



Collaboration of frontline actors for more effective GBV programme measurement 2019



Table of Contents

1	Introduction	3
1.1	Summary of our HIF project goals, objectives and activities	3
2	Problem Analysis.....	4
2.1	Individual pre work on strengths and gaps in GBV response M&E	4
2.2	Country lead Group Brainstorming Sessions	5
2.3	Workshop problem analysis.....	5
3	Solution generation.....	7
3.1	Innovation presentation from a panel of non-traditional private innovators.....	7
3.2	Individual solutions developed for three key challenges	9
3.3	Defining a final solution prototype through a storyboard.....	12
4	Reflections and Next Steps	14
4.1	Ideas for prototyping and testing steps.....	14
4.2	Reflections and take-aways	14
5	Annex 1- Detailed Storyboard.....	15

1 Introduction

1.1 Summary of our HIF project goals, objectives and activities

The objective of this project was to collectively identify innovative opportunities to strengthen the measurement of GBV programming through the creation of a shared space where GBV actors can discuss and learn from their respective experience, as well as exchange with select innovators from East Africa. The objective was not only to better measure outcomes for GBV survivors in the region – but also to explore approaches that ensure that the data and learning from M&E is used systematically to enhance IRC programming and improve services for women and girls in the Great Lakes region. The Great Lakes region was ideal as the Tanzania, DRC and Burundi country programs all have the same priority outcome in their Country Program Strategic Action Plans (“*Women and girls are protected from and treated for the consequences of gender based violence*”) and have been exploring as a region how to measure the successful attainment of this outcome.

The outcomes of this initiative are captured in the results statements below:

- A sound common problem analysis that systematically identifies practical and ethical challenges of monitoring the impact of GBV programming in Burundi and DRC displaced populations.
- Root causes for each of the challenges identified, based on practitioners’ field experience and recent IRC research, pulled together with lessons learned across the three countries in one summary document.
- Innovative approaches to measure more effectively GBV programme results are developed based on the rigorous problem and root cause analysis and the involvement of East African Innovators.

To achieve the above results, M&E, WPE and Health teams’ knowledge from across Tanzania, DRC and Burundi and GBV partner teams was pooled together with regional and global expertise during a series of consecutive events:

- I. Individual problem identification survey;
- II. In-country brainstorming workshops to discuss problems and challenges with multi-sectoral service providers
- III. Two bilingual webinars including all 3 countries to exchange identified problems and challenges
- IV. 3 day joint workshop to deepen the problem analysis and develop concrete ideas for regional solutions (May 13th to 17th, 2019 in Nairobi)
- V. Country level presentation and validation of the regional solutions with local GBV actors

To achieve our goal of finding innovative solutions to GBV measurement during the joint workshop, we decided to follow the first three days of the SPRINT approach¹:

Day 1: Define the long term goal, map the process, prioritize challenges, and interview experts

Day 2: Hear from innovators and define individual solutions on paper

Day 3: Select and improve the best ideas into detailed story boards

On day 2, we also invited 3 private sector innovators (Safaricom; Ushandi; Samuel foundation/IHUB Nairobi) and an external GBV expert from IOM to tell their stories in order to open participants’ minds to thinking outside the box when finding innovative yet field-driven solutions.

¹ <https://www.thesprintbook.com/>

This learning report aims to summarize this entire process in 3 sections:

- **Problem Analysis** – All the pre-work and Day 1 of the workshop
- **Solution Generation** – Day 2, a summary of the external speakers, and Day 3 of the workshop, including the 2 final solutions agreed upon
- **Reflection and Next Steps** – Conclusions drawn from the process and the proposed next steps

2 Problem Analysis

2.1 Individual pre work on strengths and gaps in GBV response M&E

An individual survey was first conducted to ensure that all participants had a voice in identifying strengths and challenges within their current role in GBV programming. The open-ended [survey](#) was sent to all participants and in total 17 answered. The key barriers to effective measurement and usage of monitoring data to strengthen GBV programme implementation could be grouped into 3 categories:

- 1) **The inability to collect the right data (with particular attention to not having a comprehensive overview of the client journey)**
- 2) **Weak coordination between Health, Women’s Protection and Empowerment (WPE) and M&E teams**
- 3) **The lack of human and financial resources to address the challenges**

Service providers were also asked to share an aspect of M&E for GBV response programming that is working well so that we could build our intervention on current successes and field tested solutions. Many field participants mentioned that the GBVIMS (Gender Based Violence Information Management System) works well because it tracks information about survivors of GBV when they seek services. Nonetheless, staff also mentioned that despite such success, the current system has flaws such as its inability to track the entire process of case management (in the original GBVIMS) and the lack of health information which creates the need for additional sector specific databases to track other data points.

We also explored field staffs’ perception of the most and least useful indicators currently used. The most useful indicators related to the three following group of indicators:

- 1) Access to service (whether or not survivors received clinical care within 72 hours of an incident)
- 2) Client satisfaction with IRC services, and,
- 3) Attitude changes among participants in our gender transformative programmes like EMAP (Engaging Men in Accountable Practices).

