

## New Mobile Application Aims to Tackle Sexual and Gender Based Violence (SGBV) in Uganda



*Ausse Kalega introducing the SGBV application to the medical staff at Fort Portal Regional Referral Hospital*

In a groundbreaking move to address the alarming issue of Sexual and Gender Based Violence (SGBV) in Uganda, the Makerere University School of Public Health Monitoring and Evaluation Technical Support Program (MakSPH-METS) has developed a revolutionary mobile application. The SGBV mobile application aims

to improve coordination among stakeholders, enhance data utilization, and provide crucial services to survivors of SGBV.

SGBV is a pervasive problem in Uganda, with devastating consequences for survivors and the wider society. The correlation between SGBV, Violence Against Children (VAC), and the transmission

of HIV has brought attention to the urgent need for a comprehensive approach to combat these issues. Recognizing the increased vulnerability, limited negotiation power, and disrupted preventive measures associated with SGBV, the national HIV prevention programs have prioritized responding to and preventing SGBV and VAC.

A recent assessment conducted by MaKSPH-METS in Fort Portal and Kampala revealed significant gaps in the coordination and accessibility of services for survivors of sexual violence. These gaps included health facilities failing to enroll eligible survivors in post-exposure prophylaxis (PEP) programs, inadequate follow-up to ensure completion of treatment, poor coordination between sectors, and low conviction rates for perpetrators. These findings underscored the pressing need for an innovative solution to streamline services and bridge the existing gaps.

In response to these challenges, METS developed the SGBV mobile application. The application's primary objective is to simplify access to services for survivors of SGBV while enabling stakeholders to monitor the progress of cases across different sectors and departments. By consolidating data into a single source, the application will foster improved coordination among key players.

Notably, the SGBV mobile application tracks critical services provided to survivors by the police and health facilities, including post-exposure prophylaxis (PEP) to reduce the risk of HIV transmission, emergency contraceptives, STI treatment, and counseling services. This comprehensive approach aims to minimize the implications of HIV, sexually transmitted infections, and



*SGBV application pilot entry meeting with DHO Kiryandongo, Dr. Mutyaba Imaam*

unwanted pregnancies for survivors. The stakeholders involved in this groundbreaking initiative include the police, district probation officers, and health facility staff. Together, they aim to ensure that survivors receive a full continuum of care in a timely manner, thereby mitigating the negative consequences of SGBV.

The initial pilot phase of the application took place in Kabarole, Kyenjojo, Mubende, Kyegegwa, Masaka, and Kiryandongo districts, with support from implementing partners such as Baylor in Rwenzori and Masindi Regions, Mildmay in Mubende, RHSP in Rakai, and IDI in Kampala. The feedback collected during this pilot phase will be instrumental in refining and

improving the application before its nationwide rollout.

The SGBV mobile application represents a significant step forward in addressing SGBV in Uganda. With its potential to enhance coordination, improve data utilization, and provide vital services to survivors, this innovative solution promises to make a tangible impact in the fight against SGBV and its associated consequences. As Uganda moves toward a future where every individual can live free from violence, the SGBV mobile application is poised to play a pivotal role in transforming lives and communities.



## Review of Facility ICT Needs for improved patient experience

In line with the Ministry of Health's (MoH) commitment to harness the power of technology in healthcare, an ICT needs assessment was recently conducted for the 16 Regional Referral Hospitals and 71 General Hospitals. This assessment aimed to identify existing ICT needs, address gaps, and propose interventions to enhance productivity, establish a networked environment, and meet the growing demands of service users.

Following the assessment, a review meeting was held in partnership with MoH from 15th to 19th May 2023 at Esella Country Hotel, where

valuable support was received from CDC, METS, Jhpiego, the 16 Regional Referral Hospitals, and the 71 General Hospitals.

These collective efforts align with MoH's digitization strategy and enable healthcare facilities to embrace electronic medical systems for data collection, management, and analysis. This transformative shift is expected to yield significant benefits, including the collection of accurate and reliable data, as well as an improved patient experience within these facilities. By reducing waiting times and providing easy access to treatment history, patients will receive more efficient and

tailored care.

METS played a crucial role in guiding the verification of needs for the assessed health facilities and estimating the costs associated with the proposed interventions. Their expertise and support have been instrumental in ensuring a comprehensive and well-informed approach to the digital transformation process.

