

VITAL STRATEGIES + FRAMENET BRASIL



Leveraging
data linkage and
frame-based textual
analysis for the
identification of
candidate cases
prone to suffer from
GBV in territories

DATA PROBLEM

The high percentage of Gender-Based Violence (GBV) underreporting in Brazilian municipalities due to:

1

victims' fear of talking about the violence experienced;

2

health professionals' difficulties in identifying violence episodes

3

lack of integration in Brazilian public health information systems

4

lack of instruments to support Health Teams

VITAL STRATEGIES + FRAMENET BRASIL

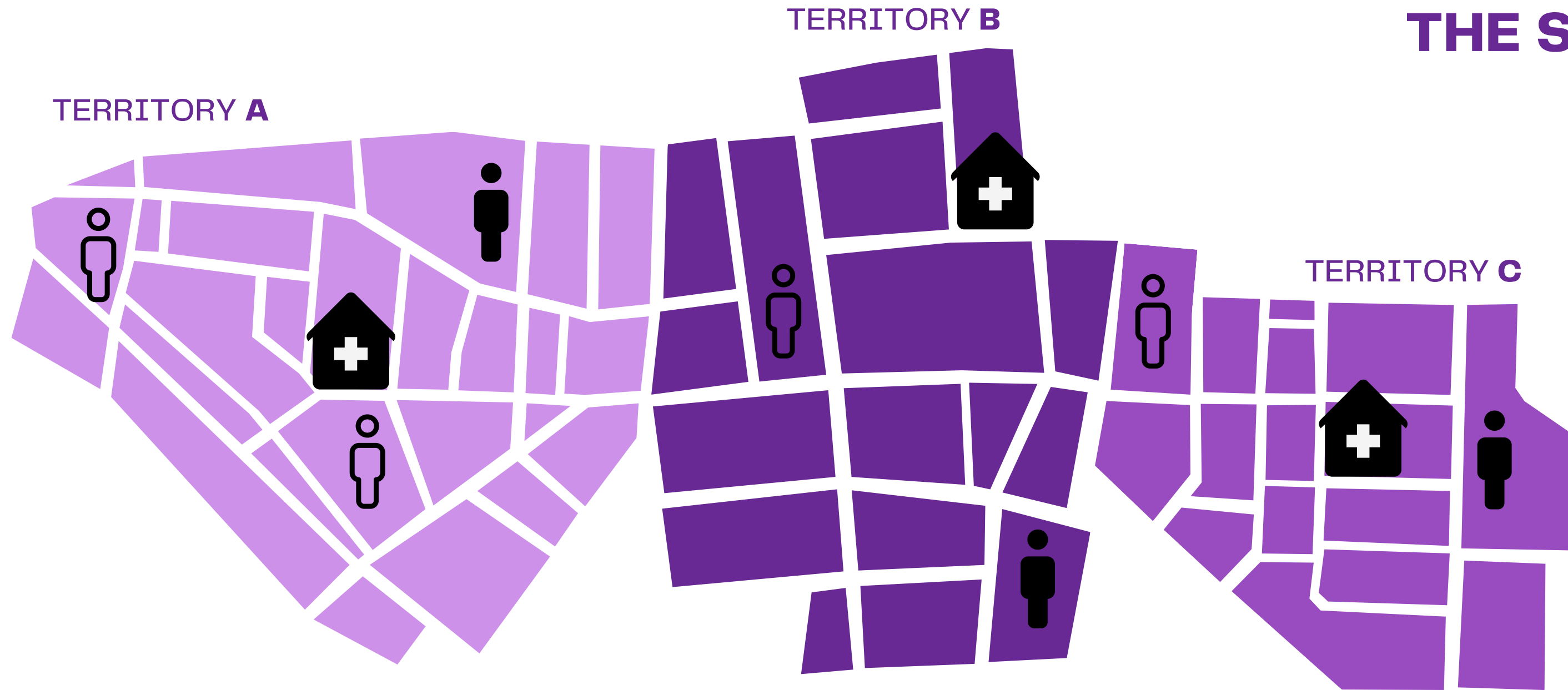


Data Retrieval Pipeline

Data for going beyond stereotypes

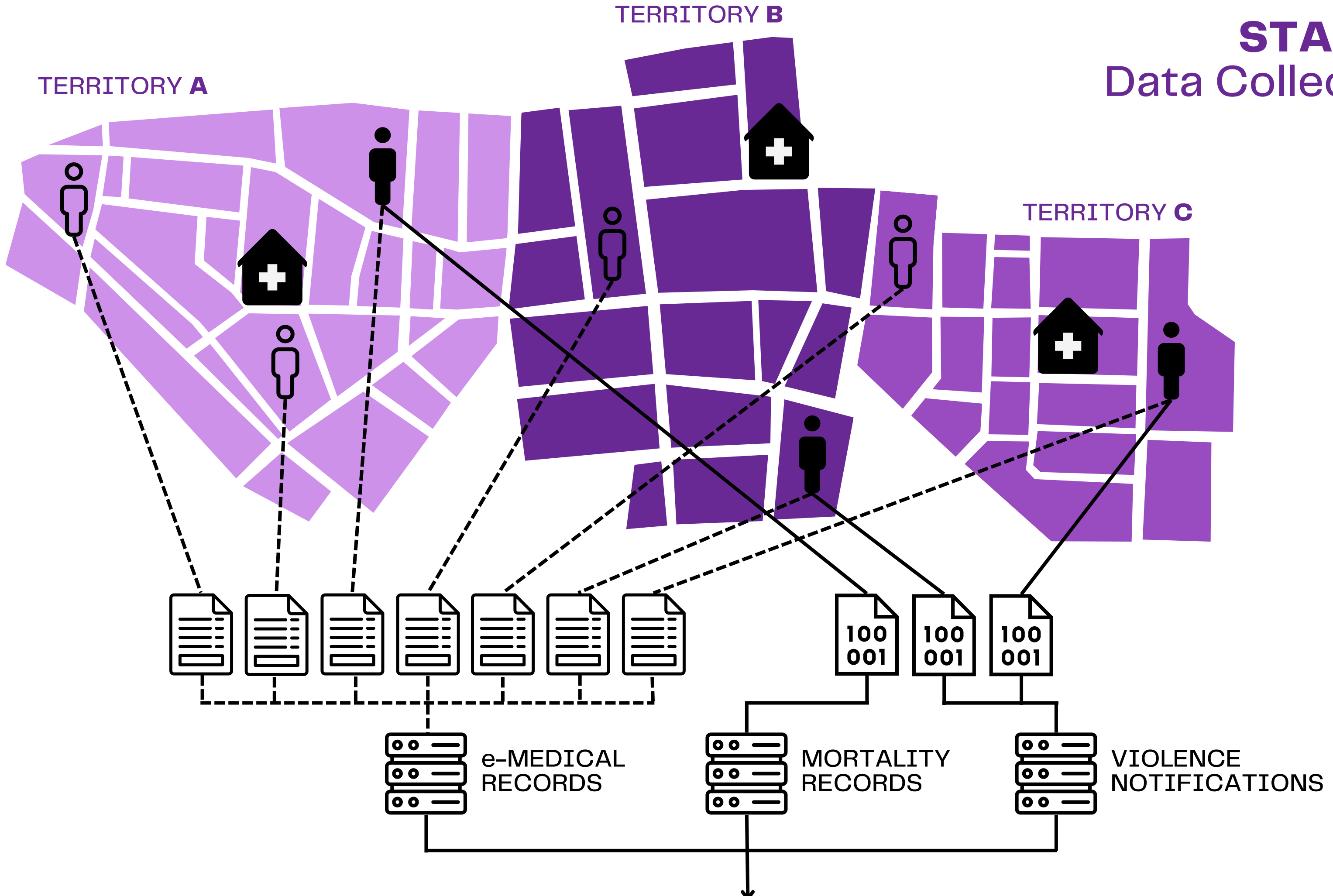


THE SCENARIO

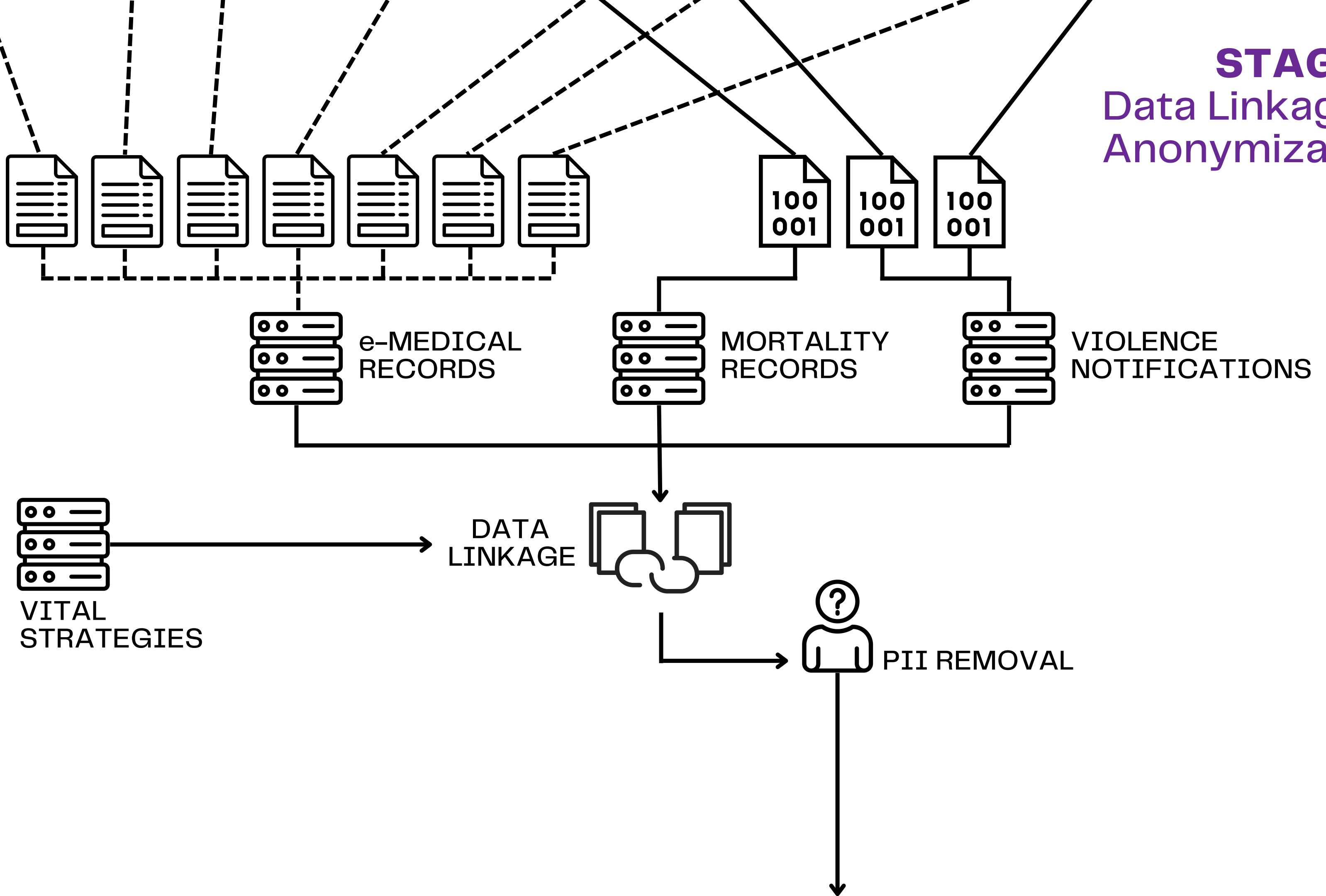


Brazilian Public Health Systems store data of different types about people living in a given territory. Part of this data is parameterized, part takes the form of open text fields.