The least useful indicators mainly included different outputs currently used such as: training counts, cases referred, and coordination meetings. The main reasons for an indicator not being useful were that they do not provide information on quality of services or how it impacted the program and clients. In the same vein, one participant mentioned that although we count the number of referrals to much needed external services, we do not know if the services have been received.

Overall 12 out of 17 field staff stated that if they could measure anything they would like to be able to measure the overall results of our service – that is, if and how response services had a positive impact on the life, physical and emotional wellbeing of GBV survivors as well as if and how gender transformative programmes enable positive behaviour change in men and the ability to reduce GBV in the community.

2.2 Country lead Group Brainstorming Sessions

After the individual survey, each country held a multi-sectoral brainstorming session where they discussed thematic questions as a group to further explore challenges and solutions. The questions and responses can be divided into 3 categories:

- **Key challenges hindering effective measurement and use of data to achieve better services for GBV survivors:**
 - Data collection and management is inconsistent and not comprehensive (e.g. WPE teams use different databases than Health, so it is difficult to understand holistically a woman's or adolescent girl's experience and recovery)
 - Lack of prevalence data (which cannot be ethically collected). Without such data it is challenging to accurately monitor if perpetration of GBV is increasing or decreasing and so to understand the impact of GBV programming
 - Challenges with referral partners (e.g. understanding the impact of our capacity building with external providers, understanding the quality of services, not having proper ISPs, SOPs or MOUs)
 - Challenges with donors (e.g. they require use of their own indicators, including ones that IRC does not recommend)
 - Reluctance among survivors to seek services, which makes it difficult to understand through monitoring and feedback data what the needs are of all women and girls experiencing GBV
 - Tools not collecting the right information to understand outcomes
 - Resources (e.g. budgets are typically only 1-2 years so long-term impact is impossible to measure; budget constraints lead to fewer staff which increases the volume of work per staff and decreases quality)
 - Lack of coordination and communication between different teams
- **What has worked in measuring the results of our programmes?**
 - Exit interviews to capture feedback and measure outcomes for survivors related to our services
 - Measuring whether survivors receive lifesaving services in a timely manner. For example, in Tanzania, women and girls have increasingly sought help within 72 hours of experiencing sexual violence over the past three years (35% in 2016; 41% in 2017; and 53% in 2018) showing real impact of our programming.
 - Having a protocol between IRC and the health centres to ensure the collection and transmission of complete survivor data
 - Integrating systems so that one code can be used to follow a particular case
- **What else does the country program wish could be measured to enhance our results?**
 - Women's empowered contributions to their household (e.g. income generation, decision making, etc.) as a result of our gender transformative interventions
 - Prevalence of sexual violence in the community so as to know more about access and demand
 - Impact of community sensitization sessions
 - Improved understanding of the quality of our programming
 - Long-term impact studies of interventions such as EMAP, Girl Shine, and EAŞE
 - Effectiveness of the community approach to care (through community based organizations and community focal points)