Building on the assessment's findings, the next steps involve advocating for funding to implement a rollout project that will encompass all 87 hospitals. This funding will support the procurement of essential hardware and the execution of the proposed interventions, ultimately driving the transformation of healthcare services across the country.

The progress made in the ICT need assessment marks a significant milestone towards the realization of a digitally empowered healthcare system in Uganda. By embracing technology and fostering collaboration, we are paving the way for improved healthcare outcomes, enhanced efficiency, and an elevated standard of patient care.



*A cross section of participants which included RRH ICT officers, systems administrators, heads of departments and consultants*

# Information Management and Security



*Winnie Mbabazi presenting on data analysis during the KP Data Management & Information Security Training at IDI, Kampala*

IDI in collaboration with METS organized regional training skill for staff of Civil Society Organizations (CSOs) and Drop-in-Centres (DICs) in areas of Data Management and Information Security in relation

to the PrEP KP/PP Program. The selection was targeted to staff that directly interact with beneficiaries of the program; this ensures that spot checks are carried out at all key levels of client management.

The training focused on in-depth understanding of the program indicators, reporting tools, system data entry, and analysis in the KP/PP Tracker System. The system was designed to facilitate the digitalization of the data collected from the program. With this training, the trained staff are expected to deliver high-quality information that supports decision-making within the community.

The trainings were conducted in collaboration with the implementing partners from Gulu, Mityana, Mbale, and Kampala, and certified participants will share their experiences with other users within their districts/regions.



*Participants take a group photo with their trainers and certificates*

# Inter-Agency Data Quality Assessment (DQA) for Safe Male Circumcision (SMC)

Measuring the success of the National Safe Male Circumcision (SMC) program requires high quality data. Regular Data Quality Assessments (DQAs) are required to identify errors, inconsistencies, and other data anomalies and undertaking interventions for improving data quality.

With support from PEPFAR, METS, In collaboration with MoH, CDC, USAID, SITES and other partners conducted a DQA at 179 SMC sites across the country. The objectives of the DQA included the following:

- (i) To validate the reported SMC outputs by comparing the National and PEPFAR datasets to those verified from health facility record counts for selected indicators based on the standard definitions;

- (ii) To conduct an SMC client audit to establish the circumcision status of SMC clients;
- (iii) To profile adverse events (AEs) including identification, classification, documentation, and reporting of AEs;
- (iv) To assess linkage of the newly identified HIV positive clients to HIV care and treatment: and (v) To assess the monitoring and evaluation, data management and reporting systems at the facility level.

Overall, the SMC outputs reported through the National and PEPFAR HMIS are accurate: However, there was gross under reporting in EMR. Nearly all (99%) clients reported as circumcised are circumcised: However, 1%

