

## POLICY BRIEF



### Designing a multisectoral user-centred technology system for tackling violence against women

Gender-Based Violence (GBV) is a major public health and social problem affecting the health, safety and livelihoods of 70 percent of women and their limited roles in building inclusive and smart communities in Sierra Leone. Manual evidence gathering and referral processes along with the lack of a well-coordinated multisectoral collaboration, communication and data management systems impede effective response to GBV, resource mobilisation and women's access to timely services, learning materials and support. Evidence shows that innovative strategies based on user-centred designed technologies are needed to address these challenges.

#### WHAT'S AT STAKE

The study reported in this brief resonates with the Sierra Leone government policy and development agenda for creating a pathway to strengthen GBV response and prevention. It focuses on identifying potentials for leveraging innovative digital tools to improve multisectoral collaboration, GBV data management and knowledge sharing.

#### KEY FINDINGS

- ◆ Our research shows that the lack of a secure and sustainable centralised data management system is a serious drawback to effectively addressing GBV.
- ◆ Inconsistent information sharing protocols affected multisectoral coordination, incident information sharing and survivors' protection.
- ◆ Limited use of digital technology by GBV service providers impacted on effective service delivery.
- ◆ Good evidence of referral pathway usage, but differing protocols and manual evidence gathering limited unified GBV responses.
- ◆ Unanimous support for a new data privacy, security and sharing policy to guide GBV systems development and interventions.

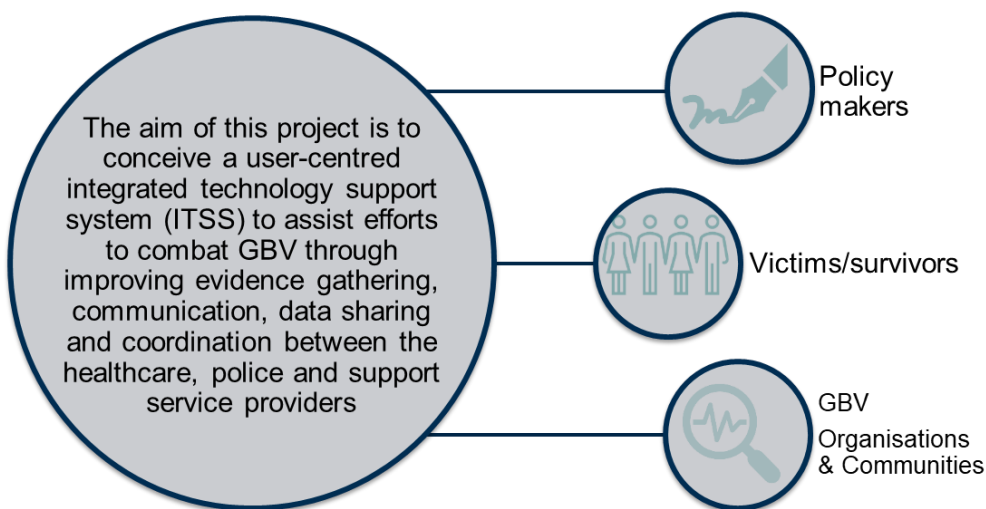
Gender-based violence, particularly sexual harassment and violence, is widespread in Sierra Leone. Despite progresses in recent years, GBV remains a major challenge undermining development efforts and deterring many women and girls from maintaining the physical, psychological and mental wellbeing they need to participate equitably in inclusive community and livelihood development. GBV is often reinforced through structural gender inequalities in education, employment, access to resources and poverty, as well as cultural practices and patriarchal norms.

It is evident that GBV prevention and response efforts accrue high human and economic costs often associated with awareness campaigns, legal processes, healthcare and other support services. Research shows that improving collaboration between gender-focused organisations, the health sector, police, justice system and other sectors can help reduce these costs and prevent GBV before it occurs, or respond effectively following an abuse. However, to the knowledge of this research team, limited studies exist to explore effective solutions to improve and strengthen GBV response, evidence gathering, data management and the multisectoral process of ending GBV in Sierra Leone.

## RESEARCH APPROACH

The research team gathered evidences from literature, interviews, survey questionnaire and workshops. A set of seven in-depth interviews with gender organisations conducted between August and September in 2021 generated first hand insight into the perception of GBV, socio-cultural and technology contexts in Sierra Leone. The interviews addressed topics such as service delivery, response strategy, communication, data management and the role of digital technology. Results from the interviews informed the design and administration of a survey that captured additional knowledge from 68 GBV stakeholders. The dataset was analysed to identify the potential for advancing technology solutions. This data also led to conceptual designs, proposing partial solutions for assisting GBV response and prevention efforts.

Findings from interview and survey along with the conceptual designs were presented in a workshop, where the participants collaboratively deliberated the research results and discussed potential design solutions in terms of desirability and usefulness.