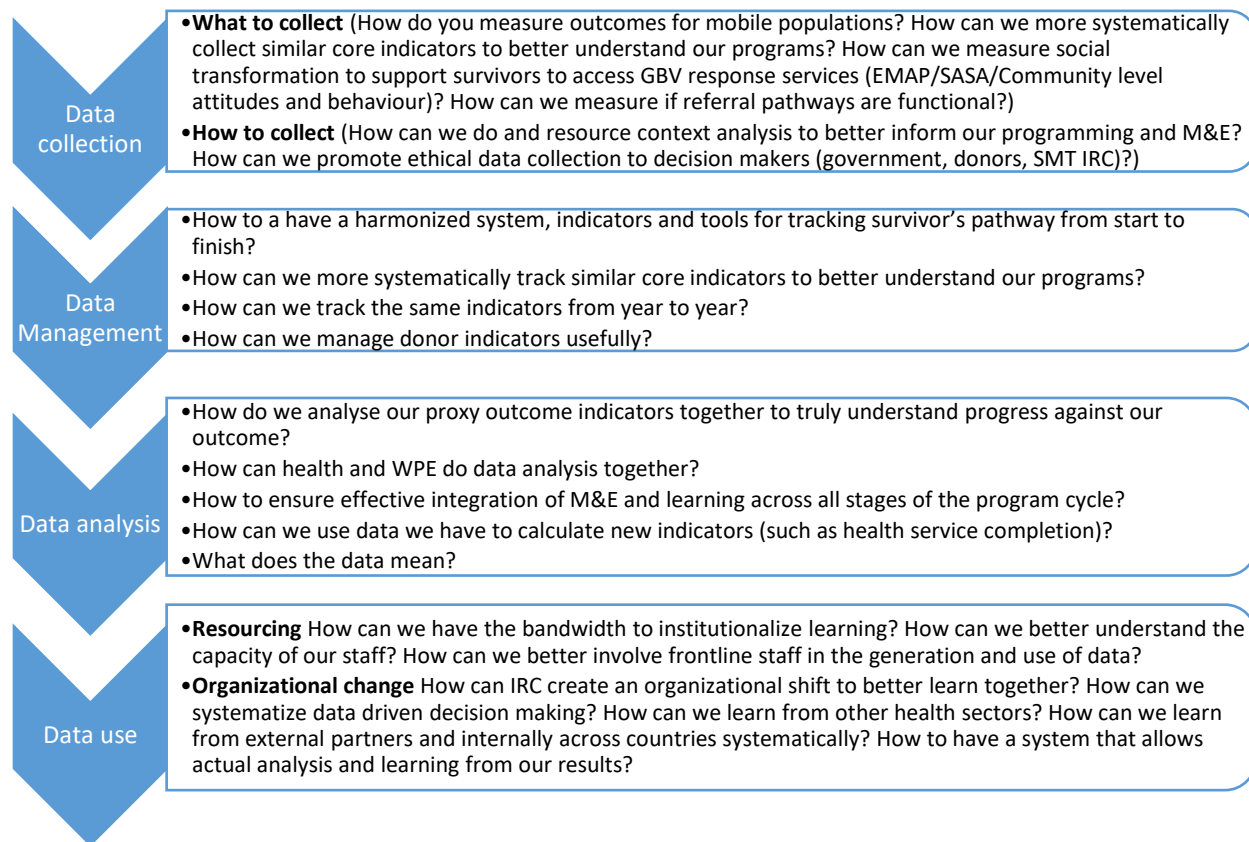
2.3 Workshop problem analysis

2.3.1 Initial Diagram of the challenges

The first day of the workshop was spent defining and mapping the key challenges to achieving our long term goal: *Better measurement and use of M&E to improve GBV programmes and the lives of the women and girls we serve*. The participants were divided into two groups – one French and one English – with

individuals from different countries and sector expertise in each. They were asked to define SPRINT questions (i.e. to transform “key challenges to achieve our goal into questions”)

Numerous similar SPRINT questions were generated which can be synthesized in the following buckets:



2.3.2 Challenge prioritisation

Each group was then asked to focus on and prioritize “big questions” which was done by process of dot voting using stickers. Based on the big questions identified, two final challenges emerged for the English groups and the French groups. These can be found in Box 1.

BOX 1: THE BIG QUESTIONS AND KEY CHALLENGES

English Group Questions

- ✓ *How do we develop a monitoring system for survivors which allows us to bring together several different services, and have complete information from the beginning until the end of a survivor’s journey?*
- ✓ *How do we stop working in silos but rather work together to collect and analyze information about our services in a holistic way?*

- ✓ How could we leverage the bringing together of essential Health and WPE data to improve our ability to speak to the achievement of outcomes at country level, regional and eventually global level so as to increase advocacy for survivors?

Challenges

1. How do we create an integrated information management system that follows a client from start to end and capture data from both health and WPE?
2. How do we enhance the use of data and information for effective change in GBV programming?

French Group

Questions

- ✓ How can we improve the quality of and access to GBV program data so that decision makers can make good decisions?
- ✓ How do we make GBV program data more accurate and make decisions based on data so that activities and advocacy are evidence-based?
- ✓ How can we improve collaboration between Health and WPE?
- ✓ How can we leverage tools already in place (e.g. COMET, PRIMERO) to ethically share, access, and use data?

Challenges

3. How to improve and ensure data and information quality during GBV project implementation?
4. How to allow data access and use in order to make the right decisions to improve lives of women?

3 Solution generation

3.1 Innovation presentation from a panel of non-traditional private innovators

On Day 2 of the workshop, three external presenters shared case studies of impactful innovations.

The first presenter, Monica Nthiga, came from Ushahidi, a global technology company that builds software to help citizens communicate with their government and other authorities. The company was founded in 2008 following the 2007/2008 post-election violence in Kenya. Following the crisis, the founders identified a communication gap among citizens and between citizens and government agencies. Issues were either unreported or under reported. There was also no system to verify critical incidents that were being reported. Since then, Ushahidi has been used 150,000 times in over 160 countries, crowdsourcing more than 50 million reports from citizens across the world. Each deployment is tailored to a specific context and has a different workflow. Ushahidi provided a solution to enable increased reporting by citizens, avenues of verification while ensuring that people remained safe. The mapping platform allows:

Participant questions on Ushahidi

- ❖ How do we mitigate trusted observers from bias?
- ❖ What are the key challenges experienced in the platforms and how they were overcome?
- ❖ How do you ensure security of the information/ data from hacking? Retrieval of data in case its deleted?
- ❖ How is the platform made more inclusive?

1. Crowdsourcing of data through various

communication channels, such as, SMS, Twitter and the web from the general public 2. Managing, organising and verifying the incoming data, and 3. Publishing and visualization of verified data. The information is triangulated and filtered based on urgency and escalated to relevant actors.

Additional examples include the “Mapping Media Freedom Project” which maps incidences of violations to media personnel around the world and the “Nepal Earthquake Platform” which maps areas experiencing earthquakes to assist in relief food distribution and to provide help to the people on the ground. Monica recognized the importance of iterating by explaining that solutions are not always 100% and that they go through improvements to address the needs of the users.



