Malawi SGBV Data Mapping Analysis

An assessment of the existing Sexual and Gender Based Violence and Sexual and Reproductive Health and Rights data reporting systems for guidance on how to improve data for women and girls.

Siobhan Green, Andrew Green, Braden Fuller, Amy Weiss and Lawrence Katanga
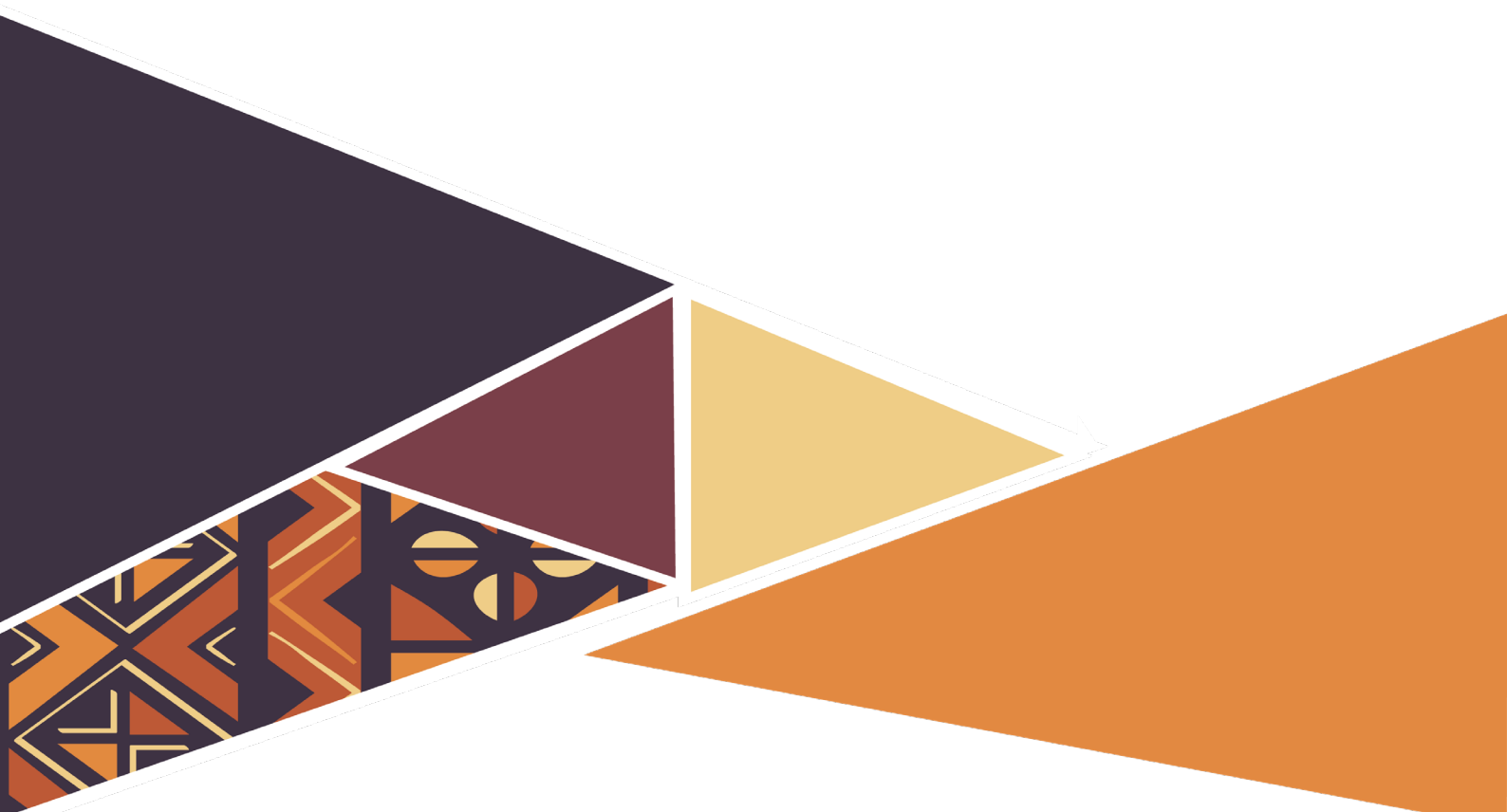
SPOTLIGHT INITIATIVE MALAWI COUNTRY PROGRAMME:
SGBV Data Mapping Analysis

An assessment of the existing Sexual and Gender Based Violence and Sexual and Reproductive Health and Rights data reporting systems for guidance on how to improve data for women and girls.

Final Report

By

Sonjara, Inc.

Siobhan Green, Andrew Green, Braden Fuller, Amy Weiss and Lawrence Katanga

Submitted to:
UNDP
Lilongwe
December 2020

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Abbreviations

CSR	Chancellor College, Centre for Social Research (CSR) (part of the University of Malawi)
CVSU	Community Victim Support Unit
CVSR	Community Victim Support Register
DHIS2	District Health Information System2 (the software that runs the HMIS)
EU	European Union
FSW	Female sex workers
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System (*not the same as the MGBVIMS Module in the IIMS)*
GoM	Government of Malawi
GWAN	Government Wide Area Network
HIV	Human immunodeficiency virus
HMIS	Health Management Information System (also known as DHIS2)
ICT	Information and communications technology
IIMS	Integrated Information Management System
IRC	International Rescue Committee
LAMIS	Local Authority Information Management System
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
M&E	Monitoring and Evaluation
MCERT	Malawi Computer Emergency Response Team
MCP	Malawian Police Commission
MDHS	Malawi Demographic and Health Survey
MICS	Multiple Indicators Cluster Survey
MGBVIMS	Malawi Gender-Based Violence Information Management System (*not the same as the UN-supported GBVIMS)*
MLGRD	Ministry of Local Government and Rural Development
MNADA	Malawi National Data Archive
MoGCDCD	Ministry of Gender, Child Development and Community Development
MoHP	Ministry of Health and Population
NGO	Nongovernmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OSC	One Stop Centres
PVSU	Police Victim Support Unit (sometimes referred to as Victim Support Unit, VSU)
RCIPMW	Malawi Regional Communications Infrastructure Program

SDGs	Sustainable Development Goals
SEA	Sexual exploitation and abuse
SGBV	Sexual and gender-based violence
SIGI	Social Institutions and Gender Index
SRHR	Sexual and reproductive health and rights
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
VACS	Violence Against Children Survey
VAWG	Violence against women and girls
VSU	Victim Support Unit (sometimes referred to as Police VSU or PVSU)
WHO	World Health Organization
YONECO	Youth Net and Counselling (Malawian NGO)

Executive Summary

Introduction: About the SGBV Mapping Assessment

The Spotlight Initiative in Malawi is dedicated to eliminating violence against women and girls (VAWG). Outcome Five of the initiative, led by the United Nations Development Programme (UNDP), is quality disaggregated and globally comparable data on different forms of VAWG, including sexual and gender-based violence (SGBV) and harmful traditional practices, collected, analysed, and used in line with international standards, to inform laws, policies, and programmes.[1]

To support this outcome and above activity, UNDP has commissioned an assessment of the current Malawian data management systems for SGBV. The purpose of this assessment is to

- take stock of where the country currently stands regarding its management of this data
- identify good and emerging practices, as well as gaps and areas for improvement
- provide recommendations for improved data management, including legal and policy decisions and new programmes.

About this Assessment

This document is a predominantly qualitative assessment of existing data systems, stakeholders, processes, and tools, including perspectives and priorities of the different organisations and individuals involved in SGBV and SRHR data management.

The assessment looks at the needs of the district service providers in six pilot districts in the three regions: (Central) Dowa and Ntchisi; (North) Mzimba and Nkhata Bay; and (South) Machinga and Nsanje. The assessment also involved visits to organisations in Blantyre, Lilongwe, and Zomba to look at national-level systems and needs.

Analysis Performed

The team identified core stakeholders in Malawi SGBV data during this assessment. The team also performed a SGBV data system inventory and associated analysis, including a review of different data classification systems compared to international standards. The team also identified some core definitions, format, and structure of SGBV and SRH data used in Malawi to help inform future data managers. The team also mapped existing data collection, sharing and storage of SGBV and SRHR data by different stakeholders, and performed a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of the SGBV/SRHR systems.

Key Conclusions

Conclusion 1: Current SGBV data systems are siloed and not sustainable

The team found that most SGBV data systems (paper and digital) are siloed based on government ministries, donors and implementers. For example, the Malawi Police Commission's Victims Support Unit (VSU) has a set of forms and registers which do not overlap in content, structure, or access to the data with the Ministry of Gender, Child Development and Community Development's Social Welfare Office. Similarly, the YONECO Helpline database does not use the same classification criteria used by other parts of the SGBV response community.

There were also multiple examples of donor or NGO systems being migrated to Government partners, resulting in concerns about sustainability. Examples included both paper and digital systems, as paper-based systems needed custom registers and forms to support their usage.

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[1] Malawi Spotlight Request for Proposal.

Conclusion 2: Main GBV case management tool is fragile

The main GBV case management tool, the Malawi Gender Based Violence Information Management System (GBVIMS) [2], was built by UNICEF and migrated to the Malawi Ministry of Gender. The team found multiple challenges in the use of this tool, including multiple reports of the tool being inaccessible to field staff, lack of training by field staff, lack of internet and devices, and a lack of security protocols and proactive management by the ICT team. Significant concerns around security issues of the GBVIMS were also identified by the team (highly important due to the sensitive personally identifiable information which can be used in criminal prosecutions, family law, and custody cases). In addition, the team found overlap with the Child Protection module, meaning that girls under the age of 16 who experienced violence could be double-counted.

One major gap found was the lack of SRHR and SGBV integration within the Ministry of Health services. While the MoHP has an explicit strategy of addressing SGBV in its gender equality strategy, the MOH does not capture SGBV data in the DHIS2 and there are no standard operating protocols used at the facility level to identify and refer SGBV cases, outside of referral to one stop centres (which are only in a handful of national referral hospitals). The sole exception was the facility that serves the Dzaleka refugee camp which follows the UNHCR SGBV protocols vs Government of Malawi protocols.

Conclusion 3: Much of SGBV data is paper based, especially at field level

The team found that most data collected from survivors is captured and stored on paper. Depending on the ministry, some of this data is entered into digital systems, i.e., the Social welfare office is meant to enter basic information on the incident into the GBVIMS, but most of the records (such as medical records, and additional evidence) are stored in paper files outside of the system. Community victim support units (Community VSU) and child protection officers are the front-line teams who are often the first to identify SGBV in the community. These teams use paper forms to capture and share information on incidents, sometimes using WhatsApp and SMS to share forms digitally with social welfare offices when there is an urgent situation.

In the case of the Police VSU, a new criminal database is being completed and rolled out to capture the currently paper-based case file information. Currently, the Police VSU use paper registers to track and tally cases by type and penal code. The police provide paper copies of relevant evidence to the judiciary to start criminal cases.

Conclusion 4: SGBV Stakeholders have well-articulated needs for information to fight SGBV

Across all stakeholders, there was remarkable consistency for their needs to fight SGBV. Some common needs include improved coordination across actors to both identify and support SGBV survivors and to identity perpetrators. There is a clear understanding that to be supportive to SGBV survivors, a broad range of support services - medical, psychological, economic, and legal - are needed. However, as pointed out above, formal protocols around data access, sharing, and referral protocols are not well articulated or understood across different ministries.

This topic of data access and sharing was identified as a major barrier to providing holistic services to women and girls. In particular, sharing between the Malawi Police Commission and the Social Welfare offices were problematic due to a clear lack of protocols over sharing, and confusion over what is allowed and what is dangerous. Most sharing occurred when there were personal relationships and a sense of trust on a one-on-one basis, rather than an institutional relationship.

Another challenge identified by many interviewees was poor data quality and lack of validation. In the three main elements of quality (accuracy, completeness, timeliness), completeness and timeliness

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[2] The MGBVIMS is not to be confused with the multi-stakeholder GBVIMS, which is used predominantly in humanitarian response situations. The MGBVIMS is a custom module build onto the Malawi Integrated Information Management System which includes the Child Protection module and women's equality module.

were particularly challenging. In addition, the lack of a standard set of classification criteria made aggregated data difficult to validate or trust.

Finally, there was a broad need for sustainable data systems. Many were tired of new systems brought in that were no longer used after a few years, or where their data was lost. Even paper-based systems were noted as needing to be made sustainable, as getting printed registers and forms can be expensive and difficult to provide on an ongoing basis. Stakeholders wanted to be able to see change over time, but were unable to gain access to historical data, as well as comparative data from other regions in the county.

Recommendations

The following are recommendations for the Spotlight Initiative and GoM to support in the next years of the activity. These recommendations are organized based on the Conclusions listed above. Full details can be found in the full report.

Conclusion1: Build Government of Malawi GBV Data Governance Capacity

Data Governance

The Spotlight Initiative should support the National Statistics Office and other key stakeholders to build their capacity in data governance, including support to Technical Working Groups, coordination of decision-making bodies and policy documentation, and monitoring and evaluation frameworks for data governance.

Sector TWG as Lead Convener

The Spotlight Initiative should support the Sector TWG to convene and act on other recommendations made in this report. The SI should also support members of the Sector TWG to join and actively participate where appropriate in other thematic TWGs around digital health, community health, education, eGovernment, etc. sponsored by other Ministries. The Spotlight Initiative should also support the EGovernment team as needed to ensure their support in the Observation Hub and strengthening of data systems for SGBV.

Establish partnership for SGBV data improvement between the National Statistics Office/ MoGCDCD/MHRC

SI should support the NSO, MOGDCD and MHRC by providing them capacity support and technical resources to lead the Sector TWG in the topics outlined above. Concreted partnerships steps should include:

1. Terms of reference for the Sector TWG which outlines the specific roles and responsibilities of each organization
2. Protocols on data sharing, transparency, and accountability.
3. Metrics around data governance (see Annex 4 for more details).

Build Cross-agency/Cross-Ministry Coordination Around Data Systems

SI to support the capacity of the NSO and the Sector TWG to establish cross-agency/Cross-Ministry coordination opportunities, including technical resources. One area for advocacy could be around the passage of data protection laws as well as support for the Cybersecurity Act to combat digital abuse. SI can also support the capacity of the Sector TWG to promote awareness and advocacy with donors about making sure their investments with data systems are in alignment with GoM / Sector TWG guidance.

Conclusion 1: SGBV as a Public Health Element

SI should support the Sector TWG work to integrate SGBV more clearly into the MOHP systems with a focus on how to capture SGBV indicators and measurements of SGBV as a public health priority in alignment with the SRHR policy. SI could support a review of existing protocols to ensure that referrals

from health facilities/CHWs ae performed and documented, and that survivors are able to receive support.

Conclusion 1: Create and Sustain National SGBV Data Guidance

National Workshop with Key Stakeholders (GoM, Donors, NGOs, Academic Institutions)

SI should support the Sector TWG to organize an SGBV/SRHR data workshop in Malawi that will:

1. Share the current understanding of SGBV/SRHR needs, government policies & programs, and initiatives, including current status of SGBV data systems in this report
2. Agree on top priorities and needs to improve the SGBV
3. Establish the Sector TWG and data governance structures, including the M&E framework
4. Establish sub working groups to address topics including
   a. Data usage models and metrics
   b. Review of existing indicators for SGBV/SRHR across GOM.
   c. Data standards /taxonomy / classifications across different systems
   d. Data sharing agreements and infrastructure for interoperability
   e. Data ethics, security, and privacy protocols.

Establish and Monitor Core Metrics for Data Quality and Performance Within Each SGBV System

SI to support the Sector TWG to define and adopt a standard M&E plan for SGBV data in Malawi.

Use SGBV Data for SDGs, Policy Design and Advocacy for Government Resources

SI to support the NSO to monitor the usage of SGBV data, and how this data is used for different purposes. This support may entail building capacity in communications, user analysis, data visualization skills, as well as visualization software, as well as support to the NSO and others on building a data warehouse of data that can be used for different reports.

Conclusion 2 & 3: Strengthen Existing SGBV Case Management Systems and Processes

Unique Indicator/Client Registry

SI to provide technical support and resources to the Sector TWG to decide on an appropriate approach to develop a unique indicator code across all systems, including investigation into the use of the National ID system. This analysis should include a benefits risk analysis to assess potential privacy and security risks of using this or another unique code vs the case management/deduplication benefits to survivors and those who serve them.

Strengthen the IIMS (especially the MGBVIMS)

SI should focus on immediate technical support to the MGBVIMS to address the urgent security and sustainability issues in this critical system. In addition, the SI team should support the Sector TWG to establish sustainability plans for this system (along with all other systems that are developed that contains highly sensitive PII).

Improved Staff Capacity to manage the MGBVIMS

SI should provide technical resources to hire and maintain ICT staff to maintain and manage the IIMS. This staff should supplement the existing ICT officers and have the following skills (note, one person could have multiple skills listed below):

1. Web server administration
2. ICT security monitoring
3. Customer assistance, technical support, and training
4. Software and database design and development (full stack)
5. Product management

Improve and Set Standards for System Security Across all SGBV Systems

SI should provide technical resources to the Sector TWG to establish security standards and monitoring for all SGBV data systems in Malawi, in alignment with EGovernment and other GOM protocols, as well as implementation expectations, such as training on data security processes and protocols for field-based staff.

Recommended Classifications for Malawi

Types of Violence

SI should support the Sector TWG to adopt standard classifications for SGBV types of violence.

Incident Context

SI should support the Sector TWG to adopt investigate standard incident context approaches and integrate severity approaches across all SGBV reports, as outlined in the main report.

Conclusion 3: Improve Local Data Collection by the Creation of a Community-based Service Delivery Application

SI to support the Sector TWG to investigate appropriate ICT data collection and sharing tools for improved SGBV data, including recommended approaches laid out in this report.

Conclusion 4: Design an SGBV Observation Hub to Hold De-identified, Aggregate SGBV Data

Observatory Hub Database Software

SI should support the NSO to establish an Observatory Hub Software with the requirements outlined in the main document.

Observatory Hub Server Software

SI should provide technical resources to the NSO to acquire the server software.

Observatory Hub Hardware

SI should provide the technical resources to the NSO to acquire specific hardware with the requirements of hosting.

IT Services Required

SI should support the NSO or other GOM partner to be able to provide the IT services on a routine basis for the Observatory Hub.

Introduction

Purpose and Objectives

The Spotlight Initiative in Malawi is dedicated to eliminating violence against women and girls (VAWG). Outcome Five of the initiative, led by the United Nations Development Programme (UNDP), is quality disaggregated and globally comparable data on different forms of VAWG, including sexual and gender-based violence (SGBV) and harmful traditional practices, collected, analysed, and used in line with international standards, to inform laws, policies, and programmes.[3]

Specific activities of Outcome Five include:

1) Establish an observatory hub at the National Statistics Office to monitor trends and patterns for planning and decision-making.
2) Build the capacity of service providers to conduct forensic investigations and use intersectoral data, standard protocols, and ethical protections.
3) Review, standardize, and harmonize inclusive and participatory data collection tools, methodologies, and reporting registries and systems on data management
   a) in line with international human rights standards
   b) linking to national and district level database, and
   c) disaggregated data by age, disability, and human immunodeficiency virus (HIV) status, including women 49+.
4) Build the capacity of the districts to collect and manage data and use databases on SGBV including harmful traditional practices, and sexual and reproductive health and rights (SRHR).
5) Roll out and strengthen the gender-based violence (GBV) information system in six districts and at central level.
6) Support real-time monitoring via mobile technology on SGBV, SRHR, and harmful traditional practices, including through national identity cards as a tracking system for SGBV/harmful traditional practices cases.
7) Establish an integrated tracking system for SGBV and harmful traditional practices cases within the justice system.
8) Assess, monitor, and advocate for the registration of children below 16 to ensure that all children are registered to ensure child marriages.

To support this outcome and above activity, UNDP has commissioned an assessment of the current Malawian data management systems for SGBV. The purpose of this assessment is to take stock of where the country currently stands regarding its management of this data, identify good and emerging practices, as well as gaps and areas for improvement, and provide recommendations for improved data management, including legal and policy decisions and new programmes.

The assessment looks at the needs of the district service providers in six pilot districts in the three regions: (Central) Dowa and Ntchisi; (North) Mzimba and Nkhata Bay; and (South) Machinga and Nsanje. The assessment also involved visits to organisations in Blantyre, Lilongwe, and Zomba to look at national-level systems and needs.

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[3] Malawi Spotlight Request for Proposal.

Assessment Methodology

Assessment Team Composition

The Assessment Team was comprised of four members from two United States-based consulting firms Sonjara, Inc. and IMC Worldwide, Inc.: Team Lead & Gender Expert, Software Architect/Database Analyst, Logistics Coordinator, and Statistician/Data Analyst. The Assessment Team held field visits as well as conducted interviews and research working with a local consultant to ensure contextualisation of the exercise and facilitate linkages/communication with local stakeholders.

Overview of Methodology

This document is a predominantly qualitative assessment of existing data systems, stakeholders, processes, and tools, including perspectives and priorities of the different organisations and individuals involved in SGBV and SRHR data management.

Data Collection

This assessment was conducted via a document review, key informant interviews/focus group discussions, and software reviews, including demonstrations of different systems, discussions with the lead developers and information technology (IT) teams, and review of documentation when available.

Three members of the team performed field visits to six pilot districts (Central) Dowa and Ntchisi; (North) Mzimba and Nkhata Bay; and (South) Machinga and Nsanje, plus a site visit to Dzaleka refugee camp in Dowa district, as well as visits to different organisations in Blantyre, Lilongwe, and Zomba. Additional calls and email exchanges were made following the field visits to supplement the findings.

Please note that due to time constraints combined with availability of outside information, the team focused on field research on SGBV data management systems vs SRHR systems. The team found that SRHR systems are predominantly managed by the MOHP and are part of the overarching HMIS systems; exceptions often were focused on HIV prevention and treatment, which was also investigated separately for SGBV.

Data collection tools are available in Annex 1.

Analysis

Following the desk review, field visits, and virtual data collection, the researchers collated and summarised data to relate findings to the research objectives. During this process, any gaps in required data were identified, and follow-up questions, interviews or reviews were administered. During the data analysis process, the research team validated its analyses by triangulating data from different sources in order to develop evidence-based findings and recommendations.

Figure 1: Map of Site Visits in Malawi: Google Maps

Throughout this process, the project team ensured validity and reliability through triangulation, the use of standardised data collection tools, and compliance with OECD/DAC and UNEG standards.

Organisations interviewed

The following Government of Malawi (GoM) ministries were visited / phoned to be interviewed:

1. Ministry of Gender, Child development and Community development (MoGCDCD),
2. National Statistics Office,
3. Malawi Police Commission, Victim Support Unit,
4. Ministry of Health,
5. Malawi Human Rights Commission (including the Office of the Ombudsman),
6. Ministry of Local Government and Rural Development,
7. Magistrate Court & District Court

District Governments

Each of the six pilot districts – Nkhata Bay, Mzimba, Nsanje Machinga, Ntchisi, and Dowa – were visited, with interviews held with the Spotlight Initiative Coordinator and Gender Officer from the District Social Welfare Office. The team also met with child protection officers in each district. In addition, the team met with the district coordinator, district director for planning and development and/or the Monitoring and Evaluation (M&E) Officer, depending on their availability. The team was able to visit a police victim support unit (PVSU) as well as a One Stop Centre (OSC) in one district, as well as meet with district level magistrate staff and a traditional authority leader. Finally, the team was able to hold a focus group discussion with multiple community victim support unit (CVSU) members/child protection staff to determine their perceptions, needs, and duties around GBV.

