	Probation Officer	Arua
Mr. Obia Richard	DCDO	Arua
Mr. Ben Agumanyi	biostatistician	Arua
Mr. Eguma Stephen	Probation Officer	Arua
Mr. Toma Mustapha	Probation Officer	Yumbe
Ms. Nansamba Faridah	Biostatistician	Yumbe
Mr. Adiga Rajab	CDO	Yumbe
Mr. Ejotu Rogers	Probation & social welfare officer	Tororo

Mr. Paul Okuraja	HMIS- focal person	Amuria
Ms. Salama	Probation Officer	
Mr. Waiswa Peter	Biostatistician	Nakapiripiirt
Mr. Oboth Henry	IT officer	Nakapiripirit
Ms. Iyeset Ruth Atiro	HMIS- focal person	Kaberamaido

Appendix 4: Persons who contributed to this report

Conducted the assessment

1. Mr. Henry Ngiya	PSO/DP
2. Mr. Jonathan Gwaitta	SITO/DP
3. Ms. Flavia Ouma	SITO/Web
4. Mr. Duncan Ssematimba	SITO/databases
5. Mr. Edward Kizito	ITO
6. Mr. Ronald Otyek	ITO
7. Mr. Deogracious Mutyaba	ITO
8. Mr. Joel Isabirye	ITO
9. Mr. Francis Kayondo	ITO

Report Authors

10. Ms. Flavia Ouma
11. Ms. Pamela Nabukhonzo Kakande
12. Mr. Mukulu Andrew Lutakome

Report Reviewers

13. Ms. Florence Mpabulungi Tagoola
14. Mr. Ronald Ssombwe
15. Ms. Helen Nviiri
16. Mr. Peter Mukuru
17. Mr. Wilson Nyegenye
18. Mr. John Mayende

UGANDA BUREAU OF STATISTICS
STATISTICS HOUSE
PLOT 9 COLVILLE STREET
P.O BOX 7186 KAMPALA
TEL: +256-414-706000
EMAIL: UBOS@UBOS.ORG
WHATSAPP NO: +256 -794-569489