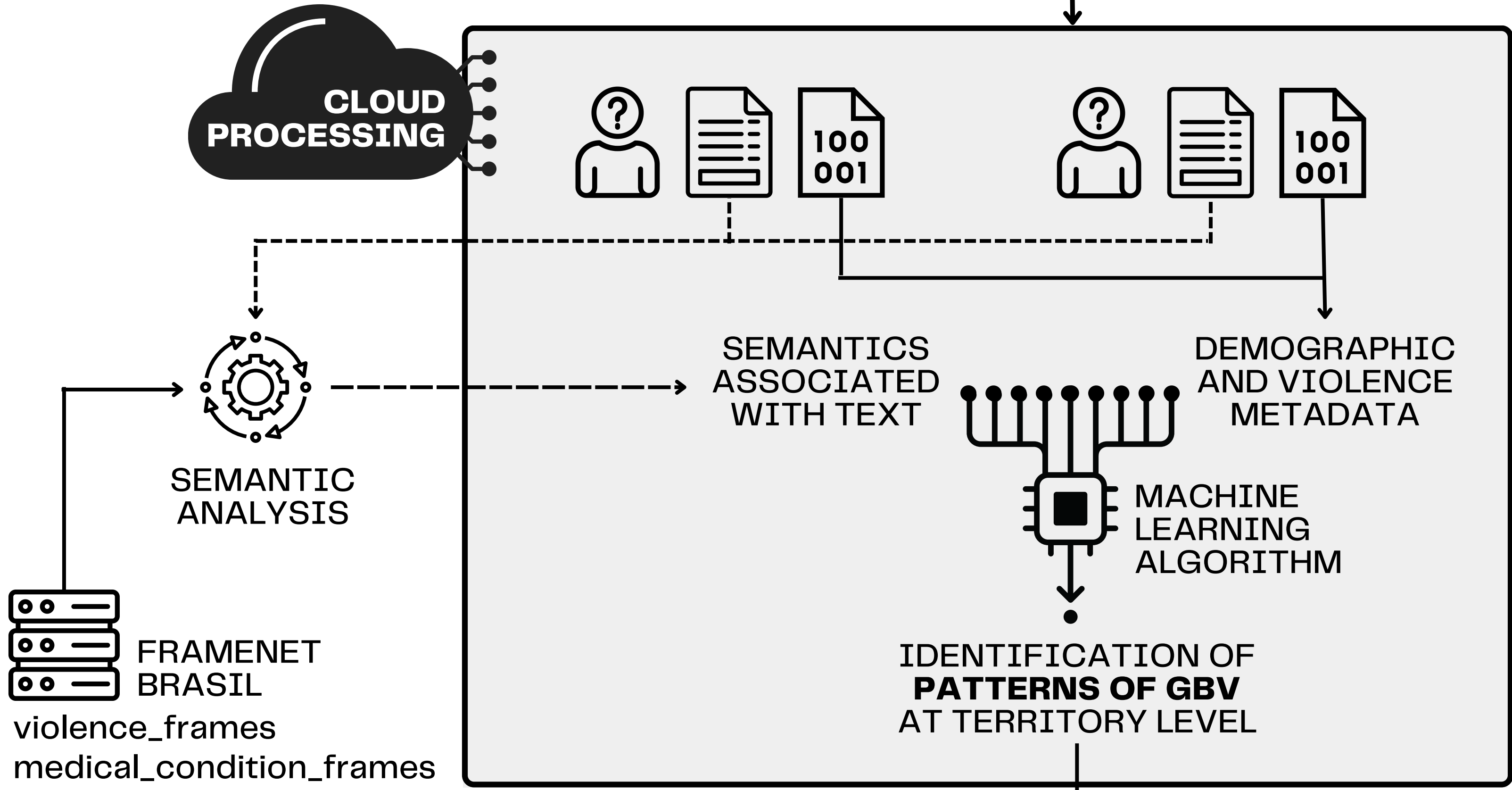
STAGE 1 Data Collection



STAGE 2
Data Linkage &
Anonymization



STAGE 3 Frame Analysis



OUTCOMES

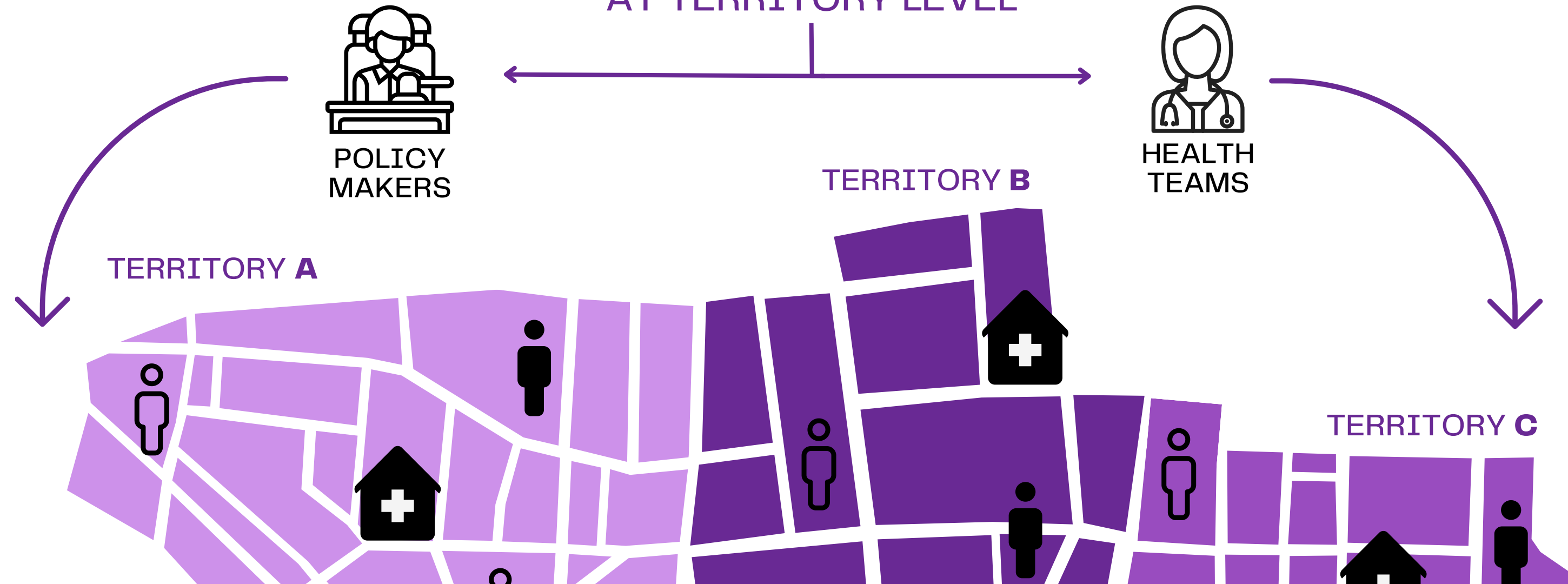
Semantic frames for gender-based violence case identification in medical records;