Spotlight Initiative Members

The team met with representatives of each of the United Nations organisations involved in the Spotlight Initiative in Malawi: the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and UNDP. The team was also able to meet with academic institutions (including two colleges within the University of Malawi: The Chancellor College's Centre for Social Research (CSR) and the College of Medicine's Research Support Centre) as well as several nongovernmental organisations (NGOs) working on GBV.

See Annex 1 for a full list of those interviewed.

Forms and Systems Reviewed

The team requested information and copies of data collection and reporting forms as well as databases, spreadsheets, booklets, and other tools used to collect and share information (a full inventory is in Annex 3). The main ones we identified and were able to review were:

MoGCDCD

- Integrated Information Management System (IIMS) Gender-Based Violence Information Management System module, referred to in this report as the MGBVIMS.[4]
- Two different forms used by District Social Welfare Officers to collect and enter the data into the MGBVIMS.
- Community Victim Support Register (CVSR), used by CVSUs.
- Short message service (SMS)-based mobile reporting through RapidPro for CVSUs (UNICEF supported).
- Child Protection Booklet.

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[4] The MoGCDCD GBVIMS is referred to in this document as the MGBVIMS to differentiate it from the Humanitarian GBVIMS.

Malawian Police Service

- The soon-to-be rolled out Criminal Case Management System which includes a Police Victim Support Unit (PVSU) module.
- PVSU register (associated with the Penal Code)
- SMS-based mobile reporting through RapidPro for police victim data (UNICEF supported).

One Stop Centres (MoGCDCD, Malawi Police Commission, Ministry of Health)

- OSC database (UNFPA-supported Access database).
- SMS-based mobile reporting through RapidPro (UNICEF supported).

Other Data Systems

- District Case Management Monthly Datasheet.
- UNHCR proGres V4 database/Plan International Refugee SGBV tracking tool.[5]
- Youth Net and Counselling (YONECO) helpline database.
- Malawi Data Portal.
- Malawian Health Situation Room (reporting on Health Management Information System, HMIS, reproductive health indicators)[6]

Additional systems that were identified and discussed in conversation with interviewees, but for which the Assessment Team was unable to review or see a demo of included:

- Malawian Human Rights Commission (MHRC) database.
- Malawian Magistrate Court System
- MoGCDCD Child Protection Information Management System module (part of IIMS).
- Revised MGBVIMS (currently under development).
- Ministry of Local Government and Rural Development Local Authority Information Management System (this system was still under development during the period of the assessment).
- Malawi National Data Archive (MNADA).[7]

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[5] Information sharing is according to UNHCR data sharing protocols.

[6] As part of a separate assessment in Malawi of the UNAIDS funded Health Situation Room

[7] The site was down during the period of assessment.

Assessment Definitions

SGBV, SRHR & Traditional Harmful Practice data systems

When assessing the data systems for these different but related topics, the assessment team quickly discovered that Malawi does not have unique systems addressing each topic. Instead, harmful practices and many SRHR topics related to rights and violence are included in SGBV data systems; while those related to health are captured in the MOHP data systems. Independent research has been performed looking at the provision of sexual and reproductive health from a rights perspective; however, the majority of data on SRH is focus on medical care. [8]

In the following sections, the term SGBV includes sexual violence related to SRHR and harmful practices (including child marriage), and SRH includes the provision of sexual and reproductive health care. Please note that the team performed a more exhaustive analysis of SGBV systems than SRH systems due to the existing data around SRH and other MOHP data systems.

Definitions around Purpose, Usage, Format and Structure of Data

Purpose and Usage of Data

It is very important to define the purpose of data in Malawi and how this data will be used to prevent and respond to SGBV and provide SRH support. By defining the purpose and role, we can then understand the format and structure needed to collect, store, protect, share, and analyse the data.

As outlined above, SGBV and SRH data are presently managed separately, by different actors and stakeholders, and are rarely shared. Where the approach to data is the same for both types, this report will not differentiate; where the approach to data is dissimilar, the report will document the differences.

Incidental Data (Also Called Case Management Data & Health Record Data)

Incidental data is case data pertaining to a specific incident or visit and all interactions related to the incident or visit.

For SGBV, this data is used by service providers and project administrators to identify, track, and respond to SGBV incidents so that:

- Survivors can be provided with/linked to appropriate services, including prevention of (re)occurrence.
- Perpetrators are identified so they can be stopped from re-perpetrating.

For SRH, data is used by health facilities and others to provide appropriate reproductive health services to women and girls.

In addition to being used for individual case management, this incidental data is essential for broader M&E analysis, since aggregated versions of this data can be used to assess the number and type of SGBV incidents which have occurred, broken out by location, sector, time, and type of violence.

For SRH, aggregated data is shared at the district level and supplied to the HMIS so that maternity and midwife programmes can monitor targets and unmet needs within populations, such as the number of deliveries attended by service providers or number of women attending three antenatal care visits.

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[8] The exceptions to these findings are in the provision of HIV programming for female sex workers, men who have sex with men, and transgender individuals where a more holistic approach was found.
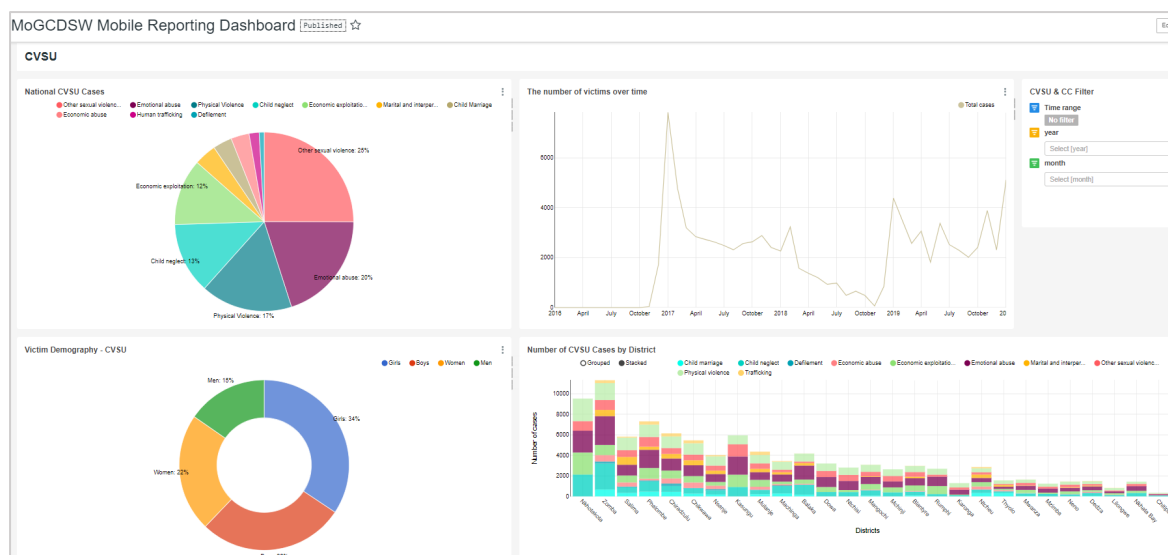
Figure 2: MoGCDCD Mobile Reporting Dashboard

Administrative Data

Administrative data is process management data pertaining to the administration of a specific incident, including all interactions related to the incident.

This data is used by service providers and project administrators to ensure that individual cases are being managed appropriately, so that they are confident that:

- An individual is being provided with appropriate services, including prevention.
- For SGBV, perpetrators are being identified and are being stopped from re-perpetrating.

Administrative data also includes data on service locations, services provided, and expected referral pathways.

In addition to being used for individual case management, this administrative data is essential for broader M&E analysis since aggregated versions of this data can be used to assess the health of the provision of SGBV/SRH services. Having this information also broken out by location, sector, time, and type of violence can also help identify if there are performance issues related to these factors (such as one district performing at a much higher level than other districts).
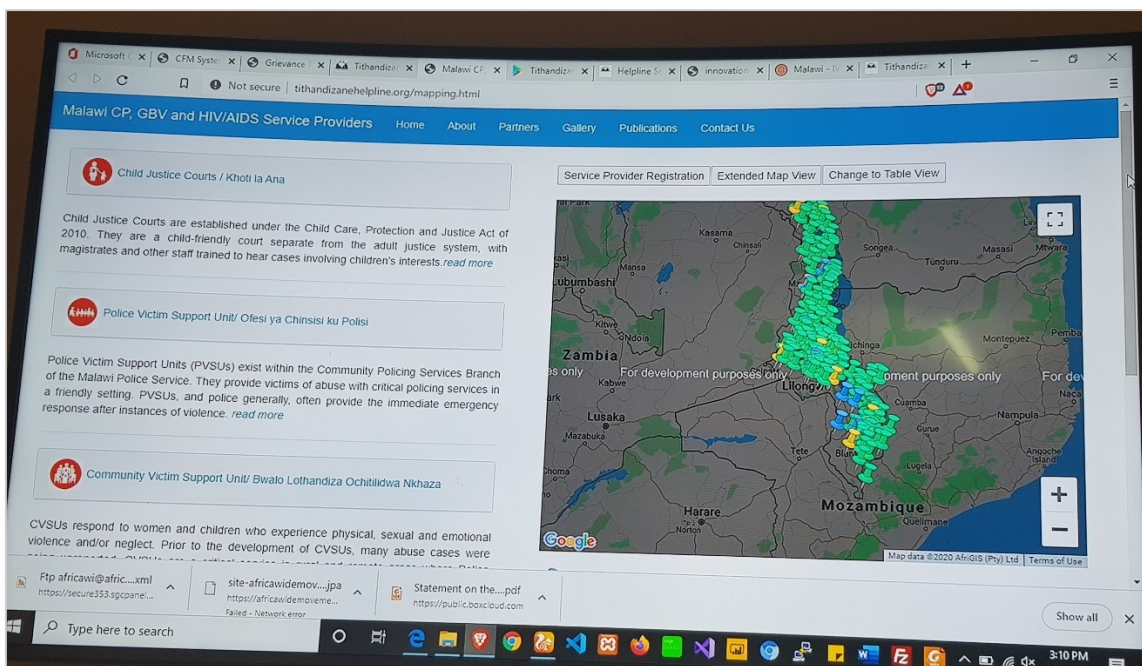
Figure 3: YONECO Web Map of Child Protection, GBV and HIV Service providers in Malawi

Survey Data

Survey data is sampled data with statistical extrapolation to population to measure prevalence and types of SGBV, unmet need for SRH, and other elements.

This data is used by policymakers, program designers, and other planners to:

- Identify areas of need (i.e., prevalence) and associated factors (income, disability, location, age) so that they can design interventions to prevent and respond more effectively.
- Provide baseline and target metrics for M&E systems to see if the programmes are making the impact needed.
- Help prioritize and advocate for programs to support women and girls against other development goals by identifying number and types of impact (such as economic, public health, etc).
- Inform policies and process designed to address SGBV and SRH at district, national, or international levels.
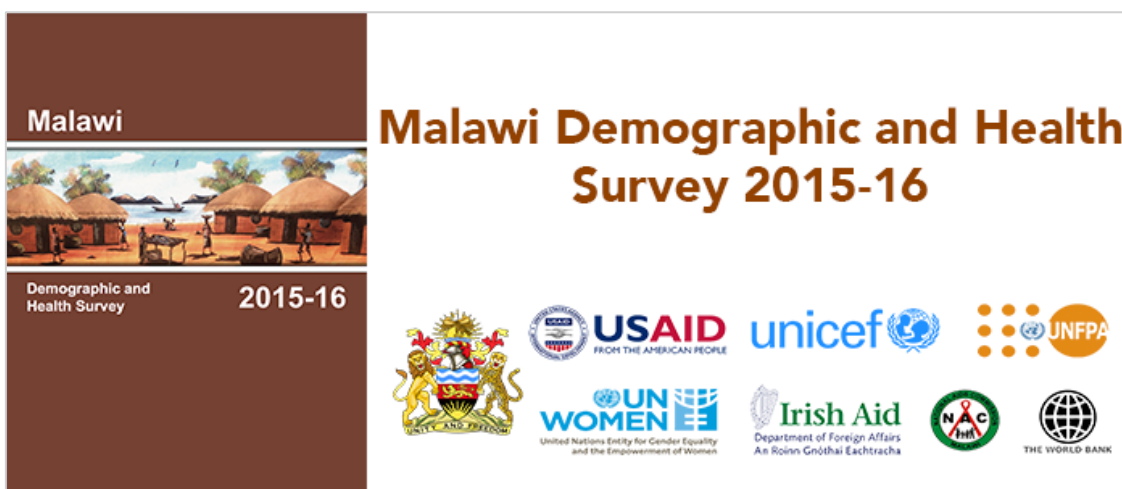
Figure 4: Malawi Demographic and Health Survey 2015-2016

M&E Indicator Data

M&E indicator data is aggregated output and (sometimes) outcome results from the implementation of a program or activity.

This data is used to:

- Monitor the progress of an activity for both performance (is the activity on time, accomplishing its assigned tasks) and impact (is the activity having the desired impact such as increasing quality of services).
- Identify areas where success or course correction are needed.
- Make programmes accountable by reporting to senior management, funders, and key stakeholders for oversight.
- Evaluate (internally or through third parties) the performance and impact of the project to learn and improve.

Figure 5: M'Mbelwa District Council District Development Plan (Page 12)

Format and Structure of SGBV Data

Due to the multi-sectoral and multi-actor nature of SGBV reporting and service delivery, having standardized formats and structure for data is extremely important for the different types of data usage, so that data can be combined, compared, and analysed across different systems and actors. It is also important to have standards around data quality, sharing, sampling and security and privacy across all the different actors, to ensure that the data is managed in consistent ways.

The following summarizes the current types of data that is required for SGBV data systems. This section refers to **ideal** data formats and structures, not actual, as well as provides a common framework against which the Assessment Team assessed the Malawi SGBV ecosystem.

Incidental Data (also called Case Management Data)

Description: Incidental data (also called case management data) refers to information about the incident. This data has three elements:

1. The name and details about the survivor and the alleged perpetrator(s), including contact information. Information about the relationship between perpetrator and survivor is often captured as well.
2. Details on the incident itself, such as type of SGBV (physical abuse, sexual, etc.) and the location, date, and time.

3. Transactions related to the case, such as referrals given, services provided, follow ups, additional information (such as health reports, police reports, case numbers, etc.).

Incidental data is primarily operational in nature, focused on providing support to the survivor via service providers. It documents and tracks the needs, recommendations, and ongoing services provided.

Data Sources: This data is predominantly captured by different service providers from interviews with the survivor, as well as interviews with the alleged perpetrator and any witnesses. Holistic case management often crosses different line ministries and organisations, as additional sources of data can come from:

- **Medical personnel:** Medical interview reports, diagnostic tests, and lab reports (such as for internal injuries and bone breaks, and tests for sexually transmitted infections, pregnancy, or genetic material), injury documentation, etc.
- **Law enforcement:** Interrogations of suspects and witnesses, photographs of the survivor's injuries or crime scene, etc.
- **NGOs/Social Welfare Officers:** Provision of a safe house, food, or cash for emergencies, placement of a child in a foster family, social welfare insurance, etc.
- **Other line ministries:** Enrolment in employment or educational services, etc.

Data Quality (i.e., completeness, accuracy, timeliness): Data quality expectations for case management is <u>very high</u> due to the need to provide this information to service delivery providers who need this information to protect and serve survivors as well as potentially provide legal evidence in criminal investigations/trials.

Data Sharing: Data sharing requirements (meaning the need to share data quickly) are <u>very high</u> as well as <u>very context specific</u> i.e., not every piece of information needs to be shared with every other potential actor.

Data Sampling: No sampling for this type of data – meaning that <u>every incident</u> that SGBV service providers are made aware of must be documented to the level of data quality outlined above.

Data Security & Privacy: Due to the nature of SGBV information, detailing criminal and highly stigmatized abuse, especially in community settings, data security and privacy needs for the survivors are <u>very high</u>. Data protection requirements are also high due to the potential for perpetrators to attempt to breach the data systems to learn about accusations or the location of accusers.

Data Structure: Due to the nature of SGBV, one survivor may have multiple incidents with the same or different perpetrators, and perpetrators may have incidents with more than one survivor. In addition, an incident will likely have multiple transactions (such as first report, referral to other services, additional interviews and reports, arrests, or investigations, etc.). In addition, some of the data will be in audio/visual formats (photographs and x-rays, for example).
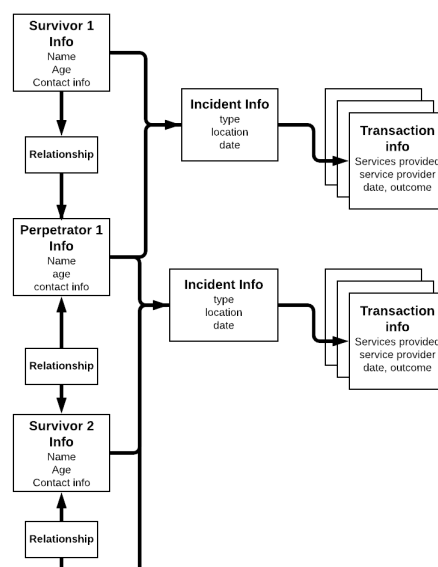
Figure 6: Summary Data Model for Incidental Data

This structure implies a 'many-to-many' data model which is often best supported in a relational database. This structure also requires multi-media management to store non-text information.

Figure 7: Gender-based Violence Reporting Form (Dowa)

Administrative Data

Description: Administrative data captures the process-level data monitoring SGBV service delivery. Examples of such data include:

1. Who captured the information (role & authority)?
2. Date/time of all reports and transactions.
3. Tracking referrals (to which organisations, when, etc.).
4. Current status of any case, next steps, case number.
5. Audit trail detailing who has added/edited/viewed the incident data when and where (for quality control, security, and staff management)?

Examples of things that can be measured with administrative data

1. Common referral pathways
2. Response rates
3. Areas of bottlenecks.

Data Sources: This data is ideally captured as part of incident data capture, as administrative data is used to ensure that individual cases are being managed appropriately. Additional data sources may include qualitative assessments such as site visits, focus group discussions and key informant interviews.

Data Quality (completeness, accuracy, timeliness): Data quality expectations for administrative data is <u>very high</u> as the data should be captured concurrently with incidental data.

Data Sharing: Data sharing requirements are <u>moderate</u>, meaning that some administrative data related to case status or response rates should be shared routinely for accountability purposes.

Data Sampling: This data should be <u>exhaustive</u> – meaning that <u>every incident transaction</u> that SGBV service providers are made aware of must have administrative data associated with it.

Data Security & Privacy: As mentioned above, due to the sensitive nature of SGBV data, the level of data security and privacy protection needed is <u>very high</u>. Administrative data is a crucial element in monitoring and responding to data protection needs. Administrative data can track who accesses what data when and where, and any edits that are made. This audit trail is important to identify unauthorized access or changes to the data.

Data Structure: The data structure is not dissimilar to the incidental data, in that administrative data is captured at the same time incidental data is captured or edited. Additional data can be captured via web logs or user tracking, using common access control methods.
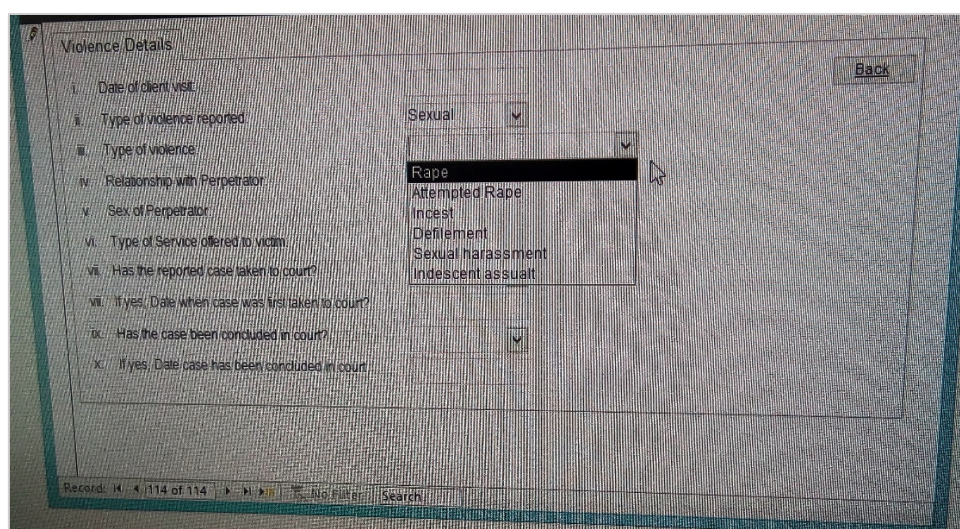
Figure 8:OSC Database (UNFPA)

Survey Data

Description: Survey data is sampled data with statistical extrapolation to population to measure prevalence of SGBV. This data is collected either as part of a SGBV/harmful traditional practices-specific study, or as part of a larger study on specific or general populations.

Data Sources: The sources of the data for these surveys are household interviews using a team of enumerators collecting qualitative and quantitative data. Survey data in Malawi that covers SGBV prevalence are the Malawi Demographic and Health Survey (MDHS) and the Multiple Indicator Cluster Survey (MICS) organised via the National Statistics Office, as well as periodic research performed by academic institutions such as the University of Malawi, Chancellor College's Centre for Social Research (CSR) or by NGOs as part of their programmatic design.

Data Quality (completeness, accuracy, timeliness): Data quality expectations for survey data are based on the sampling size and methodology used. Frequency of data depends on the number of times the survey is run. The MDHS, for example, is run every 5 years.

Data Sharing: Data sharing requirements are <u>medium</u> for aggregate data, and <u>low</u> for household or individual level data (raw or deidentified), which should not be widely shared. Aggregate-level data may be made available as part of the publication of the overall report.

Data Sampling: This data sampling method will depend on the research methodology.

Data Security & Privacy: The household or individual raw data itself may contain sensitive data and should be protected. However, this data, aggregated above a certain sample size, should not constitute a privacy or security risk.

Data Structure: The data structure will depend on the methodology used.

