Pro-Health International

DATA MANAGEMENT PLAN

Helen Nnaemeka
Pro health

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1. PROJECT PROFILE

Project Details	
Mechanism Name	IPSAN
Name of Implementing Partner	Pro-Health International
Abbreviation of Implementing Partner	Pro health
Mission Partner	
Lead Activity Manager	Helen Nnaemeka
Address Of Organization	
Phone Number	
Project start date	10/01/2016
Project end date	09/30/2017
Grant reference number	GH000292-1

Ethical Approval	
Ethical approval for the project	Yes
Rational	Project
Aprroving instititional review board	CDC Atlanta
Type of ethical approval	Non Research Determination

DATA MANAGEMENT PLAN

Initial date of ShieldPortal completion	*3/31/2017*
Version	*0.32*
Approval	*Director SI* *PI /CoP*

2. Document revision

Version date	*3/31/2017*
Version Number	*0.32*
Author	*Emeka Madubuko*
Job designation	
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3. Project Objectives

With an overall goal of reducing HIV related morbidity and mortality in Nigeria, PHI's strategic objectives in the delivery of these services were to:

1. Prevent new infections in target population
2. Provide high quality HIV care and treatment services to PLHIV in target communities
3. Assist GON effectively manage sustainable HIV response

4. MONITORING AND EVALUATION SYSTEMS

Roles

Name	*Site*	*Region/State*	*HQ*
Senior SI Advisor	-	-	1
SI Specialist	-	-	-
SI Officer	-	-	1
SI Intern	-	-	1

Responsibilities

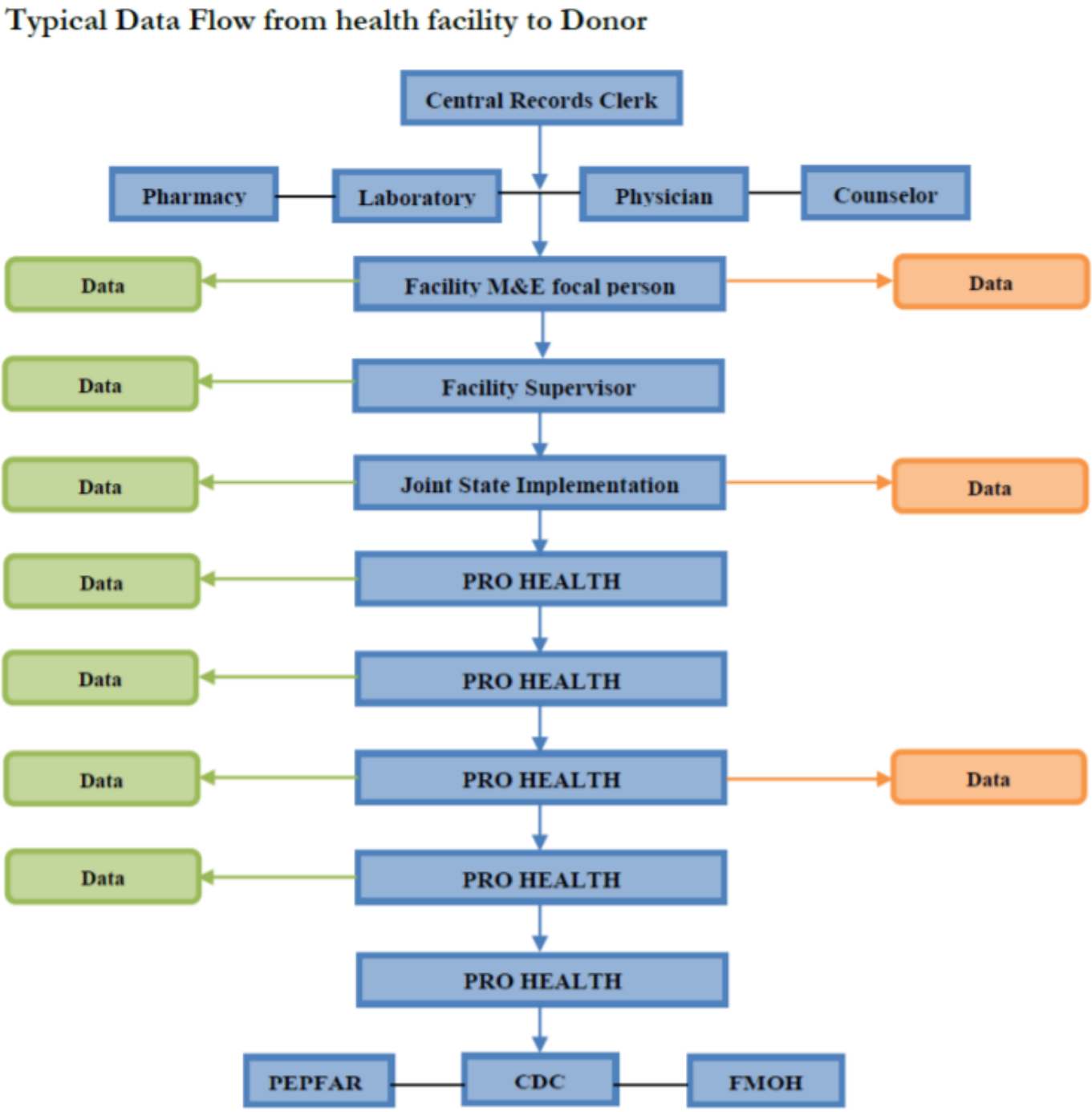
Name	*Site*	*Region/State*	*HQ*
The Senior Strategic Information Advisor will be responsible for taking overall responsibilities for all Strategic Information activities for the organization, the communities, supported health facilities and the local government area from the country office	-	-	1
The Strategic Information Specialists will be responsible for taking overall responsibilities for all Strategic Information functions in the State office he/she is assigned to	-	-	-
Support the SI Specialists in taking overall responsibilities for all SI functions in the State office	-	-	1