The second presenter was Benjamin Hounsell, Head of Implementation Research at Samuel Hall, who shared their innovation for conducting research on how remittances work in Refugee camps while also providing the interviewee information on how to best use the remittance received. At the outset of the project, Samuel Hall asked themselves “How can we do something to give back to the people that are answering our questionnaires?” They developed a platform for asking a respondent about how they process remittances, including prompts for explaining key terms so as to better answer the survey

Participant questions on Samuel Hall

- ❖ What online and offline capabilities are there?
- ❖ How long did it take to develop?

questions. This simultaneously educates the participant while collecting data. Then, based on the responses, the platform provides information on the best available service provider(s) for their circumstances. It also provides the most cost effective way of receiving money and other financial services available to the users (e.g. savings, investments etc).

The third presenter was Kerubo from Mezzanine Ware, working through Safaricom in Kenya. This particular innovation, “*AITA HEALTH*”, was established in 2014 and allows community health workers (CHW) to monitor patients through a mobile app. The motivation behind this innovation was a study in Kenya which showed that one CHW might have between 500 and 1,000 patients, making it incredibly difficult to complete initial and follow up visits for their entire case load. With the new innovation, all the data was input into a mobile phone through the *AitaHealth* App, which helps the CHWs to carry out their jobs more efficiently (CHWs no longer carry heavy patient files, safety of confidential patient information ensured, and quality of services improved). Now, the CHW registers the household in the app on the mobile phone, conducts the health assessment and provides on the spot care where need be. He/She then refers the household to a clinic on a given date, and the mobile app prompts the worker a day before on the next visit is due to the household. All the data is collated and stored in the cloud. In terms of data access and privacy, all access points in the platforms are password protected and users have role-based access so that everything done on the system can be monitored. The solution was developed in partnership with University of Pretoria, who provide the technical health expertise.

Participant Questions on Aita Health

- ❖ How do you ensure data protection?
- ❖ Once a patient is referred to a clinic, is there a follow up to ensure that they actually attend?
- ❖ How does the budgeting work with both government and donor partners?
- ❖ What’s the future of the project?
- ❖ What are the main challenges?

3.2 Individual solutions developed for three key challenges

Following the inspirational innovation presentations, each participant produced a 3 panel story of his/her solution for one of the 3 final agreed challenges identified the day before:

- I. **HOW DO WE CREATE AN INTEGRATED INFORMATION MANAGEMENT SYSTEM THAT FOLLOWS A CLIENT FROM START TO END AND CAPTURES DATA FROM BOTH HEALTH AND WPE?**
- II. **HOW TO IMPROVE AND ENSURE DATA QUALITY DURING PROJECT IMPLEMENTATION?**
- III. **HOW DO WE ENHANCE THE USE OF DATA FOR EFFECTIVE CHANGE IN THE LIFE OF WOMEN AND GIRLS?**

These panel stories were put on the wall and participants were asked to circulate and vote on a complete solution, or on specific elements of a solutions. Participants were also asked to share comments and/or questions on the solutions. The most popular individual solutions are portrayed below – along with the key stand out ideas for each of these.

3.2.1 Solution for challenge 1: HOW DO WE CREATE AN INTEGRATED INFORMATION MANAGEMENT SYSTEM THAT FOLLOWS A CLIENT FROM START TO END AND CAPTURES DATA FROM BOTH HEALTH AND WPE?

	1. COMBO – SYSTEM	2. INTERGRATED PRIMERO	3. SUPER PRIMERO
STEP ONE			
STEP TWO			
STEP THREE			

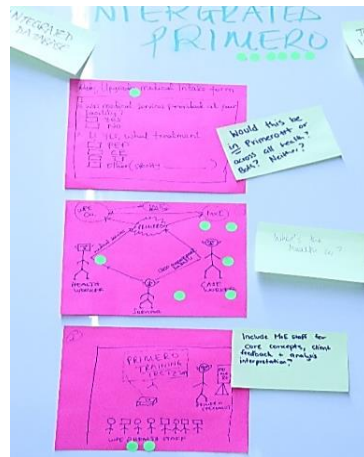
COMBO SYSTEM
STAND OUT IDEAS

The system is solving the gap between the information available to the different teams – how the system can provide information that both teams can be able to access and use.



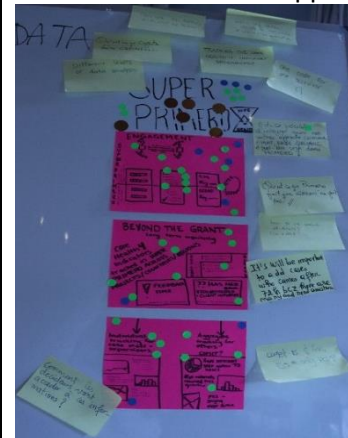
INTEGRATED PRIMERO
STAND OUT IDEAS

The integration and the training elements were particularly popular.



SUPER PRIMERO
STAND OUT IDEAS

This was a very popular idea – adopt Primero for Health and GBV actors to both collect and track services and outcomes but there's need to learn from what didn't work before and come up with a new successful approach.