Woman's Questionnaire Topics

The Woman's Questionnaire contains information on the following topics:

- **Background characteristics:** Questions on age, marital status, education, employment, media exposure, and place of residence provide information on characteristics likely to influence demographic and health behavior.
- **Reproductive behavior and intentions:** Questions cover dates and survival status of all births, pregnancies that did not end in a live birth, current pregnancy status, fertility preferences, and future childbearing intentions of each woman.
- **Contraception:** Questions cover knowledge and use of specific contraceptive methods, source of contraceptive methods, exposure to family planning messages, informed choice, and unmet need for family planning. For women not using contraception, questions are included on knowledge of a source of contraception.
- **Antenatal, delivery, and postnatal care:** The questionnaire collects information on antenatal and postnatal care, place of delivery, who attended the delivery, birth weight, and the nature of complications during pregnancy for recent births.
- **Breastfeeding and nutrition:** Questions cover feeding practices, the length of breastfeeding, children's consumption of liquids and solid food, and micronutrient supplementation.
- **Children's health:** Questions examine immunization coverage, vitamin A supplementation, recent occurrences of diarrhea, fever, and cough for young children and treatment of childhood diseases.
- **Status of women:** The questionnaire asks about various aspects of women's empowerment, including decision making, autonomy, ownership of houses and land, barriers to medical care, and attitudes towards domestic violence.
- **HIV and other sexually transmitted infections:** Questions assess women's knowledge of HIV and other sexually transmitted infections, the sources of their knowledge about HIV, knowledge about ways to avoid contracting HIV, HIV testing, stigma and discrimination, and high-risk sexual behavior.
- **Husband's background:** Currently married women are asked about the age, education, and occupation of their husbands.
- **Other topics:** Questions examine behavior related to environmental health, the use of tobacco, and health insurance. [9]

Figure 9: MDHS Model Questionnaires Overview - Women's Questions

M&E Indicator Data for Project Performance

Description: Indicator data is collected as output indicators for development activities. This data is usually sourced from administrative and incidental data and collected quarterly. Performance data manages the performance of the activity while impact data measures the impact of the activity on the desired outcome (i.e., fewer cases of SGBV, higher response rates to incidents, etc).

This data is used for the following types of reporting:

- Sustainable Development Goals (SDGs)
- District Development Plans
- Project Indicators (Spotlight Initiative, community-based organisations, civil society organisations).

Data Sources: The sources of this data are usually combination of aggregate incident and administrative data, as well as some specific data collection (usually qualitative) around any outlier numbers. Survey data is often used to set baseline and realistic targets, as well as measures against any other variables that may impact project impact.

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[9] https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm#CP_JUMP_16177

Data Quality (completeness, accuracy, timeliness): Data quality expectations depend on the M&E methodology.

Data Sharing: Data sharing requirements are <u>medium</u> as the data is designed to be shared and often publicly available.

Data Sampling: This data sampling method will depend on the research methodology.

Data Security & Privacy: The source data itself may contain sensitive data and should be protected. However, the data aggregated above a certain sample size should not constitute a privacy or security risk.

Data Structure: The data structure will depend on the methodology used.

Figure 10: Case Management Monthly Datasheet (Excel)

Current status

SDG data on SGBV, harmful practices, and SRHR (indicators 5.2.1 and 5.2.2, 5.3.1, 5.3., 5.6.1, 5.6.2) are collected by the MoGCDCD and provided to the NSO using a variety of non-automated methods; the SDGs only require biannual reporting. Many different districts also collect data on violence against women in their district development plans; many districts asked for guidance from the MoGCDCD on how to design and capture these indicators.

Format and Structure of SRH Data

The Assessment Team did not do a comparable investigation into SRH data systems due to the fact this data in Malawi is collected and captured via existing facility registers and reported into the national HMIS (also known as DHIS2). The team felt justified in this lessened focus for two reasons:

1. There have been **extensive studies already performed on the existing health data management systems** in Malawi which capture many of the challenges and improvements made.
2. The team found **no linkage between the SGBV data systems and the MoHP data systems.** Apart from One Stop Centres, MoHP data does not capture SGBV data, and SGBV data systems do not capture access to SRH.
3. NGO HIV programming for FSW and MSM/TG tend to be both more holistic with SGBV/SRH than the GoM systems, but also represents populations under-represented in the GOM data systems.

Medical Case File Data

This data is the functional equivalent to incidental data. This data is captured in both medical files and registers within health facilities. In some districts, some of this data is captured by mHealth tools (particularly maternal and newborn health data) and/or by Electronic Medical Records (especially for HIV + women and girls). This data is standardized following standard health protocols published by the MoHP.

Other types of data

Like SGBV data, the HMIS and other tools capture administrative work, such as the number of health workers at a facility, stockouts for medical equipment, number of deliveries assisted by a trained service provider, etc. M&E data is also generated from the HMIS and other data collection tools for routine reporting into the national systems for analysis and tracking by districts. Finally, Malawi has performed multiple surveys on access to reproductive health services by youth and other populations, like the data outlined above.

International Standards for Gender-Based Violence Data Collection

The Assessment Team also looked for existing international standards for GBV data collection, especially within the SDGs and other international agreements to compare against the Malawi SGBV data systems, to assess both the quality of the data structures against international standards as well as provide insight into interoperability opportunities internally to Malawi, regionally, and globally.[10]

The Assessment Team determined that **there is no one universal standard** for classification of SGBV data in the Development Sector. However, the Assessment Team found that the SDGs, the World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence against Women, and the Humanitarian Sector's Gender-Based Violence Information Management System (GBVIMS) multi-agency workgroup provide good approaches and insights into how to structure SGBV data for international usage. In addition, there are common best practices around the format, structure, and types of data for SGBV.[11]

Description of International Sources

SDG GBV Standards

Current international standards for SDG reporting on gender-based violence are collected under target 5.2 "*Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation*".

The indicator standard is defined as follows:

> The percentage of ever-partnered women and girls aged 15 years and older who have experienced physical, sexual, or psychological violence by a current or former intimate partner, in the previous 12 months.[12]

The classification information listed here in this document come from an analysis of SDG instructions.

WHO Multi-country Study on Women's Health and Domestic Violence against Women

In 2005, WHO published the Multi-country Study to document violence against women by intimate partners, from 10 countries. Using population-based household surveys, the research estimated prevalence of violence against women, especially that of intimate partners. It also assessed the association of partner violence with health outcomes and factors that may protect or increase risks for women. Finally, the research documented various strategies and approaches that women use to cope with violence. This foundational research offers a point of comparison and classification approaches for future research.

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[10] The assessment team did not do a similar exercise for SRHR due to the already internationally recognized work of UNFPA and WHO on this topic.

[11] For more information on best practices on SGBV data collection, please visit https://www.gbvims.com/

[12] UN Women, UNICEF, UNSD, WHO, UNFPA, metadata repository. Accessible at https://unstats.un.org/sdgs/metadata/files/Metadata-05-02-01.pdf

The classification information listed here in this document come from an analysis of the report and the household questionnaires used in the research.[13]

Gender-Based Violence Information Management System

The GBVIMS was originally launched in 2006 by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations High Commissioner for Refugees (UNHCR), and the International Rescue Committee (IRC). The GBVIMS Steering Committee now consists of UNFPA, UNICEF, UNHCR, IRC and International Medical Corps.

The GBVIMS was created to harmonize GBV data collected through service delivery in humanitarian settings. This data classification approach is strongly endorsed across United Nations-managed emergency contexts. As stated by the United Nations Action Against Sexual Violence in Conflict Report 2018:

> *The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyse their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination and programming... The GBVIMS continues to serve humanitarian actors and others as a model initiative for safe and ethical GBV data management.[14]*

As described on their website, the GBVIMS includes:[15]

- GBV Classification Tool– a set of six types of GBV to standardize GBV definitions and the incident classification process.

- Intake and Consent Forms – two forms used for collecting GBV data. The Intake and Initial Assessment Form is a standard intake form designed to ensure that GBV actors are collecting a common set of data points. The Consent for Release of Information Form requires survivors' authorization for any of their information to be shared; it is intended to ensure that the rights of the survivors to control their incident data are maintained and protected.

- Incident Recorder– an Excel database designed to simplify and improve data collection, compilation, and analysis.

- GBV Information Sharing Protocol Template– a protocol template that outlines guiding principles on the safe and ethical sharing of GBV data and best-practice to follow when developing an inter-agency information sharing protocol.

The GBVIMS also includes Primero (GBVIMS+), a web-based case management system that integrates the classification and approaches in the GBVIMS. More information can be found at https://www.primero.org/

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[13] https://www.who.int/reproductivehealth/publications/violence/24159358X/en/

[14] UN Action, Tenth Consolidated Annual Progress Report on Activities Implemented under the UN Action Against Sexual Violence in Conflict Fund https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/un-action-progress-report-2018/20190531-2018-UN-Action-Annual-Progress-Report.pdf

[15] http://www.gbvims.com/

The classification information here is taken from the demo site at Primero.org.

Sexual Harassment, Exploitation, and Abuse

Across the United Nations system, humanitarian, and development community, there is a broad commitment to the prevention of sexual exploitation and sexual abuse (SEA) and sexual harassment by United Nations personnel and those it supports. The Secretary General issued a bulletin in September 2019 "Addressing discrimination, harassment, including sexual harassment and abuse of authority" which defines prohibited conduct, discrimination, harassment (including sexual harassment), and abuse of authority.[16] The United Nations Office for Project Services (UNOPS) has published core principles and guidance for all United Nations personnel on the prevention of SEA and sexual harassment.[17] International NGOs and other organisations have published similar guidance and requirements about SEA and sexual harassment for their staff and partners.

It is important to understand that SEA and sexual harassment is predominantly a form of GBV, as the main (though not exclusive) targets for SEA and sexual harassment are women by men. In addition, many of the definitions of SEA and harassment used by the United Nations are easily applicable to cases of GBV involving employers, teachers, community leaders, and other persons of authority.

Categories of Violence in International Standards

Top Categories of Violence

The following are the categories of violence used by the three systems to categorize SGBV.

SDGs	WHO	GBVIMS
Physical violence	Physical violence	Physical assault
Sexual violence	Sexual violence	Rape Sexual assault
Psychological violence	Psychological violence	Psychological/Emotional abuse
	Deprivation or neglect	Denial of resources/opportunities/services
		Forced marriage

Figure 11: Table of Violence Categories[18]

The SDGs classifies SGBV into three categories:

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 an 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 behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual

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[16] https://undocs.org/ST/SGB/2019/8

[17] https://www.unops.org/about/governance/accountability/iaig/sexual-exploitation-abuse-and-harassment, https://content.unops.org/service-Line-Documents/IAIG/Prevention-of-Sexual-Harassment-SH-and-Sexual-Exploitation-and-Abuse-SEA-Strategy.pdf?mtime=20200406120811

[18] The table cross references the categories for ease of comparison – this cross referencing is not definitive.

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 do something sexual that the woman considers humiliating or degrading.

3. **Psychological violence** includes a range of behaviours that encompass acts of emotional abuse and controlling behaviour. These often coexist with acts of physical and sexual violence by intimate partners and are acts of violence in themselves. [19]

The WHO Multi-country Study on Women's Health and Domestic Violence against Women includes the above but separates psychological violence into two categories 1) emotional abuse and 2) controlling behaviours. The WHO also includes deprivation or neglect as a separate category of abuse from the other three categories.

The GBVIMS uses more specific classifications including physical assault, rape, sexual assault, psychological/emotional abuse, denial of resources/opportunities/services, and forced marriage, which loosely map to the SDG and WHO categories (see figure 11).

[20]
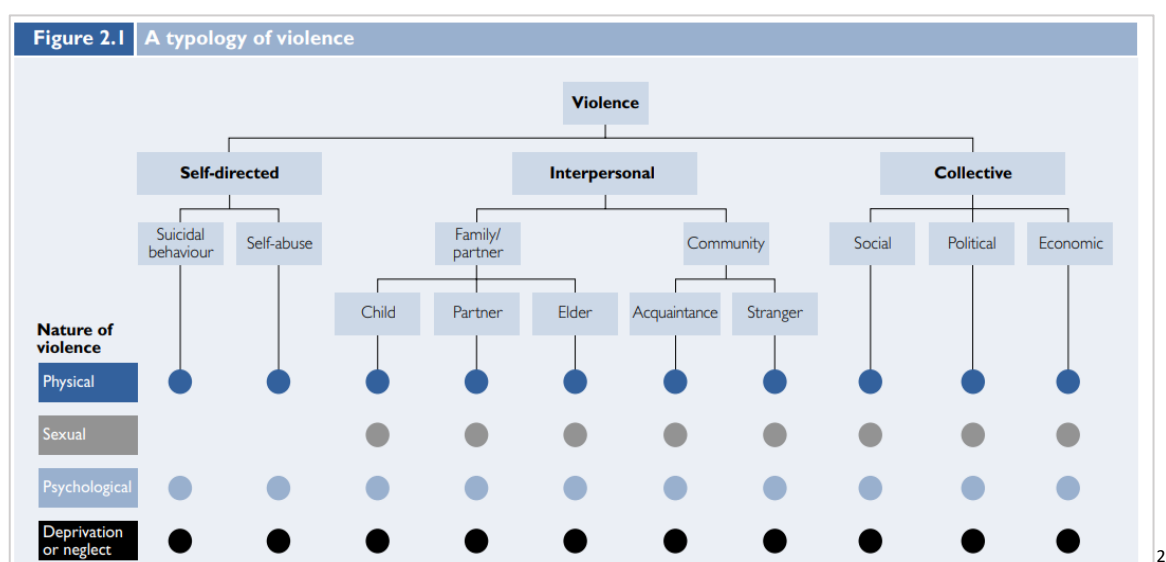
Figure 12: WHO Typology of Violence from the WHO Multi-country Study on Women's Health and Domestic Violence against Women

One final note: Harmful traditional practices such as female genital mutilation or cutting, sexual initiation or cleansing rituals, and child marriage are implied but not explicitly identified as a type of violence in SDG and WHO as different classifications. They are explicitly mentioned in GBVIMS in context classifications (below).

Sexual Exploitation and Abuse Classifications and Definitions

The United Nations has specific definitions around SEA and harassment.

- **Sexual exploitation**: "…actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. "

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[19] (Definitions were taken directly from the UN metadata file for indicator 5.2 accessible here)

[20] WHO Multi-country Study on Women's Health and Domestic Violence against Women page 13

- **Sexual abuse:** "…actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. All sexual activity with a child is sexual abuse. Physical intrusion is understood to mean sexual activity. "
- **Sexual harassment**: "any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. While typically involving a pattern of behaviour, it can take the form of a single incident. Sexual harassment may occur between persons of the opposite or same sex. Both males and females can be either the aggrieved individuals or the subjects of complaints."[21]

Incident Context Classifications

Both the WHO and GBVIMS utilize a dual classification system. Incidents are first classified into nature of violence (as outlined above) describing the type of GBV crime, and then classified into incident contexts.

SDGs	WHO	GBVIMS
None	Self-directed (suicidal behaviour, self-abuse)	
	Interpersonal (family/partner or community)	Intimate partner violence (domestic violence), child sex abuse
	Collective (social, political, economic)	Early marriage, sexual exploitation/transactional sex, sexual slavery, and harmful traditional practices.

Figure 13: Table of SGBV Context Categories

This separation of violence type from context can be analysed in a matrix format, such as:

Type of violence	+	Relationship with perpetrator	+	Age of Survivor	+	Repetition of abuse	+	Social or cultural custom	=	Incident Context
Rape	+	Stranger	+	14	+	No	+	Initiation ritual	+	Harmful traditional practice
Physical Abuse	+	Spouse	+	34		Yes	+	Gender norms	=	Intimate Partner Violence

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[21] https://content.unops.org/service-Line-Documents/IAIG/Prevention-of-Sexual-Harassment-SH-and-Sexual-Exploitation-and-Abuse-SEA-Strategy.pdf?mtime=20200406120811 page 3

1. **Intimate Partner Violence** is defined by the relationship between perpetrator and survivor and may include multiple forms of violence (rape, sexual assault, physical assault, psychological / emotional abuse), which can lead to inconsistencies in the recording of incidents. By analysis of the type of GBV and the survivor's relationship to the perpetrator, one is able to identify and analyze which incidents took place within the context of an intimate partner relationship.

TYPE OF GBV		ACCUSED PERPETRATOR		INCIDENT CONTEXT
Rape Sexual Assault Physical Assault Denial of Resources Psychological / Emotional Abuse	+	Intimate Partner / Former Partner	=	Intimate Partner Violence

2. **Child Sexual Abuse** is defined by the age of the survivor it includes different forms of sexual violence, which can lead to inconsistencies in the recording of incidents. By analysis of two incident types (sexual assault and rape) and the age of the survivor, one is able to easily analyze which reported incidents were child sexual abuse cases.

TYPE OF GBV		ACCUSED PERPETRATOR		AGE OF SURVIVOR		INCIDENT CONTEXT
Rape Sexual Assault	+	Any	+	Child	=	Child Sexual Abuse

Figure 14: Screen shot of instructions from the GBVIMS Classification tool[22]

The incident contexts used in the GBVIMS are:

1. Intimate partner violence (often referred to as "domestic violence")
2. Child sexual abuse
3. Early marriage
4. Sexual exploitation/transactional sex
5. Sexual slavery
6. Harmful traditional practices.

Cross reference information for this analysis include:

1. Relationship between survivor and perpetrator (partner/spouse, parent, employer, teacher, etc.)
2. Age of perpetrator
3. Whether money/goods were exchanged as part of the incident
4. Age of survivor (child vs adult)
5. Any repetition of abuse or multiple identical incidents
6. Social and cultural practices that are common where the incident takes place.

Severity Measurements

The WHO Multi-country Study on Women's Health and Domestic Violence against Women categorized physical violence into two categories to differentiate by severity to better understand the immediacy of the problem:

Moderate violence:

Respondent answers "yes" to one or more of the following questions regarding her intimate partner (and does not answer "yes" to questions qualifying a higher severity classification of severe violence below):

a) [Has he] slapped you or thrown something at you that could hurt you?

b) [Has he] pushed you or shoved you?

Severe violence:

Respondent answers "yes" to one or more of the following questions regarding her intimate partner:

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[22] Annex-B-Classification-Tool.pdf

a) [Has he] hit you with his fist or with something else that could hurt you? (d) [Has he] kicked you, dragged you or beaten you up?

b) [Has he] choked or burnt you on purpose?

c) [Has he] threatened to use or actually used a gun, knife or other weapon against you?

Incident Information

Other than the type of violence, the SDGs require minimal information on the incident itself. GBVIMS collects more information as outlined below.

SDG Demographic Data on Incident	WHO[23]	GBVIMS Demographic Data on Incident
Type of violence	Type of violence	Type of violence
Date of incident	Incident (last 12 months)	Date of interview/date of incident
		Time of day incident took place
		Type of place where the incident took place
Rural/urban		Location of incident, type of displacement (i.e., residency of the survivor)
		Was the type of violence a harmful traditional practice?
		Were money, goods, benefits, and/or services exchanged in relation to the incident?
		Type of abduction at time of the incident
		Has the client reported this incident anywhere else?
		Has the client had any previous incidents of GBV perpetrated against them?

Figure 15: Table on SDG and GBVIMS Demographic Data on Incident

Demographic Information

The SDGs recommend that demographic information should be collected during survey data and case management in order to provide useful information to policymakers and intervention designs. While

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[23] The WHO research was performed as a household survey vs case management data collection. Therefore, the actual format of the questions is reflective of the purpose of the data. However, the Assessment Team has identified when the questionnaire identified different types of GBV.

more demographic information is preferable, age and marriage/partnership status classifications are critical for international reporting compatibility.

At a minimum for SDG reporting, data must be statistically representative of the country's population, be collected through household-level surveys, and include women aged 15-49.[24]

Required Demographic Indicators on Survivors

SDGs require the following indicators be collected for each respondent for adequate comparability at an international level. The GBVIMS captures the following data on survivors, though not all are required.

SDG Demographic Data on Survivor	WHO	GBVIMS Demographic Data on Survivor
Age	Age	Date of birth/Age
		Gender
Ever married or in union	Ever married/male partner	Current civil/marital status
Currently married or in union	Currently married/male partner	Current civil/marital status
	Education level	
	Sexual/Reproductive history, pregnancy, and children	
	Multiple marriages/partnerships (polygamous and serial)	
	Economic status and assets	
		Ethnic affiliation
		National affiliation
		Religious affiliation
		Country of origin
		Displacement status
	Health status (including disability)	Disability type (mental, physical, mental, and physical)

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[24] Note that Spotlight Initiative explicitly wants to include women above the age of 49, meaning that for Spotlight, age ranges must be specified for data to be used for different reports.

SDG Demographic Data on Survivor	WHO	GBVIMS Demographic Data on Survivor
		Unaccompanied minor or other vulnerable child
	Employment history	
	Use of alcohol/drugs	

Figure 16: Table on SDG and GBVIMS Demographic Data on Survivors

Required Demographic Data on Perpetrators

WHO Demographic Data on Perpetrator(s)	GBVIMS Demographic Data on Perpetrator(s)
	Primary/Secondary perpetrator
	Gender
Past GBV by perpetrator	Past GBV by perpetrator
	Nationality
	Ethnic affiliation
	Age group
(Only asked about husband/partner)	Relationship with survivor
Education level	
Employment history	Main occupation
Use of alcohol/drugs	
Violence outside of relationship	

Frequency Measurements

Frequency measurements can provide quantifiable indicators on the longevity of abuse or number of individual violent episodes. Frequency measurements for international data comparability must (at a minimum) be able to provide the percentage of women who have experienced gender-based violence over the past 12 months (recent) versus women who have experienced violence at any point in their lifetime.

Health Systems are not Capturing SGBV Data

SGBV data is not currently captured in the HMIS, outside of the OSC.[25] As the OSCs only serve a small portion of the population due to their location and distance from many communities, it can be

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[25] Interview and
https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Malawi_National_Health_Indicators_FINAL_v11_clean_wt_sign_combo.pdf

presumed that many SGBV survivors who need medical treatment seek it in health facilities. The lack of protocols or documentation of SGBV data in health facilities may be a major gap in identifying incidents. The example of a 14-year-old unmarried girl presenting with a sexually transmitted infection or pregnancy as one that should result in a referral to the Social Welfare Office; many informants mentioned that they do not think health facilities often refer such cases systematically.

In addition, several interviewees mentioned that some MoHP facilities assume a police report is needed for SGBV treatment, as this had been a protocol in the past. However, this protocol was changed due to the concern that it would lead to delays in treatment and/or be a barrier for survivors to seek medical attention.

Current Situation of SGBV and SRHR Reporting in Malawi

As outlined in the meta-analysis,[26] Malawi suffers from widespread SGBV, as well as harmful traditional practices including child marriage and initiation rituals. Access to sexual and reproductive healthcare is also problematic, with higher HIV rates for women than for men and high rates of early pregnancy. Finally, sexual, and reproductive health rights are not strongly supported in Malawi, especially for LGBTQ populations and women/girls.

SGBV, SRHR, & Harmful Traditional Practice Systems – No clear delineation by topic

The assessment team analysed self-described SGBV services and the data systems that supported them to see what information was being captured for what purpose. Harmful practices and some SRHR topics were often included in the types of harm defined in SGBV; other forms of SRHR related to health (such as access to contraception, safe pregnancy, and delivery) are captured in the existing MOHP HMIS. It is important to note that these GoM services and systems do not interact formally. The team found specific HIV programming systems that had more holistic approaches to SGBV, harmful practices, and SRHR, but that these programs that did not interface with any GoM systems.

Due to limitations of the activity scope, the assessment team focused on SGBV systems that touched on SRHR and harmful practices; the team did a light touch look at the MOHP systems that capture some aspects of SRH, based on literature reviews of existing documentation, existing policies, and recent analysis.

Organisations supporting SGBV and SRHR

Community and District GoM Institutions

Malawi has responded to this situation with the creation of many different structures at community and district level to identify and address SGBV.