Support the SI Officer in taking overall responsibilities for all SI functions in the State office	-	-	1

Trainings

Name of training	*Site*	*Region/State*	*HQ*
			invalid
			invalid

Data Flow Chart



Process	
Site support	Quarterly
Data garnering	Collate data using the internal and national reporting template, populate the electronic template and the report on both internal database and DATIM
Data use	A functional M&E system collates and presents the data in a way that facilitates data use at all levels, including use by the general public and beneficiaries of HIV services. Referencing the most up-to-date data on drivers of the HIV epidemic in the National Strategic Plan Using HIV/AIDS data to improve local HIV/AIDS programs Using facility level data to advocate and/or strengthen antiretroviral treatment adherence programs Using cost-effectiveness data to support the scale-up of HIV testing Using geographic information system (GIS) data to target HIV/AIDS health services in hard to reach areas
Data improvement approach	Facility and community level data are often the sources of much of the data that is collected. Getting "buy-in" at these levels by demonstrating the value of data promotes better data collection at these levels.

Data collation

Data type	*Reporting level*	*Frequency*
Monthly summary data	Site / Facility,	Monthly
LGA Monthly Summary	LGA,	Monthly
State Monthly Summary Report	State,	Monthly
Monthly Progress Report	Implementing Partner,	Monthly
Quarterly Progress Report	Funder,	Quarterly
National Summary Report	National,	Bi - Annually

Equipment	
Project equipments	Tools

Environment	
States covered by implementing partners	FCT,Nasarawa,Plateau,
No of sites covered by iP	ART: 14 PMTCT: 24 HTC: 0 OVC: 7 Community: 7

5. Data Processes

Reporting levels

Site / Facility --> LGA --> State --> National --> Funder --> Implementing Partner

Data

i. LGA,	
Data type	Quantitative
Data collection and reporting tools	Monthly Summary Forms,
Data collection process	Following monthly M&E meetings, data is entered into the FMOH's database, the District Health Information System (DHIS). The DHIS contains a list of all public and most private health facilities in Nigeria, and data is entered according to geographical location of the facility and community (Ward, 10 Local Government Area (LGA) and State). Data is captured directly into the central server where the DHIS 2 platform is used. A copy of submitted data is entered into the PHI MIS platform. Data entry templates have been customized for each program service area, and correspond in layout with monthly summary forms to reduce the potential for data entry errors and improve data quality. In each state office, the Strategic Information Officers and Associates are responsible for this data entry.
ii. Site / Facility,	

