



MODULE FOUR

Management of Data for GBV and VAC Services



Overview of Module Four

- **Session 4.1:** Data Collection and Reporting
- **Session 4.2:** Supportive Supervision
- **Session 4.3:** Using Data for Decision-Making



SESSION 4.1

Procedures for GBV and VAC Data Collection



Learning Tasks

- Identify relevant tools for GBV and VAC data collection.
- Describe procedures for data collection in GBV and VAC services.
- Describe procedures for data auditing and cleaning in GBV and VAC services.
- Describe proper storage of data collection tools for GBV and VAC services.



Relevant Tools for GBV and VAC Data Collection

- Health Management Information Data (HMIS) Register
- Tally sheets
- Consent form
- Pictogram form
- Examination documentation form
- Tanzania Police Medical Examination Form (PF3)



GBV and VAC Data Collection Procedures

- Observation
- Asking questions
- Medical examination
- Laboratory investigation



GBV and VAC Data Auditing and Cleaning

- Data auditing needs to be done every day and at the end of the month.
- When data audit mismatches are identified, correct these across the registers, summary forms, and medical forms.
- During data cleaning:
 - All data outlays and empty spaces need to be examined.
 - Where necessary, replace the outlays with correct values and fill the empty spaces with the required values (e.g., empty space for sex of survivor needs to be filled with male or female).



Proper Storage of Data Collection Tools for GBV and VAC Services

- **Empty data collection tools:** These need to be stored at a dry and safe place where they can be accessed easily when required (e.g., metal boxes, office cabinet, etc.).
- **Filled data collection tools:** All filled GBV and VAC registers, tally sheets, and medical forms contain clients' confidential and legal information and thus need to be securely stored. Storage should be in a dry and safe place under lock and key in a store, metal box, office cabinet, etc. Accessibility to these documents needs to be controlled by the medical officer in charge of a health facility. No copies are made of all filled registers, tally sheets, and medical forms.



Key Points

- Forensic evidence is used to: (1) determine whether an instance of GBV or VAC has happened and (2) link the perpetrator to the crime (or delink a suspect from the crime).
- Service providers must handle, store, and transport evidence in an appropriate manner.
- Health care providers and social welfare officers have the responsibility to give their evidence-based opinions in the court of law.
- Survivors should sign a written informed consent voluntarily before collection of the forensic evidence.



Evaluation

What types of specimens can be collected for forensic evidence from a GBV or VAC survivor?



SESSION 4.2

Procedures for GBV and VAC Data Reporting



Learning Tasks

- Describe the GBV and VAC component of the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) integrated supportive supervision tool.
- Describe procedures for supportive supervision of GBV and VAC data.



Relevant Tools for GBV and VAC Reporting

- All health facilities providing GBV and VAC services generate a monthly performance report using a **GBV and VAC HMIS Monthly Summary Form**.
- This form is filled by consolidating information from all service delivery tally sheets that had been filled during the reporting month.



Procedures for Report Compilation in GBV and VAC Services

- Report compilation is guided by the prescribed format presented in the **Monthly Summary Form**.
- This form consolidates data for each GBV or VAC incident and services by age group, by sex, and by total for each facility per month.
- The report further captures aggregated total values for GBV or VAC incidence and services by sex (male and female).



Proper Storage of GBV and VAC Reporting Tools

- **Empty Monthly Summary Form:** These need to be stored in a dry and safe place where they can be accessed easily when required (e.g., metal box, office cabinet, etc.)
- **Completed Monthly Summary Form:** All filled GBV and VAC Monthly Summary Forms contain important data for decision making at both the facility and higher levels and thus need to be stored securely. They can be stored in a dry and safe place under lock and key in a store, metal box, office cabinet, etc. Accessibility to these documents needs to be controlled by the medical officer in charge of the health facility.



Key Points

- There are several data collection tools that must be completed clearly and accurately.
- Completed monthly summary forms are key to generating reports at all levels.
- When filling out monthly summary forms, care should be taken to ensure that the entered data are accurate.
- The filled data collecting tools and monthly reports must be kept confidential in a secure setting.



Evaluation

- What are the age groups used in reporting GBV and VAC data?
- Describe the flow of data from the facility level to the national level.
- Why is it important to clean data?