- **District Commissioners** are responsible for reporting on cases of SGBV in their districts and overseeing programmes to address the issue, along with other development activities. The Spotlight Initiative Pilot Districts have explicit development plans and M&E indicators to measure SGBV in their communities. The responsibilities for implementing these programmes are usually the District Social Welfare Officers.
- **District Social Welfare Officers** now have Gender Officers in addition to existing Child Protection Officers to address SGBV in their communities, using **CVSUs** and other **community support groups** (such as mothers' groups at schools, traditional leaders, and other local development actors) to identify incidents and refer survivors to services.
- **Police Victim Support Units (PVSUs)** staffed with specially trained police officers are based in police stations and units. In some cases, individuals will go directly to the police station, bypassing the PVSUs. Please note that police are not under the management of districts; the Malawi Police Commission is managed centrally and is not part of decentralization.
- The police will work with **police prosecutors and/or Judiciary Magistrates** when a case needs to be brought before the court by providing investigation and evidence.
- Four of the six pilot districts host **OSCs in district hospitals**; these OSCs are meant to be fully staffed with a health care practitioner, a paralegal, a Gender Officer, a Child Protection Officer, and a police officer to allow survivors access to all these services without delay or undue travel.
- **Health Facilities and Village Health Service providers** provide SRH support to women and girls, predominantly maternity care.

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[26] SPOTLIGHTINITIATIVEMALAWICOUNTRYPROGRAMME: September 2019

Central GoM Institutions

Central institutions also play a key role in SGBV prevention and response.

- **Malawi Human Rights Commission (MHRC)***: Citizens and residents of Malawi have the right to reach out to the MHRC if they feel their case is not being properly followed. The MHRC was established in the 1994 Constitution (Articles 129-131) "for the protection and investigation of violations and of the rights accorded by the Constitution or any other law."[27] One such law would be the Gender Equality Act (April 2013) which outlaws sexual discrimination, harassment, harmful traditional practices, establishes the requirement for equal access in education and training and access to sexual and reproductive health. The Act establishes the MHRC as the enforcers of these laws.

- **Ombudsman's Office, MHRC:** In the case of a government official abusing their office, including sexual harassment, exploitation, and abuse and GBV, the Ombudsman's Office (part of the MHRC) will be involved. These cases must involve a government official abusing their position; an example given was that of a police officer abusing his wife. The abuse itself would not be actionable for the Ombudsman's Office; however, if the police officer used his professional position or connections to block investigation or avoid criminal charges for a case of GBV, then the Ombudsman's Office would investigate.[28]

- **National Statistics Office:** The National Statistical Office measures prevalence of SGBV and VAWG as well as cross-cutting data (such as fertility rates, age at first marriage, population distribution, economic indicators, household structures, etc.) in their periodic national surveys, such as the Population and Housing Census, Integrated Health Surveys, Demographic and Health Surveys. They often work with academic institutions, such University of Malawi, or Johns Hopkins,[29] to perform targeted survey-based research. They are also responsible for data aggregation and analysis across different ministries.

- **MoGCDCD:** The Department of Gender is responsible for support and oversight of the Social Welfare Gender Officers and providing them with standard tools for data collection and reporting, including the MGBVIMS and associated forms and booklets. MoGCDCD is also responsible for reporting on SDGs related to gender equality and SGBV. The Department of Social Welfare is responsible for survivor response services and provides oversight of District Social Welfare Office efforts in case management of all forms of violence including GBV and cases of child protection.

- **Malawi Police Commission, Victim Support Unit (VSU):** This central unit provides support and oversight of police officers, including providing them with standard tools for data collection and reporting. They are also responsible for working with Judiciary on creating uniform standards for SGBV cases. The police report to other government ministries on numbers of cases broken out by type of SGBV and location.

Non-Governmental Organisations

In addition to these GoM institutions, Malawi also has many NGOs who provide reporting and support services, often interlinking with GoM partners. Some illustrative examples are:

- **United Nations Programmes,** such as the Spotlight Initiative directly or indirectly support SGBV prevention and response. The Spotlight Initiative has placed staff and support into the

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[27] Malawi Constitution, articles 129 - 131

[28] An example is the October 2019 report by the MHRC on police rape and abuse of women in response to a political rally. Some within the GoM have questioned whether the Ombudsman/MHRC have the authority to investigate these crimes.

[29] One recent example is the paper published in Reproductive Health "Youth accessing reproductive health services in Malawi: drivers, barriers, and suggestions from the perspectives of youth and parents" with input from the NSO, Reproductive Health Directorate, and Malawi College of Medicine.

six pilot districts around programming and data management, as well as providing support to different GoM ministries to address SGBV. In addition, specific United Nations programmes provide direct data support. For example, UNICEF has rolled out a U-Report system to track and document child protection and SGBV cases in partnership with police. UNFPA has designed a OSC database to capture SGBV data. UNDP is working with the NSO to develop a central Observatory Hub to pull data from different systems together.

- **YONECO** has a countrywide helpline for women and children to call for advice, support, and referrals, as well as drop-in centres. Their GBV data system is a robust data source of GBV calls in the country. YONECO often passes referrals to district Social Welfare Offices and Malawi Police Service, as well as provides direct support where available.

- **Paralegal Advisory Service Institute (PASI)** is a non-profit program providing legal aid and diversion schemes using mediation vs criminal prosecution for minor crimes. Using community-based justice approaches, it both supports perpetrators as well as survivors navigate the judicial system (both formal and informal).

- **HIV programmes**, such as Dreams [managed by Pakachere and Georgetown University, funded by the United States Agency for International Development (USAID) President's Emergency Plan for AIDS Relief (PEPFAR)], provide SGBV & SRHR support to HIV key populations [including female sex workers, those engaged in transactional sex, as well as lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals], populations which suffer higher than average incidents of SGBV and who are significantly less likely to make formal reports to GoM institutions, especially the police. These HIV programmes often provide case management support to individuals and do not routinely share this data with the GoM due to the sensitive nature of the populations and concerns about misuse by law enforcement or the community.

- **The University of Malawi, College of Medicine** captures SGBV data as part of their HIV analysis, especially with key populations. They have not yet studied SGBV in Malawi from a public health perspective.

- **University of Malawi, Chancellor College, Centre for Social Research (CSR)** also conducts research on SGBV, SRHR, and related issues. Example research includes a national prevalence study on traditional practices in 2019 (in partnership with the National Statistics Office and UNICEF), a national prevalence survey on VAWG in 2013 (with MoGCDCD, UNICEF, and United States Center for Disease Control , a series of analyses on sexual and reproductive issues faced by adolescents 12-19, with Guttmacher, an analysis of youth friendly sexual and reproductive health services commissioned by USAID, and several others looking at linkages between SGBV, disability, climate change, and HIV.

- **The refugee camp at Dzakela** tracks SGBV incidents within their refugee populations, providing case management support. The camp uses the standard processes for SGBV reporting and managing, with Plan International being the main focal point for SGBV reports.

SGBV Data Management System in Malawi

The following diagram shows the multi-faceted, multi-actor, multi-sector nature of SGBV reporting and sharing. Data flows through different pathways, often in unique ways to the nature of the incident and the survivor/perpetrator.
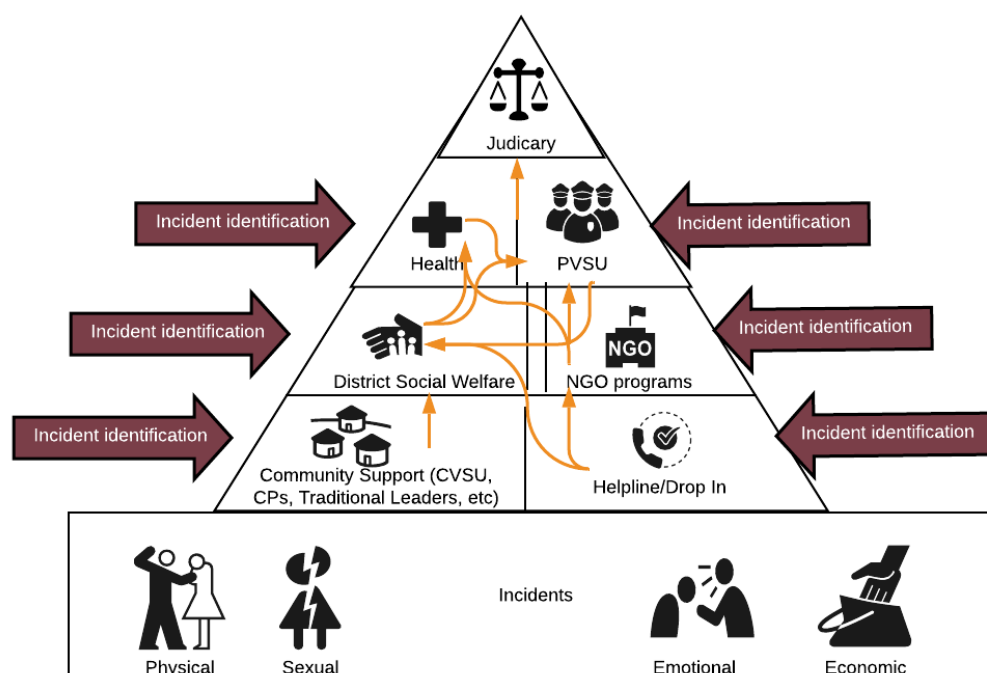
Figure 17: Incident Reporting and Referral Pathways at Community and District Level

Incident Identification and Reporting

Incidents of SGBV occur in the community. These incidents are identified (officially and unofficially) across communities and are first reported at different locations. For example, community support services such as Child Protection Officers, CVSU, traditional leaders, or mothers' groups may identify a case of SGBV. Survivors or those concerned about the survivor may reach out to one of the NGOs providing support to SGBV via their helplines, peer support or drop-in programmes. Survivors or concerned individuals also reach out directly to District Social Welfare Offices and/or NGO programme staff. A survivor may visit an OSC, other health facility, or a PVSU, or go straight to a police station and speak to a non PVSU officer.

Incident Referral Pathways for Service Delivery

SGBV incidents, once identified, are then often referred to other key service providers, based on the details of the incident. For example, a CVSU member may learn that a woman in her community has been physically assaulted by a boyfriend. The CVSU member believes that the woman needs medical attention from her injuries and may need police involvement, as well as emergency shelter due to her fearful relationship with the alleged perpetrator. The SGBV incident information needs to be shared with the District Social Welfare Office, the PVSU, the OSC (if there is one) or local health facility, as well as potentially with NGOs or traditional leaders to source safe housing for the woman. The police may want to take the case to the magistrate for a legal response and MHRC may need to get involved to ensure the case is prosecuted appropriately.

Due to the domestic and sensitive nature of the incidents, PVSUs and CVSUs mentioned they offer mediation along with other responses. Interviewees mentioned that in cases of domestic violence, mediation between family members is a preferred way to manage a case, potentially involving other members of the community or traditional leaders. Successful mediations are then not necessarily referred to other service providers.

As seen from the above example, SGBV responses often require multi-sectoral support from a range of actors. Appropriate responses also require sensitivity and privacy protection, as the case may involve highly stigmatized information as well as potential criminal investigations. As a result, the referral pathways, and the specific information to be shared are context-specific to the incident and

the survivor's circumstances. Despite many respondents stating that the referral pathways they used followed standard protocols, examples provided to the team seemed to contradict these statements, though there was insufficient information to confirm this definitively without looking directly at survivor files.

Monitoring and Oversight

Overseeing the entire SGBV data system are District Commissioners and their staff at the district level, and line ministry staff at central, such as the PVSU Coordinator, MHRC, and the Department of Gender Affairs at the MoGCDCD. Donors, such as UNFPA, UN Women, UNICEF, and UNDP are also involved in reporting and oversight. These donors, as well as other government offices, such as the National Statistics Office, and academic institutions, such as the Centre for Social Research at the University of Malawi, provide analytical support for SGBV, looking at trend analysis, patterns based on demographics, and provide sampling of prevalence of SGBV to compare against the number of incidents.

Data Fields and Common Classifications

As outlined above, Malawi has multiple data systems- paper and digital - that capture and, in some limited cases, share data on SGBV incidents, including survivor and perpetrator information. However, these systems have not been well coordinated, as evidenced by the inconsistencies around classification terms (i.e., types of abuse), as well as the lack of consistency of required data to be captured (location, date/time, names, etc.). Even paper forms intended to capture data into the same digital system exhibited clear differences in data being captured (what data, as well as the format of the data). A full taxonomy analysis is available.

Common Data Fields

All systems capture key information including name, contact information, age and gender of survivor and perpetrator, as well as information on the incident, including classification of the type of violence and abuse, and date and location of the incident.

However, some details are not consistent. Different systems ask for different details on top of those described above, such as relationship between perpetrator and survivor and whether children are involved. Some systems capture additional information on referrals, follow up, and current status. NGO data systems tend to be more divergent than GoM systems, though all the systems had divergence in precise data collected and classification types.

Classification of Types of Violence

Most of the systems classified SGBV into two tiers, with a top category and subcategories, i.e., sexual violence as the top category and rape, sexual assault, sexual harassment as a subcategory under sexual violence. However, these categories are not consistent, especially with the subcategories.

Police Registers, and the MGBVIMS use the following as the top four categories:

- Physical
- Sexual
- Emotional
- Economic

The CVSR uses the following categories:

- Physical
- Sexual
- Psychological
- Neglect
- Other

Other systems, such as the Malawi Magistrate System, UNICEF RapidPro[30] and YONECO's helpline also use completely different classifications (top and sub). The Malawi Magistrate classifies cases into two classifications: Criminal Cases and Civil Cases.

Similarities

There were many common phrases used across multiple forms, such as

Physical Abuse	Sexual Abuse	Emotional Abuse	Economic Abuse
Common assault	Rape	Being called names	Property grabbing
Murder	Indecent assault/Sexual assault	Being shouted at	Distribution of marital property
Battering	Incest	Threats/intimidation	Denial of entitlement/spouse maintenance
Kicking	Defilement	Making one feel bad about him/her	Making financial decisions without consultations
Hitting	Sexual harassment	Unnecessary criticism	Preventing him/her in getting a job/business
Punching	Forced prostitution	Being kicked out of the house	Being denied one's money
Choking	Dowry	Extra marital affairs	Failing to provide family necessities
Hair pulling	Uttering embarrassing words towards body parts of a person	Being overworked	Making financial decisions without consultations
Slapping	Being denied conjugal rights	Taking children away	Sex discrimination
Twisting arms	Systematic rape including institutional rape	Children abduction/kidnapping	Polygamy/bigamy
Pushing		Stalking	
Burning		Trafficking	
Physical assault/grievous harm			
Cyberviolence			

Figure 18: Common Subcategories for Types of Violence

In addition, many forms also captured child marriage and forced marriage as harmful traditional practices, though none of the forms captured any other harmful traditional practices (such as initiation or cleansing rituals or beliefs that sex with persons with disabilities will cure HIV).

Major Differences

While there were broad similarities in type of abuse listed, the variations in wording within the subcategories may make cross walking data from different data sets a challenge. For example, in the PVSU Register, the language of the penal code was often used in describing incidents, which used terminology not commonly used in other sectors. In addition, the CVSR listed wife/husband battery as categories of abuse which could align to "battering" in some of the other forms.

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[30] https://www.unicef.org/innovation/rapidpro

In some cases, different types of abuse were sometimes actually associated with different categories. For example, "insulting the modesty of a person" was considered psychological (a.k.a. emotional) abuse in the CVSR but considered sexual abuse in the Dowa GBV reporting form.

Comments on Data Systems (Capture, Classifications, Missing Data)

Reliance on Penal Code for Classifications of Violence

One major area of debate is the use of the penal code for core classification of SGBV. From conversations with the police, the use of the penal code is attractive for the PVSUs and judiciary. However, there are two major challenges with using the penal code as a central classification method.

1. The penal code only addresses illegal activities. However, many incidents of SGBV are either not illegal or are in a legal grey area (especially emotional and economic crime, or sexual assault between romantic partners).

2. The penal code does not easily take into account the incident context, such as for transactional sex or sexual harassment.

Refugee Camp and SGBV Data

Dzaleka camp follows SGBV protocols and referral processes agreed among partners in line with UNHCR Humanitarian SGBV standard operating procedures (which are not necessarily the same as the Government of Malawi SGBV protocols though they do rely on GoM health and police services[31]). The operation also has an SGBV strategy in place that is informed by the UNHCR Multi-Year Multi-Partner Protection and Solutions Strategy.[32]

Plan International Malawi is the focal point for SGBV at the camp, and all SGBV incidents are reported to Plan staff. GoM staff from the PVSU, MoHP facilities, and schools which serve the camp, are trained, and supported by Plan international and UNHCR on GBV prevention, reporting and referrals. These incidents are captured in an excel spreadsheet and shared with UNHCR who then adds this information into ProgresV4, the web-based refugee protection case management database. According to the interviewees, these incidents are not routinely reported into the MGBVIMS system, but if they involved the PVSU, they may be reported in the police systems.

Lack of Incident Context

The lack of incident context in the GoM data collection and analysis process makes it harder to identify specific patterns. For example, there is a conflation of all sexual abuse of survivors under 16 as "defilement". This fact means that a 15-year-old girl having sex with her 16-year-old boyfriend is treated in the data as equivalent to a 12-year-old girl being raped by her 45-year-old uncle.

Incident context is important in order to identify sub-trends and identify responses. For example, abusive or exploitative actions by authority figures requires different responses and involves different enforcement mechanisms than abuse or exploitation by family members. Different government authorities could be involved based on these factors.

Identifying "Missing" Reports

Please note that according to interviewees, they recorded all identified incidents in official systems where the incident is identified. However, some interviewees mentioned that there may be cases involving other reporters when the incident was not either recorded or the record was not kept, such as if the survivor was not believed or if the incident involved a high-profile individual or a member of the police. Some mentioned cases where an incident is identified by an outside party (such as a

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[31] The UNHCR office is currently recruiting for support staff to help revamp and redesign the SGBV SOP for Malawi.

[32] This is a new approach by UNCHR to reform design, implementation and evaluation of country programs. https://reporting.unhcr.org/node/15535

member of the community) but the survivor denies the allegation or refuses to provide additional information. In some of these cases, interviewees mentioned they suspected that reporters may not formally record the incident or may change the incident classification.

A key element in SGBV incident data analysis is to find these "missing" reports – i.e., where the suspected prevalence and the formal reporting are not in alignment. For example, the Assessment Team asked about types of cases seen at the OSC in Nkhata Bay. The response was they are all cases of defilement brought by parents. The Assessment Team asked about where the other cases of GBV were – rapes of adults, physical abuse, etc. The OSC said they do not see many of those. However, prevalence reports of domestic violence of women and children, plus sexual assault numbers, indicate that there should be some cases being treated by the OSC. The reason why those cases are not being seen at the OSC should be investigated.

Another example of missing reports are cases of SGBV against LGBTI populations. The Assessment Team asked about incidents of SGBV reported by LGBTI community members in all six districts and at central level. Uniformly, the Assessment Team was told that these community members do not report violence against them, as they are afraid of being arrested or stigmatized by their community. It was commonly acknowledged, however, that rates of SGBV against these communities are higher than average, and that some perpetrators are aware of the lack of reporting, allowing them to victimize these groups without hinderance.

A final example of "missing" reports was the difficulty in tracking the number of reports that were withdrawn or dismissed before arrest or going to trial. While not all cases should result in an arrest or trial, particularly because some incidents of SGBV are not illegal (such as emotional abuse), many interviewees mentioned that SGBV survivors are also often pressured to not report or to withdraw their case by family, community members, and/or authority figures, especially when the perpetrator is someone of high status or wealth. Some interviewees mentioned that perpetrators will often target people who they see as less likely to report the abuse and who can be influenced by this sort of pressure. It is therefore important to document when and how a case is resolved or closed so that patterns of undue pressure or influence can be identified.

SRH Data Management Systems

As outlined above, SRH service provision is predominantly managed by the MoHP via the existing public health system. Two main forms of service delivery for SRH in Malawi are Community Health, provided by Community Health Workers (CHW) and Health Facilities provided by facility health workers.

Community Health

CHWs provide basic health services in Malawi, focusing on provision of the Essential Health Package. [33] As related to SRH, the EHP includes packages related to ANC, modern Family planning, delivery and postpartum/post-abortion care, HPV vaccine, HIV prevention and treatment, and child protection. [34]

CHWs are associated with a health facility and have a village health register they use to track patients in the village and bring commonly used medicines with them. These registers are compiled monthly and submitted to the health facility associated with the community. Many districts are using mHealth tools to streamline and improve quality of the data. [35]

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[33] NATIONAL COMMUNITY HEALTH STRATEGY 2017-2022
https://www.healthynewbornnetwork.org/hnn-content/uploads/National_Community_Health_Strategy_2017-2022-FINAL.pdf

[34] https://www.health.gov.mw/index.php/essential-health-package

[35] 360 mHealth Analysis Technical Deep dive, Sonjara, 2017

https://static1.squarespace.com/static/548487dce4b08bf981fe60d5/t/5b6cb0a221c67cc5e8f46fcc/1533851406356/Deep_Dive

These CHWs are an important part of the outreach into the community, as they visit many households weekly, and collect information from the community on new pregnancies, improved sanitation, vaccination adherence, and other community news.[36] Some of the child protection officers mentioned they informally interact with the CHWs when sharing news about children and mothers in the community as part of their child protection work. However, it is important to mention that neither the National Community health Strategy nor the EHP includes explicit mention of sexual or gender-based violence.

Figure 19: Village Health Registers and Medical Boxes (Photo Credit Siobhan Green)

Health Facilities & National Systems.

