Friends for Global Health Initiative in Nigeria

DATA MANAGEMENT PLAN

Ibrahim Sada Sodangi
FGHiN

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1. PROJECT PROFILE

Project Details	
Mechanism Name	Supporting Universal Comprehensive and Sustainable HIV/AIDS Services in Nigeria (SUCCESS)
Name of Implementing Partner	Friends for Global Health Initiative in Nigeria
Abbreviation of Implementing Partner	FGHiN
Mission Partner	
Lead Activity Manager	Ibrahim Sada Sodangi
Address Of Organization	
Phone Number	
Project start date	10/01/2013
Project end date	09/30/2017
Grant reference number	GH 1210 1 U2GGH000922

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	*0.13*
Approval	*Director SI* *PI /CoP*

2. Document revision

Version date	*3/31/2017*
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3. Project Objectives

As a U.S. President's Emergency Plan for AIDS Relief (PEPFAR) implementing partner (IP), FGHiN will build on our previous experience to continue supporting PEPFAR and Government of Nigeria (GoN) goals through strengthening existing health systems and developing sustainable HIV/AIDS care and treatment services in Kaduna, Kano, Gombe and Kogi states. All HIV/AIDS programs will be implemented in partnership with the state and local government using sustainable strategies with the long term goal of improving the well-being of host communities.

4. MONITORING AND EVALUATION SYSTEMS

Roles

Name	*Site*	*Region/State*	*HQ*
Associate Director M&E(SI)	-	-	1
Senior M&EO	-	-	1
M&EO	-	3	-
M&E Associate	11	-	-