SESSION 4.2

Supportive Supervision



Learning Tasks

- Describe the GBV and VAC component of the RMNCAH integrated supportive supervision tool.
- Describe procedures for supportive supervision.



Describe GBV and VAC Component of the RMNCAH Integrated Supportive Supervision Tool

RMNCAH verifies the availability of the following:

- The national policy guidelines for health sector prevention and response to GBV and VAC.
- Providers' job aids and other relevant forms for service provision.
- Trained service providers to provide GBV and VAC services.
- Facility equipped with essential GBV and VAC equipment and supplies.
- List of institutions for GBV/VAC networking.



Describe GBV and VAC Component of the RMNCAH Integrated Supportive Supervision Tool

RMNCAH verifies that the facility does the following:

- Provides services to GBV and VAC survivors according to GBV guidelines.
- Conducts community sensitization meetings.
- Complies to the National GBV and VAC M&E system.
- Has GBV and VAC (service provision) guidelines.
- Is equipped with essential GBV equipment.
- Documents GBV and VAC services offered.
- Provides services in a one-stop center where applicable.



Describe Procedures for Supportive Supervision

The integrated supportive supervision tool is designed for use at health facilities at all levels (hospitals, health centers, and dispensaries/clinics). Personnel conducting every planned supportive supervision task should start by reading the previous supervision report. The supervision will normally be conducted quarterly. It is recommended that before commencement of supervision, the host authorities should be notified, preferably a month before.

- The tool can be used by supervisors from all levels:
 - National/Ministry
 - Region/Regional Health Monitoring Team
 - Council/Council Health Monitoring Team
 - Health Facility



Key Points

- The supportive supervision tool can be used at all levels of GBV and VAC service provision, including the community.
- The supportive supervision tool can be used by supervisors from various levels (national to facility).
- Before any supportive supervision, the supervisors should plan for the event.
- Every supportive supervision should be concluded with a report showing action points and timelines.



Evaluation

Describe the procedure for a supportive supervision activity.



Questions?



SESSION 4.3

Using Data for Decision-Making



Learning Tasks

- Interpret routine data for service improvement.
- Disseminate GBV and VAC services data.
- Use data for GBV and VAC services for appropriate decision-making.



Interpret Routine Data for Service Improvement

- Data interpretation is the process of assigning meaning to the collected information and determining the conclusions, significance, and implications of the findings.
- It involves the application of statistical procedures in analysis.
- A number of basic methods can be used to organize, analyze, and present data in order to support quality improvement of GBV and VAC services.
- The methods depend on the type of data, whether quantitative (numerical) or qualitative (categorical).



Preparing Data Tables

- Tables are one of the key tools for summarizing and presenting numerical data.
- A table consists of three major components:
 - Title
 - Horizontal axis subtitle
 - Vertical axis subtitle



Distribution of Number of GBV Survivors by Age and Sex

Sex		Age Groups						Total
		0–59 months	5–9 years	10–14 years	15–17 years	18–24 years	25 years & above	
1	Female	807	1,089	1,728	2,851	7,959	17,159	31,593
2	Male	538	780	1,102	1,086	2,026	4,627	10,159
3	Total	1,345	1,869	2,830	3,937	9,985	21,786	41,752



Analyzing Numerical/Quantitative Data

- Raw numerical data from the HMIS GBV and VAC data collection tools (registers and tally sheets), medical forms, and the Monthly Summary Forms may be hard to absorb.
- Thus basic statistics techniques are used to organize and summarize information from this dataset.



Common Statistical Techniques in Data Summaries

- *Counts* are simply a count of how many items or observations you have in your sample.
 - For example, the number of GBV or VAC survivors receiving clinical care.
- *Sums* involve adding up the numbers in each set of observations.
 - For example, 20 GBV or VAC survivors responding to the survey feel that current processes for counseling are inadequate.



Common Statistical Techniques in Data Summaries

■ Ratios and Percentages

- Ratios and percentages help to standardize data so that they are expressed in a meaningful way that can be readily compared with other data.
- A *ratio* is a fraction, expressed in its simplest terms that describes two groups relative to one another.
 - For example, the ratio of females to males from the data collected may be 3 to 2, meaning that for every 3 females there are 2 males.