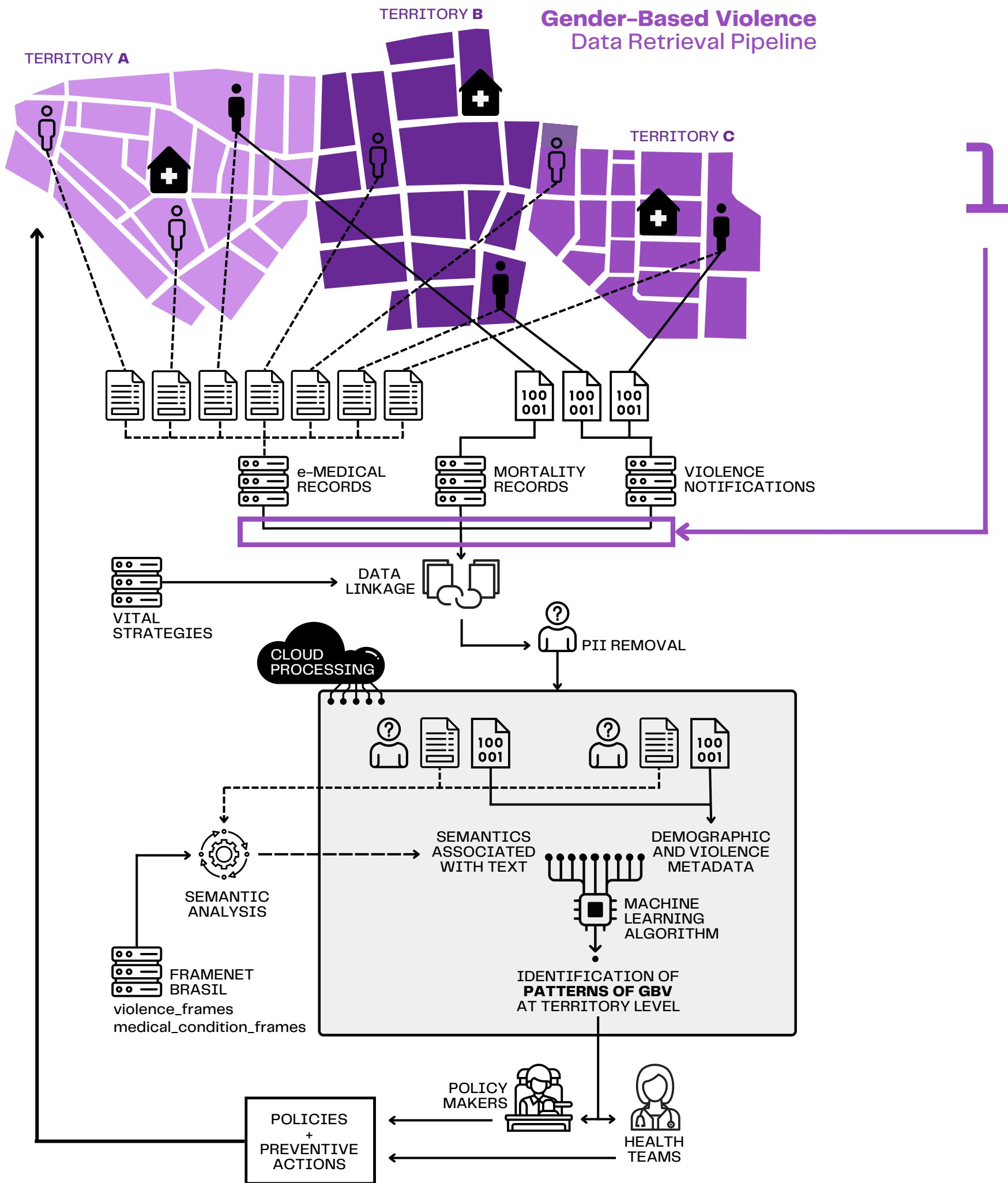
Innovative knowledge about gender-based elements sufficient to structure alert systems to support medical professionals in identifying cases of violence that the victim does not refer;

Innovative inputs for prioritizing health strategies in preventing gender-based violence