Data type	Quantitative
Data collection and reporting tools	EMR,Registers,Monthly Summary Forms,Client intake forms,

Data collection process	Compilation of Paper-based Monthly Summary Forms At the end of each month, aggregate data from different HIV/AIDS-related program service areas (e.g. ART, PMTCT, lab, Pharmacy, HTC, TB, etc.) and NHMIS programs are summarized from the program registers and other tools at all supported health facilities into monthly summary forms (MSFs). While focal persons for service delivery point or thematic area (pharmacy, laboratory, DOT, PMTCT, etc.) are responsible for the correct maintenance of the data collection tools (cards, form, worksheets and registers) and for generating monthly summaries, each facility has M&E focal persons who are responsible for ensuring that all monthly summaries are ready, validated and submitted in a timely manner. Service providers at each service delivery point receive training in completing relevant tools and registers, in addition to facility M&E focal persons who also receive training in filling and validating MSFs. The LGA M & E Officer is responsible for assisting facility M&E focal persons and service providers in fulfilling these tasks to an acceptable standard. Compilation of Electronic Client/Patient Records At implementing agencies level (i.e. CBOs and Health facilities), client level data are primarily collected on paper-based records and then entered semi-real time into electronic database platforms such as SEEDSCARE software for HIV Care and Treatment program data and NOMIS for OVC programs data. At the close of each month, these client level databases are backed up, copied and transmitted along with other data for consolidation at central office level. Aggregated data from these

	consolidated databases are therefore generated for the preparation of donor reports and program performance review charts.
iii. State,	
Data type	Quantitative
Data collection and reporting tools	Monthly Summary Forms,
Data collection process	The state through the submitted data from facilities and LGA M and E focal person into the DHIS platform, view and collate state report, conduct monthly M and E monthly meeting to review and validate reported data at LGA and Facility levels.
iv. Implementing Partner,	
Data type	Quantitative
Data collection and reporting tools	EMR,Registers,Monthly Summary Forms,Client intake forms,Hand card,Community enrollment form,
Data collection process	While LGA M&E officers are responsible for data entry into the Government DPRS DHIS platform, PHI Strategic Information (SI) team at State Office level are responsible for data entry into PHI MIS platform and reviewing the data for accuracy. This involves carefully examining the data entered into the database using the pivot tables and watching out for gaps, outliers and performance trending against targets.
v. Site / Facility,	

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Data type	Quantitative
Data collection and reporting tools	EMR,Registers,Monthly Summary Forms,Client intake forms,Hand card,Community enrollment form,
Data collection process	At the end of each month, aggregate data from different HIV/AIDS-related program service areas (e.g. ART, PMTCT, lab, Pharmacy, HTC, TB, etc.) and NHMIS programs are summarized from the program registers and other tools at all supported health facilities into monthly summary forms (MSFs). While focal persons for service delivery point or thematic area (pharmacy, laboratory, DOT, PMTCT, etc.) are responsible for the correct maintenance of the data collection tools (cards, form,worksheets and registers) and for generating monthly summaries, each facility has M&E focal persons who are responsible for ensuring that all monthly summaries are ready, validated and submitted in a timely manner. Service providers at each service delivery point receive training in completing relevant tools and registers, in addition to facility M&E focal persons who also receive training in filling and validating MSFs. The LGA M & E Officer is responsible for assisting facility M&E focal persons and service providers in fulfilling these tasks to an acceptable standard. At implementing agencies level (i.e. CBOs and Health facilities), client level data are primarily collected on paper-based records and then entered semi-real time into electronic database platforms such as SEEDSCARE software for HIV Care and Treatment program data and NOMIS for OVC programs data. At the close of each month, these client level databases are backed up, copied and transmitted along with other data for consolidation at central office level. Aggregated data from these consolidated databases are therefore generated for the preparation of donor reports and program performance review charts.