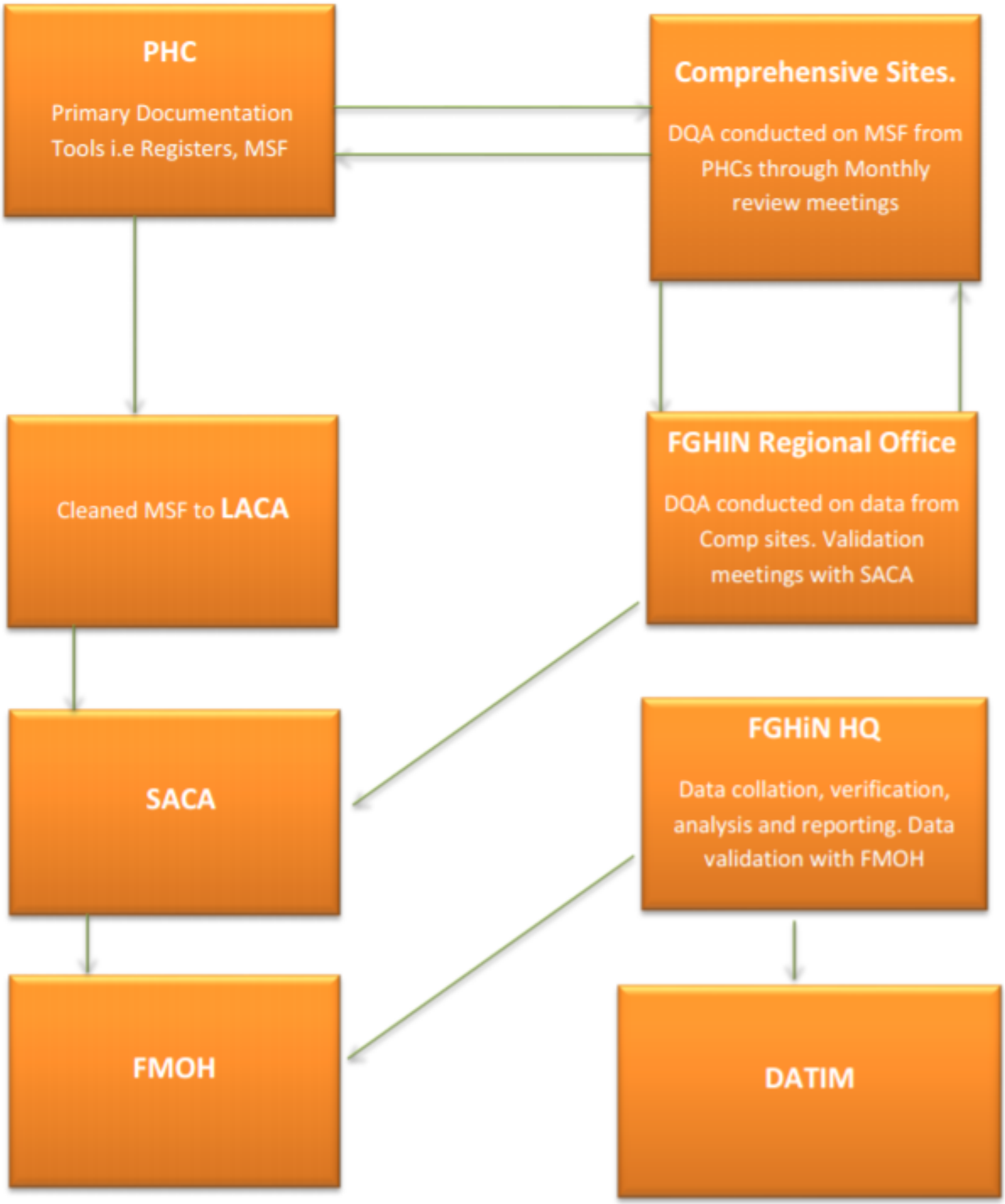
Responsibilities

Name	*Site*	*Region/State*	*HQ*
Management, Admin and HR	-	-	1
Supervisory	-	-	1
PMM, PME, CQI	-	3	-
Data Entry DHIS + EMR	1	-	-
Data Entry (EMR)	10	-	-

Trainings

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

Data Flow Chart


PHC
Primary Documentation Tools i.e Registers, MSF
Comprehensive Sites.
DQA conducted on MSF from PHCs through Monthly review meetings
Cleaned MSF to LACA
FGHIN Regional Office
DQA conducted on data from Comp sites. Validation meetings with SACA
SACA
FGHiN HQ
Data collation, verification, analysis and reporting. Data validation with FMOH
FMOH
DATIM

DATA MANAGEMENT PLAN

Process

Site support	Quarterly

Data garnering	PMM Form Development or Review FGHIN project team is using the national patient monitoring and management (PMM) forms in several clinical sites where they support HIV care and treatment services. These forms undergo periodic revisions to accommodate new changes and to conform to National Health Management Information System. Detailed instruction on how to complete these forms is available in the 'National PMM forms User guide' and in the FGHIN Form Completion Instructions. The forms include the following: Personal History Form: This form is used to collect clients' personal demographic information at the time of entry into the FGH-supported program. This form is completed by the Medical Records Officer or designate. Adult Clinical Evaluation Form: This form is used to collect data on the clinical status of adult clients. It is filled out at the initial client visits and then quarterly (at a minimum) on adult clients (age 15+). This form is completed by the Clinician. Pediatrics Clinical Evaluation Form: This form is used to collect data on the clinical status of pediatric clients. It is filled out at the initial client visits and then quarterly (at a minimum) on clients 0 to 14 years of age. This form is completed by the Clinician. Basic Care and Support Form: This form is used to collect data on the basic care and support services provided to clients. The entire form is filled out at baseline. Following the initial completion of the entire form, the sections highlighted in gray are completed on a quarterly basis on all clients

enrolled in HIV care.

Adult Pharmacy Form:
This form is used to collect information on the strength, frequency and duration of medications prescribed to adult clients. It is completed each time medications are prescribed to an adult client. This form is completed by the Clinician or a designate.

Pediatrics Pharmacy Form:
This form is used to collect information on the strength, frequency and duration of medications prescribed to pediatric clients. It is completed each time medications are prescribed to a pediatric client. This form is completed by the Clinician or a designate.

Adherence Form:
This form is used to collect adherence data on clients on antiretroviral therapy. It is completed at initial and follow-up quarterly visits to help track adherence to antiretroviral therapy. This form is completed by a trained adherence counselor.

Laboratory Form:
This form is used to collect laboratory data. It is completed each time a laboratory test is ordered by the clinician. Test results are written on this from and returned to the clinic for entry into HIVCare and inclusion in the medical record. This form is completed by the clinician. Results may be written on the form by the laboratory scientist.