Analyzing Qualitative/Categorical Data

- Choosing methods of expression of data will depend on the nature of the data and the plan to use them.
- Ratios and percentages are useful when it comes to comparing datasets.
- For example, they can be used to compare populations within your health service to see where problems lie, or used to make comparisons before and after a quality improvement initiative.



Procedures for GBV and VAC Data Dissemination and Use

GBV and VAC data collected at a facility can be disseminated and used at all levels.

- **At the facility level:** The GBV and VAC data collected should be used by service providers as they decide how to improve the provision of services based on current data.
- **At the community level:** The data collected by the facility can be disseminated to community members through their village health committees and ward health committees.

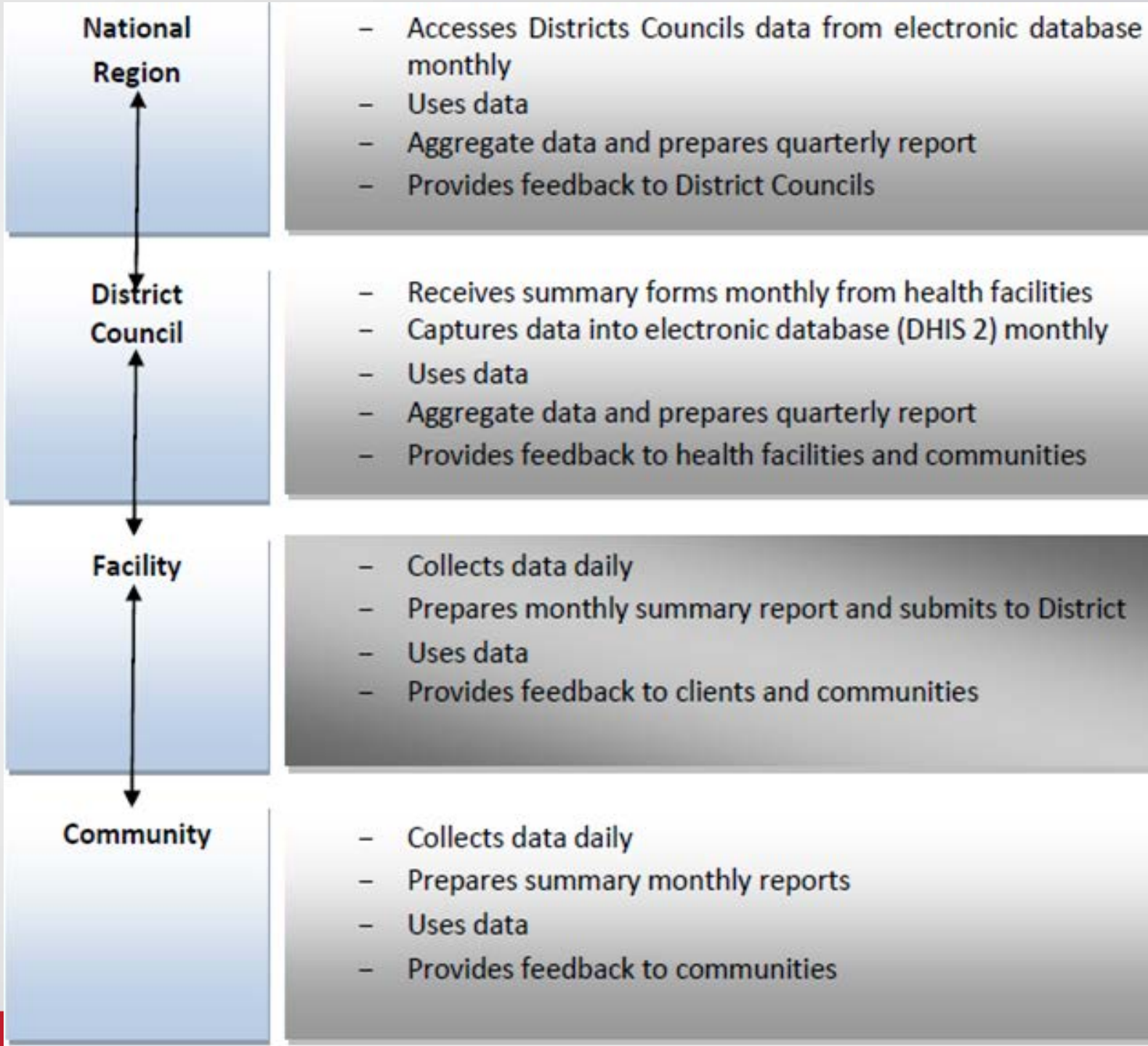


Reporting Procedures for Data in GBV and VAC Activities

- The reporting procedures for GBV and VAC information do not create a parallel system with the overall system of the Ministry of Health, Community Development, Gender, Elderly, and Children.
- The relevant elements for reporting have been included in the data flow for the Health Management Information System (HMIS)/**M**fumo wa **T**aarifa za **U**endeshaji wa **H**uduma za **A**fya (MTUHA) as indicated in the diagram on the next slide.



Data Flow Diagram



Data Flow Process

The following tasks are done on a monthly basis:

- Health facilities prepare and submit monthly summary forms to the District Council during the *first week* (1st-7th).
- District Councils capture data from the health facility monthly summary forms into the electronic data base (DHIS 2) and clean the data during the *second week* of following month (8th-14th day).
- Regions and national levels access cleaned data in the electronic data base (DHIS 2) through the internet monthly during the *third week* of the following month (14th-21st); and advise/provide feedback to District Councils accordingly.
- The regions compile quarterly reports and submit to Reproductive and Child Health zone offices and MOHSW/RCHS.
- The national level (MOHSW/RCHS) compiles quarterly reports based on the inputs from the electronic data base (DHIS 2), and quarterly reports submitted by Regions and RCH Zone offices, and provide feedback to the lower levels on a quarterly basis.