REPORTS

i. Site / Facility, - ART	
Reported to	GON
Program area	Treatment
Frequency of reporting	Monthly
Duration (days)	1
Timelines for reporting	07-Mar-2017
ii. LGA, - PMTCT	
Reported to	GON
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	1
Timelines for reporting	15-Mar-2017
iii. Implementing Partner, - RADET	
Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Monthly
Duration (days)	1
Timelines for reporting	28-Apr-2017
iv. Funder, - HTC	
Reported to	GON
Program area	Treatment
Frequency of reporting	Quarterly
Duration (days)	4
Timelines for reporting	30-Oct-2017
v. State, - OVC	

Reported to	GON
Program area	Treatment
Frequency of reporting	Bi - Annually
Duration (days)	2
Timelines for reporting	28-Jul-2017 26-Jan-2018
vi. National, - ART	
Reported to	GON
Program area	Prevention
Frequency of reporting	Annually
Duration (days)	1
Timelines for reporting	26-Jan-2018

6. Quality Assurance

i. Site / Facility, - ART,PMTCT,HTC,	
Data verification approach	Data Quality Assessments
Types of data verification	Data quality assessment (DQA) reports are typically filled in during data quality assessment visits to each facility every quarter and the summary report is filled at IP and IA level for reference and follow up action purpose. The DQA checklist has three parts: a) Data availability b) Data consistency c) Data validity Once a quarter, the full checklist needs to be administered at each facility for each program area while a copy of the completed checklist is kept at facility level for reference (corrective actions and follow up) and evidence of the activity.
Timelines for data verification	24-Feb-2017 26-May-2017 25-Aug-2017 24-Nov-2017
Frequency of data verification	Quarterly
Duration (days)	14
ii. LGA, - ART,PMTCT,HTC,	
Data verification approach	Data Quality Assessments
Types of data verification	
Timelines for data verification	28-Jul-2017 26-Jan-2018
Frequency of data verification	Bi - Annually
Duration (days)	60
iii. National, - ART,PMTCT,HTC,	

Data verification approach	Data Quality Audits
Types of data verification	Data quality assessment (DQA) reports are typically filled in during data quality assessment visits to each facility every quarter and the summary report is filled at IP and IA level for reference and follow up action purpose. The DQA checklist has three parts: a) Data availability b) Data consistency c) Data validity Once a quarter, the full checklist needs to be administered at each facility for each program area while a copy of the completed checklist is kept at facility level for reference (corrective actions and follow up) and evidence of the activity.
Timelines for data verification	26-Jan-2018
Frequency of data verification	Annually
Duration (days)	30

iv. Implementing Partner, - ART,PMTCT,HTC,

Data verification approach	Data Quality Assessments
Types of data verification	Data quality assessment (DQA) reports are typically filled in during data quality assessment visits to each facility every quarter and the summary report is filled at IP and IA level for reference and follow up action purpose. The DQA checklist has three parts: a) Data availability b) Data consistency c) Data validity Once a quarter, the full checklist needs to be administered at each facility for each program area while a copy of the completed checklist is kept at facility level for reference (corrective actions and follow up) and evidence of the activity.
Timelines for data verification	27-Jan-2017 28-Apr-2017 28-Jul-2017 27-Oct-2017
Frequency of data verification	Quarterly
Duration (days)	120
v. Funder, - ART,PMTCT,HTC,	
Data verification approach	Data Quality Audits
Types of data verification	Site Improvement through Monitoring System
Timelines for data verification	27-Jan-2017 28-Apr-2017 28-Jul-2017 27-Oct-2017
Frequency of data verification	Quarterly
Duration (days)	120

7. Data Storage, Access & Sharing

Digital Data Storage

i. Site / Facility, - ART,PMTCT,HTC,	
Volume of digital data	3GB
Data storage format	SQL data definition
Storage location	Offline,Hard drives,
Backup	The data clerks ensures the system is backed up on daily basis and kept at a lockable cabinet
Data security	The Systems are kept at secured locations at facilities with burglary proof to ensure adequate security of the systems. All systems and external hard drives are password protected
Patient confidentiality policies	Only authorized personal with unique IDs and passwords are allowed access to computer systems containing patient informations. All personel are prohibited from sharing patient level information with anybody except ART clinic staff.
Storage of pre existing data	The pre-Existing data have been entered into the EMR and are stored in the same way as the current data
ii. Implementing Partner, - ART,PMTCT,HTC,	