Strengthening of the public health surveillance strategies for GBV

IDENTIFICATION OF PATTERNS OF GBV AT TERRITORY LEVEL

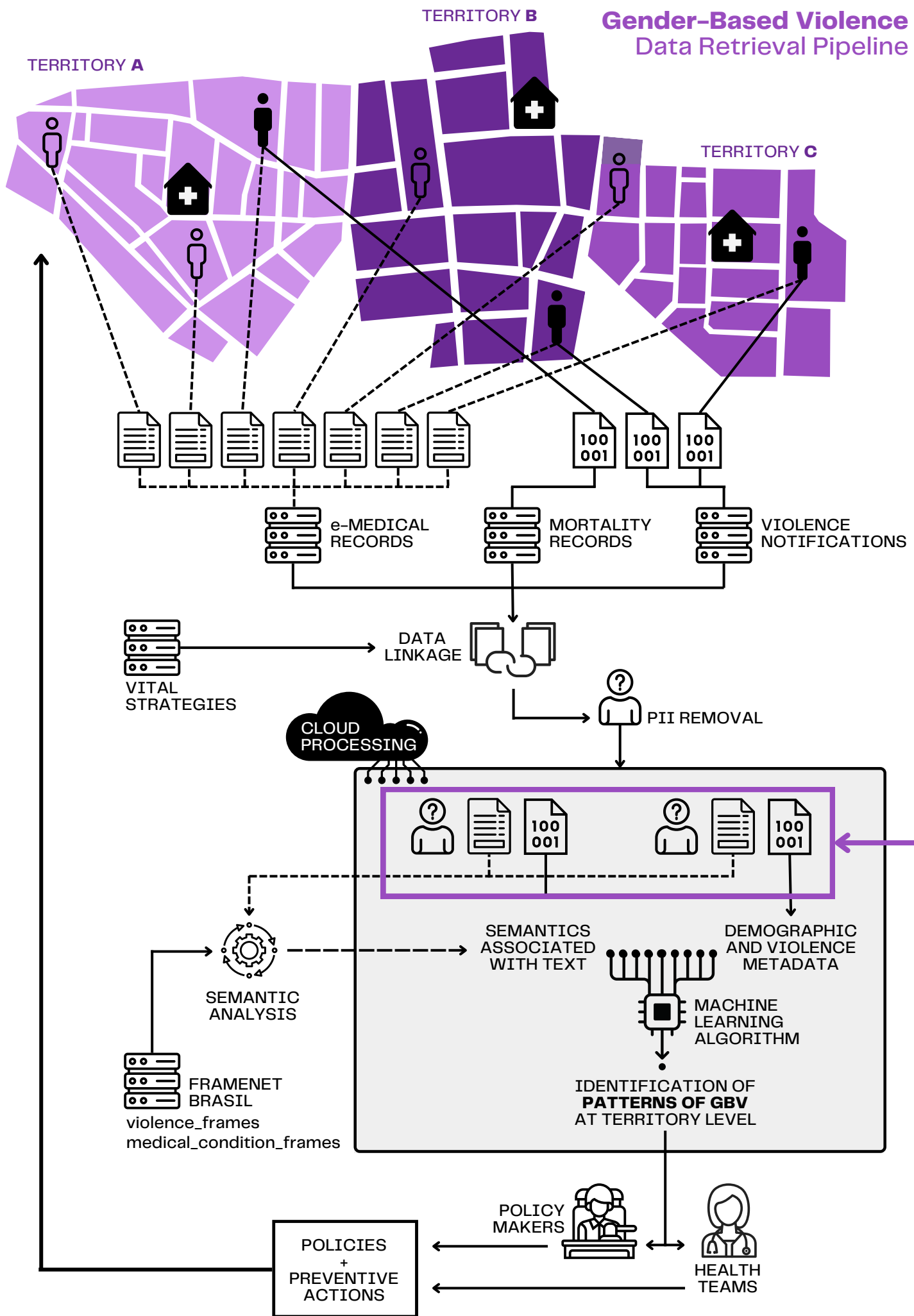




The municipality may require additional time to make the data available, tempering with the timeline;

Risks





1

The municipality may require additional time to make the data available, tempering with the timeline;

2

The quality of the data for some variables may show low completeness;

3

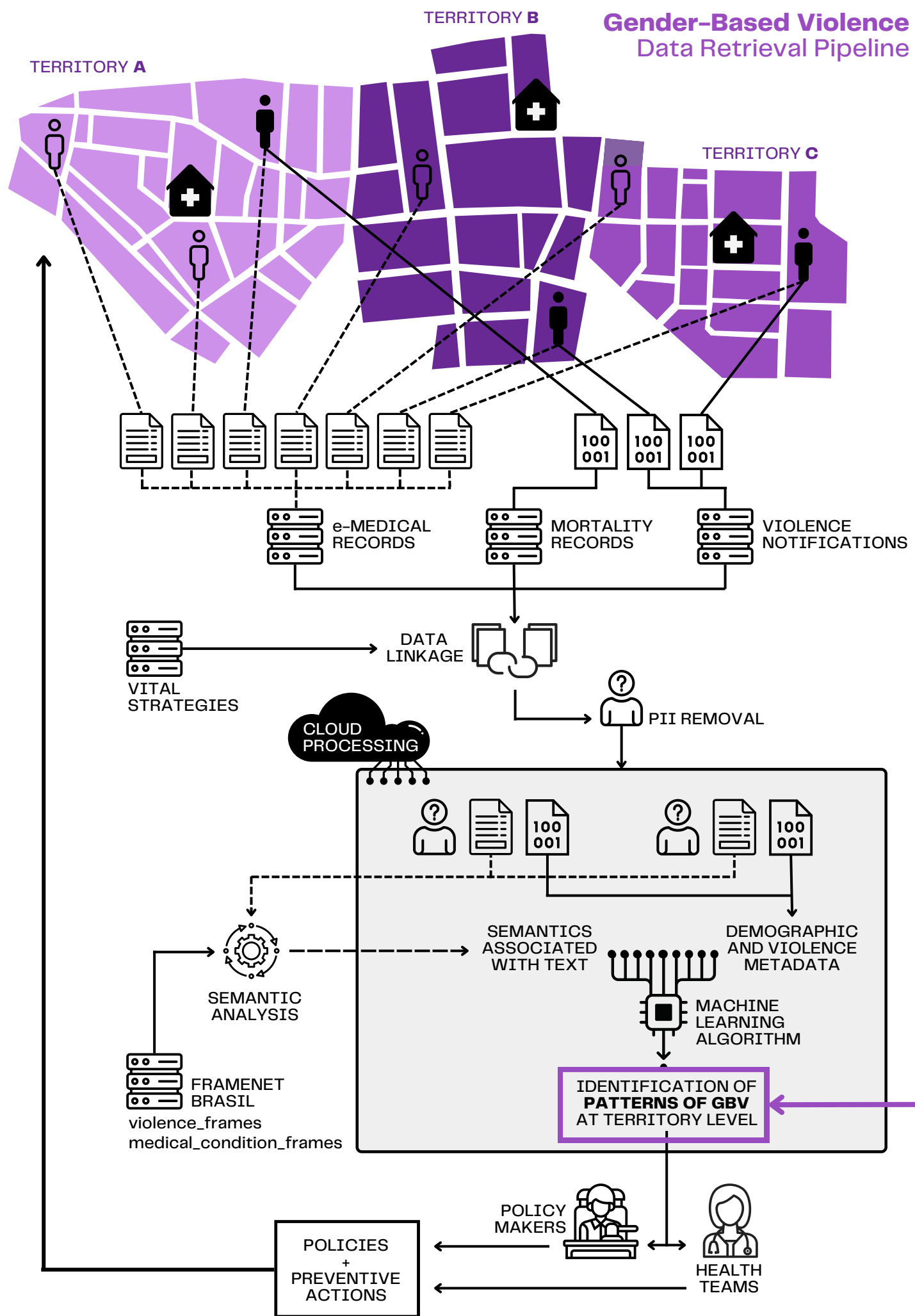
The data may be sparse considering the municipality population and the % using the public health system;