Health Facilities use either paper files and registers or (for larger facilities or those predominantly HIV focused) use Electronic Medical Records (EMRs). These patient level case management tools are used as the basis for aggregated data that is reported (either manually or in an automated way) into the Health Information Management System (HMIS) such as Department of HIV and AIDS Management Information System (DHAMIS), Human Resource Management Information System (iHRIS), Logistics Management Information System (LMIS), Laboratory Information Management System (LIMS), Physical Assets Management Information Systems (PAMIS), Integrated Financial Management Information System (IFMIS).[37]

As with many countries in Sub Saharan Africa, there has been an explosion of different EMR and data collection tools used in Malawi due to specific donor funding strategies. The following diagram shows a recent mapping of different health EMR systems in Malawi, many but not all of which have an SRH element (such as the Baobab health EMR, MSH/Dimagi Mobile Village Toolkit and D-Tree MangoLogic mobile app, all of which include ANC and family planning). These ICT systems are not interoperable though they are meant to provide the same service protocols defined by the MOHP, making the data theoretically interoperable if one could gain access to it. [38]

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[36] Ibid

[37] National Digital health Strategy Draft

[38] Ibid
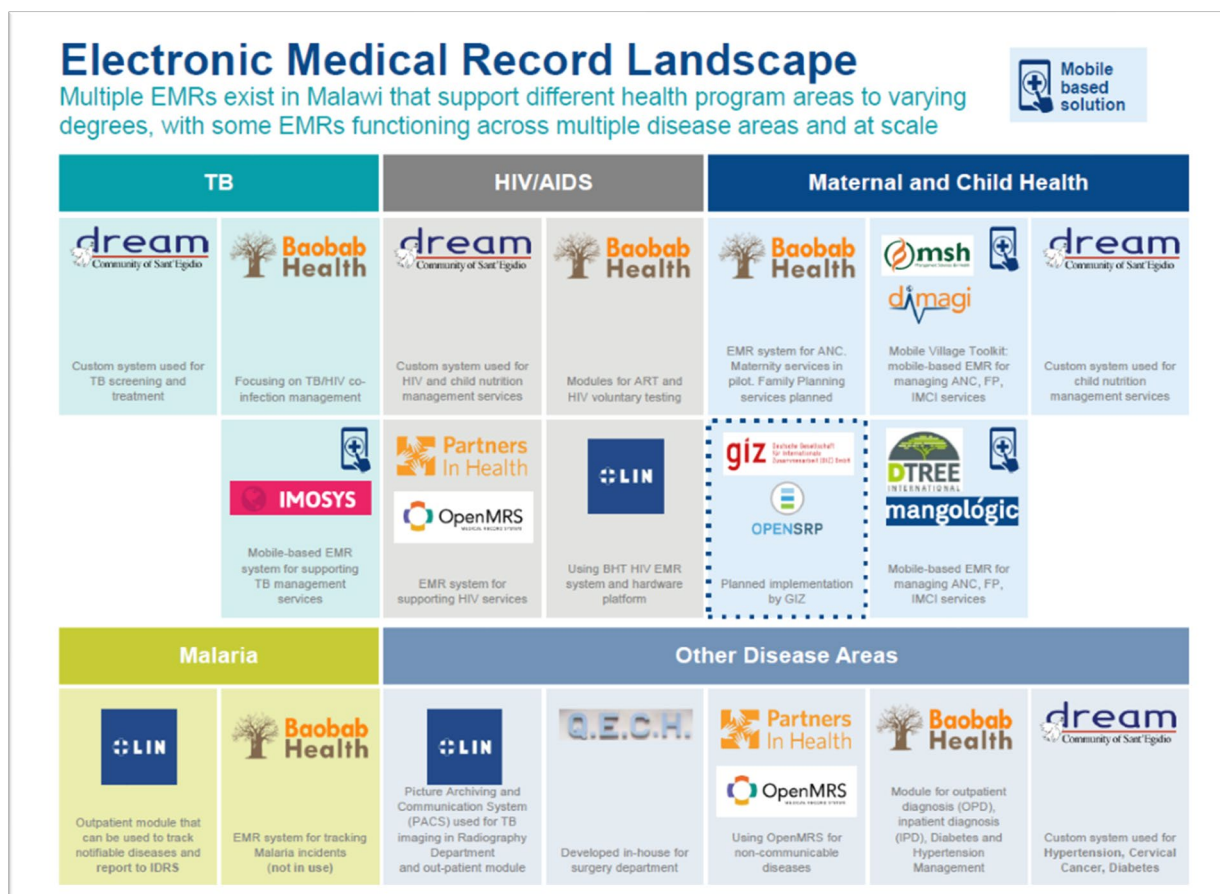
Figure 20: Electronic Health Information Landscape (HIS) in Malawi: Vital Wave Assessment 2019

National Indicators related to SRH

As outlined in the Ministry of Health and Population Monitoring and Evaluation and Information systems strategy, national indicators include the following SRH topics. In addition, all data is meant to be disaggregated by gender and age (where appropriate). The Malawi Health Situation Room (funded by UNAIDS and managed by the MoPH, CMED) pulls some of this data from the HMIS for different visualizations. It currently pulls the following data.

Indicator	National Indicator	In HSR	Dashboard
RMNCAH - Maternal mortality	YES	YES	NO
RMNCAH - Adolescent fertility rate (15-19 years old)	YES	Derived (pop vs births	NO
RMNCAH - Total fertility rate	YES	Derived (pop vs births	NO
RMNCAH - ANC (4 visits)	YES	5 indicators	NO
RMNCAH - Postpartum care	YES	Multiple indicators	NO
RMNCAH - Demand for FP satisfied with modern methods	YES	No	NO
RMNCAH - Cervical Cancer screening	YES	3 indicators	YES
RMNCAH - IPTp for malaria during pregnancy [39]	YES	YES	NO
HIV- ART retention (male/female)	YES	Multiple indicators	YES
HIV- ART coverage for HIV+ pregnant women	YES	Multiple indicators	YES

Figure 21: Table of National SRHR Indicators in the Health Situation Room

Linkages between Health Systems and Gender/Reproductive Health

Analysis in 2015 of Malawi's Gender and Reproductive Health policy in Malawi shows weaknesses in the health data systems to address SRH, including the lack of sex-disaggregated data and gender sensitive indicators in M&E systems. They also found an unevenness between HIV and other elements of SRH in terms of focus, indicators, and protocols (something also found by the Assessment Team during our field research). Another key finding was the gap between high level policy commitments to reduction in SGBV, harmful practices and increases in SRHR without corresponding implementation guidelines or definitions, which will of course result in a lack of data documenting these services.

Another finding confirmed by our assessment team was the lack of strong coordination between the MoHP and MOG at the field or community level. Outside of the One Stop Centres and at the Dzaleka refugee camp (which was following UNHCR SGBV SOPs), there seemed to be minimal interaction between two ministries. [40]

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[39] Monitoring, Evaluation and Health Information Systems Strategy (MEHIS), 2017-2022

[40] https://www.healthpolicyproject.com/pubs/559_HPPMalawiGenderReproductiveHealth.pdf

SWOT Analysis

The Assessment Team performed a SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of the current SGBV data systems and larger data ecosystem and identified the following.

Strengths

The following were identified as strengths of the existing data management systems (paper and digital).

Dedicated Staff

Across all the different levels, the Assessment Team found staff who were very dedicated and committed to protect and support women and girls from SGBV. In each district visited, the Assessment Team found a Gender Officer (although many were in an acting capacity) focused on SGBV. Child Protection Officers also provided support for SGBV for adult women. Many district and community staff mentioned working long hours and providing support to women and girls above and beyond what was normally required.

Increasing SGBV Sensitization and Awareness

Several interviewees, especially those working at community level, mentioned that recent sensitization programs had successfully increased awareness and focus on GBV issues in Malawi. For example, one traditional leader mentioned that he feels women and girls are more aware now of their rights and services available to them in the case of GBV than ever before. YONECO mentioned the success of their helplines and drop-in centres as a sign of an increased awareness in Malawi of GBV as something to be addressed.

MOHP SRH explicit policy

The Ministry of Health and Population published in 2009 an explicit policy of sexual and reproductive health rights existing health services. The SRHR is defined as maternal and neonatal health (including prevention and management of unsafe abortion), adolescent and young people's sexual and reproductive health, family planning, STI/HIV/AIDS prevention and treatment, cervical, prostate and breast cancers, elimination of harmful maternal practices, including domestic and sexual violence, prevention and management of obstetric fistula, and the prevention and management of infertility.

The policy further defines harmful practices and domestic and sexual violence to include

… initiation, wife inheritance, fisi (hiring of the man for sex and conception), dry sex, death rituals, use of traditional herbs to induce labour, battery, rape, sexual harassment, psychological abuse, and genital mutilation. (page 15).[41]

With the explicit goal of ending or reducing the negative impact of these on women, men, and young people.

Multi-tiered, Multi-service Approach with Consistent Protocols (Caveat)

Across all six districts, the Assessment Team found consistent protocols for GoM service delivery, including support from Social Welfare Gender Officers, CVSUs, PVSUs, and OSCs. This multi-tiered, multi-service approach allows women and girls to both report incidents at different levels as well as provide context specific service delivery as needed by the situation and desires of the survivor (i.e., only seek healthcare when needed, not always require an arrest if there is police involvement).

The caveat on this strength relates to the following facts:

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[41] NATIONAL SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) POLICY, MOHP, 2009

1. This approach only works when there is sufficient staffing and other resources for GoM service delivery.
2. These protocols are not always followed by NGOs proving SGBV services, especially in HIV or in refugee camp situations.
3. The biggest gap was the lack of integration with healthcare provision.

Awareness of Data Confidentiality Needs

Across all interviewees, there was a broad understanding of the need for confidentiality and data protection of incident and survivor information. The Police, in particular, were strongly aware of the need to protect the information they captured as it could be misused by alleged perpetrators or others to harm survivors, or trigger shaming in the community.

Awareness of Need for Quality Data

Those interviewed were very clear on their needs for data and wished for more. The types of data they wanted depended on their role and how they would use it to support the survivors.

CVSUs and other community level service providers wanted easier access to and use of incidental data so they could more easily track and follow up reported incidents, as well as share incident data with Social Welfare Offices more easily. Gender Officers desired a more streamlined data collection and management to reduce their data workload, allowing them to focus on supporting survivors. They also wanted more integrated data sharing with other services, such as police and health facilities, so they could track cases more closely.

PVSUs also wanted streamlined case management systems to help them track and follow up to cases, as well as clearer protocols on who they could share data with, and when. OSCs wanted more sharing of information with them on referrals and feedback on services.

These different groups were aware of common challenges and needs they had, as outlined in the previous section.

Weaknesses

SGBV data systems in Malawi have multiple deficits:

SRHR, especially SGBV and Harmful Practices, are not Integrated into MOHP services

While the MOHP SRHR policy requires that SGBV and harmful practices be directly addressed throughout the Ministry of Health's service provision, the assessment team found it to be absent in any uniform way. The HMIS does not capture data on SGBV, the team found no evidence of routine referrals from health facilities to SGBV services other than One Stop Centres and the health facility serving the UNHCR managed refugee camp. In fact, some interviewees mentioned that many health service providers believe that survivors of violence are supposed to have a police report before they are able to receive health services.

Low Usage of Data for Analysis, Target Setting, and Learning

Across all respondents, usage of data was predominantly for either immediate case management (i.e., helping an individual with a specific need) or for reporting to superiors. Many interviewees mentioned the need and desire for better usage of the data for performance tracking, impact analysis, and identification of priority areas. Main barriers to this type of data usage included the lack of trusted data that they could use for analysis.

Weak Data Management Systems

As outlined in Inventory of Data and Information Management Systems, existing data management systems have substantial weaknesses, including:

- Separation of systems and duplication of data
- Paper-based systems, especially at community level
- MGBVIMS is under supported from an ICT maintenance perspective (especially regarding the sensitive and crucial information contained in the system), as well as from a data entry perspective.
- Project-funded data collection systems.

These weaknesses result in a lack of centralized incidental data, to link incidents together across different line ministries to identify repeat perpetrators or ensure that survivors receive the broad range of services they may need. There is a lack of trusted and quality aggregated (i.e., not individual level) data on number of incidents, disaggregated by type of violence, status, location, disability status, and other administrative data. Different systems provide different numbers of incidents.

Staffing Challenges (Gaps, Skills, Retention)

The Assessment Team found that while there was increased awareness of SGBV, there was still a lack of understanding about how to address SGBV by all key actors, especially those who need to support the community workers. Misunderstandings about access to SGBV resources by women and men were found, as well as downplaying of harmful traditional practices.

Another key finding was that staff and volunteer capacity was insufficient. Many positions were unfilled for many years, with acting Gender Officers in temporary positions. There was a high rate of turn over and movement between districts, which can be challenging when data sharing is reliant on relationships between individuals. At the community level, most SGBV front line reporting is managed by volunteers or low-paid child protection workers.

Across all staff and volunteers, there is low data and ICT literacy, as well as low access to ICT devices either provided by the GoM or personally. Staff and volunteers use their own phones and airtime/data to follow up and report on cases.

Data Security is Under Resourced/Under Aware

While all those interviewed were aware that SGBV data needed to be protected, there were still significant gaps in data protection, for both paper and digital systems. For paper systems, the main form of protection came from locking the offices which had personal files in them. However, most offices were shared by upwards of five or more staff who would conduct interviews with visitors. Filing cabinets were sometimes observed; however, ICT devices received more routine physical protection by interviewees than paper files due to the intrinsic value in the device itself and the knowledge these devices were at high risk of being stolen.

As mentioned before, CVSUs and others working in the community rarely had safe storage in their homes to store confidential files and protection them from people or the elements. Many stored these files on their person at all times, in satchels or other bags, to keep them from view by other household members.

For digital security, the Assessment Team realised that at the district and community level, most staff and volunteers used their personal phones for calls, texts, WhatsApp messages, and photographs (sometimes of files or related materials to a case). There were no "Bring Your Own Device' protocols shared with those using their personal devices, outlining safe digital storage and sharing like using passwords on the phone, not sharing the phone with others in the household, or using anti-virus protections.

At the central level, the Assessment Team viewed two different demos – one of a live production server (MGBVIMS) and the still being developed Criminal Case Management System. The MGBVIMS weaknesses are discussed in an earlier section. Both systems must be treated as highly sensitive case-level data that could endanger lives and imperil criminal prosecutions if hacked or damaged.

Opportunities

Country-wide Data Governance Approach

There are several opportunities for improving SGBV data in Malawi. First, the Spotlight Initiative is looking holistically at data capacity across Malawi and is resisting the project-based approach so often used in the past. This approach includes a focus on sustainability and capacity building of Malawian organizations to support the data systems on an ongoing basis.

Digital Health Strategy and other Investments in Health Data

As the digital health strategy outlines, there have been a number of investments in health data systems that are currently serving some aspects of SGBV/SRHR. The GoM has invested in data staff, systems, and data visualization tools such as the Health Situation Room among others, which can be used as a basis for building better health capacity to SGBV.

Increased Funding Available for Data

The SDGs and other mandates focusing on data can increase funding allocated to data systems, including SGBV. SGBV data is a good topic to address as countries wish to improve their data capacity as a whole; SGBV touches many different ministries and organizations, requires strong capacity at community level, and requires data protection, ethics and governance to ensure success. Lessons from SGBV data systems can easily be translated into broader data capacity building for other sectors and areas.

Increasing Awareness and Openness to Gender Equality

Communities are increasingly open to new ideas around gender roles and harmful traditional practices. The #MeToo movement has had resonance in Malawi, with high profile cases of abuse by police and other authority figures. Public appetite for reform and discussion about SGBV seems to be increasing, along with the need for assessment of the situations.

Digital Technology Price Decreases and Access & Ability Increases

Across all of Africa and in Malawi, the usage of mobile phones, the internet and digital technology tools is increasing while the prices are dropping (with some caveats- see *Threats* subsection, below). According to the International Telecommunication Union and World Bank, Malawi has grown from .44 (fewer than one) mobile cellular subscribers per 100 people in 2000 to 47.78 in 2019, more than a 10,000% increase.[42] Malawi has universal service policy, intended to bridge the "last mile" bringing telephony and internet to currently underserved areas.[43]

GoM investing in eGovernment

Over the past decade, Malawi has made considerable investments in ICTs and eGovernment, starting with the establishment of the Ministry of ICT in 2016 and a dedication to using ICTs for economic development and improvement of government services. ICTs have been a major government priority since the mid-2000s, explicitly mentioned in the Malawi Growth and Development strategy (2006-2011) and the World Bank Country Assistance Strategy for Malawi (FY13-FY17).

These programmes focused on three major areas:

1. Improved Internet access (including affordability)
2. eLegislation established to allow usage of internet and ICTs for commerce and government transactions

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[42] Mobile cellular subscriptions (per 100 people) – Malawi, International Telecommunication Union, World Telecommunication/ICT Development Report and database.

[43] https://data.worldbank.org/indicator/IT.CEL.SETS.P2?locations=US-GB-MW

3. Improved usage of ICTs by Government institutions, especially health.

Improved Internet Access

The World Bank and other donors supported the Malawi Regional Communications Infrastructure Program (RCIPMW) to provide affordable and high-quality broadband connectivity throughout the country, resulting in dramatic increasing of availability of wholesale internet and lowering the costs, and bringing connectivity to schools and government offices in rural parts of the country.[44] As noted in Figure 2X, internet access in Malawi has grown rapidly in the decade.

This work builds on the previous investments in the Government Wide Area Network (GWAN), established in 2001, which connects government office buildings together across the country.[45, 46]
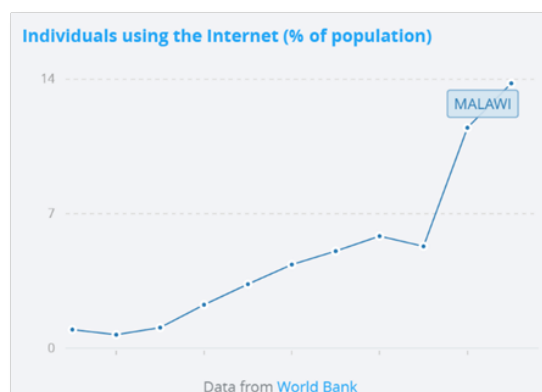
Figure 22: Individuals using the Internet (% of population) – Malawi (2007 – 2017)

The GWAN was used by at least some staff in a majority of the six pilot districts visited by the Assessment Team, though many social welfare officers stated their building location was not included in the GWAN catchment area.

Legislation

Data Legislation

Malawi recently replaced the original 1967 Statistics act with a new version in 2013, which outlines key elements for data management, notably that data collected as part of the National Statistics Office surveys on individuals cannot be shared for any purpose and cannot be used for law enforcement, without clear permission granted by the data subject.

eLegislation

The GoM has also improved the legislative environment for eServices through the Electronic Transactions and Cyber Security Act of 2016, which:

- Formally establishes the Malawi Computer Emergency Response Team (MCERT),
- Defines the legality and validity of electronic messages, records, and signatures,
- Sets the liability and responsibilities of online intermediaries and content editors,
- Outlines the legality of eCommerce,
- Defines security and digital economy elements, including the establishment of a certification authority,
- Outlines data protection and privacy regulations, heavily modelled on modelled on the European Union's General Data Protection Regulation (GDPR) frameworks,
- Establishes the domain name management and other eGovernment transactions,

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[44] Malawi Country Assistance Strategy, FY13-FY16, p. 28, para. 77, cited in World Bank, Regional Communications Infrastructure Program Phase 3

[45] - World Bank, Regional Communications Infrastructure Program Phase 3
http://documents.worldbank.org/curated/en/414221531333372143/pdf/ICR00004013-07062018.pdf

[46] International Telecommunication Union, World Telecommunication/ICT Development Report and database. Cited on
https://data.worldbank.org/i

- Defines core cybercrimes, including child pornography, cyber stalking, and harassment, and hacking of computer systems.[47]

This action impacts SGBV data systems in two major ways

1. Women and girls, as well as other marginalized groups, are predominantly targeted and affected by cybercrime, including using ICTs to harass and stalk. The Assessment Team was informed of a recent situation where men used sexually explicit photos taken of women they were having affairs with to blackmail and threaten them by posting them on social media or emailing them to their families.
2. Establishing requirements for digital data privacy and protection for the GoM and other parties makes expectations and accountability for failure clear. As more and more data collection systems use digital tools, making sure this data is protected against misuse to harm the survivors or those who serve them is of increasing importance.

eGovernment

Starting in 2013, Malawi has established a data centre and has invested in multiple eServices, such as eImmigration, eLearning, and electronic document management. [48] The investments in Local Authority Information Management System (LAMIS), IIMS, the MHRC Case management system, and the Criminal Case management systems are additional examples of this investment. The eGovernment department of the Division of ICTs is meant to provide government wide policies, processes, and support to different line ministries on core eService elements, such as hosting, backups, security, and interoperability of data.

National ID System

The National Registration Act of 2010 introduced a national Identity Card and number for all Malawians and foreign nationals' resident in Malawi who are over 16 years old as part of the overarching National Registration and Identification System (NRIS). The national ID system captures names, nationality, date of birth, place of birth, sex, current residence, height, eye colour, passport number, marital status, and parents' information.[49]

Threats

ICT Barriers of Low Internet Penetration and Power Issues

Malawi ranked 167 in 2017 on the International Telecommunication Union's ICT development index. [50] Latest figures from 2018 indicate that Malawi still lacks stable power, with only 55% of its urban population and 10% of its rural population having access to electricity.[51] As documented in the 360 mHealth analysis, lack of stable internet and power can undermine otherwise successful mobile driven service delivery systems, requiring provision of offline data collection and access, as well as power banks and solar chargers.[52]

Any increase in the use of ICTs, including in urban areas, will require additional investment in backup power supplies and offline usage due to the instability of power and internet.

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[47] Electronic Transactions and Cyber Security Act, 2016 https://malawilii.org/mw/legislation/act/2016/33

[48] h Current ICT initiatives and projects – Malawi http://www.ist-africa.org/home/default.asp?page=doc-by-id&docid=6995

[49] https://www.nrb.gov.mw/index.php/faqs

[50] https://www.itu.int/net4/ITU-D/idi/2017/index.html

[51] https://data.worldbank.org/indicator/EG.ELC.ACCS.UR.ZS?locations=MW and https://data.worldbank.org/indicator/EG.ELC.ACCS.RU.ZS?locations=MW.

[52] https://static1.squarespace.com/static/548487dce4b08bf981fe60d5/t/5b6cb0a221c67cc5e8f46fcc/1533851406356/Deep_Dive

Project-based Financing Reduces Sustainability and Creates Silos by Default

While the Spotlight Initiative's focus on SGBV data from a holistic perspective, the reality is that most data systems, especially those with a digital component, are primarily funded and supported via projects. The current SGBV data system reflects the organic output of this project funded approach.

Without GoM-wide guidance for all line ministries, donors, and implementing partners on how to collect, manage, store, and share SGBV data, along with creative ways to fund these systems beyond the period of performance, this threat will continue.

Weakness of the Ministry of ICT

There is significant concern that the Ministry of ICT, eGovernment team will not be able to support the SGBV data systems in holistic ways or take on some of the GoM responsibilities for supporting data systems.

During the period of our assessment:

- The Assessment Team was unable to meet in person or by phone with the Ministry of ICT's, eGovernment team on core policies and standards for eServices on cybersecurity, hosting, and backups, despite multiple requests both directly and through the National Statistics Office. The Assessment Team even provided the National Statistics Office's counterparts a series of questions on the capacity of the eGovernment team to provide core services to the National Statistics Office and other line ministries on cybersecurity and data protection, with no response as of the date of this report.
- As of the date of this report, the ict.gov.mw website – the main source of information on the Ministry of ICT in Malawi - is blank with no information stored on it. A search of the GoM main website reveals only basic information on services provided and seems out of date. Google searches for Malawi eGovernment polices has not revealed any up-to-date information.
- Neither the ict.gov.mw website nor the main GoM website use SSL, despite the Ministry of ICT having direct authority to issue SSL credentials and being the lead Ministry responsible for cybercrime.

In addition, the current weaknesses in the management of MGBVIMS when it was taken over by the MoGCDCD show that line ministries may also struggle to provide sufficient resources on their own to maintain and protect these digital information systems. The National Statistics Office has indicated that while they have internal ICT staff, they would expect to rely on the Ministry of ICT eGovernment team for additional cybersecurity and hosting support required from hosting the Observatory Hub.

Unless clear GoM ownership and funding resources are put in place to support and maintain these systems after project funding is over, the threat that these systems will continue to struggle and be undermined will continue.