## Data validation results

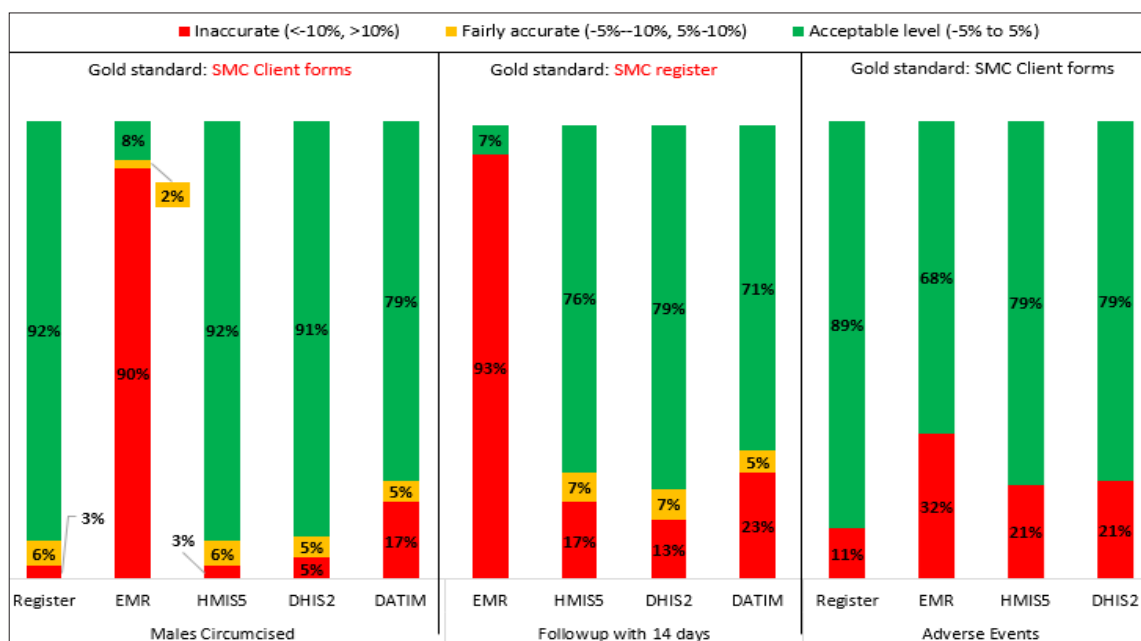
	Number of Health Facilities	Number of Males circumcised										Follow up within 14 days										
		Forms	Register	EMR	HMIS5	DHIS2	DATIM	Register	EMR	HMIS5	DHIS2	DATIM										
<b>Over all</b>	<b>107</b>	<b>93,383</b>	<b>93,122</b>	<b>-0.3%</b>	<b>18,452</b>	<b>-80.2%</b>	<b>92,192</b>	<b>-1.3%</b>	<b>92,493</b>	<b>-1.0%</b>	<b>91,059</b>	<b>-2.5%</b>	<b>91,782</b>	<b>11,101</b>	<b>-87.9%</b>	<b>85,873</b>	<b>-6.4%</b>	<b>90,627</b>	<b>-1.3%</b>	<b>90,533</b>	<b>-1.4%</b>	
<b>Level of Health Facility</b>																						
HC III	25	11,648	11,675	0.2%	1,164	-90.0%	11,615	-0.3%	11,378	-2.3%	9,926	-14.8%	11,514	1,238	89.2%	10,628	-7.7%	11,179	-2.9%	9,848	-14.5%	
HC IV	55	57,484	57,178	-0.5%	8,731	-84.8%	57,153	-0.6%	56,759	-1.3%	53,010	-7.8%	56,334	4,558	91.9%	52,898	-6.1%	56,154	-0.3%	52,657	-6.5%	
Hospital	19	17,930	17,915	-0.1%	8,159	-54.5%	17,072	-4.8%	18,010	0.4%	17,954	0.1%	17,589	4,292	75.6%	16,207	-7.9%	17,063	-3.0%	17,953	2.1%	
RRH	4	3,414	3,433	0.6%	0	100.0%	3,424	0.3%	3,424	0.3%	2,834	-17.0%	3,424	0	100.0%	3,268	-4.6%	3,386	-1.1%	2,810	-17.9%	
Special Clinic	4	2,907	2,921	0.5%	398	-86.3%	2,928	0.7%	2,922	0.5%	2,313	-20.4%	2,921	1,013	65.3%	2,872	-1.7%	2,845	-2.6%	2,255	-22.8%	
<b>Agency</b>	<b>Implementing Mechanism</b>																					
CDC	Baylor Rwenzori	4	9,022	9,034	0.1%	2,365	-73.8%	9,033	0.1%	9,034	0.1%	9,033	0.1%	8,954	1,174	86.9%	8,936	-0.2%	8,996	0.5%	9,009	0.6%
	Baylor Hoima	4	5,081	5,080	0.0%	342	-93.3%	5,076	-0.1%	5,081	0.0%	5,081	0.0%	5,076	79	98.4%	5,014	-1.2%	4,975	-2.0%	4,980	-1.9%
	IDI-Kampala	1	1,356	1,351	-0.4%	1,359	0.2%	1,359	0.2%	1,359	0.2%	1,350	1,359	0.7%	1,359	0.7%	1,231	-8.8%	1,359	0.7%		
	IDI-WN	4	7,673	7,673	0.0%	5,644	-26.4%	7,672	0.0%	7,672	0.0%	7,672	0.0%	7,673	5,644	26.4%	7,672	0.0%	7,672	0.0%	7,672	0.0%
	KCCA_Strategy	1	716	724	1.1%	603	-15.8%	723	1.0%	677	-5.4%	703	-1.8%	690	677	1.9%	727	5.4%	684	-0.9%	703	1.9%
	MILDWAY-Mubende	10	5,917	5,919	0.0%	856	-85.5%	5,923	0.1%	5,923	0.1%	5,923	0.1%	5,922	564	90.5%	5,923	0.0%	5,928	0.1%	5,923	0.0%
	RHSP-Masaka	3	2,916	2,751	-5.7%	0	100.0%	2,911	-0.3%	2,881	-1.2%	2,895	-0.7%	2,915	0	100.0%	2,849	-2.3%	2,268	-22.2%	2,827	-3.0%
