Improving GEND_GBV Data Quality
Methods for Assessment

Gender-based violence (GBV), including sexual and physical violence, emotional abuse, and childhood sexual abuse, has been clearly linked to HIV infection (Andersson, Cockcroft, & Shea, 2008). Globally, 35 percent of women experience intimate partner violence or non-partner sexual violence in their lifetime (World Health Organization, 2013). Ensuring quality post-GBV clinical care, including treatment of immediate injuries and prophylactic treatment of sexually transmitted infections and HIV, is a critical element to stopping the epidemics of GBV and HIV.

Why monitor data quality for GEND_GBV?

The United States President's Emergency Fund for AIDS Relief (PEPFAR) captures the provision of the minimum package of post-GBV clinical care through the GEND_GBV Monitoring, Evaluation, and Reporting (MER) indicator. GEND_GBV enables PEPFAR to determine the number of individuals suffering from and reporting GBV to clinical partners and assesses whether post-GBV clinical services are being utilized (PEPFAR, 2018). While GEND_GBV data must be accurately and consistently recorded and reported across sites and countries, recent MER data show wide variations and inconsistencies in GEND_GBV reporting. Without accurate and consistent reporting across sites and countries, trends in access to and provision of services can be obscured or potentially inflated.

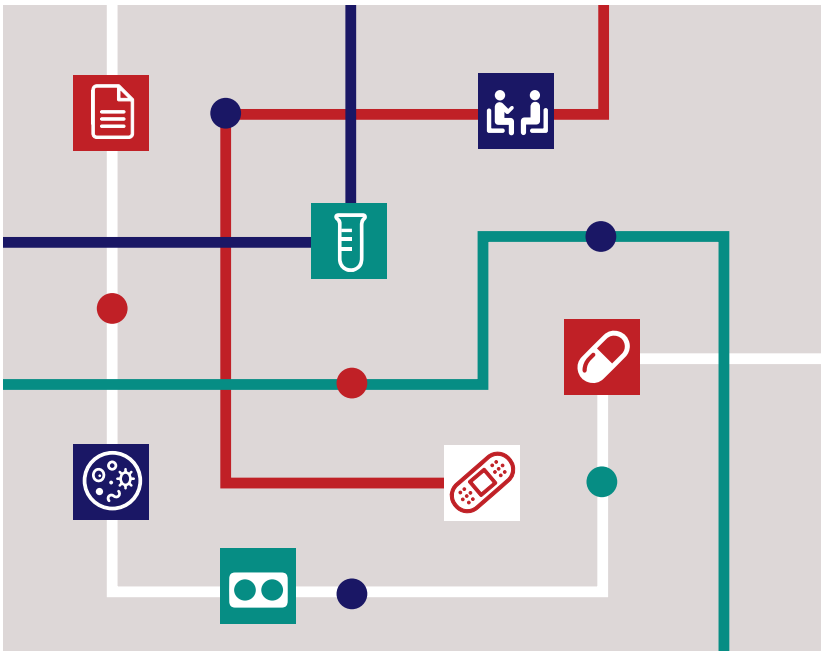
To better understand the data quality challenges, gaps, and successes of implementing partners (IPs) in capturing and reporting GEND_GBV, the United States Agency for International Development (USAID) and MEASURE Evaluation collaborated to conduct a rapid assessment of the collection and reporting of GEND_GBV in three countries. This brief describes the process that was taken to collect and analyze data. It can be used by IPs, USAID missions, and USAID/Washington to guide future rounds of data collection and GEND_GBV data improvements.

How was data quality for GEND_GBV monitored?

This assessment used a two-pronged approach to examine data gaps and challenges via in-person interviews and document reviews at 10 sites across Uganda, South Africa, and Zimbabwe. Sites were selected by the USAID mission in each country.

Staff from USAID/Washington and USAID/Uganda collected data in four USAID-supported sites in Uganda. MEASURE Evaluation collected data in three sites in both Zimbabwe and South Africa. Where possible, USAID also supported data collection efforts at some sites in these two countries. Prior to data collection, USAID and MEASURE Evaluation coordinated with the USAID IPs responsible for providing GBV-response services in each country to schedule visits and ensure attendance of key individuals involved in collecting, monitoring, and reporting GEND_GBV.

MEASURE Evaluation and USAID developed two data collection tools, with input from the Centers for Disease Control and Prevention (CDC), through an iterative process. The in-person assessment, which consisted of key informant interviews, was designed to capture the IPs' understanding of the definition and components of the GEND_GBV indicator; provision of the minimum package of post-GBV



clinical care services; the manner in which challenges to the provision of the minimum package of services are addressed; and data collection and reporting practices for GEND_GBV.

The document review checklist was designed to determine whether the necessary fields exist on GBV registers to fully track the minimum package of post-GBV care services. It also identifies gaps in registers and areas where information may be missed or overreported owing to the structure of GBV data collection forms and reporting processes. Both tools were designed to triangulate data quality issues when reporting GEND_GBV. The tools were revised and shortened following implementation. The key informant interviews and document review should take a total of 1.5 to 2.5 hours.