High Government Taxes on ICT Devices and Data

At the community and district level, most front-line reporters in SGBV use personal devices and their own data/airtime to apply ICTs to reporting and follow up. However, recent studies have showed that price is a major factor in access to the internet in Malawi. Data is considered affordable if one gigabyte costs 2% or less of monthly income; Malawians would need to pay approximately 17% of the average monthly income for that level of data. One report showed that some Malawians are spending up to half their monthly income on airtime. However, the Malawi Communication Regulatory Authority (MACRA) and the private telecoms have been put under a lot of pressure to reduce prices, with new bundles announced as recently as July 2020.[53]

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[53] https://itweb.africa/content/O2rQGMAnkgpqd1ea & https://cipesa.org/2020/08/malawi-telcos-reduce-data-prices-in-response-to-cipesa-chrr-campaign-2/

Much of this is caused by large levies of over 17% on data, up to 16.5% taxes on different ICT devices, plus at 10% duty on SMS and data transfers. These high ratees of taxes have been protested by the ICT Association of Malawi and others as hindering the economic and social impact from ICTs, especially for the poorest. [54],[55]

Local community engagement to fight SGBV will be undermined unless ways to supplement the airtime/data and ICT device access is found.

Data Security and Protection Issues Will Continue to Increase

As more and more government services are delivered digitally (especially considering COVID-19), the data security and protection risks will increase.

Common data security risks include

1. Access, editing and destruction of digital records, especially those linked to criminal investigations.
2. Use of reporting information to harass or exploit individuals, including survivors, alleged perpetrators, witnesses, and service providers.
3. Use of reporting information to physically locate and harm individuals.
4. Misuse of information by authorities– for example, female sex workers receiving services for SGBV being arrested for prostitution as a result of information they provide.

Data protection risks also include

1. Accusations of tampering with digital evidence which can undermine judicial cases.
2. Loss of data due to no backups or corruption of databases.
3. Lack of accessibility of the system leads to interruption in service provision.
4. Poor data quality and validation of data leads to low trust in the data and therefore low usage.

If explicit resources to provide digital data security and protection are not made available, these risks will continue to increase as more government systems go online.

Comparing Incidents versus Prevalence

One challenge for any programme working in SGBV – in Malawi or elsewhere - is to determine prevalence, due to the nature of SGBV. Prevalence levels therefore use survey methods to determine potential **total number of incidents**, while incident tracking determines the number of cases **reported.** Due to the strong social and cultural pressures to not report, or to identify SGBV behaviours as a problem to be reported, these two numbers will never be the same.

It is important for the National Statistics office to use and publish their prevalence estimates approach for SGBV and determine methods of validating or updating these estimates as part of the overall approach.

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[54] https://malawi.misa.org/2019/02/23/digital-rights-how-expensive-is-the-internet-in-malawi/

[55] https://times.mw/ict-storage-devices-levy-angers-ictam/

CONCLUSIONS: Malawi SGBV Data Systems Assessment

Based on the above findings, the team came up with the following major conclusions:

1. SGBV data systems are siloed and not sustainable, making sharing very challenging
2. The majority of SGBV data is paper based, causing bottlenecks, and other challenges.
3. The main SGBV case management system is very fragile.
4. SGBV stakeholders are able to clearly articulate their needs for improved data management that would directly impact their ability to do their work.

Data Systems are siloed and not sustainable

As outlined in the previous sections, Malawi has a multitude of paper and digital data management systems, created, and managed by the different line ministries and organisations who deliver SGBV services. These systems have been designed independently of each other, serving their own purposes, with different goals, priorities, and responsibilities. They often have their own violence classifications, their own list of data to capture per incident, and their own way of analysing the data.

Project-funded Data Collection Systems

One common complaint across different stakeholders is how many data systems (paper and digital) are funded via different projects vs paid for from central government funds. The result of this fact includes:

- **Systems optimized for project purposes** rather than the goals of the ministry or district. NGO data is not currently in alignment with current GBV data systems This fact leads to further separation of systems and undermines interoperability.
- **Sustainability of systems is in jeopardy** at the end of the period of performance. Post project, many interviewees reported a lack of funding for printing registers (such as the PVSU example), as well as a loss of staff, ICT infrastructure, technical support, training, hosting and maintenance (as in the MGBVIMS example).

Responses to Survivors requires data sharing but there are major obstacles

However, as outlined above, one incident record is often recorded in multiple systems, and information about an incident (including survivor and perpetrator information) must move between different organizations and ministries in order to provide holistic services to the survivor, as well as assess the quality of services being provided.

There are three main consequences of this separation that impact data access and quality:

1. **Lack of data sharing protocols** makes sharing data between different groups reliant on personal relationships. This is especially true of (but not limited to) incidental data, especially between police/judiciary and social welfare, and even more so between GoM and NGO partners, there is no clear guidance about what data is allowed to be shared, with whom, in what format, and how. As a result, data is either over- or under- shared, making it very difficult to identify whether a survivor has been receiving adequate support.

2. **The lack of standardized unique identifiers** that can be used across different systems makes it very hard to pull all incident data together, avoid duplication of records, and identify missing information, when data is allowed to be shared. Right now, if an incident record needs to be shared between an NGO, a Social Welfare Gender Officer and the PVSU, this data reconciliation process is performed manually – the individuals involved in case must find the case records by first and last name and incident information to determine what information needs to be shared. While this process is possible at a small scale, it becomes more challenging when the number of incidents or the number of responders increases.

3. **The lack of standard data collection and classifications** means that aggregating data across different systems is very challenging as different data is collected by different groups and classified in different ways. For the detailed analysis of data fields and common classification, please see the next section.

The Main GBV Case Management Tool is Fragile

MGBVIMS is the main information and communications technology (ICT) tool used by the GoM to track incidents of SGBV. It is part of the IIMS which has three modules – Child Protection, Gender-based Violence, and Women's Empowerment.

Unclear Governance

Multiple stakeholders have interests in the IIMS: The Ministry of Gender, the District Social Welfare offices, UNFPA, UNDP, and UNICEF. UNICEF was a major funder of the original IIMS and still supports the Government to use the CPIMS for their own analysis. However, interviews revealed a lack of clear governance across all stakeholders in the MGBVIMS. The ICT team mentioned they have hired a local consultant to develop a new version of the module; none of the other stakeholders were aware of the hiring of this consultant, and had not seen any designs or requirements for the new version. Some stakeholders were under the impression that Spotlight was going to fund a new version of the MGBVIMS.

The team also asked for documentation on the current MGBVIMS, including data schema, taxonomies, and technical/functional specifications, as well as requested the proposed design and requirement documentation and contact information for the consultant. The ICT team did not seem to know where this information would be located but promised to look for it. The team did not receive any this information by the time this assessment was written, despite multiple requests.

Case Backlogs

In each of the six pilot districts, Social Welfare offices indicated they had a backlog of cases to be entered into the MGBVIMS, and – less frequently – the CPIMS. Reasons given for this backlog included:

- **Lack of access to computers:** Some staff used their personal laptops if they had them. Others had to share one computer across multiple staff.
- **Lack of stable internet:** Few social welfare offices were connected to the GWAN, so some had to tether off their phones and use personal data. Many complained the internet would be slow or unstable, making web-based data entry problematic.
- **Lack of time/staff:** Until the Spotlight Initiative started, many district welfare offices said they had insufficient staff to handle data entry into the MGBVIMS.
- **Lack of training and paper forms:** one district mentioned they had not yet received training for the new data to be collected into the MGBVIMS. Others mentioned they did not have the paper forms to give to the CVSUs and others to capture all the information the MGBVIMS needed. Many still used the CVSU registers and CP Booklets to capture GBV data on paper.
- **Inaccessible system:** The team received multiple complaints that the system was "down" as a reason they were not entering their data into the MGBVIMS. However, the team confirmed with MGBVIMS ICT manager and UNICEF that the system has been fully available for the last 6 months.

Duplication of Records

During the demo and during interviews, the overlap between the CPIMS and the MGBVIMS was noted when it came to child survivors of violence, as those incidents were reported in both modules. There is no linking indicator between the two modules, making it difficult to link the data together without resorting to matching name, incident, etc. In addition, some of the data was required to be reporting twice – once in each module – creating extra work and potential for error.

Insufficient ICT support

When the Assessment Team raised the backlog issues to the MOGCDCD team in charge of the MGBVIMS, they were unaware of the issues field staff were having with the tool. This lack of awareness indicates that the ICT team does not routinely monitor access or user logs, number of cases entered, etc to identify backlog or other system issues. Discussions with the ICT team on their staffing and availability make this assessment plausible – the ICT team mentioned they have multiple responsibilities of which the IIMS is only one.

The ICT Team also mentioned that the system may be slow at times as it is hosted at the MoGCDCD, relying on their bandwidth, on a desktop machine turned web server. It was unclear from the interview whether routine backups, security patches, or proactive routine system monitoring was being performed on the server that was hosting the IIMS.[56]

Security Issues

During the demo of the MGBVIMS, the Assessment Team noticed that the website was not behind Secure Sockets Layer (SSL), a major breach of IT security, especially since the MGBVIMS contains highly sensitive personally identifiable data. This fact was mentioned to the ICT Team who said they would investigate and try to establish SSL, using free "Let's Encrypt" SSL certificates.

This lack of SSL and the perceived lack of routine system monitoring raises concerns that the system is insecure and could have already been compromised. Since the system contains data of interest to criminals and that could put survivors' safety in jeopardy, it is essential that the security protocols for this data be investigated immediately and any weaknesses addressed.

Much of SGBV Data is Paper based

Most of the incidental and associated administrative data is paper based, especially at incident reporting in the communities.

Time Consuming

Many CVSUs and Social Welfare Officers reported that completing forms on paper was time consuming. Many interviewees complained about the length of time on paperwork compared to the amount of time they delivered support to survivors.

Easily Damaged and Lost

Paper-based files are easily damaged/lost, especially as CVSUs often travel to multiple communities and do not have transportation. They lack safe storage in their homes. During a focus group, one individual reported that many of his forms were destroyed by rain leaking through the walls of his house; others confirmed they have had similar problems protecting forms from the elements.

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[56] The team requested additional information from the ICT team but were unable to get a response during the period of the assessment.

Submission Needs Transport/Airtime

Other interviewees also mentioned the need to physically transport the forms to the District Social Welfare Office resulted in delays in submission. They mentioned they sometimes photographed forms or called Social Welfare Officers in the case of an urgent situation, but the lack of airtime and data, and the reliance on their own personal devices (some of which did not have cameras) made this option less than desirable.

Run Out of Paper Forms

Printed registers, forms and booklets frequently run out. As a result, many offices use old formats or blank booklets/paper when this happens. The PVSU intentionally limit the complexity of their VSU registers due to this frequency; they determined the questions to ask based on the easy of creating a new version of the data collection tool from a blank register.
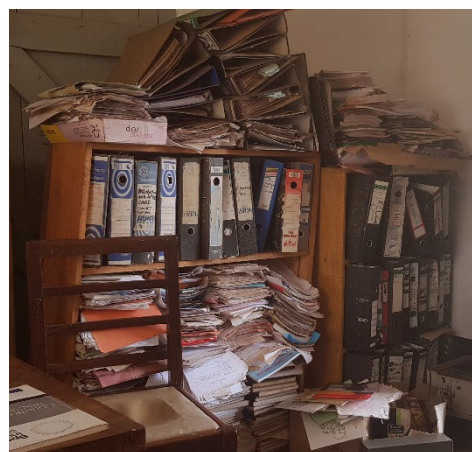
Figure 23: Social Welfare Office Files

Harder to Analyse, Check, and Reuse

Paper-based systems have other limitations such as the fact that they cannot easily be searched, aggregated, or analysed over time. Periodic aggregate reporting requires reviews of paper registers and is very time consuming. Errors are not automatically checked, and forms are not validated upon completion, leading to increased error rates by collectors. Finally, reuse of the data for different audiences is very challenging when data is paper based.

Top Articulated Needs for SGBV Data Systems by Key Stakeholders

During the interviews, the Assessment Team discovered what information and other needs interviewees required to improve their ability to address SGBV in their work. Several of the needs related to ICTs and improved data systems, but there were several "offline" elements too that were needed in addition.

Responses are broken out by three main groups:

- **SGBV Service Providers:** Social Welfare and Child Protection Officers, CVSU and community volunteers, NGOs providing SGBV services.
- **District and Community Leaders:** District Commissioners, Directors of Planning and Development, M&E officers, traditional authorities.
- **Central SGBV:** Line ministries working with SGBV, including MoGCDCD, Malawian Police Commission, and the National Statistics Office.

Sustainable Data Systems

One of the top needs articulated by different interviewees was sustainable data systems, including paper and digital elements. The following table outlines the key elements of sustainable data systems and prioritization by different groups, such as ICT systems and tools accessible and maintained, staff with sufficient skills for different data roles, up to date data collection tools (such as forms and registers), and sufficient resources for field-based actors.

Sustainable Data Systems	SGBV Service Providers	District & Community Leaders	Central SGBV
ICT databases maintained and available	X		X
ICT tools which make data collection, sharing and reporting easier	X		X
ICT databases updated on a regular basis	X	X	
Sufficient skilled staff for data collection	X		
Sufficient skilled staff for data analysis & usage	X	X	X
Up to date registers & forms printed and available for offline data collection	X		
Resources for front line reporters & staff (fuel, airtime/data, ICT devices, etc.)	X	X	

Figure 24: Table of Sustainable Data System Needs across Stakeholders

Coordination Among SGBV Stakeholders

Another clearly articulated need across all stakeholders working on SGBV was the need for improved coordination across the different groups. As the following table outlines, key elements of this coordination include more formalized and tracked handoffs and referrals, better data management and quality, and coordination of data terms and records. These better coordinated data systems should also support better coordination of SGBV programming and cross-sectoral analysis.

Coordination among SGBV Stakeholders	SGBV Service Providers	District & Community Leaders	Central SGBV
Handoffs/referrals tracked & measured	X	X	
Reduction of duplication of data and data gaps filled	X		X
Standard GBV terminology and definitions across stakeholders	X	X	X
Coordination of GBV programming across different programs/actors, including standard expectations for appropriate services	X	X	X
Cross-sectoral analysis performed and available		X	X

Figure 25: Table of Improved Coordination Needs across Stakeholders

Data Access and Sharing

Interviewees were also asked about data access and sharing needs, based on their roles. At the direct service provider level, clearer management of data access and permissions to view data was needed. Access to data across ministries was particularly challenging, along with more nuanced definitions of

what data to share (as too many permissions were currently "all or nothing". Other definitions around when, how, with whom and how to use the data were also recognized as a major need.

Data Access and Sharing	SGBV Service Providers	District & Community	Central SGBV
Data access and permissions by role defined	X		
Clear data sharing protocols between ministries (district and central)	X	X	X
Defined types of data to share (not all or nothing)	X	X	X
Defined protocols on when/when not to share, with whom	X	X	X
Defined expectations and restrictions on usage of data (legal and ethical)	X	X	X

Figure 26: Table of Data Access and Sharing Needs by Stakeholder Group

Data Validation and Quality

The assessment team also investigated the needs for data validation and quality across the different stakeholder groups. In general, everyone wanted better quality of data for different types of usage, along with validation and correction processes (also called data cleansing). Finally, all groups recognized the need-to-know what data can be trusted for different purposes was of importance.

Data validation and quality	SGBV Service Providers	District & Community	Central SGBV
Sufficient data quality (complete, accurate, timely) for different usage	X	X	X
Easy data validation and corrections	X		
Know what data can be trusted	X	X	X

Figure 27: Table of Data Quality and Validation Needs by Stakeholder Group

Recommendations

The following are recommendations for the Spotlight Initiative and GoM to support in the next years of the activity. These recommendations are organized based on the Conclusions listed above.

Conclusion1: Build Government of Malawi GBV Data Governance Capacity

The Spotlight Initiative can be a critical element to support increased use of data for SGBV policy and process management and accountability at high levels of GoM.

Data Governance

A key element in increasing usage of data is improved **data governance by the Government of Malawi**, which is the proactive strategic management of data. Data governance involves creating a body which establishes and oversee the implementation of data policies around:

- What data is needed and how it will be used, by whom and for what purpose
- Roles and responsibilities around data management
- Structure, format, and storage of the data
- Data protections, access, and sharing protocols and rights.

Data governance boards also define, advocate, and prioritize investment of money, labour, and attention by stakeholders to improve data quality and usage. These bodies also establish and oversee the monitoring and evaluation of the data management systems to determine whether they are meeting expectations and identify the need for course correction.

RECOMMENDATION:

The Spotlight Initiative should support the National Statistics Office and other key stakeholders to build their capacity in data governance, including support to Technical Working Groups, coordination of decision-making bodies and policy documentation, and monitoring and evaluation frameworks for data governance.

Sector TWG as Lead Convener

To build this capacity, it is recommended that the Spotlight initiative support the GoM to use existing governance infrastructure, such as a Sector TWG, such as the GBV TWG under the Gender, Youth, and Sports SWG, as the coordinator and leader for data governance for SGBV. This TWG can establish a data governance board to oversee the data around SGBV in cross sectoral ways. These boards are often made up of representatives of different stakeholder groups who can represent their data management needs and systems, as well as representatives of data users (service providers, policy makers, data analysts) who can provide input into if the data is serving the larger governmental goals. The Ministry of ICT's eGovernment team should also be actively involved.

The Sector WG should also proactively include discussions of and support to other key systems that will provide data to the Observatory Hub, such as the UNFPA and UNICEF-supported data collection systems, the Health Management Information Systems, the Criminal Case Management System, the Malawian Human Rights Commission System, and the Local Authority Information Management Systems. A review of existing membership and TOR for the GBV TWG should be completed as a first step.

RECOMMENDATION:

The Spotlight Initiative should support the Sector TWG to convene and act on other recommendations made in this report. The SI should also support members of the Sector TWG to join and actively participate where appropriate in other thematic TWGs around digital health, community health, education, eGovernment, etc sponsored by other Ministries. The Spotlight Initiative should also support

the EGovernment team as needed to ensure their support in the Observation Hub and strengthening of data systems for SGBV.

Establish partnership for SGBV data improvement between the National Statistics Office/ MoGCDCD/MHRC

It is anticipated that data management improvement will require strong partnerships between three organizations, each of whom provide different leadership elements.

- MHRC – lead on effectiveness of how current SGBV data systems measure and address SGBV human rights needs and responses.
- National Statistics Office – lead on SGBV data quality and analysis approaches. They also will lead on capacity building of data skills across all key stakeholders.
- MoGCDCD - lead on decisions on appropriate content and type of analysis for SGBV decisions, especially for service delivery, monitoring performance, and M&E indicators around SGBV.

It is anticipated that the other stakeholders (Police, Judiciary, Ministry of Health Ministry of ICTs, etc) will also be active participants, providing their expertise and requirements to the data management policies and processes. For example, the Police VSU and the Ministry of Health & Population are critical partners that need to have active engagement in the TWG.

The key approach of the partnership will involve

1. Identifying priorities
2. Drill down outcomes within each priority area
3. Identify use cases
4. Evaluate the use cases for program impact and quality decision making

RECOMMENDATION

SI should support the NSO, MOGDCD and MHRC by providing them capacity support and technical resources to lead the Sector TWG in the topics outlined above. Concreted partnerships steps should include:

4. *Terms of reference for the Sector TWG which outlines the specific roles and responsibilities of each organization*
5. *Protocols on data sharing, transparency, and accountability.*
6. *Metrics around data governance (see Annex 4 for more details).*

Build Cross-agency/Cross-Ministry Coordination Around Data Systems

One of the goals of the SGBV Data Governance Board is to build cross-ministry and cross-agency coordination around SGBV data systems by providing a forum for discussion on needs, expectations, and plans. As SGBV touches on all aspects of society, with many stakeholders, it is vital that a cross-ministry, cross-sector input by different actors is established early in the process. This Coordination approach also needs to include the private sector, NGOs (international and local), donor community, advocacy organizations, and traditional leaders.

GoM should also investigate the establishment of a Data Governance TWG under Economic Governance SWG which will have the responsibility of providing guidance to policy and legal reviews needed to improve data governance in general. This Data Government TWG will have input from the different government sectors and departments, such as MOHP, Gender, NSO, etc.

RECOMMENDATION

SI to support the capacity of the NSO and the Sector TWG to establish cross-agency/Cross-Ministry coordination opportunities, including technical resources. One area for advocacy could be around the passage of data protection laws as well as support for the Cybersecurity Act to combat digital abuse. SI can also support the capacity of the Sector TWG to promote awareness and advocacy with donors

about making sure their investments with data systems are in alignment with GoM / Sector TWG guidance.

Conclusion 1: SGBV as a Public Health Element

Despite its explicit inclusion in the SRHR Policy, currently the MoHP does not include SGBV indicators in their HMIS, and only captures a subset of SRHR indicators. As found in other research, the SRHR policy has not been fully implemented in Malawi regarding SGBV and harmful practices. In addition, the College of Medicine reported that they only have studied SGBV in relation to key populations and HIV, and not from a general public health perspective. This is contrary to the recommendations from WHO to treat violence against women as an urgent public health priority. As stated in the WHO bulletin:

> *When the cumulative impacts [of violence against women] on mortality and morbidity are assessed, the health burden is often higher than for other, more commonly accepted, public health priorities.[57]*

RECOMMENDATION

SI should support the Sector TWG work to integrate SGBV more clearly into the MOHP systems with a focus on how to capture SGBV indicators and measurements of SGBV as a public health priority in alignment with the SRHR policy. SI could support a review of existing protocols to ensure that referrals from health facilities/CHWs ae performed and documented, and that survivors are able to receive support.

Conclusion 1: Create and Sustain National SGBV Data Guidance

In order to provide a framework for cross-ministry coordination of data systems, it is recommended that the Data Governance Board create and sustain national SGBV data guidance, which defines data standards (such as how to classify violence, what are required versus optional data elements to capture), data sharing protocols and methods, expectations around privacy and ethical usage of the data, and establishing accountability across different ministries, donors, and NGOs for their compliance with the guidance. As NGOs, donors, and line ministries plan on data collection involving SGBV, they can use this guidance document in their designs and sourcing of tools, templates, and software, and use it for estimating costing and implementation time.

National Workshop with Key Stakeholders (GoM, Donors, NGOs, Academic Institutions)

To establish this guidance document, it is recommended that the Sector TWG, under the leadership of the National Statistics Office/MoGCDCD/MHRC hold a national workshop of all the key stakeholders who are delivering SGBV services, who monitor and track SGBV cases, and/or who perform research and analysis on SGBV. These stakeholders include GoM ministry staff, donors, NGOs and representatives of the ICT private sector, and academic institutions. Other stakeholders should include the Ministry of ICT, eGovernment team to ensure that the guidelines are in alignment, and ideally further, the policies and practices of the GoM eGovernment programme.

RECOMMENDATION

SI should support the Sector TWG to organize an SGBV/SRHR data workshop in Malawi that will:

5. *Share the current understanding of SGBV/SRHR needs, government policies & programs, and initiatives, including current status of SGBV data systems in this report*
6. *Agree on top priorities and needs to improve the SGBV*
7. *Establish the Sector TWG and data governance structures, including the M&E framework*

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8. *Establish sub working groups to address topics including*
   a. *Data usage models and metrics*
   b. *Review of existing indicators for SGBV/SRHR across GOM.*
   c. *Data standards /taxonomy / classifications across different systems*
   d. *Data sharing agreements and infrastructure for interoperability*
   e. *Data ethics, security, and privacy protocols.*

Establish and Monitor Core Metrics for Data Quality and Performance Within Each SGBV System

It is recommended that the Sector TWG establish and monitor core performance indicators and metrics for data quality and performance across and within each SGBV system. Please see Annex 4 for a draft M&E plan.

RECOMMENDATION

SI support the Sector TWG to define and adopt a standard M&E plan for SGBV data in Malawi.

