GEND_GBV Data Quality Improvement Action Strategy

Recommendations for improving reporting from implementing partners on the GEND_GBV MER Indicator

This document and its forthcoming tools are designed to (1) summarize the key points of the GEND_GBV indicator, (2) highlight some of the common misconceptions and errors experienced in reporting, and (3) provide actionable suggestions for improving GEND_GBV reporting.

SUMMARY OF GEND_GBV

Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package

The GEND_GBV indicator collects the number of people receiving post-GBV care from sites that offer the full minimum package of clinical services. Data should be disaggregated by (1) sex, (2) finer age bands, (3) type of violence, and (4) number of people completing a course of post-exposure prophylaxis (PEP). The full description of the indicator and disaggregates can be found on page 40 of the MER 2.0 (v2.3) guidance; we have included important notes about each disaggregate below:

1. *Sex*: Sites should report both males and females served.

2. *Age*: Regardless of age, GEND_GBV captures all clients seeking services. See the indicator reference sheet for the age bands used.

3. *Type of violence*: The indicator is disaggregated into two categories: sexual violence[1] and physical/emotional violence. MER guidance prioritizes sexual violence, so if a client experiences both sexual violence and physical/emotional violence, the client should be counted under the sexual violence disaggregate.

4. *PEP*: A client should be counted as having received PEP only if he or she completed a full course of PEP, which is typically 28 days. If a client is not eligible for, chooses not to take, or does not complete PEP (because of default or loss to follow-up), the client can still be counted toward GEND_GBV, but should not be included under the PEP disaggregate.

COMMON ERRORS/GAPS

Based on initial data quality reviews of GEND_GBV, IPs commonly made errors related to the following:

- **Stockouts**: IPs should not report GEND_GBV when one or more of the commodities of the minimum package are unavailable for any reason, including stockouts.

- **Referral**: IPs should not report GEND_GBV while referring out for any component of the minimum package.

- **Age**: As noted above, regardless of age, IPs should report all people seeking post-GBV care services.

- **PEP completion**: Reporting for GEND_GBV includes disaggregation by PEP completion by sex and age. Therefore, it is important to have clear processes both for following up with clients to record PEP

---

[1] This is adapted from the World Health Organization clinical handbook, *Health care for women subjected to intimate partner violence or sexual violence*. Sexual violence includes forcing a person to have sex or perform sexual acts when he or she doesn't want to; harming a person during sex; and/or forcing a person to have sex without protection from pregnancy or infection.

This document contains lessons learned that were informed by the findings from a MEASURE Evaluation TA Extender activity focused on improving data quality of GEND_GBV.

completion and compiling this information for reporting GEND_GBV, even if this involves referencing multiple registers.

RECOMMENDATIONS FOR COUNTRY TEAMS

➤ *Work with implementing partners (IPs) to ensure that all elements of the indicator are represented on tracking registers or forms.*

- o Type of violence (sexual violence and emotional/physical violence)
- o Rapid HIV testing
- o PEP initiation within 72 hours
- o PEP completion
- o Emergency contraception[2]
- o STI screening/testing and treatment
- o Counseling (first-line support: LIVES)
- o Referrals to other services as necessary (e.g., legal services, police, child protection services, shelter, and economic empowerment activities)

➤ *Address other data quality concerns.*

While working with IPs to plan for GEND_GBV reporting, country teams can also address other data quality concerns.

- ● Ensure that registers are filled out completely and correctly, with no blanks, even if the answer is N/A or ND (not done).
- ● Develop templates to standardize regular reporting (see the example monthly reporting form, attached).
- ● While ensuring confidentiality of registers, confirm that staff who need to use the registers can access them.

➤ *Provide training.*

Budget time and money to train IPs on the indicator and reporting. Training should be tailored to each IP's data collection processes, including a review of forms and registers used, staff involved, and any current challenges. Key items to discuss are:

1. Documenting stockouts: How will the IP document stockouts and adjust reporting as needed until all services in the minimum package are offered?

2. Review all disaggregate areas for the indicator: sex, age, type of violence, and PEP completion. Review with the IP staff where this information is recorded and how it is gathered for reporting.

3. Develop a plan to track PEP, particularly if it requires combining information from multiple registers or forms (e.g. ART forms, PEP register, GBV register).

4. Go through each section of the indicator reference sheet and discuss how the data would be collected, recorded, verified, and reported.