## OVERALL PROJECT GOAL

Transformative innovation in the GBV multisectoral collaboration and communication, creating a fundamental shift in the way the Sierra Leone government support sustainable GBV response and prevention efforts.

Thus, to improve response and better health and livelihood outcomes for GBV victims and survivors, the team worked collaboratively with key stakeholders in GBV to explore user-centred and socially aware engineering technology solutions. This brief shares the main findings and recommendations that may impact policy responses and GBV interventions in Sierra Leone.

MAIN RESULTS

Lack of a secure and sustainable centralised data management system is a serious drawback to effectively addressing GBV

The results confirmed that the lack of or non-functioning centralised GBV data management system leverages a significant challenge in capturing, storing and sharing GBV data securely. Different organisations revealed adopting individual and separate methods for storing and managing data (Fig 1). Some organisations store and manage data using an electronic database encrypted for internal authorised users only (51.5%). Others rely on printed reports and documents (45.6%), filing cabinets (38.2%) and external storage devices such as USB and hard drives (30.9%). While these methods enable some meaningful data storage and management at the organisational level, it limits the guarantee for data confidentiality and protection of the rights and privacy of survivors. In addition, it hampers the possibilities of using up-to-date information to inform decision making in a timely manner. A secure and sustainable centralised data management system is significant for ethical and safety generation of comprehensive, timely and accurate GBV data. As a result, this is an area where the government can intervene to streamline and improve the response and prevention of GBV.

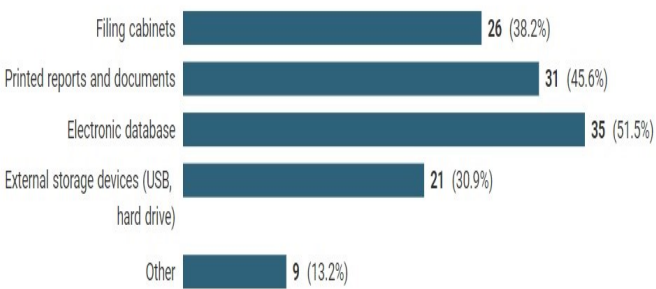


Fig 1: Percentage comparison of GBV data storage and management

Inconsistent information sharing protocols affected multisectoral coordination, incident information sharing and survivors' protection

There is a strong evidence and urge for interagency information sharing. Approximately 73% reported sharing GBV information mostly with government agencies (e.g. Line Ministries and Police) compared with other GBV service providers. Typical GBV information shared included referred cases (52%), number of GBV perpetrators (50%), gender policies and regulation (42%) and referral procedures (40%). Meetings and project reports are the most common

channels through which information is shared, followed by emails and other digital tools such as WhatsApp, mobile and telephone calls and media. However, while information sharing is evident, there is a lack of consensus between agencies about what information to share, with which agencies, through what channel and under what circumstances. For instance, 37% of participants noted that the request for information is not always clear, while 27% believed that, if shared, the information could be misused – pointing to the sensitivity and confidentiality of the issue around GBV. There is a need for an interagency information sharing protocol, to help agencies address challenges related to GBV information sharing, develop a secure information sharing system, and to protect survivors while promoting improved multisectoral coordination.

Limited use of digital technology by GBV service providers impacted on effective service delivery

Despite the efforts to deliver services to support survivors and other organisations, the limited use of digital technology denies the opportunity the tool accrues to improve service delivery and maximise impact. Digital technology is recognised as an essential driver to tackling GBV, with significant potential to support awareness raising, strengthen the processes of decision-making, enhance the support care and provide effective routes for GBV survivors' safety. However, while almost 90% of GBV agencies consider digital technology necessary for service delivery, only 35% of service providers deploy it to provide services to their beneficiaries. Most commonly used technologies, such as social media, WhatsApp and radio (Fig 2), are reported to offer limited capability to deliver critical GBV services such as safe and confidential data collection, electronic case referral and multisectoral collaboration.

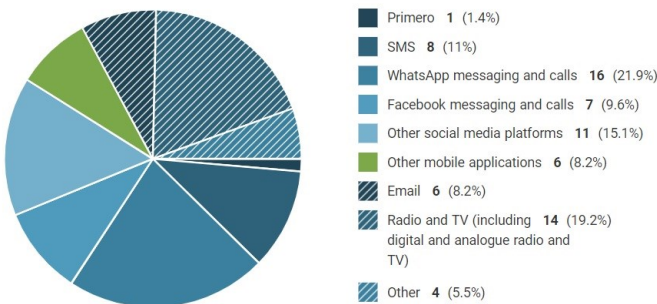


Fig 2: Technologies/Platforms Used

Further analysis of the data shows that the lack of technical capacity, hardware, software and connectivity to implement the technology are the primary reasons for not using a digital tool to deliver services. Another factor identified relates to the limited resources to fund the development of technology solutions. Addressing these challenges will require a commitment by the government, GBV agencies and other stakeholders to invest not only in technical infrastructure, but also training to improve service delivery and maximise impact in GBV prevention and response.