- The national level (MOHSW/RCHS) compiles an annual RCH report based on the contents of the National Quarterly reports. This report is then shared during an annual RCH meeting that brings together MOHSW/RCHS Managers, RCH Zone Managers, and Regional RCH Coordinators. This meeting provides an overall feedback to Zones, Regions, and District Councils on the performance of RCH services during the previous year.



Indicators Used in GBV and VAC Services

- GBV and VAC health sector response interventions have 24 indicators that are used to measure performance.
- These indicators include 18 indicators (3 at the facility level, 5 at district level, 5 at regional level, and 5 at national level) as stipulated in the National Management Guidelines for the Health Sector Response to and Prevention of Gender-Based Violence.
- The list also includes another 6 indicators that are collected at community level.



Indicators Used in GBV and VAC Services

Facility-Level Indicators

- Number of persons provided with GBV services at a health facility by type of services, age, and sex.
- Number of children provided with VAC services at a health facility by type of services, age, and sex.
- Number of health care providers trained to provide GBV services.
- Number of health care providers oriented on National GBV Management Guidelines.
- Proportion of health facilities with health care providers oriented on the National GBV Management Guidelines.



Indicators Used in GBV and VAC Services

Facility-Level Indicators

- Proportion of health facilities with health care providers trained to provide GBV services.
- Proportion of health facilities that have adopted the National GBV Management Guidelines.
- Proportion of health facilities that have essential supplies and equipment for the management of GBV.
- Number of health care managers oriented on GBV, as mandated by National GBV Management Guidelines.



Indicators Used in GBV and VAC Services

Facility-Level Indicators

- Proportion of health facilities with health care managers oriented on GBV, as mandated by National GBV Management Guidelines.
- Number of GBV service encounters at a health facility.
- Percentage of health facilities with GBV services available.
- Number of persons provided with post-exposure prophylaxis (PEP).
- Number of health care workers who successfully completed an in-service training program.



Indicators Used in GBV and VAC Services

Community-Level Indicators

- Proportion of women aged 15–49 who ever experienced physical violence from an intimate partner.
- Proportion of women aged 15–49 who ever experienced physical violence from someone other than an intimate partner.
- Proportion of women aged 18–24 who were married before age 18.
- Proportion of women who are circumcised (female genital mutilation).