Use SGBV Data for SDGs, Policy Design and Advocacy for Government Resources

A final purpose of the Data Governance Board would be to proactively find and monitor opportunities to use SGBV data for reporting (such as for the SDGs), government policy design and advocacy for SGBV programmes.

RECOMMENDATION

SI to support the NSO to monitor the usage of SGBV data on how this data is used for different purposes. This support may entail building capacity in communications, user analysis, data visualization skills, as well as visualization software, as well as support to the NSO and others on building a data warehouse of data that can be used for different reports.

Conclusion 2 & 3: Strengthen Existing SGBV Case Management Systems and Processes

As outlined in previous sections, Malawi has a number of SGBV systems – paper and digital that can be used to track and manage SGBV incidents. Many improvements are required to feed the Observatory Hub with consistent and quality data on a routine basis.

The following are the core recommendations for improved SGBV data systems:

1. Create a unique indicator/client registry that is accessible across all SGBV data systems. [58]
2. Strengthen MGBVIMS –the database, ICT resources, and the offline elements.
3. Improve and set standards for system security across all SGBV systems.
4. Use common classifications and definitions across all systems.
5. Establish and monitor core metrics for data quality and performance within each SGBV system.
6. Start the process to digital SGBV data collection and usage at the community level.

Unique Indicator/Client Registry

As mentioned earlier, it is hard to track cases across ministries and districts, due to the lack of a unique indicator which would allow for linking and deduplicating incidents, survivors, and perpetrators. It is recommended that all systems that capture case-level data should have a case number per survivor, perpetrator, and incident. A centralised client registry, potentially housed in the MGBVIMS, then can be accessible to all SGBV data systems via the Observatory Hub Interoperability Layer. This client registry can help systems link incidents, survivors, and alleged perpetrators together in ways that do not violate privacy by separating out the identification from the incident information.

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[58] This unique indicator could be based on the national ID system, but this approach would have to be validated against potential security and privacy concerns.

RECOMMENDATION

SI provide technical support and resources to the Sector TWG to decide on an appropriate approach to develop a unique indicator code across all systems, including investigation into the use of the National ID system. This analysis should include a benefits risk analysis to assess potential privacy and security risks of using this or another unique code vs the case management/deduplication benefits to survivors and those who serve them.

Strengthen the IIMS (especially the MGBVIMS)

The MGBVIMS has the potential to provide consistent and useful incident data to the Observatory Hub if it is strengthened. It also can be the central "hub" for SGBV case management as the MGBVIMS should store all SGBV reports, not just those reported to the police or needing medical attention, making it the ideal source for a client registry.

However, this highly sensitive database is currently under-managed and under-protected and therefore vulnerable to attack or loss. The Assessment Team recommends an immediate hardening of the server, including application of SSL, a security review of the server and user logs, and a full security assessment be performed, and identified issues be acted upon immediately.

Longer term, the Assessment Team recommends that the central database be analysed for upgrading and hardening, including the potential of moving to an adapted version of the GBVIMS+ if appropriate and/or more fully integrating with the CPIMS. Particular attention needs to be paid to creating usable dashboards and reports for Social Welfare Officers and others at the district level, including comparison with other districts, or simple visualizations for their own performance monitoring.[59]

In addition to the software upgrade and server hardening, for the MGBVIMS to work adequately, additional ICT resources must be deployed to the Social Welfare Offices at a minimum. These resources include:

- Laptops and tablets for data entry into the MGBVIMS.
- Software such as Excel and Word for generating reports and analysis.
- Soft copy storage which is safe and encrypted at the district level to store local copies of case reports, including image files.
- Power backups and surge protectors, additional power sources (batteries, solar chargers).
- MiFi dongles and airtime/data for internet access in offices without stable access to the GWAN
- Offline capability for when connectivity is poor or unavailable.

RECOMMENDATION

SI should focus on immediate technical support to the MGBVIMS to address the urgent security and sustainability issues in this critical system. In addition, the SI team should support the Sector TWG to establish sustainability plans for this system (along with all other system that is developed that contains highly sensitive PII.

Improved Staff Capacity to manage the *MGBVIMS*

In addition to the ICT resources, the MGBVIMS also requires additional staff support and skills to support the active use of the system. MGBVIMS needs a team who tracks updates and submissions, seeing where there are backlogs or challenges. This technical support team also needs to be available to answer questions, add or edit users, and provide support to field staff. Training needs to also be provided to district and central staff on how to use the system – both how to enter data as well as pull data for usage.

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[59] The Assessment Tteam was prepared to perform this analysis. However, despite repeated request, we never received a copy of the code base, documentation, or access to the system to perform this analysis.

RECOMMENDATION

SI should provide technical resources to hire and maintain ICT staff to maintain and manage the IIMS. This staff should supplement the existing ICT officers and have the following skills (note, one person could have multiple skills listed below):

6. *Web server administration*
7. *ICT security monitoring*
8. *Customer assistance, technical support, and training*
9. *Software and database design and development (full stack)*
10. *Product management*

Improve and Set Standards for System Security Across all SGBV Systems

All systems holding SGBV personally identifiable data should undergo full system security reviews before launch and at least once every year, especially to review user accounts to remove or change access permissions. These systems also must have full audit trails, offsite backup, routine security monitoring, standardized incident, and breach response, and if possible, multi-factor authentication, at least for admin roles.

RECOMMENDATION

SI should provide technical resources to the Sector TWG to establish security standards and monitoring for all SGBV data systems in Malawi, in alignment with EGovernment and other GOM protocols, as well as implementation expectations, such as training on data security processes and protocols for field-based staff.

Recommended Classifications for Malawi

As pointed out in the previous analysis, currently systems are not using consistent classifications for types of violence. This lack of consistency makes data aggregation and analysis very difficult and reveals a lack of agreement on what constitutes SGBV in Malawi. As The following are the Assessment Team's recommendations based on this assessment, for further discussion and consideration:

Types of Violence

The following are the recommended classification top categories and cross walk to different international standards.

Malawi	SDGs	WHO	GBVIMS
Physical violence	Physical violence	Physical violence	Physical Assault
Sexual violence	Sexual violence	Sexual violence	Rape Sexual Assault
Psychological violence	Psychological violence	Psycho, logical violence	Psychological/Emotional abuse
Economic Violence		Deprivation or Neglect	Denial of resources/opportunities/services

Malawi	SDGs	WHO	GBVIMS
Economic Violence			Forced Marriage

Figure 28: Table outlining recommended categories and cross walk to international standards

Subcategories can be established through a discussion across all stakeholders, with particular attention to penal code categories for ease of criminal investigations.

RECOMMENDATION

SI support the Sector TWG to adopt standard classifications for SGBV types of violence.

Incident Context

In addition to classification of type of violence, it is recommended that Malawi use the multi- factor approach used by the GBVIMS to establish incident context. As a reminder, incident context is established by linking type of violence and subtype with key demographic and incident data, such as age of survivor, relationship between survivor and perpetrator, disability or other vulnerability, repetition of incident, and presence of social or cultural norms and practices.

Type of Violence	+	Subtype	+	Relationship with perpetrator	+	Age of Survivor	+	Disability or other Marginalization	+	Frequency	+	Employment or authority	+	Social or cultural custom	=	Incident Context
Sexual	+	Rape	+	Stranger	+	12	+	Albinism	+	Once	+	None	+	Cure for AIDS	=	Child sexual abuse & harmful traditional practice
Economic	+	Threatened job for sex	+	Employee	+	23	+	None	+	Once	+	Boss	+	None	=	Sexual harassment
Physical	+	Hitting	+	Husband	+	18	+	None	+	Ongoing	+	Police Officer	+	None	=	Intimate partner violence Abuse of authority
Psychological	+	Traded sex for grades	+	Student	+	17	+	None	+	Two times	+	Head teacher	+	None	=	Sexual exploitation transactional sex

Suggested incident contexts include:

1. Intimate Partner Violence (often referred to as "domestic violence")
2. Child Sexual Abuse (any sexual activity with a child)
3. Child Marriage (under 18)
4. Sexual Exploitation / Transactional Sex (where the perpetrator is in a position of authority over the survivor)
5. Sexual Slavery (repeat instances of sexual abuse)
6. Forced marriage (over age of consent)
7. Harmful Traditional Practices (where the abuse is related to a social or cultural custom)
8. Sexual Abuse
9. Sexual Harassment
10. Abuse of authority/position (referral to Ombudsman's office)

Cross reference information to determine the incident context could include

1. Relationship of perpetrator to survivor
2. Age of survivor

3. Disability or other marginalization status
4. Frequency of incidence
5. Employment or authority role
6. Social or cultural custom

Some of the benefits of using this approach include

1. Classification of incident context is deterministic from multiple factors, rather than the subjective opinions of the data collector.
2. Can be flexible to add new contexts and cross reference information
3. Much of the data needed to identify incident contexts are already being captured by case management systems.

RECOMMENDATION

SI support the Sector TWG to adopt investigate standard incident context approaches across all SGBV reports as outlined above.

Severity Scales

Another recommendation is to incorporate severity scales into some of the reporting mechanisms. Severity scales are very useful in cases of SGBV incidents as they help determine appropriate responses and level of crisis. These scales can be developed at the country or location level but should ultimately be able to feed into binomial categorizations that accurately report the percentage of women/girls who have experienced violence.

The following are from the WHO multi-country study[60] as an example for Malawi:

Moderate violence:

Respondent answers "yes" to one or more of the following questions regarding her intimate partner (and does not answer "yes" to questions qualifying a higher severity classification of severe violence below):

a) [Has he] slapped you or thrown something at you that could hurt you?

b) [Has he] pushed you or shoved you?

Severe violence:

 Respondent answers "yes" to one or more of the following questions regarding her intimate partner:

a) [Has he] hit you with his fist or with something else that could hurt you? (d) [Has he] kicked you, dragged you or beaten you up?

b) [Has he] choked or burnt you on purpose?

c) [Has he] threatened to use or actually used a gun, knife or other weapon against you?

RECOMMENDATION

SI support the Sector TWG to adopt investigate severity approaches across all SGBV reports as outlined above.

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[60] WHO Multi country study

Conclusion 3: Improve Local Data Collection by the Creation of a Community-based Service Delivery Application

As outlined in earlier sections, local incident identification and reporting is first line of response and prevention for SGBV incidents. However, community reporting is weak as it is labour intensive, costly to data collectors (due to the need for transport or airtime), often is delayed and of poor quality.

The Assessment Team recommends that the Spotlight Initiative investigate the design and development of a CP/GBV service delivery tool for use by community volunteers/CVSU. This tool would allow CVSUs and Child Protection workers to capture incidents via a mobile device and track referrals and follow ups more easily. It would allow faster submission of reports to district offices and provide more transparency and better supervision by social welfare staff into the actions of community workers.

Based on the success of similar tools in Malawi, the mobile application would provide easy-to-use decision tree logic for community workers to capture and refer survivors, based on the information captured. It would also allow workers to find existing survivor information for follow up or repeat incidents – even when they did not capture the original report - allowing for significantly easier record linking and service delivery.
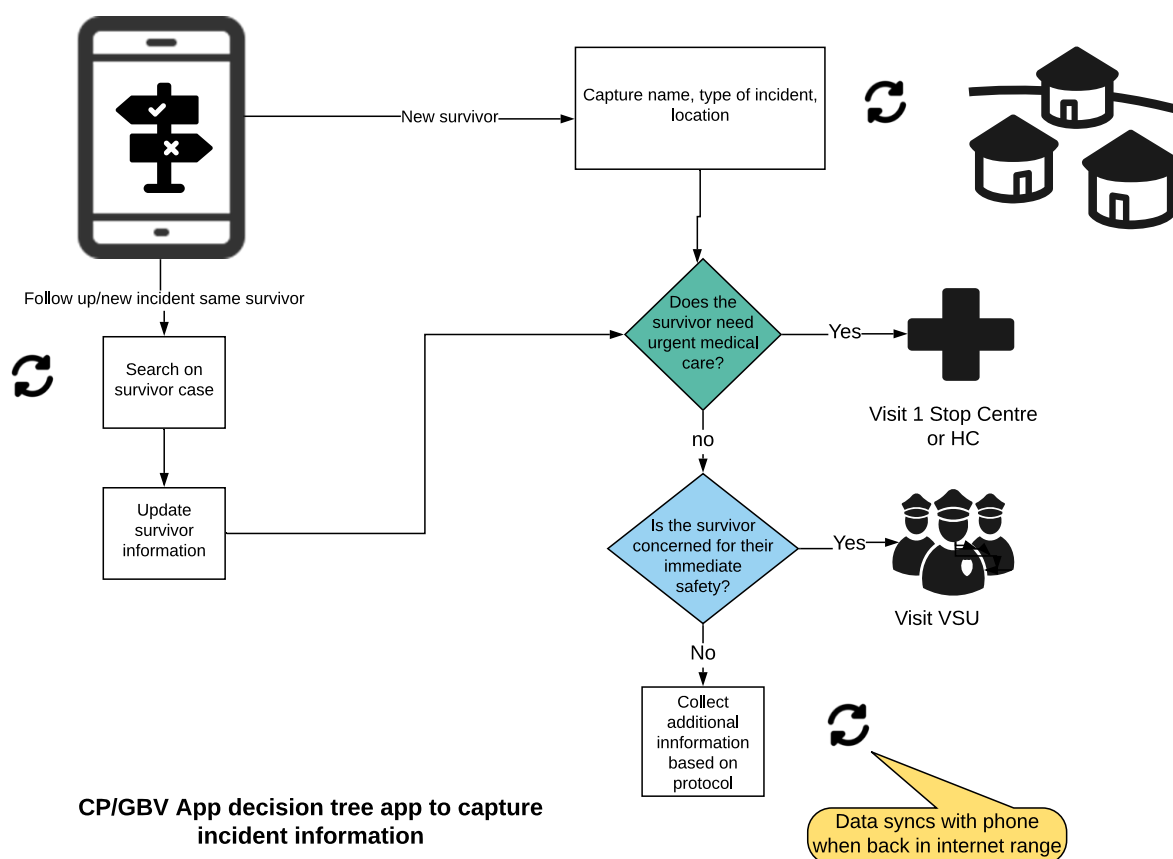
Figure 29: Decision Tree Support Tool for CVSUS Volunteers

Different users would have different views and permissions on the application. For example, community workers would be able to collect and edit some information – including photographs, audio, and video recordings - and read only other information that should not be changed. They would be able to provide up to date information – including visuals, audio, and video - to survivors on their rights, resources available, and other recommendations for support. WhatsApp, SMS, and phone software would also be installed furthering the community worker's ability to communicate.

Supervisors at the Social Welfare Office would be able to monitor the work of the CP/CVSUs and access incident information also through their mobile devices. They can make recommendations or referrals to the community worker via the phone, accessible when the worker is back online.

Summary reports of incidents, community worker visits, referrals given, and other key administrative performance indicators can be viewed via the website as needed, since the data is updated in real time (when the mobile devices sync back with the internet). Automated or manual uploads of the data collected via the community worker service delivery tool can be made to the MGBVIMS and/or the CPIMS.
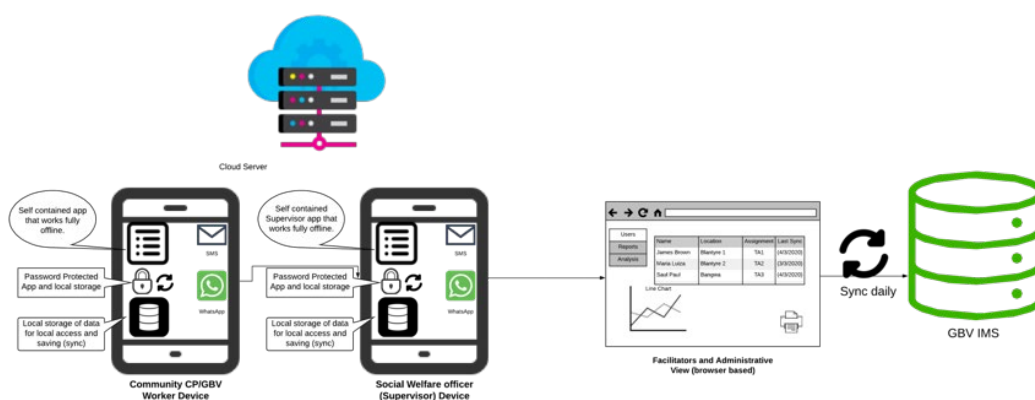
Figure 30: Prototype Screens by Role and View

Additional details such as a location for a staging file and load file for data quality should be investigated as well.

Below is a diagram of the server architecture recommended for the application, based on the needs for Malawi and the SGBV observatory hub
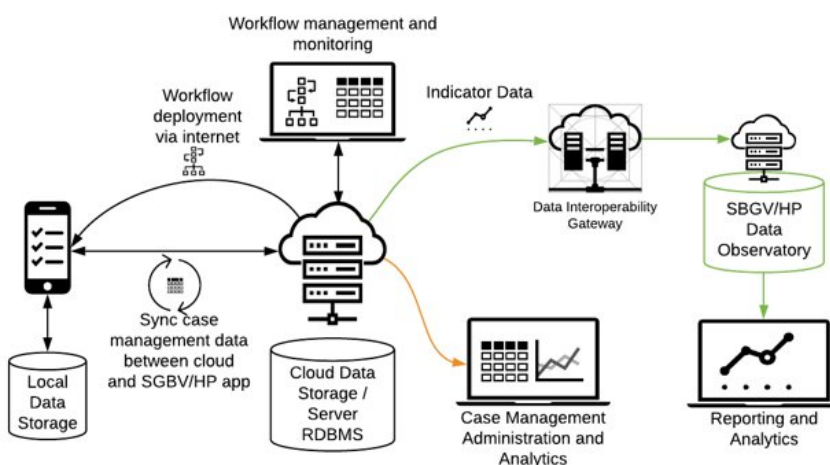
Figure 31: Mobile Data Collection Server Architecture

RECOMMENDATION

SI support the Sector TWG to investigate appropriate ICT data collection and sharing tools for improved SGBV data, including recommended approaches laid out in this report.

Conclusion 4: Design an SGBV Observation Hub to Hold De-identified, Aggregate SGBV Data

For the purpose of creating and analysing cross sectoral data from multiple data sources, the National Statistics Office should establish an SGBV Observation Hub. This database system should collect and securely store SGBV/harmful traditional practices data in a form that can be used for data-driven decision making and analysis.

Recommended requirements for the Observation Hub include the following:

Observatory Hub Database Software

RECOMMENDATION

SI should support the NSO to establish an Observatory Hub Software with the following requirements

- Secure web-based database application providing ingestion of quantitative and qualitative data from different sources and formats.
    - Extensible data schema for flexibility of both data import and data analysis.
    - Able to store both qualitative (including multi-media) and quantitative data
    - An API for data capturing and uploading.
    - Able to create and store repeatable Extraction, Transform, and Load (ETL) processes
    - Full audit trail of all access and usage.
- Analysis, reporting and visualization functionality.
    - System generated reports based on priority indicators agreed by key stakeholders
    - Built dashboards for visualizations as well as exportable data for offline analysis.
    - GIS/mapping functionality.
    - Role based access to data reports, visualization, and export at varying levels of granularity.
    - Automated or manual indicator export into other government systems.
- Data Interoperability Layer (modelled from OpenHIE or similar).
    - Automated submission from different SGBV data systems on a scheduled basis.
    - Cross-walking data [61]and data validation between data systems and Observatory Hub.
    - Connect unique indicator/client registry data to different systems.
    - Processes to perform data quality monitoring and availability checks before and after ingestion
    - Meta data definitions for all SGBV databases and data sets.

Observatory Hub Server Software

RECOMMENDATION

SI should provide technical resources to the NSO to acquire the following server software.

- Linux operating system (Ubuntu Server).
- Web server, email server.

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[61] Cross walking data refers to standard transformations of data from one set of classifications or formats to another.
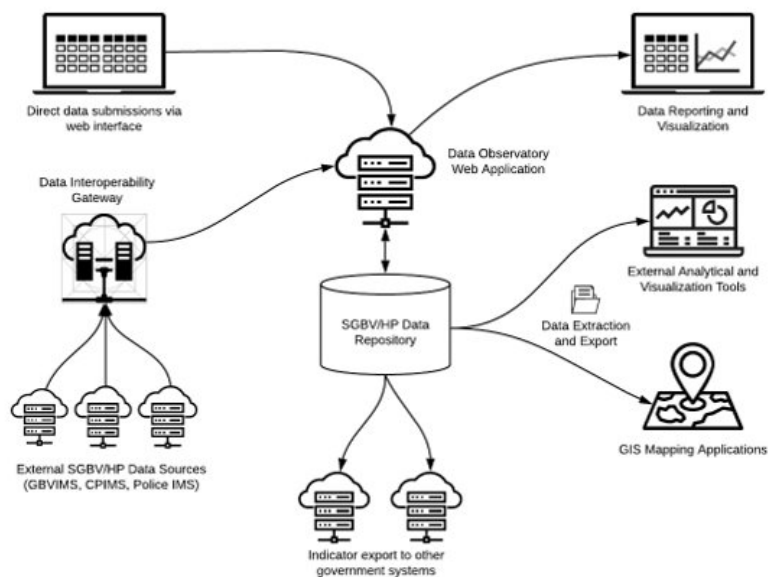
Figure 32: Recommended data architecture diagram for the SGBV Data Repository

Observatory Hub Hardware

RECOMMENDATION

SI should provide the technical resources to the NSO to acquire the following hardware with the requirements of hosting.

- Server Specifications: Dell PowerEdge R340 High Performance Rack Server, 1U Rack-mounted Server, Processor: Intel Xeon E-2278G 3.4GHz, 16M cache, 8C/16T, turbo (80W), 32GB RAM, PERC H330, 2x 1TB SATA HD, in RAID 1 (mirrored) configuration, 18.5in 1U Rack-Mounted LED KMM Console.
- Hosted in-country and owned and managed by GoM/National Statistics Office
- Requires stable power and bandwidth (no less than 10MB).

IT Services Required

RECOMMENDATION

SI should support the NSO or other GOM partner to be able to provide the following IT services on a routine basis for the observatory Hub

- Server maintenance (backups, system monitoring and patches, security logging).
- Technical support and customer service to users.
- Monitoring and management of server health, data ingestion and usage.
- Incident tracking and response.

Annex 1: Interview List

Summary Interview List

The Assessment Team interviewed the following number of representatives.

- Central Government – 16 individuals representing 6 Ministries.
- District and Community Government – 30 individuals representing the 6 pilot districts and six different SGBV providers and interested organisations (District Commissioners Office, Social Welfare Office, Police VSUs, CVSUs, traditional authorities, and OSCs).
- Donors, NGOs, and Academics – 26 individuals representing 12 organisations.

