

# An Information System for Gender-Based Violence Care and Support: Botswana

By Shelah S. Bloom and Jen Curran

In Botswana, an estimated 60 percent of women and girls have experienced gender-based violence (GBV) at some point during their lives.

GBV survivors require care and support services that cut across sectors that normally do not work together, such as education, health, legal/justice, and social welfare. For example, when a GBV client presents at a health facility, it is likely she will need services currently not available within the health sector, such as police or legal services. In Botswana, as in many countries in sub-Saharan Africa, there was no organized system to address if referrals to outside services were made, if they were taken up, or what outcome resulted.

At the request of USAID Botswana, MEASURE Evaluation is working with the Government of Botswana, Gender Affairs Department (GeAD) in the Ministry of Labour and Home Affairs. The task was to design a referral system for GBV survivor care and support services, and to develop an information system to track referrals made and completed. A new system has been planned and is ready to be piloted.

When piloted, the new system, which uses mobile-based technology, will replace the way referrals are taking place, on an informal basis:

- Providers told clients to seek services at another agency or made phone calls to providers outside their organization
- No paper forms were used between agencies
- There was no count of clients to track supply and demand of GBV services, which meant programming could not target needed areas
- There was no way to track if referrals were even made or if they were completed

In preparation for devising a new system, MEASURE Evaluation built stakeholder consensus by working with providers at the local level in areas where the system



Photo courtesy of: Shelah Bloom, MEASURE Evaluation

Jen Curran, left, and Shelah Bloom, right, of MEASURE Evaluation are pictured with a police officer in the village of Artesia, in Kgatleng Province, one of the pilot sites for the new GBV survivor care and support referral system.

would be piloted, and at the national level with ministry officials and NGO representatives in Gaborone, the capital.

The information obtained through the stakeholder consensus process informed the design of the system. MEASURE Evaluation developed an information system for GBV referrals based on mobile phone data entry and retrieval technology that will:

- Provide a count of clients presenting to all agencies within the referral network in each area
- Track referrals made by the initiating providers, and referrals completed at receiving agencies
- Deliver pertinent information to receiving providers about services already provided, and services needed at the new agency
- Maintain a case history on clients, eliminating the need for survivors to repeat their stories each time they present at a new agency

In addition to the mobile-based system, a web-based



Photo by: Sheldah Bloom, MEASURE Evaluation

A primary school in the village of Shorobe, Ngamiland Province, Botswana. School staff are being trained in order to identify and help GBV cases that come up among students. GBV is perpetrated in schools by teachers, staff or fellow students. Students also come to school after experiencing sexual abuse at home. Schools have special guidance teachers who handle GBV cases, and are providers in the new mobile-based referral system designed by MEASURE Evaluation.

application provides the same information, as well as the ability to generate reports. The system delivers information about referrals made and completed using an easy-to-interpret dashboard comprised of dynamic tables and bar charts, with data available in real time as they are uploaded from the phones. The GeAD can easily disseminate reports to individual service delivery points, as well as to national stakeholders in each sector. The reporting system also enables the GeAD to identify where the referral system is working efficiently, where demand may be overtaking supply, and where bottlenecks exist. Using this information, The GeAD can better target resources to ensure that service provision occurs in a consistent and timely manner.

The new system is planned to be piloted in two areas of the country: In the urban village of Mochudi and rural village of Artesia in Kgatleng Province, in the south, and in the city of Maun and nearby rural village of Shorobe in Ngamiland Province, in the north. The referral system there includes services across many sectors, such as police, schools, clinics, and legal services, and other agencies that provide help to survivors.

The stakeholder engagement process also informed planning for making the system operable, and included the following actions:

- Developing a service directory including all providers involved with any services that GBV survivors may need.

This includes agencies in the government, non-government, and private sectors. The names of these providers appear in pop-up fields in the mobile-based data entry system.

- Developing standard operating procedures (SOPs), including GBV case management within an agency and guidance on when to interact with the data system.
- Training on GBV within agencies, including case identification, counseling techniques, and protocols pertaining to confidentiality, informed consent, and safety.
- Identifying a referral system point person within each service delivery point to make referrals and enter data.
- Training on the mobile-based system and the web-based application.

The system is ready to deploy on the server of the Ministry of Home and Labour Affairs. There are two indicators for reporting:

**Referral initiation**

- The percentage of all clients presenting at an agency who need services not available there at the time they present and are referred.

**Referral completion**

- The percentage of clients who have been referred to an agency, who then present at that agency and obtain the services recommended by the initiating provider.

These two indicators are disaggregated by:

- Geographic area of the pilot
- The initiating service sector (school, police, health, social welfare, legal/justice, Kgotla—the tribal authority, livelihood, youth support)
- Type of service to which the client is referred (same as above)
- Client demographics (gender, age, new/repeating client) age groups: > 18, 18-24, 25+

This system can be easily adapted for implementation in any other country setting. The only changes needed would be in the data form, in the field of service providers. Thus, expanding the system to the rest of Botswana or to another geographical setting will entail only minor work on the data system.