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NATIONAL GENDER-BASED VIOLENCE DATABASE (NGBVD)

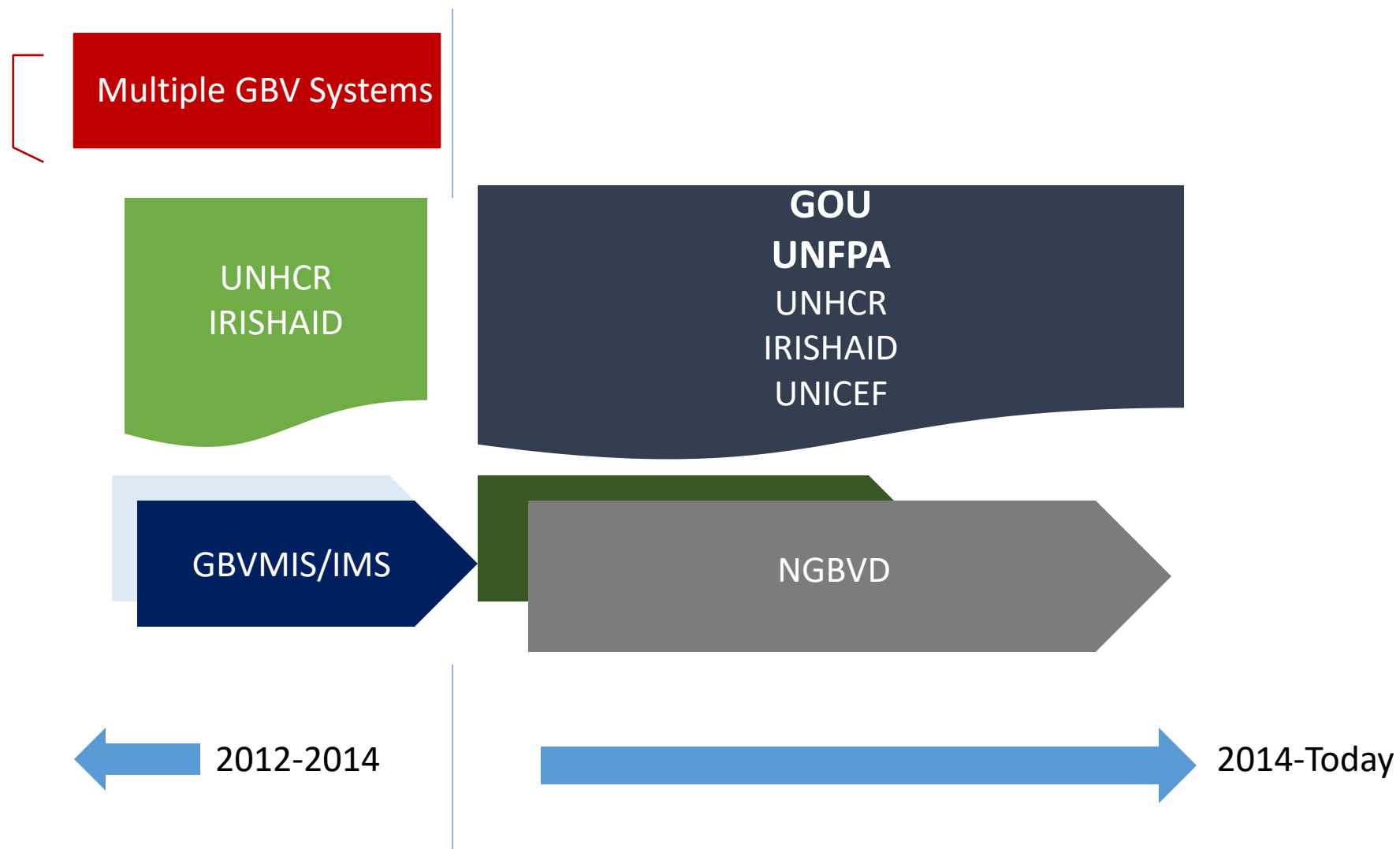
SYSTEM OVERVIEW & INCIDENT DATA UPDATE 2024–2026



Presentation Outline

1. Background and purpose of the NGBVD.
2. System components and operational process.
3. Recent system improvements and interoperability work.
4. Incident data analysis: 2024, 2025, and 2026 to date.
5. Key Challenges & Priority actions.