4

The quality of the data may harm the output of the analyses, impairing the usability of the final tool;

Risks





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The municipality may require additional time to make the data available, tempering with the timeline;

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The quality of the data for some variables may show low completeness;

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5

The inferences provided by the AI may put victims or candidate victims in embarrassing or vulnerable situations.

Risks

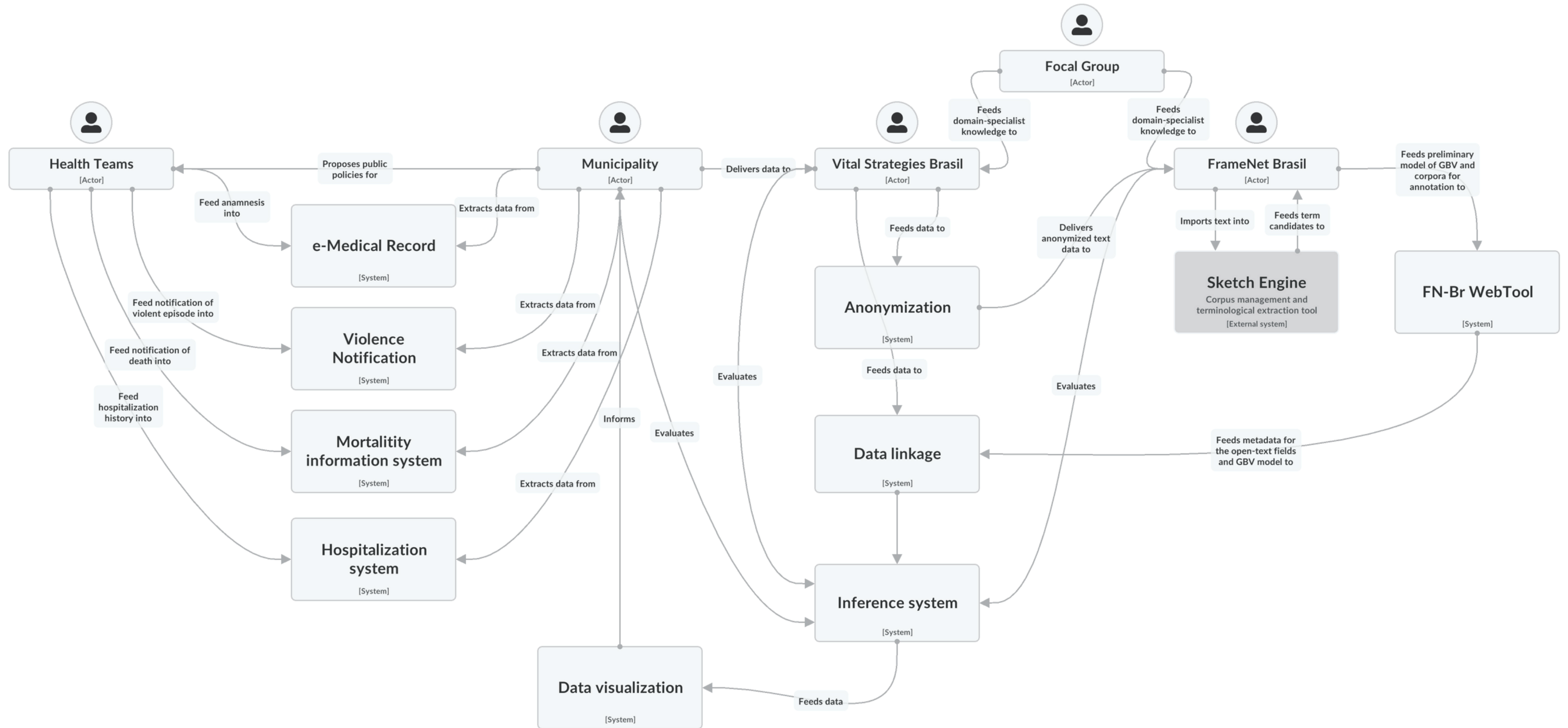


Mitigation Strategies