Stockouts

Even though IPs should have a plan in place to avoid stockouts, it is important to discuss how stockouts may affect GEND_GBV reporting. Ensure that IPs have a protocol in place to stop reporting GEND_GBV during stockout of applicable drugs or commodities. This may be a checkbox on monthly reporting forms indicating any stockouts of drugs or commodities within the minimum package (e.g., PEP, EC, STI screening/treatment, and STI drugs) during that month. If it is checked, this will cue a process to ensure GEND_GBV is not reported while there is a stockout of that drug or commodity.

---

[2] PEPFAR funds cannot be used to procure emergency contraception (EC). EC is legal in all PEPFAR countries except Honduras, so it should be available in all countries except Honduras.

5. Work with the IP to ensure that all staff are trained on completing all relevant paperwork, including client intake paperwork, registers, stockout cards, and monthly reporting forms.

➢ *Support organizations or programs providing post-GBV services that are not eligible to report GEND_GBV.*

Although programs that do not provide the full minimum package of services on site are not eligible to report for GEND_GBV, it is important to document and monitor their work. The following are some suggested custom indicators. Please also speak with your Mission gender advisor or point of contact, or the Office of HIV/AIDS' (OHA) Gender and Sexual Diversity Branch to discuss other indicators, as needed.

1. Number of people receiving post-GBV care services, disaggregated by type of violence, type of service, sex, and age. This could include services in the minimum package and/or additional services beyond the minimum package, such as shelter services, long-term psychosocial support, case management, legal services, etc.

2. Proportion of clients who received rapid HIV testing, and received their results, as part of post-GBV services.

3. Proportion/number of clients who initiated PEP within 72 hours of sexual assault.

4. Proportion/number of completed referrals for post-GBV response, disaggregated by type of service.

RELATED TOOLS
- GEND_GBV Data Collection and Reporting Tool
- Improving GEND_GBV Data Quality: Methods for Assessment

OTHER USEFUL RESOURCES
- For more information, especially related to community- and population-level indicators:
  - Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators
  - Compendium of Gender Equality and HIV Indicators
- Healthcare for women subjected to intimate partner violence or sexual violence: https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/

Example template for monthly reporting on GEND_GBV

Site Name: Implementing Partner:
District: Country:
Month/Year:

Before completing reporting for this month answer the following questions:
Does your site generally provide the minimum package for post-gender-based violence care (treatment of injuries; rapid HIV testing; PEP, emergency contraception; STI screening/testing and treatment; counseling (first-line support: LIVES); referrals)?

Yes → Proceed

No →   Only sites providing the full minimum package for post-gender-based violence care should report on GEND_GBV.
Discuss with your gender backstop how best to capture the post-gender-based violence services you provide.

Did you have any stockouts this month or breaks in offering the minimum package for any other reason?

No → Proceed – Complete the table below for services provided this month.

Yes →   Only clients seen while all components of the minimum package are available can be reported under GEND_GBV.
Discuss with your gender backstop the best way to report services provided this month.

			Female	Male	Unknown Sex	Total
Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum service package (treatment of injuries; rapid HIV testing; emergency contraception; STI screening/testing and treatment; counseling (first-line support: LIVES); referrals).						
Number of people receiving post-GBV clinical care by violence service type, age and sex	Sexual violence (post-rape care)					
	Physical and/or emotional violence					
	Sexual violence (post-rape care)	<10 years				
		10-14 years				
		15-19 years				
		20-24 years				
		25-29 years				
		30-34 years				
		35-39 years				
		40-49 years				
		50+ years				
		Unknown Age				
	Physical and emotional violence	<10 years				
		10-14 years				
		15-19 years				
		20-24 years				
		25-29 years				
		30-34 years				
		35-39 years				
		40-49 years				
		50+ years				
		Unknown Age				
PEP service provision: Number of people receiving post-exposure prophylaxis (PEP) services during the reporting period. (Report number of individuals who received and completed PEP treatment in accordance with international and/or national protocols, guidelines)						
		<10 years				

Number of people who received PEP services and completed the full course of PEP by age and sex	10-14 years				
	15-19 years				
	20-24 years				
	25-29 years				
	30-34 years				
	35-39 years				
	40-49 years				
	50+ years				
	Unknown Age				

GEND_GBV Reporting Requirements

Number of people receiving post-GBV clinical care based upon the

MINUMUM PACKAGE

Treatment of injuries

Rapid HIV testing

PEP if reached within 72 hours

Emergency contraception if reached within 120 hours

STI testing/screening and treatment

Counseling (first-line support: LIVES)

Referrals to other services as necessary

> **ALL** components of the minimum package **MUST** be in place for sites to report on GEND_GBV.

1

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

MEASURE
Evaluation