Volume of digital data	2GB
Data storage format	SQL data definition
Storage location	Hard drives, Server
Backup	All Systems are backed up on monthly basis; and linked to the server for further back up; the ICT officer ensures that this is done and monitored on regular basis
Data security	The Systems are kept at secured locations PHI headquarters office and secured by password. The access is restricted for non data management staff to avoid data damage or loss.
Patient confidentiality policies	The policy includes provisions in the following areas: 1.The protection of the rights of those affected by HIV/AIDS 2.Prevention through information, education and training 3.Care and support for workers, their families and the organizations clients
Storage of pre existing data	Pre-existing data retrieved from facility EMR has been stored in PHI drives and server

Non Digital Data Storage

i. Site / Facility, - ART,PMTCT,HTC,	
Non digital data types	Files,Registers,
Storage location	Medical Records department store
Safeguards and requirements	The medical records store is always securely locked when not in use and only authorized personal are allowed entry during clinic hours

Data Access and Sharing

i. Site / Facility,LGA,State,National,Funder, - ART,PMTCT,HTC,

Data access	1. Data will shared with the 3 tiers of GON 9LGA/State/National) during review meetings, monthly data validation excercises. The MOU signed between the PHI and the State Governements consitute a formal agreement. 2. Data from all levels of implementation will be share with the funder on regular basis and the Coperative agreement serves as a formal agreement.
Data sharing policies	All requests for external data use must first be approved by the Principal Investigator before the SI Team lead authorizes the IT officer to release such data.
Data transmission policies	
Sharing plat forms	During program review meetings, GON meetings, scietific conferences and journal publication

Data Documentation Management and Entry

i. Site / Facility, - ART,PMTCT,HTC,	
Stored documentation and data descriptors	There is a data management standard Operating procedure this document describes data management procedures, timelines and responsibilities at every stage of the data collection and reporting cycle. it also explains how documents should be stored and labelled to enable secondary users to understand and reuse the data.
Naming structure and filing structures	there is a filing system in the central record-keeping system across all supported facility which is peculiar to each facility. It helps to organised, systematic, efficient and transparent. It also helps all people who should be able to access information to do so easily. the patient folder has unique identifier (number) and are filed systematically for easy retrieval. the record staff understand this process. it takes less than 60 seconds to locate a patient folder which is very efficient.
ii. Implementing Partner, - ART,PMTCT,HTC,	

Stored documentation and data descriptors	Storing document electronically we create folder for each thematic area; and the file name is saved with date and location for easy use. For the hard copies documentation lever arch files are used to store them; they are well labelled for easy use by secondary user.
Naming structure and filing structures	The filling system at our level is also central system across the regional offices and country office. Each program area has a particular folder with description, date and location. the most recent and active folders are on top. Incoming and outgoing mail folders are also in place for all in correspondence and out correspondence respectively

8. Intellectual Property, Copyright and Ownership

Intellectual Property, Copyright and Ownership	
Contracts and agreements	Cooperative agreement with CDC GH12 1210 U2G GH000929
Ownership	Data owned by the Government of Nigeria and Centres for Disease Control & Prevention
Use of third party data sources	We currently do not use any third party data. Contractual agreements with Community Based Organizations for OVC states that all data is collected on behalf of PHI.

9. Post Project Data Retention Sharing and Destruction

Post Project Data Retention Sharing and Destruction	
Data to retain	All program data are archived in Pro-Health database. This data shall be retained for a minimum of 10 years.
Pre existing data	All program related data shall be archived for 10 years.
Duration (days)	Data shall be retained for 10 years within databases and on external hard drives as back up.
Licensing	Not applicable

Digital Data Retention	
Data retention	Program data are stored on Pro-Health International database/server using both cloud and external hard drives

Non Digital Data Rentention	
Data rention	There is minimal non digital data as patient monitoring and management tools such as forms and registers are domiciled in health facilities.