Background & Evolution



What is the NGBVD?

- The National Gender Based Violence Database (NGBVD) is a secure, Government-owned, web-based platform managed by the Ministry of Gender, Labour and Social Development.
- It supports structured GBV/VAC incident data capture, case management, referrals, reporting, analysis, and authorized data exchange. Authorized users access the secure system through <https://ngbvd.mglsd.go.ug> , while approved non-sensitive information can be made available through the public portal.
- The platform supports evidence-based planning, coordination and monitoring while requiring survivor confidentiality, role-based access, data protection and approved use of sensitive information.



Core Components of the NGBVD



- Public portal – approved information, statistics, district map, resources and contacts.
- Secure workspace – role-based access for authorized Ministry, district and partner users.
- Data entry & case management – survivor, incident, perpetrator, witness, action and case-status modules.
- Offline/import tools – approved Excel template and controlled bulk upload.
- Dashboards & reports – indicators, grid reports, pivot analysis and visual summaries.
- Resources, administration & APIs – guidance, system settings, integrations, audit logs and controlled data exchange.

How Information Moves Through the NGBVD



1. Incident/case is identified through an authorized reporting point.
2. Standard information is collected using the approved GBV incident form and survivor-centred principles.
3. An authorized user enters the record online or uses the approved offline template for later upload.
4. The record is validated and managed, including relevant case details, referrals, actions and status.
5. Aggregated data feeds dashboards, reports and approved analysis.
6. Authorized data exchange is enabled through controlled APIs and governance processes.



Recent NGBVD Improvements



- Updated NGBVD manuals are finalized: a district-focused version and the full system manual; final copies are being prepared/printed for dissemination.
- The manuals reflect current workflows, reporting tools, offline import, data protection, confidentiality, and role-based access.
- Existing APIs underwent a technical review with UBOS, including reconciliation and data-quality checks.
- The APIs were then finalized, documented and jointly tested with UBOS through UAT/data-quality assurance.
- The outcome strengthens controlled exchange with the UBOS GBV portal; source-data completeness and taxonomy consistency remain ongoing priorities.

Data Scope and Headline Reporting Volumes

MEASURE	VALUE
2024 recorded incidents	7,001
2025 recorded incidents	7,227
2026 to 7 Aug 2026	2,886
Total incidents	17,114
2025 vs 2024	+3.2%
Jan–Jul 2024	4,770
Jan–Jul 2025	4,134
Jan–Jul 2026	2,883