How were data collected?

The assessment often began by meeting site leadership and taking a tour of the facility or facilities, including the path a GBV survivor would take through the site.

Key Informant Interviews

Using the in-person review tool, interviews were conducted with a range of three to nearly 20 staff and key stakeholders in each site. Participants included gender focal persons, clinical staff, HIV/AIDS counselors, quality assurance officers/administrators, program managers, and/or monitoring and evaluation (M&E) staff. This included staff from the IPs and, when applicable, from the Ministry of Health (MOH). MOH staff were interviewed in sites where they provide clinical services as part of the country's PEPFAR GBV program and are involved in recording data. **At a minimum, it is important to interview the individual who fills out the GBV register; the person(s) who collates the information from the register to the IP; and, if different, the person(s) who sums the numbers to be reported to the IP or to USAID as part of GEND_GBV.**

Document Review

Using the document review checklist, the document review was conducted on GBV registers if used, or in some cases, on other forms used by the IP to record services, such as the sexual assault register or the screening tool for GBV. The data collector also took photos of the blank forms and registers for subsequent review and cross-check.

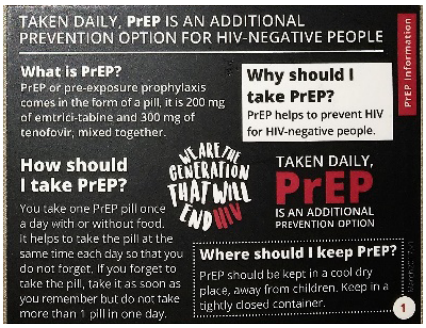
Site-level Feedback

Following the interview and document review, high-level findings were shared with participants at the site before concluding the site visit. Questions and clarifications were addressed on the minimum package of clinical services and GEND_GBV reporting. More detailed feedback and recommendations were provided to the site, IP, and USAID mission after findings from the In-Person Review Tool and Document Review Checklist were analyzed.

Tips for implementation:

- Limit the number of interview participants to five or six at the most.
- Label photos or save them with descriptive names to ensure the form or register name is matched with the correct photo.
- Have the same person conduct the interview and the document review so that any discrepancies can be identified and clarified during the site visit.
- Build in time for troubleshooting or strategizing how to improve data collection and reporting of GEND_GBV with staff after the interview.

What were the challenges?



- Respondents shared many experiences and challenges related to providing the full minimum package of post-GBV clinical care.
- Some IPs were unaware that they should not report on GEND_GBV unless they provided the full minimum package of GBV clinical services. As a result, some IPs that were not providing the full minimum package were concerned about if or how their efforts and contributions to post-GBV care would be captured and acknowledged, with some concerns around how their funding would be affected.
- Some site-level implementers did not have the indicator reference sheet and corresponding training on GEND_GBV; thus they lacked an understanding of reporting requirements, which led to reporting individuals that should not be counted towards GEND_GBV.
- Data has to be aggregated from various sources into the GBV register (if it exists) or data summary sheet, and it can be very laborious, particularly when tracking post-exposure prophylaxis (PEP) completion.
- IPs expressed concern over lack of standardized data-collection tools across PEPFAR partners within a country and a longitudinal register to track clients better.

One unexpected outcome of this assessment was that IPs reported that simply participating in the assessment was an intervention itself. Going through the assessment questions and the subsequent discussion helped IPs identify and correct reporting errors and gaps, thus improving data quality.

How were the data analyzed?

Data from all ten sites were entered into analysis matrices in Microsoft Excel to abstract relevant information. Responses were then compared across sites, synthesizing data by country in a final matrix to identify common themes and outliers.

Photos of the GBV registers and forms were compiled and examined in comparison with the matrices to clarify inconsistencies and further triangulate data collection practices and potential gaps.

Recommendations were developed based on common errors, gaps, and successes revealed during the assessment and based on discussion with USAID (see the GEND_GBV Action Improvement Plan).

What are the next steps?

Reassess

- Repeating this assessment will illuminate changes over time and provide the opportunity for IPs to highlight improvements in their reporting process.

Select or develop other indicators

- Working with IPs to select or develop custom indicators to capture the provision of post-GBV care that does not fall under GEND_GBV is important to ensure IPs are documenting and receiving acknowledgment for their valuable efforts in addressing the GBV and HIV epidemics. Please refer to the GEND_GBV Data Quality Improvement Action Strategy for resources on GBV custom indictors.

Training

- Providing training or refresher trainings for IPs on the minimum package of post-GBV clinical services and how to track, interpret, and report on GEND_GBV is paramount to ensure providers understand the indicator and report accurately.

Please see the GEND_GBV Data Quality Improvement Action Strategy for more detailed recommendations and suggested indicators: https://www.measureevaluation.org/resources/publications/gend%20gbv%20dq/data%20quality%20improvement%20action%20strategy/at_download/file

References

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