List of Interviewees by Location

Location	Position	Organisation
Blantyre	Head of IT Dept / Data Manager	Pakachere Health Institute
Blantyre	Programmes Manager	Pakachere Health Institute
Blantyre	Data Manager	College of Medicine
Dowa	District Spotlight Coordinator	UNDP
Dowa	District Commissioner	District Commissioner's Office
Dowa	District Gender Officer	District Commissioner's Office
Dowa	District Social Welfare Officer	District Commissioner's Office
Dowa	SGBV Services Officer	UNFPA
Dowa	Associate Protection Officer	UNHCR (Dzaleka Refugee Camp)
Dowa	SGBV Officer	Plan International (Dzaleka Refugee Camp)
Dowa	Program officer	Jesuit Refugee Service (Dzaleka Refugee Camp)
Dowa	Nurse	Ministry of Health Representative (Dzaleka)
Dowa	Traditional Authority leader	Traditional Authority Mkukula
Dowa	Group Village Headman	Traditional Authority T/A Mkukula
Lilongwe	Police VSU	Malawi Police Service Headquarters
Lilongwe	Ombudsman	Office of Ombudsman
Lilongwe	Police VSU	Malawi Police Service Headquarters
Lilongwe	IT Officer	Malawi Police Service Headquarters
Lilongwe	ICT Officer/Systems Analyst	Ministry of Gender, Child Development and Community Development
Lilongwe	Chief Gender Officer	Ministry of Gender, Child Development and Community Development
Lilongwe	National VSU Coordinator	Malawi Police Service Headquarters
Lilongwe	Head of Health informatics	Ministry of Health
Lilongwe	Planning Officer	Ministry of Local Government
Lilongwe	IT Officer	Ministry of Local Government
Lilongwe	Gender and Human Rights Officer	Malawi Human Rights Commission
Lilongwe	Chief Child Protection	UNICEF
Lilongwe	Child Protection Officer	UNICEF
Lilongwe	Country Representative	UN Women

ANNEX: Malawi UNDP Spotlight initiative: Outcome 5 – Data Mapping and Inventory Report

Location	Position	Organisation
Lilongwe	Human Rights	UN Women
Lilongwe	Legal Services Officer	UN Women
Lilongwe	Programme Officer	UNFPA
Machinga	District Commissioner	District Commissioner's Office
Machinga	District Coordinator-Spotlight Initiative	District Commissioner's Office
Machinga	Spotlight GBV Services Officer	UNDP
Machinga	Gender Officer	District Commissioner's Office
Mzimba	District Social Welfare Officer	District Commissioner's Office
Mzimba	Gender Officer	District Commissioner's Office
Mzimba	DPD/Acting DC	District Commissioner's Office
Mzimba	District Coordinator-Spotlight Initiative	UNFPA
Mzimba	District Coordinator-4 UN Agencies in Mzimba	United Nations
Nkhata Bay	District Commissioner	District Commissioner's Office
Nkhata Bay	District Coordinator-Spotlight Initiative	UNDP
Nkhata Bay	Gender Officer	District Commissioner's Office
Nkhata Bay	Spotlight GBV Services Officer	UNDP Spotlight
Nkhata Bay	M&E Officer	District Commissioner's Office
Nkhata Bay	Station Officer/Commissioner of Police	District Commissioner's Office
Nkhata Bay	VSU Coordinator	Nkhata Bay Police
Nkhata Bay	Nurse Midwife Technician	Nkhata Bay District Hospital One Stop Centre
Nkhata Bay	Data Officer	Nkhata Bay District Hospital One Stop Centre
Nsanje	DPD	District Commissioner's Office
Nsanje	M&E Officer	District Commissioner's Office
Nsanje	District Coordinator-Spotlight Initiative	UNDP
Nsanje	Acting Gender Officer	District Commissioner's Office
Ntchisi	Court Registry Officer	Ntchisi Magistrate Court
Ntchisi	District Spotlight Coordinator	UNDP
Ntchisi	Gender Officer	District Commissioner's Office
Ntchisi	CP Officer	District Commissioner's Office
Zomba	Deputy Commissioner	National Statistics Office
Zomba	Director of Publications and Research	National Statistics Office
Zomba	Commissioner of Statistics	National Statistics Office
Zomba	Director	Centre for Social Research
Zomba	Researcher	Centre for Social Research
Zomba	IT Manager	Youth Net and Counselling (YONECO)
Zomba	Deputy IT Services Officer-Developer	Youth Net and Counselling (YONECO)

Annex 2: Data Collection Tools

Data Mapping Key Informant Interview (KII) Guide/Site Observation Checklist [62]

Change Log

Change made	Date	Author
Original	1/12/2020	S. Green

Summary of Usage of this worksheet:

- This worksheet can be adapted for use as a KII or site observation checklist, depending on source

If Site Observation

System:

Date Analysed:

(if KII) Individual Information

Name:

Date:

Organization:

Role:

Location:

1. Can you describe your current role?
2. Can you describe how you work with data management?

Mapping

- Map workflow from creation to delivery for main data types
- Cross walk with the inventory for role clarity for intersystem sharing

Questions

Overview

- Summarize the purpose of the data system

- Who has overarching duty of care/responsibility for entire lifecycle?
- Identify and summarize the main data types (data dictionary if available)
    a. How is the data structured?
    b. Does it follow standard format/definitions?

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[62] Adapted from the USAID/Uganda Data Quality Assessment Checklist

      c.   If so, which one? Are there discrepancies?

   Identify and summarize main usage of the data
      d.   Specific reports?
      e.   Who reads/uses these?

Data collection

- Who has the duty of care over data collection?
- Who collects the data? (by Role)
  - How do they collect it?
  - If paper, do they use standard forms? Templates?
  - If they use digital, BYOD or provided tools?
- What training have they received on data collection?

Validity/Cleaning

- Who has the duty of care over data validity?
- What is the data validation method used by the activity?
  - Does the software have built in data validation tools? Describe
  - Are there external data validation tests outside of collection?
- What is the data cleaning method?
  - Who edits the data?
  - Describe audit trail/archival copy/redaction info?
- How easy is it to adjust the data validation/cleaning methods?

Data Storage

- Who has the duty of care over data storage?
- Where is the data stored? At every stage?
  - BYOD?
  - Central server?
  - Paper?
- Who maintains the IT system?
  - Backups?
  - Power/internet access?

Data Sharing

- Who has the duty of care over data sharing?

- Who is the data shared with?
  a. Why?
  b. What level of granularity?
  c. How is the data shared? API, PDF, excel, other?
  d. Audit trails/archival/documentation?

- Are there data sharing agreements? Describe
- How do you maintain chain of custody (esp. Law enforcement information)?

Data Analysis, Reporting, and Usage

- Who has the duty of care over data analysis and reporting?
- Who uses data from this? (by role)
    - For what purpose? (list all)
    - Format used (paper, PDF, excel, etc.)
- Are there standard reports available via the software?
- Are there automated data analysis methods used by the software?
    - Are these explicitly documented?

Timeliness

1. How often is data collected?
2. How often is data submitted?
3. How often is data validated/cleaned?
4. How often is data shared?
5. How often is data analysed and reported on?

Data Protections

- Describe how data is protected
    - Misuse/leakage
    - loss/error
    - Unavailability
- How are data protection needs assessed?
- Describe training/awareness
- Describe breach and redress processes
    - Who has the duty of care over data protection?

If you have seen any major improvements to the system since you started, what were they?

If you could make one major improvement to this system, what would it be?

Malawi Context Key Informant Interview (KII) Guide

(Note: This can be adapted for a focus group discussion.)

Change Log

Change made	Date	Author
Original	1/12/2020	S. Green

Individual Information

Name:

Date:

Organization:

Role:

Location:

ANNEX: Malawi UNDP Spotlight initiative: Outcome 5 – Data Mapping and Inventory Report

1. Can you describe your current role?
2. Can you describe how you work with data management?

Summary

1. Can you describe how your organization works with SGBV, etc?
2. What are the formal and informal standard operating procedures in Malawi for SGBV data management in Malawi, including:
   a. Who they apply to/scope?
   b. Gaps and inconsistencies in current requirements
   c. Current compliance oversight /quality assessment processes
   d. Guidance, and capacity building support available
3. What is the data used for?
   a. What could it be used for if it were better?
   b. Describe what better looks like.

Legal requirements and practices

1. What are the legal requirements and practices organizations must follow for:
   a. Capturing/collecting
   b. Validating
   c. Sharing/reporting
   d. Decision making
   e. Protection/audit/redress
2. Are there additional requirements/processes your organization follows voluntarily?

Other standards

1. What international and regional standards should be followed in Malawi?
2. What standards are being followed?
   a. Can you share links/more information on these standards?

Collaboration

1. How is data shared among different data processors?
2. Are there challenges or best practices in sharing in Malawi?
3. Who has overall duty of care on data in Malawi? Who is standing out as a leader in this area?

If you could do one thing using data that would make a difference with SGBV, what would it be?

Annex 3: Inventory of Data and Information Management Systems

SGBV Data Organisational Inventory

The following is the inventory of data systems (paper and digital) that currently capture SGBV data by organization. There may be additional systems not listed here, but these are the main ones reported by respondents.

Organisation/Group	Line ministry or sector	Location of system	Data type	Information captured	Storage format & name (if available)	Data shared with & how
CVSUs & CP Workers	MoGCDCD	Community	Incident, Admin	Details of victim, perpetrator, incident	Paper files (CVSR booklet, GBV form, CP Booklet) Mobile reporting (RapidPro)	Social Welfare office (paper & verbal)
Social Welfare Office	MoGCDCD	District	Incident, Admin	Details of victim, perpetrator, incident	IIMS (Child Protection IMS & MGBVIMS) Paper files	Police (paper & verbal) Judiciary (via police) (paper & verbal)
MoGCDCD/ Dept of Gender Services	MoGCDCD	Central	Incident, Admin	Details of victim, perpetrator, incident	IIMS (Child Protection IMS & GBV IMS) Mobile reporting (RapidPro)	Senior government reporting (paper reports)
Police VSUs	Police	Community & District	Incident, Admin, M&E	Details of victim, perpetrator, incident	Paper files (new IMS coming) Mobile reporting (RapidPro)	Judiciary (paper & verbal) Sometimes MoGCDCD (verbal)
Police VSU (national)	Police	Central	M&E	Number of incidents, disaggregated by type	Excel, paper (new case management system coming) Mobile reporting (RapidPro)	Senior government reporting (paper reports)
Judiciary	Judiciary	District	Incident, Admin	Details of victim, perpetrator, incident	Paper files (new IMS coming) Mobile reporting (RapidPro)	Police (paper & verbal)
One Stop Centres	MoHP/ MoGCDCD /Police	District	Incident, Admin	Summary	UNFPA Access DB Mobile reporting (RapidPro)	Police (paper & verbal) MoGCDCD (paper & verbal) UNFPA (digitally) UNICEF (digitally)
Malawian Human Rights Commission	MHRC	Central	Incident, Admin	Details of victim, perpetrator, incident	Paper files New IMS	Police (paper & verbal) MoGCDCD (paper & verbal) Judiciary (paper & verbal)
District Commissioner (DC),	Ministry of Local	District	M&E	Number of incidents	Excel, Paper (LAMIS coming)	MoLG&RD (paper/excel)

ANNEX: Malawi UNDP Spotlight initiative: Outcome 5 – Data Mapping and Inventory Report

Organisation/Group	Line ministry or sector	Location of system	Data type	Information captured	Storage format & name (if available)	Data shared with & how
District Planning Director (DPD, M&E	Government & Rural Development					
iNGOs	Gender	Community, District, Central	Incident, Admin, M&E	Number of incidents, disaggregated by type	Range of systems	Donors, district governments (sometimes)
National Statistics Office	National Statistics Office	Central	Survey	Prevalence data	Malawi National Data Archive (MNADA)[63]	Formal reporting (PDF & paper reports, web-based database)
African Development Bank	Donor	Central	Survey	Prevalence data	Malawi open data portal	Website
Academic institutions	Research	Central	Survey	Prevalence, perception & awareness	Internal Database	Donor, formal reports
YONECO (help line)	Gender	Central & District	Incident, Admin, M&E	Details of victim, perpetrator, incident	Own database	Referrals to other NGO/community-based organisation partners, Social Welfare Office
HIV Prevention Programs (iNGOs/CSOs)	Health	Districts & communities	Incident, Admin, M&E	Details of victim, perpetrator, incident	A range of systems	Donor (PEPFAR)
UNHCR/ Plan International Malawi	Gender	Dzaleka Camp, Dowa District	Incident, Admin, M&E	Details of victim, perpetrator, incident, referral tracking	Excel, paper	UNHCR Malawi
College of Medicine, Research Centre	Health	Districts & communities	Incident, M&E, Survey	Individual information (imbedded in HIV research)	Internal databases	Reports

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[63] The site was down during the period of assessment.

Detailed Analysis of Digital Systems Identified with SGBV/HTP data

Integrated Information Management System (IIMS)

- Gender Based Violence module (aka GBVIMS)
- Child Protection Module (aka CPIMS)

Owned by: Ministry of Gender, Child Development and Community Development (MoGCDCD)

Current Status: Active and undergoing revisions

Software: Cloud-based database with web-based data entry. Linux Apache MySQL PHP (LAMP) custom software.

Software Hosted/managed by: MoGCDCD

Summary of Content: Incident data (survivor, perpetrator, incident information) for both children and women. The IIMS has a third module for women's equality.

Summary of Content Management Process: District Gender Officers and District Social Welfare Officers and Child Protection Workers collect data on SGBV and enter it into the system

Assessment: This system was originally built by UNICEF and transitioned to the MoGCDCD manage in house. A few observations:

1. Several gender officers and child protection officers mentioned they could not access the database because the system was "down". However, both MoGCDCD and UNICEF confirmed that the system was not down.
2. Other offices mentioned they had not received training on how to complete the GBV forms and enter them into the system.
3. Some offices mentioned that they did not have either computers or internet to access the IIMS. Several Social Welfare offices were not on the GWAN

Criminal Case Management System

- Police Victim Support Unit (PVSU) module

Owned by: Malawian Police Service

Current Status: Soon to be rolled out

Software: Cloud-based database with web-based data entry. Linux Apache MySQL PHP (LAMP) custom software.

Software Hosted/managed by: Malawian Police Service

Summary of Content: Incident data (survivor, perpetrator, incident information), referral and case management tracking

Summary of Content Management Process: District VSU staff will enter the data into the system.

Assessment:

Malawian Human Rights Commission database

Owned by: Malawian Human Rights Commission

Current Status: In development

Software: Cloud-based database with web-based data entry. Linux Apache MySQL PHP (LAMP) custom software.

Software Hosted/managed by: ??

Summary of Content: Incident data (survivor, perpetrator, incident information), referral and case management tracking

Summary of Content Management Process: ??

Assessment:

Malawian Judicial Case Management System

Owned by: Malawian Judiciary

Current Status: In development

Software: Cloud-based database with web-based data entry. Linux Apache MySQL PHP (LAMP) custom software.

Software Hosted/managed by: ??

Summary of Content: Incident data (survivor, perpetrator, incident information), referral and case management tracking

Summary of Content Management Process: ??

Assessment:

Local Authority Information Management System (LAMIS)

Owned by: Ministry of Local Government and Rural Development IMS

Current Status: In development

Software: Cloud-based database with web-based data entry. Linux Apache MySQL PHP (LAMP) custom software.

Software Hosted/managed by: ??

Summary of Content: M&E data

Summary of Content Management Process: Local authorities (primarily M&E officers) to collect and enter data into the software.

Assessment:

One Stop Centre (OSC) Database

Owned by: UNFPA

Current Status: Deployed and in use

Software: Access database installed on local machine.

Software Hosted/managed by: Installed on one stop centre

Summary of Content: Incident data (survivor, perpetrator, type of incident)

Summary of Content Management Process: OSC

Assessment: Very simple system, no text or images allowed. Can only select one violence type and one perpetrator

SMS-based mobile reporting system through RapidPro

- Children's Corner
- Community Victim Support Unit
- Malawi Police Service (victim data and child diversion data)
- One Stop Centre
- National Child Justice Forum

Owned by: MoGCDCD, Malawi Police Service and National Child Justice Forum (currently hosted at UNICEF hosting server)

Current Status: Deployed and in use

Software: RapidPro SMS tool

Software Hosted/managed by: UNICEF

Summary of Content: Aggregate data across a variety of child protection indicators, including SGBV.

Summary of Content Management Process: district and field staff report via SMS on monthly basis using RapidPro

Assessment: Very easy to use, good uptake by community. Some questions about duplication of numbers or how categories are used.

Plan International Refugee SGBV case tracker

Owned by: Plan International

Current Status: Deployed and in use

Software: Excel

Software Hosted/managed by: Plan International

Summary of Content: captures incident and referral information for SGBV cases

Summary of Content Management Process: Organizations refer SGBV cases to Plan who tracks them on this case tracker tool. They then submit the case tracker tool to UNHCR for their own analysis and usage

Assessment: Very straightforward system that tracks service provision more than incident information.

YONECO helpline database

Owned by: YONECO

Current Status: Deployed and in use

Software: Cloud-based database with web-based data entry. Linux Apache MySQL PHP (LAMP) custom software.

Software Hosted/managed by: YONECO

Summary of Content: Reports of incidents from helplines and other sources, classified and referred

Summary of Content Management Process: When YONECO staff receive calls, they register them into the helpline database. Other staff will review the database to determine next steps, including service

provision and referrals. Referrals go to other organisations who can log into the Helpline database to receive information.

Assessment: This is a very good model for an incident tracker and referral system and may want to be invested in for scale up and use as a model for the community worker app.

Annex 4: Proposed M&E Framework for Malawi SGBV Data management

Overview

The Sector WG SGBV Data Governance Board is establishing an M&E framework to manage the performance of the Data Management infrastructure, by measuring how well the overall SGBV data systems meets the following goals.

- Data is easily Findable, Accessible, Interoperable and Reusable (FAIR) by different users

- Data can answer questions/ perform different types of analysis

- Data management can be adaptable to changes

- Describe, monitor, and evaluate the program to know what is happening (adaptive management)

- Shared accountability through objective assessments of performance (system)

- SGBV teams are efficient and cost effective in managing data

In addition to the above, the following two goals are implicit in the above, and need to be explicitly measured.

- Data Quality: The data quality of the system meets the standards set by the Sector WG
- Data Protection: The data is sufficiently protected to meet the security and privacy standards of the Sector TWG.

Key Performance Indicators

As many of the goals are integrated with each other, the following are key performance indicators to measure the above

Effectiveness of the System for Adaptive Management

Measures:

- Describe, monitor, and evaluate the program to know what is happening (adaptive management)

- Shared accountability through objective assessments of performance (system)

- Data can answer questions/ perform different types of analysis

Quantitative:

Indicator	Source	Frequency
Number of Dashboards/Reporting tools: Number of standard dashboards by role**.**	Data repository code base	quarterly
Usage: % of users (broken out by groups and type of usage) using dashboards and mobile apps.	User statistics (data repository, mobile tools)	Quarterly
DQAs: % of DQAs performed on site where the result was remediation of data.	Site visit reports	quarterly

Figure 33: Table of Quantitative Indicators for Adaptive Management

Qualitative:

Indicator	Source	Frequency
Data Usage: By user group, typical usage of the data from the system for performance management, including perceptions of impact.	KIIs/FG Perception surveys Observation	quarterly
Site Visits: Usage of data in site visits, as recorded in site visit reports.	Analysis of site visit reports KIIs/FG Perception surveys Observation	Quarterly

Figure 34: Table of Qualitative Indicators for Adaptive Management

Flexibility of the system to respond to changes

Measures:

- Data is easily Findable, Accessible, Interoperable and Reusable (FAIR) by different users

- Data management can be adaptable to changes

- Data can answer questions/ perform different types of analysis

Quantitative:

Indicator	Source	Frequency
New data requirements: Average amount of time/labour it takes to edit indicators when data requirements change.	Timecards	Quarterly

Indicator	Source	Frequency
Dashboard Management: Average amount of time/labour it takes to create or edit a dashboard.	Timecards	Quarterly
Mobile Management: Average amount of time/labour it takes to create or edit a mobile app, including deployment.	Timecards	Quarterly
New Report Production: Average amount of time/labour needed to generate a new report (i.e., respond to a request from government) from existing data.	Timecards	Quarterly

Figure 35: able of Quantitative Indicators for Flexibility of System

Qualitative:

Indicator	Source	Frequency
Ease of Adaptation: Perceptions of ease of system to adapt to feedback and changes	KIIs/FG Perception surveys Observation	Quarterly

Figure 36: Table of Qualitative Indicators for Flexibility of System

System is efficient and cost effective in managing data

Measures:

- SGBV data management teams are efficient and cost effective in managing data

- Shared accountability through objective assessments of performance (system)

- Data Quality: The data quality of the system meets the standards set by the Sector TWG

Quantitative:

Indicator	Source	Frequency
Data collection: The amount of time/labour needed to extract the data for SDGs and other reports	Timecards Observation	Quarterly
Report Production Time: The amount of time/labour needed to	Timecards Observation	Quarterly

Indicator	Source	Frequency
generate and submit reports from data in the system.		
Data integrity: Number of corrections and edits to the data after collection has taken place.	Data repository data edits reports Mobile tool data edits reports	Quarterly
Data timeliness: Number of data submissions that meet deadlines.	Data repository data submission reports Mobile tool data submission reports	Quarterly

Figure 37: Table of Quantitative Indicators for efficiency and cost effective

Qualitative

Indicator	Source	Frequency
Time allocation: Perceptions from different user groups on how much time they spend on data collection and validation vs. analysis and usage.	Timecards Observation KIIs/FG Perception surveys	Quarterly
Data reliability: perceptions and experience on the ability to use data cross different data collection periods or from different sources for analysis.	Timecards Observation KIIs/FG Perception surveys	Quarterly

Figure 38: Table of Qualitative Indicators for efficiency and cost effective

System meets legal and ethical requirements

Measures:

- Describe, monitor, and evaluate the program to know what is happening (adaptive management)

- Shared accountability through objective assessments of performance (system)

- Data Protection: The data is sufficiently protected to meet the security and privacy standards of the Sector TWG.

Quantitative

Indicator	Source	Frequency
Usage of Data for Data Governance: Number of times KPIs are used in data governance meetings to manage performance.	Minutes	Quarterly

Figure 39: Table of Quantitative Indicators for Legal and Ethical Requirements

Qualitative

Indicator	Source	Frequency
Data Governance: SOPs established and updated at least 1x per year. Governance committee meets according to the frequency set by the Committee.	Minutes File review	Quarterly
KPIs for ICT Team: There are KPIs for the different data management teams to report on including up time, backups, security practices.	Minutes File review observation	Quarterly
Sharing: Data sharing is performed according the principles outlined in the governance plan.	File review observation	Quarterly

Figure 40: Table of Qualitative Indicators for Legal and Ethical Requirements

Operational Indicators for Implementation of the system

The following are operational indicators for the recommendations outlined in this document.

Recommendation	Potential metric
Build GoM GBV Data Governance Capacity	Governance system established and regularly meets Policies/processes designed and used
Create & sustain national GBV Data Guidance	Creation of a Guidance document that is regularly updated and used for design and monitoring
SGBV as a Public Health Element	SGBV indicators are included in the national HMIS plus research performed on SGBV as a public health priority in Malawi
Design an SGBV Observation Hub to hold de-identified, aggregate GBV data	Observation Hub established and holds SGBV data

Recommendation	Potential metric
Strengthen Existing SGBV Case Management Systems and Processes	Observation Hub can source quality data from the different SGBV systems.
Establish and monitor core metrics for data quality and performance within each SGBV system.	M&E plan established and reported against
Improve local data collection by the creation of a Community based service delivery app	App is deployed and used for a significant percentage of data collection, with strong support from community staff.

Figure 41: Table of Operational Indicators