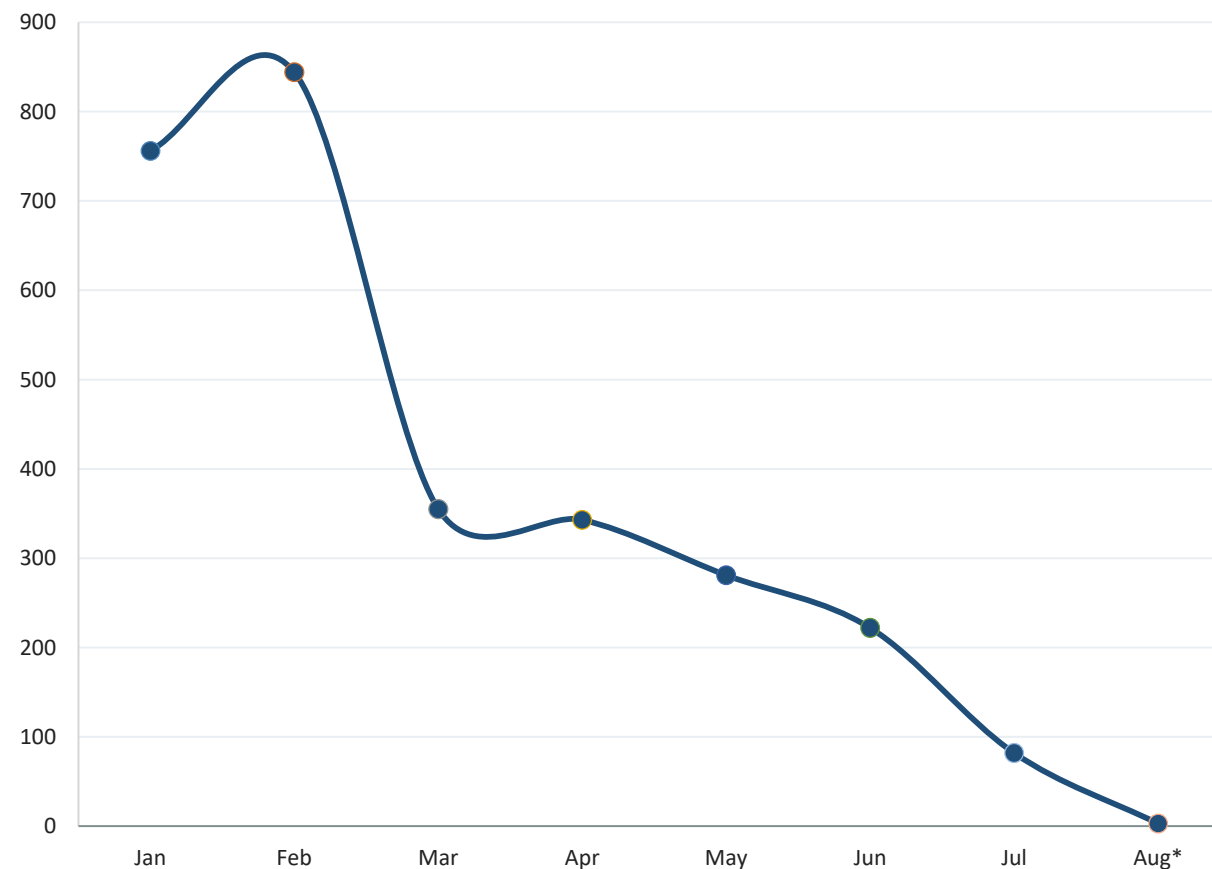
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2026 Reporting Trend by Month



- February recorded the highest monthly volume in 2026 to date (844), followed by January (756).
- Volumes declined from March through July. August contains only three incidents in the data through the current cut-off and should be treated as partial.
- The fall in recorded incidents should be interpreted alongside district reporting coverage and data-entry completeness; it does not by itself demonstrate a fall in GBV prevalence.