	TASO Soroti	6	8,194	8,123	-0.9%	5,470	-33.2%	7,431	-9.3%	8,314	1.5%	8,199	0.1%	7,646	0	100.0%	6,182	-19.1%	8,313	8.7%	8,027	5.0%
	UCMB	1	1,121	1,121	0.0%	0	100.0%	1,121	0.0%	1,121	0.0%	1,121	0.0%	1,121	0	100.0%	1,121	0.0%	1,121	0.0%	1,121	0.0%
	UPMB	1	868	885	2.0%	822	-5.3%	886	2.1%	885	2.0%	885	2.0%	885	0	100.0%	160	81.9%	63	-92.9%	885	0.0%
UPS	1	32	39	21.9%	0	100.0%	0	100.0%	0	100.0%	21	-34.4%	0	0	0.0%	0	0.0%	0	0.0%	21	100.0%	
DoD	DOD_UPDF	7	6,572	6,523	-0.7%	496	-92.5%	6,500	-1.1%	6,506	-1.0%	5,660	-13.9%	6,277	496	92.1%	5,508	-12.3%	6,511	3.7%	5,660	-9.8%
	MUWRP	7	2,294	2,226	-3.0%	0	100.0%	2,259	-1.5%	2,226	-3.0%	2,199	-4.1%	2,260	0	100.0%	2,228	-1.4%	2,171	-3.9%	2,198	-2.7%
STATE	State - UNCHR	2	477	496	4.0%	0	100.0%	460	-3.6%	460	-3.6%	361	-24.3%	496	0	100.0%	284	-42.7%	460	-7.3%	360	-27.4%
USAID	Baylor Eastern	7	12,437	12,431	0.0%	0	100.0%	12,353	-0.7%	12,222	-1.7%	12,368	-0.6%	12,186	0	100.0%	10,398	-14.7%	12,200	0.1%	12,350	1.3%
	DOD_UPDF	1	296	296	0.0%	0	100.0%	295	-0.3%	295	0.0%	295	-0.3%	296	0	100.0%	295	-0.3%	295	-0.3%	295	-0.3%
	G2G Jinja	1	590	591	0.2%	0	100.0%	590	0.0%	590	0.0%	590	0.0%	590	0	100.0%	590	0.0%	590	0.0%	590	0.0%
	G2G MEGA IL	1	1,623	1,624	0.1%	0	100.0%	1,624	0.1%	1,624	0.1%	1,624	0.1%	1,624	0	100.0%	1,624	0.0%	1,618	-0.4%	1,624	0.0%
	G2G Moroto	1	285	302	6.0%	0	100.0%	294	3.2%	294	3.2%	294	3.2%	294	0	100.0%	138	-53.1%	262	-10.9%	270	-8.2%
	JCRC Kigezi	5	1,946	1,946	0.0%	0	100.0%	1,961	0.8%	1,960	0.7%	1,960	0.7%	1,945	0	100.0%	1,961	0.8%	1,960	0.8%	1,960	0.8%
	JCRC Lango	9	5,370	5,382	0.2%	0	100.0%	5,373	0.1%	5,373	0.1%	5,413	0.8%	5,376	0	100.0%	5,373	-0.1%	5,373	-0.1%	5,388	0.2%
	MIAP_EC	7	4,452	4,449	-0.1%	0	100.0%	4,421	-0.7%	4,434	-0.4%	4,432	-0.4%	4,372	0	100.0%	4,325	-1.1%	4,405	0.8%	4,420	1.1%
	TASO-Acholi	4	2,172	2,174	0.1%	0	100.0%	2,174	0.1%	2,182	0.5%	2,220	2.2%	2,174	0	100.0%	1,909	-12.2%	2,163	-0.5%	2,204	1.4%
	TASO-Ankole	11	8,180	8,190	0.1%	2	100.0%	7,962	-2.7%	7,691	-6.0%	7,677	-6.1%	7,868	0	100.0%	7,501	-4.7%	7,679	-2.4%	7,666	-2.6%
UPMB LSDA	8	3,793	3,792	0.0%	493	-87.0%	3,791	-0.1%	3,689	-2.7%	3,074	-19.0%	3,792	1,108	70.8%	3,796	0.1%	3,689	-2.7%	3,021	-20.3%	