3.2.2 Solution for Challenge 2: HOW DO WE ENHANCE THE USE OF DATA FOR EFFECTIVE CHANGE IN THE LIFE OF GIRLS AND WOMEN?

	OUTCOME MENTALITY	MAKING MATOKEO	D4D	Q ²	CLA
STEP ONE					
STEP TWO					
STEP THREE					

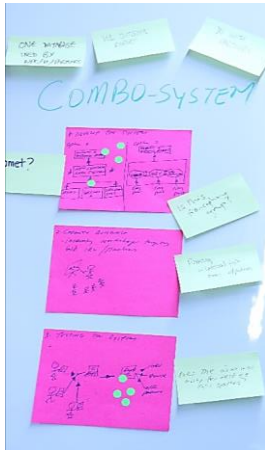
OUTCOME MENTALITY

STAND OUT IDEAS

Meeting to discuss the results and using them to make decisions together.

Ensure we use information for dialogue with clients.

Bring a culture change where data is used at all levels, and get teams talking to each other and making decision together



MAKING MATOKEO

STAND OUT IDEAS

Health and WPE can help each other avoid multiple surveys. Primero data speaks to access and quality.

Data Analysis Dashboard that explains how we are achieving our signature on Health 4 AND can be used by staff at all levels of the organization



Q2 (QUALITATIVE x QUANTITATIVE)

STAND OUT IDEAS

The focus should not only be on challenges but also on success stories. Learning from failure and celebrating success as a team.

Ideally, everyone should be able to use the data for decision making
Score Card Triangulation of data



3.2.3 Solution for challenges 3: HOW TO IMPROVE AND ENSURE DATA QUALITY DURING PROJECT IMPLEMENTATION?

BETTER TOOL UNDERSTAND BY THE FIELD

UNITED WE ARE PRODUCTIVE

DATA IS COLLECTED & ANALYZED

C&C DATA (CORRECT AND COMPLETE)

AUTOMATED ALERTS FROM RESULTS

TRUSTED INFO TO CHANGE LIFE

STEP ONE

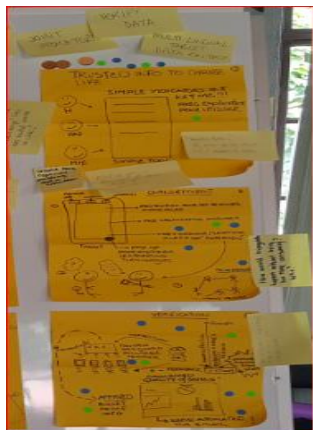
STEP TWO

STEP THREE



TRUSTED INFO TO CHANGE LIFE STAND OUT IDEAS

Multi-language tablet data collection with restrictions for impossible responses, pre-calculation included, key warnings and explanations for the interviewers. Dashboard sent via automated email. Verification of data by accountable verifier



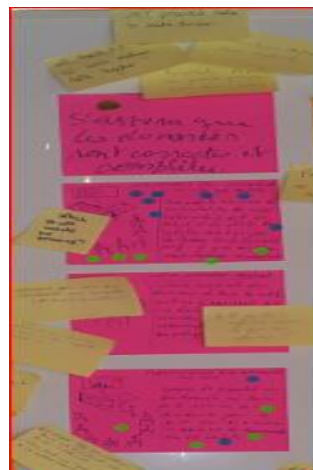
ALERTS FROM RESULTS STAND OUT IDEAS

Program an automatic alert system each month to signal results and targets achieved. Mobile technology to share data from field to SMT and SMT decisions to the field. Guidelines and checklist to justify that decisions taken are based on effective data. Accountability without excuses.



C&C DATA STAND OUT IDEAS

Explanation of indicators and collection tool from the onset through joint meetings with participation from all levels.



3.3 Defining a final solution prototype through a storyboard

Everyone was given a golden sticker to be used for voting on their favourite solution. There were several ideas regarding how to improve data collection by creating an integrated system and several on improving access and usage of data through data analysis dashboards so the voting led to choosing one solution from each of these categories. Once the most popular solutions were identified, the group split to create storyboards of these solutions based on language and area of interest.



1. The first group tackled access and usage of data - **Making Matokeo** and **Q^2** had the most votes and thus both ideas were combined, while also pulling standout ideas from other solutions.
2. The second group tackled data collection and presentation - **Super Primero** had the lead votes, but the group incorporated standout ideas from each of the data collection solutions. This group decided to split into two and come up with two storyboards, although the results were similar.

The groups set out to create a storyboard of an 8 to 12 step process that would describe the solution.