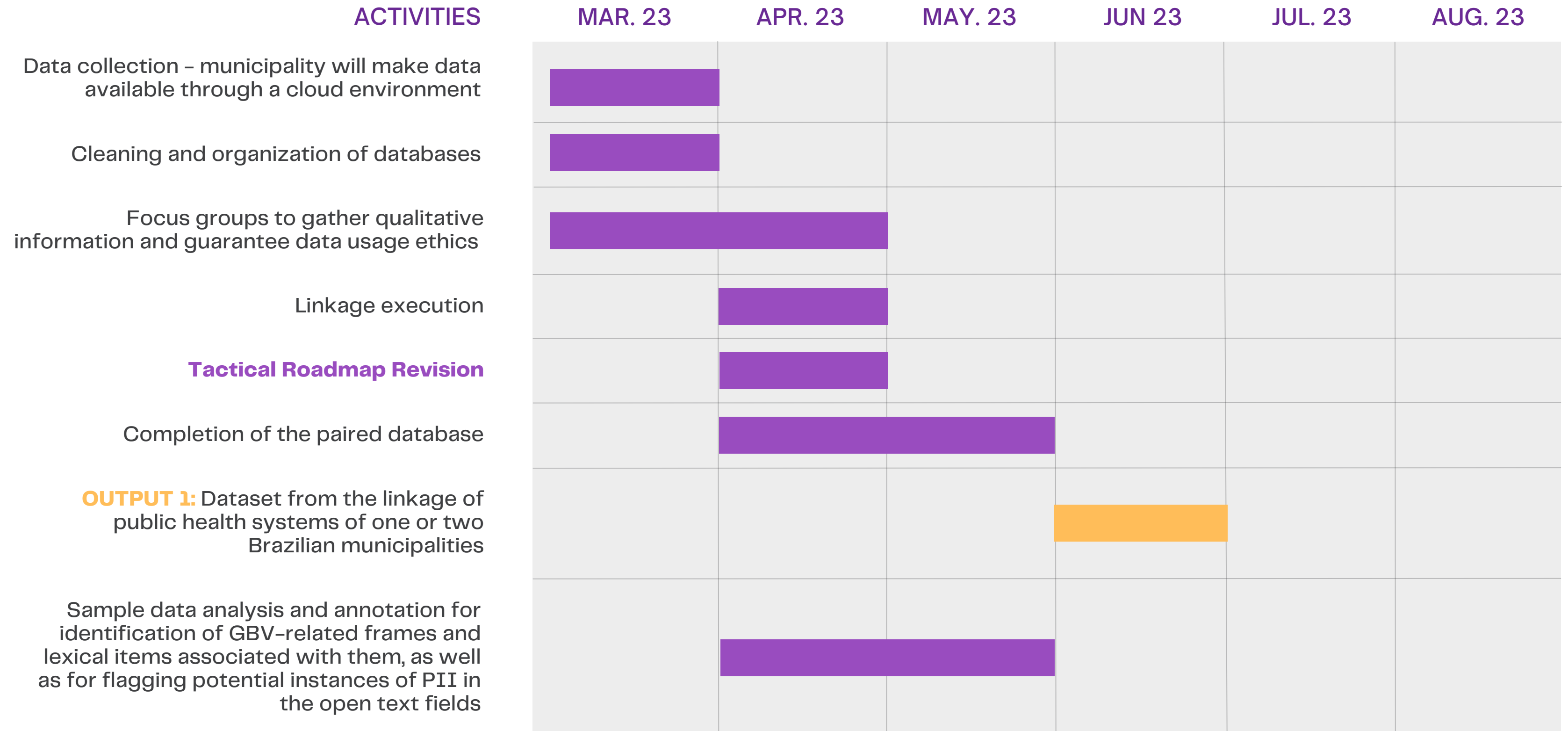


- 1 Reordering some steps in the project timeline once we already have parts of the necessary; datasets
- 2 Adding more than one municipality to the project.
- 3 Adding more than one municipality to the project once there are national patterns, but the data quality can differ in each region.
- 4 Adding more than one municipality to the project. If they don't have medical record, it can be used for augmenting the original dataset
- 5 Elaboration of strategies for the anonymization of women with a minimum loss of potential in the final tool;
- 6 Conduction of focus groups comprising healthcare and social services professionals