### **Good evidence of referral pathway usage, but differing protocols and manual evidence gathering limited unified GBV responses**

Not all organisations follow the same protocols as indicated in the national referral pathway. Approximately 40% of the organisations reported to follow some elements of the referral procedures. Depending on the nature of their services and whether the organisation has direct exposure and communication with the GBV victims and beneficiaries, different rules and regulations are followed. The lack of consensual guidelines on safety reporting of GBV incidents and data sharing through the referral pathways and concerns about confidentiality, non-discrimination and security, are key drivers for organisations to follow separate protocols. Results also highlight that the fear of stigmatisation and social pressure along with the lack of awareness and difficult access to GBV support structures and facilities, survivors bypass the existing referral pathways and resort to informal channels. Collectively, these practices are reported to deprive policymakers from understanding the full prevalence of GBV incidents, which consequently limit comprehensive responses. Investment in an integrated technology system to streamline and improve the referral pathway is one of the important priorities revealed in the study. The system can ensure inclusiveness, allow anonymous reporting and evidence gathering, maintain confidentiality of data and protect the safety and security of survivors.

### **Unanimous support for a new data privacy, security and sharing policy to guide GBV systems development and interventions**

Having a new data protection policy for sharing data across stakeholders emerged as one of the priority themes identified for tackling GBV. Data protection

policy is essential to protect the information provided by GBV survivors to prevent confidentiality breaches. Appropriate data policy is also needed to protect survivors or witnesses from, for example, retaliation and attack by perpetrators and ostracism by the community. Thus, to maintain high standards of data security and safety, participants unanimously reinforce the need for a new data protection policy to guide GBV technology system designs and interventions.

## **POLICY INSIGHTS AND RECOMMENDATIONS**

Addressing GBV demands an investment in developing new policies and technology interventions that GBV agencies actually need to strengthen multisectoral coordination, improve evidence gathering and maximise support services for survivors. Based on the available evidence, promising areas for policy and technology interventions include:

### **1. Possibilities to Advance Technology Use**

#### ***Centralised electronic referral pathway system***

The manual referral pathway needs to be revised and digitalised to integrate anonymous incident reporting, evidence gathering, multisector coordination, centralised data management and support services pathways. The electronic referral system should prioritise confidentiality to protect the security and safety of survivors.

#### ***Personalised GBV awareness raising and learning system***

Personalised creative learning and awareness raising technologies such as chatbots have demonstrated positive impacts on empowering victims and survivors. Thus, investment in an AI-powered chatbots as a discrete conversation agent can open up new doors for a diversity of potential victims and survivors to access real advice and mitigate risk of violence.

#### ***Electronic training programme for GBV agencies and educators***

Analysis highlights the need to train personnel dealing with GBV on systemic services and procedures. Evidence shows that training programmes for GBV service providers have positive impacts on addressing GBV, but are often limited in achieving equitable access, reach and sustainability



due to the classroom mode of delivery. Efforts should be directed at deploying a flexible e-learning platform to increase widespread access and facilitate continuous learning, real-time assessment and feedback.

### **Accountability of GBV reports and demographic data**

Maintain and promote accountability of cases and services offered so that community leaders and policy-makers at all levels can make evidence-based decisions for actions and directing resources. This can be achieved through the development of an open platform/dashboard that allows for data visualisation and sharing of reports, indicators and referrals.

While these technology systems can be implemented individually targeting a specific challenge area, integrating the technology to provide a comprehensive support system can be of value, given the need for holistic response to GBV challenges.

## **2. Comprehensive Policy Development**

### **Unified Interagency information sharing protocol document**

A new information sharing protocol document needs to be collaboratively developed with all stakeholders to streamline and unify information gathering and sharing. The document should outline clear guidelines

and consensus between agencies about what information to share, with which stakeholders, through which channels, at what frequency and under what circumstances. Digital technology may be essential for ethical gathering and safety sharing of unified information.

### **New data privacy and security policy**

Develop a standard data security and privacy policy through a collaborative process for accessing and using personal and confidential information provided by survivors. To achieve a high standard of data security and safety, the establishment of a data protection and privacy (DPP) toolkit is needed along with the policy document. The DPP toolkit will reflect evolving data privacy and protection within and across organisations in Sierra Leone. Both the policy and DPP may support GBV organisations to meet the requirements of Africa and international data protection policies and legislations such as Personal Data Protection Guidelines for Africa (PDPGA) and General Data Protection Regulation (GDPR).

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**Project – Gendering a smart community through a user-centred technology for tackling violence against women**

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