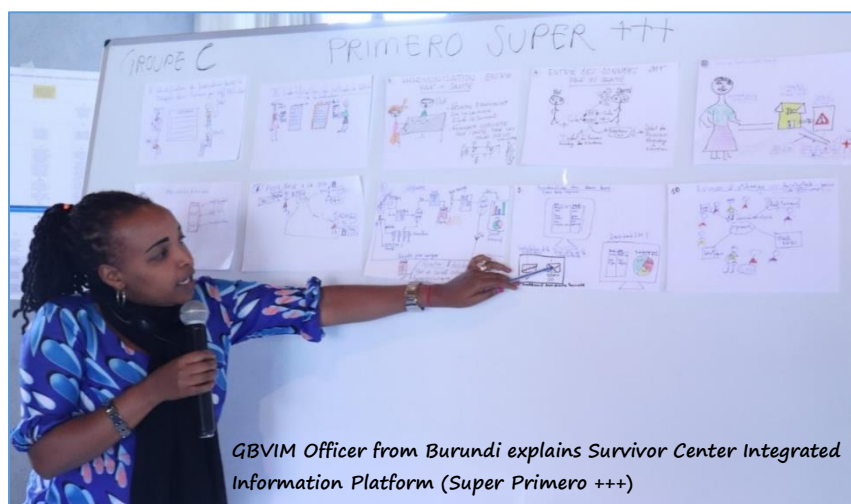
3.3.1 Final Solution #1 Survivor Centred Integrated Information Platform (Super Primero +++)

In summary the Super Primero solution addresses two intrinsic challenges IRC Great Lakes has been facing:

- I. The inability to follow the journey of survivor in one single system across sectors. Super Primero would gather results both of health services provided as well as the physiological care and support received into one platform. Furthermore, the system allows case workers to track a single survivor over time: each case worker would have their own dashboard where they could monitor access to services and improvement in their cases' outcomes from case open to close by using the same client code throughout.
- II. The inability to aggregate and visualise data at district, country, regional, and global level. This system would protect individual data by allowing aggregation of both output and outcome results of key indicators in a separate online dashboard that could illustrate data overtime and across geographical areas. The aggregated data would be available at all levels to allow for strong analysis and evidence based decision making.

The solution includes the creation of a unique code for each client so that health and GBV case management records are included into one platform. It also includes a series of permissions that would aggregate data for visualisation at high level but keep individual records completely confidential. It would include a strict verification component to ensure data quality as well as automated alert for reminders and atypical results.

While solution one doesn't change what is collected, it would greatly contribute to the quality of comprehensive GBV data and create an opportunity for holistic data analysis service providers, program managers and for advocacy purposes. Access to, and quality of care would also be positively impacted as case managers and health staff would be able to follow up and collaborate closely in the recovery of the survivor.



GBVIM Officer from Burundi explains Survivor Center Integrated Information Platform (Super Primero +++)

3.3.2 Final Solution #2 - Data for effective change in the life of girls and women

This second solution addresses the absence of processes and systems to ensure systematic use of data to make decisions and ultimately bring positive change in the life of girls and women. This group built their solution on the idea that Super Primero had ensured the improved collected of GBV data on survivors' recovery and access to services. This group then outlined how this data could be accessed by decision makers in a safe and effective way to inform their decision making. The solution outlined by group 2 outlines a process that brings the data into the hands of decision makers informed by service provider and manager's analysis and recommendations.

The process starts with the M&E team reviewing aggregated data from Super Primero which is shared with service provider teams from Health and WPE/GBV sectors. These service providers then engage in collective analysis and identify recommendations to improve the program based on data findings. Crucially service providers are the first interpreters of the Super Primero data as they can consider the

contextual factors and use their practitioner expertise to inform analysis. The findings will also be routinely triangulated with groups of women and girls who provide an essential accountability point to inform analysis and program improvements. Service providers are supported by M&E teams to document case stories to illustrate the data findings. These case studies are uploaded onto the dashboard by the M&E team alongside the quantitative data findings. The dashboard (containing quantitative and qualitative data and program recommendations from service providers) is then accessed regularly by program coordinators and senior management who can review the dashboard and make decisions informed by mixed methods data and service provider recommendations. An accountability mechanism within the dashboard provides prompts services providers, M&E team members and senior management to complete their tasks according to a checklist outlining each person's role in the system. Regular learning forums help to share learning regularly and data is utilised to inform strategic planning at the country and regional level. Detailed story boards are presented in Annex 1.

4 Reflections and Next Steps

4.1 Ideas for prototyping and testing steps

IRC is now exploring opportunities to develop and test the above mentioned solutions in the Great Lakes region. Currently concept notes are being developed and IRC is engaging with potential donors that have specific interest in M&E and GBV programming. The IRC has already connected with internal GBVIMS specialists and external software developers who will help us sort out some of the technical challenges and the feasibilities of the prototypes. We envision to field test the solutions in one or two of the Great Lakes Countries. The suggested project will include strong cooperation with local and international partners and aims to pilot the solutions in a scalable way for maximum future impact.

4.2 Reflections and take-aways

A total of 16 participants responded to the post-workshop feedback survey.

Responding to “How much do you think the Sprint method helped with innovation?” the average response was “Very” (4.3 out of 5).

Responding to “How much did you enjoy the process?” the average response was “Very” (4.6 out of 5).

The three activities deemed the most useful for innovating were: the Solution sketch (8), Listing Sprint Questions (5), and the Innovation Inspiration Panel (5). The three activities deemed the least useful for innovating were: Make a map (8), How Might We (6), and the Speed Critique (6).