of clients reached are not circumcised. The occurrence of AEs was low (0.2%): Majority of the AEs may be due to infection and generally occur within 48 hrs postoperatively. The newly identified HIV+ individuals were very few and all were linked to HIV care, support and treatment services. There were robust M&E, data management and reporting systems at majority of the sites. However, there were deficiencies in completeness of the client forms, data use and capacity to handle SMC information.

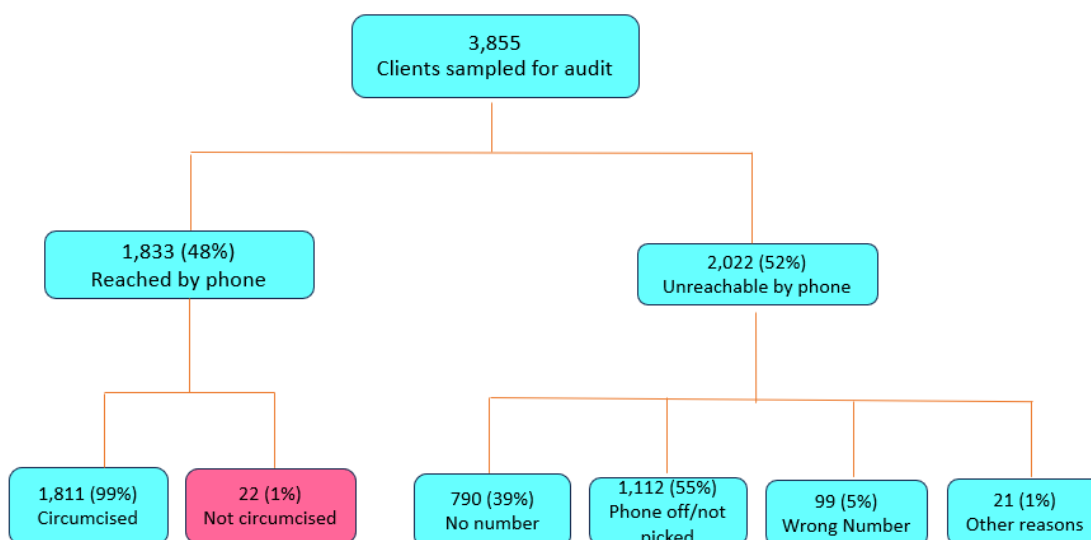


Data validation exercise at Kapelebyong HCIV under TASO Soroti

### Data validation results



### Client audit findings



# Gallery

## PMTCT DQA teams at various sites



Dr. Alice Namale with the national PMTCT mentor assessing M&E systems at St. Matia Mulumba HC III in Kiganda Kassanda district



## ecBSS Training



Mabel Nakawooya makes her presentation during the ecBSS training for Biostatisticians and District TB and Leprosy Supervisors (DTLS), the trainings took place in Hoima and Soroti

## SMC Inter-Agency Assessment



Dr. Nicholas Ayesiga with beneficiaries of the VMMC services during a client audit exercise

## ICT Infrastructure Assessment; Review Meeting



Edward Bichetero, Senior Technical Officer Data Science and Informatics at METS emphasized the need for improving medical supplies accountability and hoped participants would benefit from the workshop held at Esella Country Hotel



Martin Lukwago from MoH highlighted the importance of ICT in the delivery of services to the citizens

**METSWATCH**

**EDITORIAL  
TEAM**

Nancy Karunganwa

Ausse Kalega  
Musa Mwanje  
Abert Mugisha  
Dr. Simon Muhumuza  
Jenkins Tanga