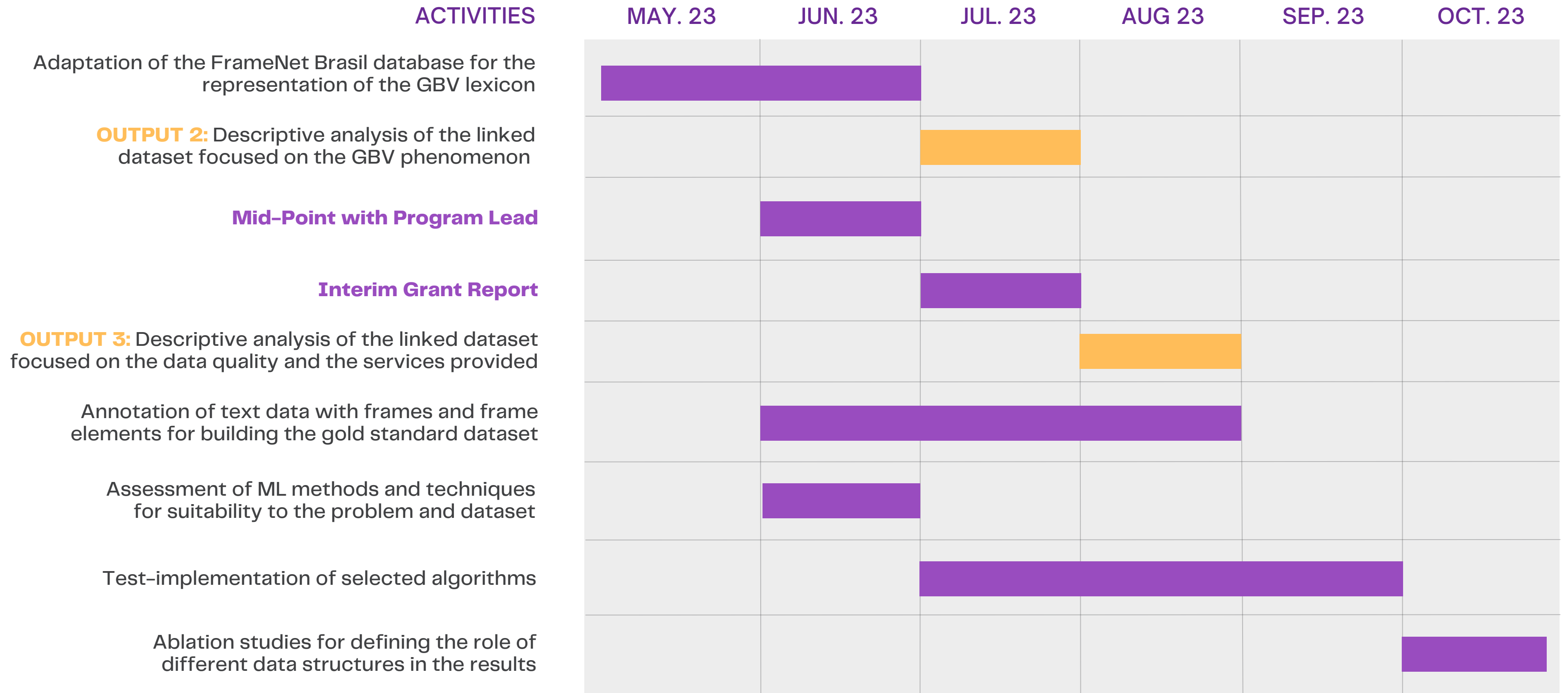
OVERVIEW



TIMELINE & MILESTONES



TIMELINE & MILESTONES



TIMELINE & MILESTONES

ACTIVITIES

OCT. 23

NOV. 23

DEC. 23

OUTPUT 4: Revised and expanded model of the lexicon associated with the domain of GBV, defined in terms of computationally implemented semantic frames

Analysis

Final implementation of selected algorithm

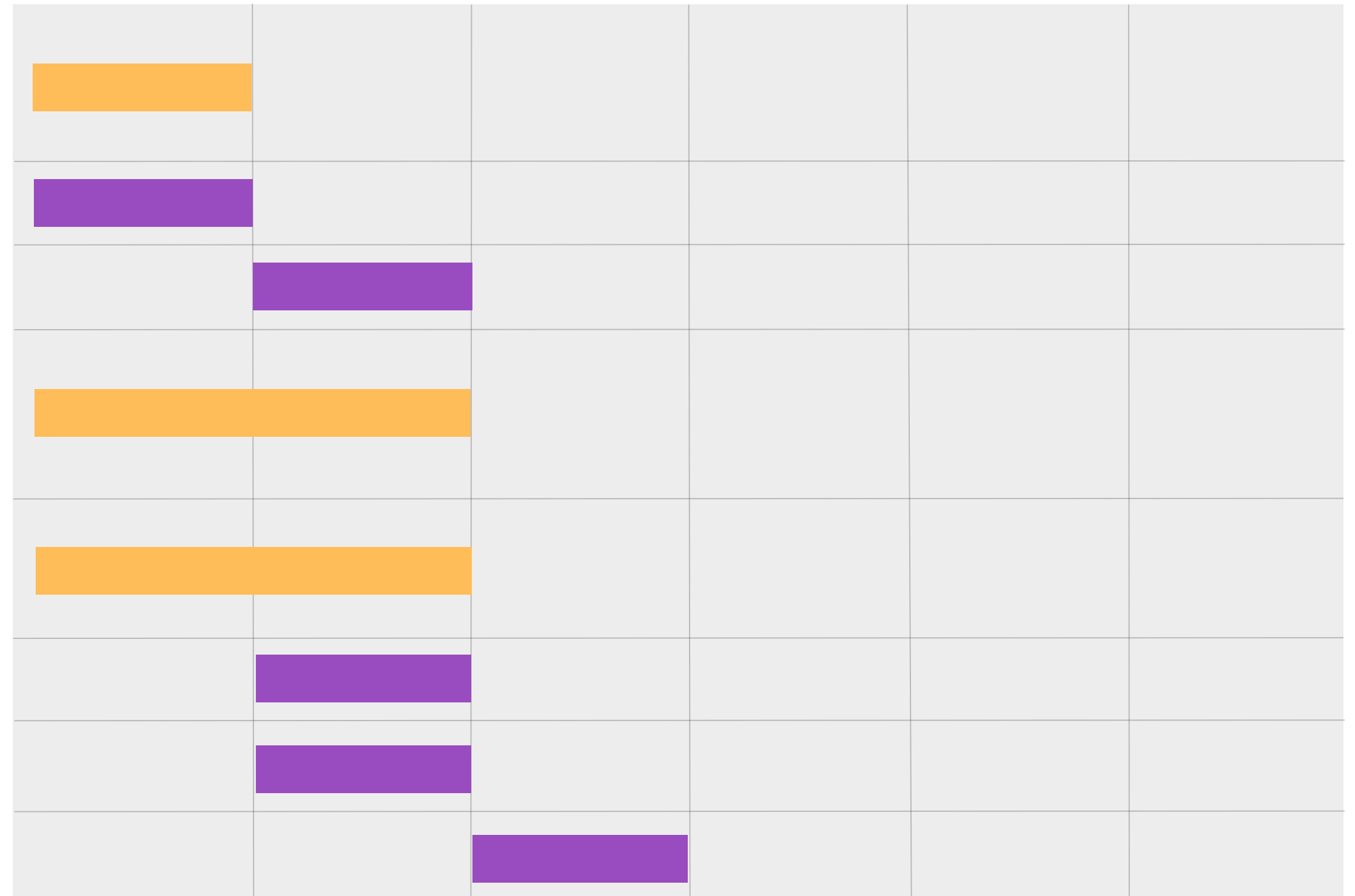
OUTPUT 5: Extendable, general framework for GBV risk classification of territories, based on public health records and their respective links and semantic information

OUTPUT 6: Territorialized data visualization dashboard to instruct public policy - to be available for the local partner surveillance health department

Project wrap-up

Final Insight Report

Final Activities: Technical report; Blog #2
Final Grant Report with the code library



Thank you!