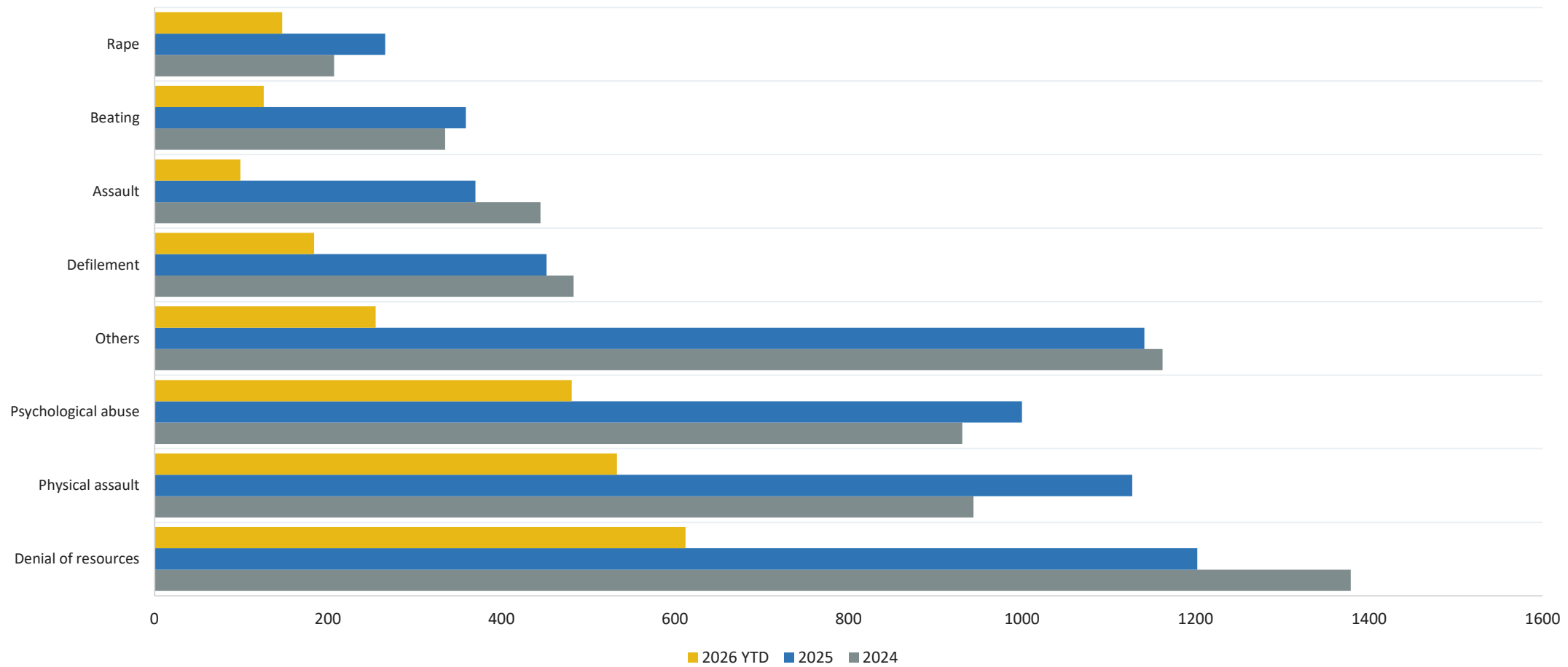
Recorded incidents by month — 2026 YTD





Incident Categories — 2024 to 2026 YTD

Most frequently recorded incident categories





SURVIVOR PROFILE

2026 YTD

2026 YTD recorded incidents: 2,886

Female: 2,254 (78.1%)

Male: 632 (21.9%)