100% of respondents say they would use the Sprint method again, and feedback was generally positive though many participants mentioned needing more explication throughout the process.

“It was great to approach problem and solution identification with a new methodology which was highly structured.”

“La méthode est bonne mais il faudrait une orientation sur comment l'utilisée afin de mieux la comprendre et l'appliquer dans le future”

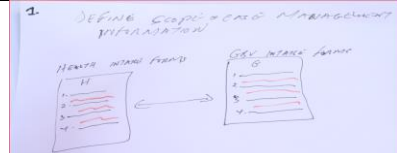

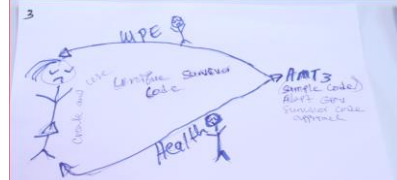
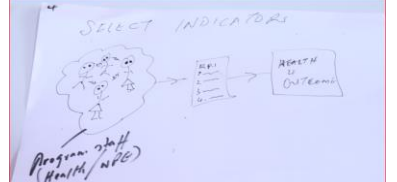

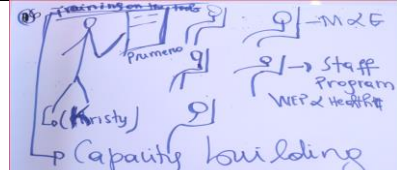
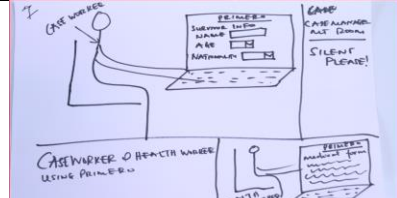
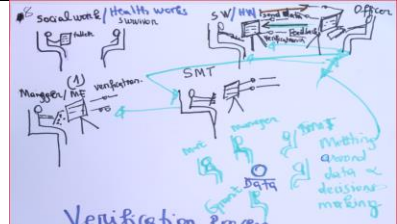
5 Annex 1- Detailed Storyboard

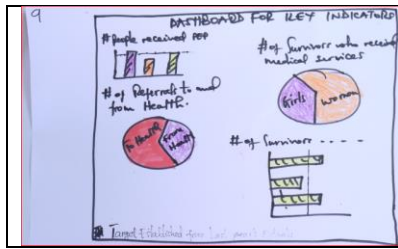
Story Board 1a: Survivor Centre Integrated Information Platform (Super Primero)

IMAGE	BRIEF DESCRIPTION
	<p>Start with identification of health data points and activities that are not currently integrated in GBVIMS. This will be a joint WPE/M&E/Health exercise to make sure the system meets the needs of all teams.</p>
	<p>Both WPE and Health will have a tailored case intake form and the ability to create a code which can be shared by both WPE and Health service providers to allow for case information to be jointly entered across both sectors</p>
	<p>GBVIMS trainings including providers from both WPE and Health teams as a starting point and 'harmonisation' follow up meetings between health and WPE to make sure the database is used correctly.</p>
	<p>This concerns data intake. New cases who present (either through WPE or Health teams) should receive a standardized code that is accessible by both teams. There is a system which should alert if the case was attended to so that health/WPE staff can access and follow up with the survivor. This would improve continuity of care</p>
	<p>Regards a survivor who comes before 72 hrs. In this case we saw it better for IRC staff to have an alert system in their computers to alert health workers that the survivor requires urgent medication. This could include simple protocols reminding staff what services/medication should be offered to the survivor.</p>
	<p>A revised information sharing protocol/MoU that links Health Staff, PAF Program and makes sure all SUPERPRIMERO+++ users are on the same page.</p>

	<p>Explore how the system can be used to send messages and alerts to survivors in a safe and acceptable manner. Linked to both client feedback and health/protection education.</p>
	<p>This is about verification. It would be helpful to have in the system a checklist for data coming from the field on data quality at all levels. M&E support/Officers should have the right to verify and tick where there are errors and the system would return data to the field for errors correction.</p>
	<p>This concerns data verification in relation to the trends, cases received. Dash boards should be automatically generated based on selected outcome indicators with different information depending on the recipient (Provider, program manager, SMT, etc)</p>
	<p>This will be the exchange meeting for all relevant teams. Trends should be discussed and addressed, discussions made around cause correction, advocacy messages, donor communication, etc.</p>

Story Board 1b: Survivor Centre Integrated Information Platform (Super Primero)