Key Points

- **Monitoring** is the routine process of data collection and measurement of progress toward program objectives.
- **Evaluation** is the use of research methods to systematically investigate a program's effectiveness. It addresses relevance, effectiveness, impact, and sustainability of the services provided.
- **An indicator** is a measurable or tangible sign that something has been done or that something has been achieved. It is a variable that measures a specific aspect of a program or project.



Key Points

- **An M&E Framework** is a plan that indicates the process of monitoring and evaluation. It shows what and when to monitor, and when and how to evaluate.
- **Research:** A systematic investigation/study conducted using scientific methods in order to establish facts and reach new conclusions. Moreover, it is the systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions. It can also be defined as any gathering of data, information, and facts for the advancement of knowledge.



Evaluation

- What is monitoring and evaluation?
- What is an indicator?
- What are the three examples of facility-level indicators?
- How the data flow of the reporting system is organized?



Questions?

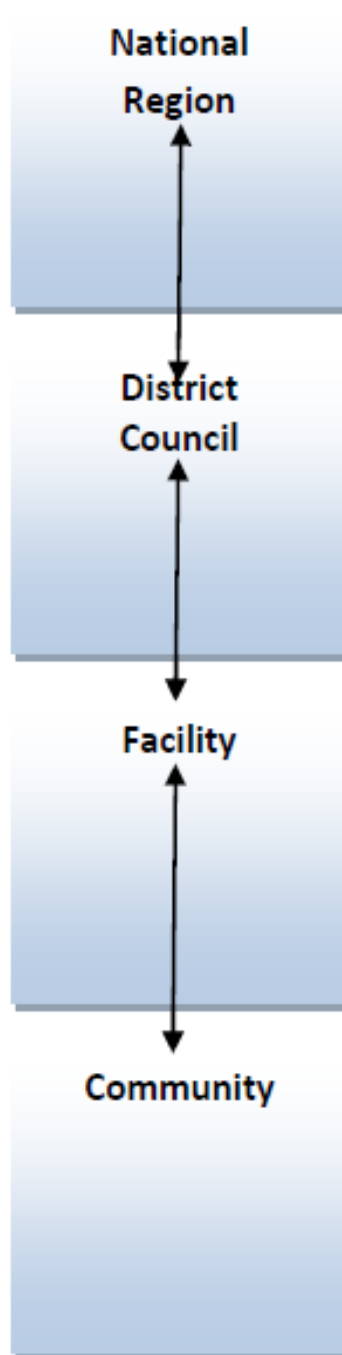


Reporting Procedures

- The District will aggregate, analyze, and submit the report to the region in the second week of the following month (7–14th day of the following month).
- The Region will aggregate, analyze, and submit the report to the national level (e.g., RCHS) in the third week of the following month (14–21st of the following month).
- Finally, RCHS at the national level will aggregate, analyze, produce, and utilize the report.
- Feedback is provided to lower levels on a daily basis.



Data Flow Diagram



- Accesses Districts Councils data from electronic database monthly
- Uses data
- Aggregate data and prepares quarterly report
- Provides feedback to District Councils

- Receives summary forms monthly from health facilities
- Captures data into electronic database (DHIS 2) monthly
- Uses data
- Aggregate data and prepares quarterly report
- Provides feedback to health facilities and communities

- Collects data daily
- Prepares monthly summary report and submits to District
- Uses data
- Provides feedback to clients and communities

- Collects data daily
- Prepares summary monthly reports
- Uses data
- Provides feedback to communities

GBV and VAC Report Compilation Procedures

The age groups reported include:

- 0–59 months
- 5–9 years
- 10–14 years
- 15–17 years
- 18–24 years
- 25 years and above

The report further captures aggregated total values for GBV or VAC incidence and services by sex.



Proper Storage of Data Collection and Reporting Tools for GBV and VAC Services

- **Empty data collection tools and monthly summary form:** Store in a safe, dry place where they can be accessed easily.
- **Completed data collection tools and monthly summary form:** Store in a safe, dry, and secure place in a storeroom, a metal box, a filing cabinet, etc.



Data Collection and Reporting Tools

ACTIVITY: Completing data collection and reporting tools.

Use the given scenarios to complete:

- GBV and VAC Register
- Tally sheet
- Monthly summary form.



Questions?



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