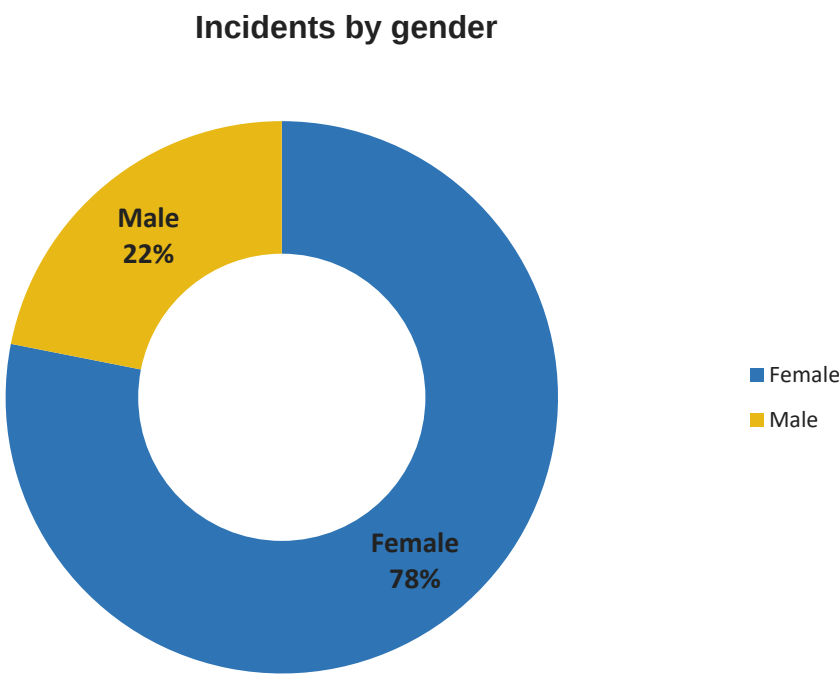
Female share

2024: 81.7% | 2025: 80.9% | 2026 YTD:
78.1%

Under 18

2024: 27.6% | 2025: 29.5% | 2026 YTD:
29.6%

Gender distribution — 2026 to date

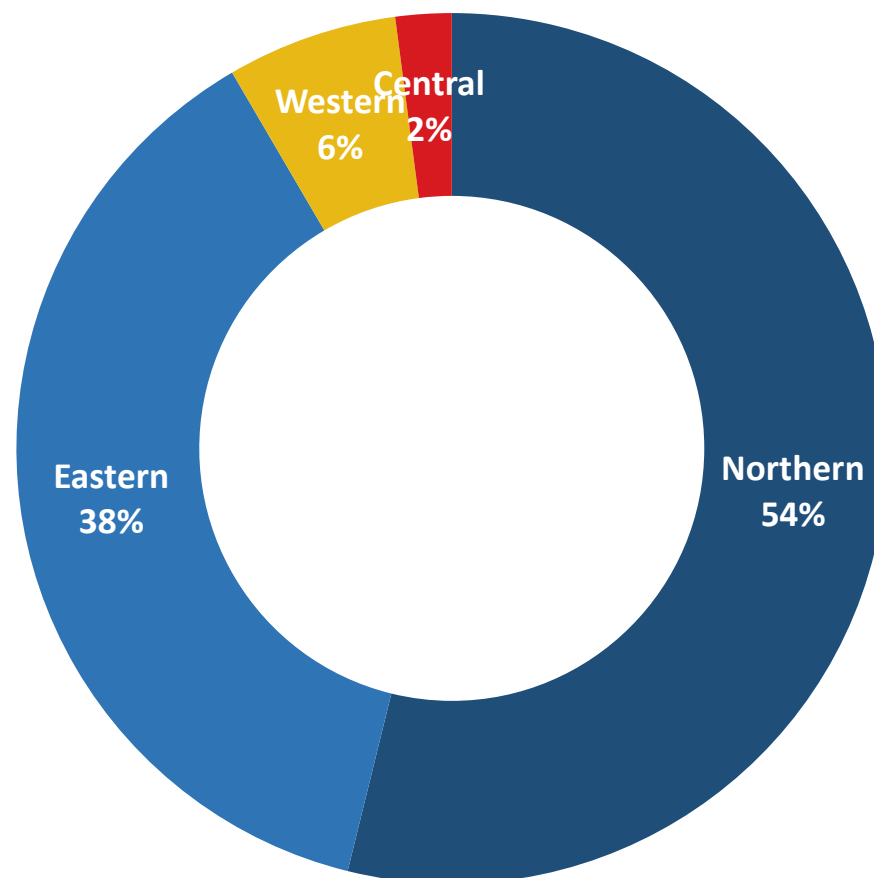


Top Reporting Districts — 2026 to Date

District	Recorded incidents
TORORO	463
GULU	408
AMURIA	352
YUMBE	318
OTUKE	188
NAPAK	125
MARACHA	103
KOBOKO	100
KASESE	98
PAKWACH	97