IMAGE	BRIEF DESCRIPTION
	<p>Define scope of case management information that you want to do. We are looking at comprehensive intake forms (Health and GBV intake forms)</p>
	<p>What kind of information will be able to be shared across health, what health will be able to share with GBV case workers and what GBV case workers will be able to share with Health workers to manage those cases</p>
	<p>System to be able to identify one unique code depending on where the survivor access services, unique can be able to be developed at that particular point and use it in all the levels .</p>
	<p>Identify the key program indicators to help us measure the Health 4 outcome in totality.</p>
	<p>We are looking at an alert system and client feedback mechanism that we can be able to input into the system, option of mobile phone that can be able to give feedback either as an alert to the survivor to come back for services, or feedback to be able to provide information.</p>
	<p>Here is basically capacity building of the staff to be able to use the system efficiently so that they be able to generate more health information that we require</p>
	<p>This is the real utilization we can see both Health and GBV sections entering data as they see the client.</p>
	<p>We want the system to have a stage where the data entered can be verified in different levels by different categories of staff.</p>



Finally we have the dashboard that represents the outcome the way we want, selected the indicators

Group 2 Storyboard – Data for effective change in the life of girls and women

IMAGE	BRIEF DESCRIPTION
	<ul style="list-style-type: none"> ✓ The starting point is Super Primero: an integrated database with both Health and WPE data on survivor access to services and recovery. This solution builds on solution 1.
	<ul style="list-style-type: none"> ✓ M&E teams review the aggregated Super Primero monthly data ✓ Aggregated data is shared with service providers (health and WPE) for their interpretation.
	<ul style="list-style-type: none"> ✓ Services providers (Health and WPE) and M&E sit together to discuss the data trends in light of context analysis and survivor feedback ✓ Service providers discuss data findings and agree on joint recommendations to improve programming ✓ Where data is confusing or new trends are identified, service providers will meet with women and girls in focus group discussions to bring their perspective into interpreting the data (data triangulation and interpretation) ✓ Service providers document case studies to illustrate the positive or negative trends to help program leadership and donors understand the findings.
	<ul style="list-style-type: none"> ✓ M&E team uploads case stories, data findings and program recommendations to improve programming are uploaded into a dashboard ✓ The dashboard provides an overarching review of key indicators but is interactive and if the user clicks on the icons they can access more in depth data analysis, case studies and program recommendations related to each data point. ✓ The dashboard tracks change over time to provide decision makers with a longer term picture of program improvements.

<p>Accountability Checklist</p> <table border="1"> <thead> <tr> <th>Staff</th> <th>Responsibility</th> <th>Time</th> </tr> </thead> <tbody> <tr> <td>Field staff</td> <td>Swine</td> <td>monthly</td> </tr> <tr> <td>Program Coordinator</td> <td>Verification and report</td> <td>monthly</td> </tr> <tr> <td>M&E</td> <td>Complaints</td> <td>monthly</td> </tr> <tr> <td>SAP</td> <td>WhatsApp team</td> <td>daily</td> </tr> <tr> <td>CD</td> <td>use pm SAP</td> <td>daily</td> </tr> </tbody> </table>	Staff	Responsibility	Time	Field staff	Swine	monthly	Program Coordinator	Verification and report	monthly	M&E	Complaints	monthly	SAP	WhatsApp team	daily	CD	use pm SAP	daily	<p>✓ An Accountability Checklist is developed to outline everyone's roles and responsibilities from service provider to senior leaders and across sectors</p>
Staff	Responsibility	Time																	
Field staff	Swine	monthly																	
Program Coordinator	Verification and report	monthly																	
M&E	Complaints	monthly																	
SAP	WhatsApp team	daily																	
CD	use pm SAP	daily																	
<p>Diagram illustrating a workflow: Action → SMS Alert → Deadline (clock icon) → Review & Report</p>	<p>✓ The checklist is used to create an online monitoring system connected to the dashboard which routinely alerts staff when a task is not completed</p>																		
<p>Outcome Review Meeting Step 3</p> <p>Quarterly Outcome Review Meeting Agenda</p> <ul style="list-style-type: none"> Control Analysis - main points Review data, interpretation of core indicators Program level recommendations Operate sector or integration M&E recommendations for donor coordination Update program 	<p>✓ In a regular outcome review meeting, program managers from Health, WPE and M&E sit together and discuss service provider joint program recommendations to improve programming.</p> <p>✓ Joint program recommendations are adjusted and endorsed</p>																		
<p>Learning Forum</p> <p>Target SAP Control Status Summary & Intervent Services - Issues</p>	<p>✓ WPE, Health and M&E Coordinators meet together and use overarching view of the national response to inform decision making about program improvements</p> <p>✓ Coordinators agree on joint advocacy recommendations to influence senior leadership and donors to fund programming</p>																		
<p>Learning Forum Country Program</p> <p>SMT (Staff Managers Team)</p> <p>DATA DASHBOARD</p> <p>Equipos Ops</p>	<p>✓ WPE, Health and M&E hold regular learning forum at the country program level to further explore data findings and implementation of program recommendations to improve programming</p>																		
<p>REGIONAL SAP REVIEW MEETING</p> <p>Great Lakes Health A Outcome Report</p>	<p>✓ Conduct regional SAP review meetings and update action plans for each country based on review of dashboard</p>																		
<p>JOINT WPE & HEALTH LEARNING FORUM</p>	<p>✓ Regional and global joint WPE, Health and M&E sector learning forum to ensure all are around the table and discussing key issues raised by joint data analysis and dashboard</p>																		