Regional Distribution — 2026 YTD

Regional distribution of 2,886 recorded incidents

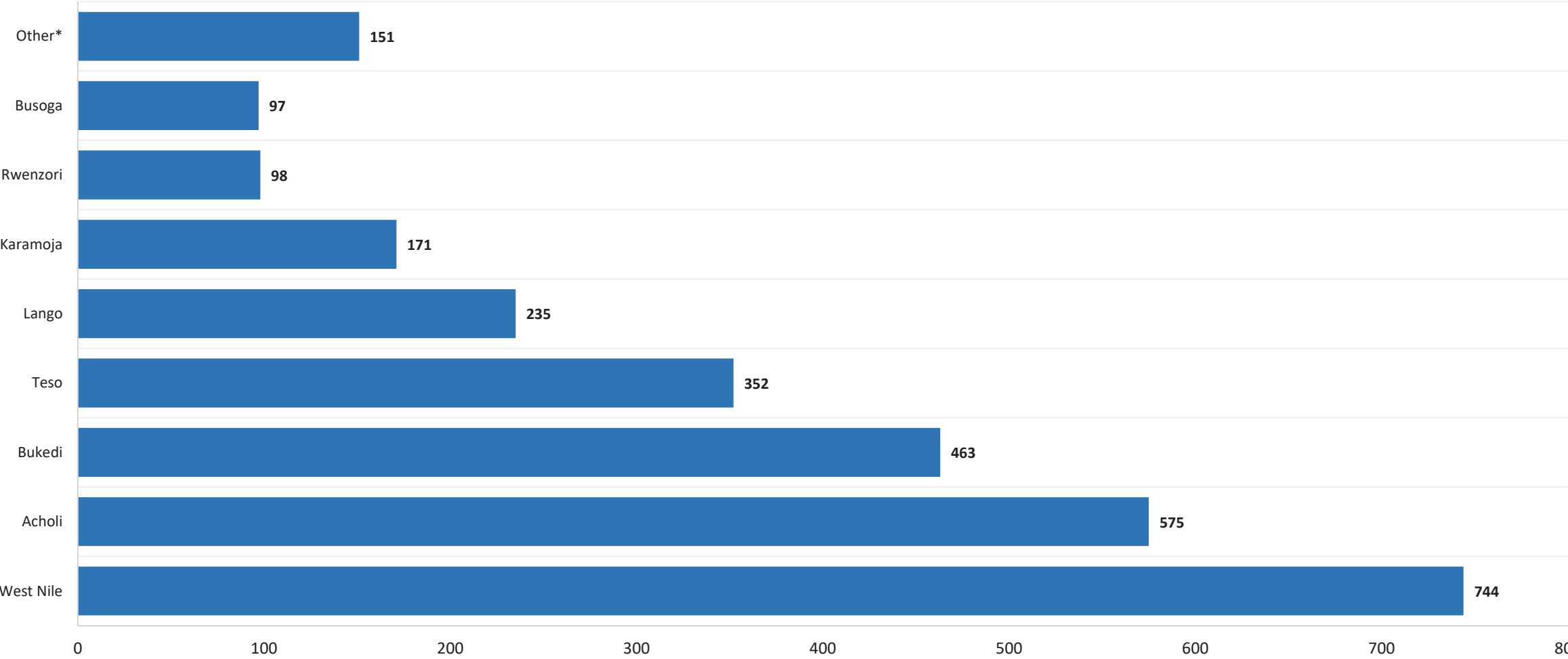


- Northern
- Eastern
- Western
- Central



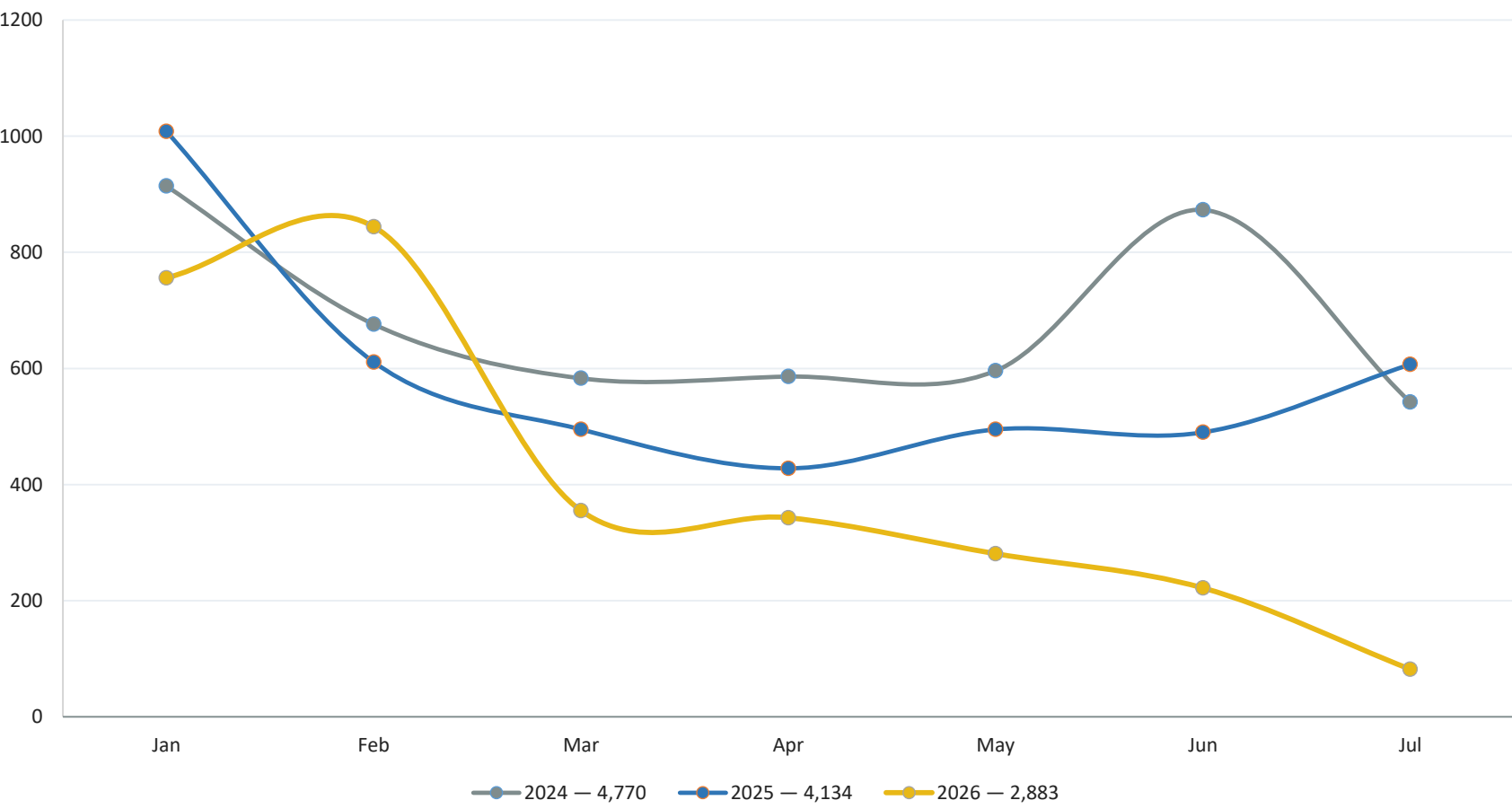
Leading Sub-Regions — 2026 YTD

Recorded incidents by sub-region



Monthly Reporting Comparison — Jan–Jul 2024–2026

Recorded incidents by month — comparable Jan–Jul window



Additional Operational Indicators

- Referral marked 'Yes' — 2024: 21.9% | 2025: 13.1% | 2026 YTD: 10.3%
- Persons with disability recorded 'Yes' — 2024: 1.5% | 2025: 1.2% | 2026 YTD: 0.3%
- Districts represented in the extract — 2024: 55 | 2025: 32 | 2026 YTD: 27
- Under 18 among age records — 2024: 27.6% | 2025: 29.5% | 2026 YTD: 29.6%
- The patterns point to a need to strengthen reporting coverage, referral/action capture, and inclusive disaggregation.

Key Challenges

- Uneven district reporting coverage and timeliness, with reduced or intermittent reporting in some areas.
- Staff turnover and capacity gaps require regular orientation, refresher training and supportive supervision.
- Connectivity, ICT equipment and infrastructure constraints can limit timely online reporting in some districts.
- Sustained financing is needed for maintenance, hosting, user support, security and periodic system enhancements.
- Continued coordination among MGLSD, districts, CSOs and partners is needed to strengthen reporting, interoperability and use of NGBVD evidence.

Priority Actions and Closing Message



- Disseminate the finalized user manuals and reinforce role-based, survivor-centred data handling.
- Strengthen district reporting consistency, refresher support and supervision where reporting has reduced or stopped.
- Operationalize the UBOS API linkage with routine reconciliation, monitoring and audit checks.
- Harmonize incident categories and improve capture of referrals, actions taken, disability and other priority disaggregations.
- Institute routine data-quality feedback to improve coverage and interoperability, so NGBVD evidence better informs prevention, response and planning.



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**THANK YOU FOR YOUR
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