Contact Tracking and Termination Form:
This is form is used for tracking clients who have missed a clinic appointment and for documenting the clients status when they are lost to follow-up, have dropped from care, or have died. This form is completed by the site

care and support focal person and the home-based care workers.

The data team will comprise of the Chief Technical Officer (CTO), Data Manager (DM), Monitoring and Evaluation (M&E) Officer, and Data Entry Specialists (DES). The PMM forms will be reviewed annually by the FGHIN staff to ensure that the forms are collecting data in the manner anticipated. Observations and recommendations will be shared with the national M&E technical working group to help improve the utility of these tools.

PMM Form Completion Instructions

DM or DM designee will develop guidelines to train and assist site personnel on how to complete the PMM forms according to the form-specific Form Completion Instructions. Completed forms will be submitted to the medical records department at each site for filing and entry into HIVCare. See sections C and D of this DMP for information on training and data entry process.

Database Development

The electronic medical record system used to manage patient level data in FGHiN-supported care and treatment sites is HIVCare 2.0. HIVCARE is a web-based application developed on DHIS 2 platform for managing and monitoring HIV clinical and supportive care. HIVCARE 2.0.

The HIVCare 2.0 database also has a report module built into it that can produce a completed HIV/AIDS Program Annual Data Report (RDR) and Program Services Report

(RSR).

Prior to implementation at a site, the DM will make up test data to test the database system. During testing, the DM will ensure that the data entry screens follow the design and layout of the PMM forms, that the skip patterns are accurate, and that the data fields accept their appropriate data types. The DM will save all test data and other test documentation in the project folder. The DM will also be responsible for regular updates and maintenance of the database and will test all database updates or changes before the database is released for data entry at the sites. The FGHiN DM will maintain the FGHiN database system.

Data use	Data Processing of PMM Forms FGHIN Data Entry Specialist will conduct data processing for all PMM forms according to FGHIN Data Entry Guidelines. PMM FORMS Flow/Receipt PMM forms will be routinely provided to the sites by FGHIN headquarters. DPC can request additional PMM forms from FGHIN headquarters as needed. The site DPC can print the current version of the forms if needed however there MUST BE an approval from the DM to print forms at DPC. Depending on the procedures at the site, either the DPC or the site staff will insert the required forms into the medical record depending on the type of visit he or she is attending. The DPC or site staff will review the client's Clinic Visit Schedule to determine which forms are required. Upon completion of client's clinic visit, site staff will send the client's chart to the DPC. The DES will collect the charts and ensure that they contain the required number of forms for the type of clinic visit. If any issues are found, the DES will create entries in the problem log and notify the appropriate department. For details on PMM forms flow process and problem log processing, see the FGHIN Data Entry Guidelines. Data Entry Data entry will be performed on-site by FGHIN DES or designated site staff. After the PMM forms are received and the initial review is completed, the DES will enter the data from the client's PMM forms into the HIVCARE database. For details on form processing and the data entry process, see the FGHIN Data Entry Guidelines.

Enforcement of PMM FORMS Submission

It is the responsibility of the DES at each site to ensure completed PMM forms are properly inserted in the client's chart after each clinic visit. In addition, it is the responsibility of the DES to enter the forms into HIVCARE and ensure that the client charts have been returned to the DPC for filing within 48 hours of the client's visit. This will help to ensure that the records are available to the doctors and other healthcare staff on the next clinic day.

Filing of PMM FORMS

All PMM forms received from the clinic will be stored at the specific site in the patient's medical chart. The charts should be filed in a secured manner either in the DPC or in the medical records department.

Data Review

DES will perform a data review on a randomly selected 10% of the charts of the clients seen at the clinic every clinic week. During the data review, DES will compare data in HIVCARE to data in the clients chart and ensure both match or any differences are explained by data handling convention. Actions taken to correct the errors found during the data review will be documented.

Data improvement approach	Data discrepancy management activities include generating data discrepancy reports, reviewing data discrepancy reports by investigating the origin and validity of the data discrepancies, and closing the data discrepancies by either resolving them through data discrepancy reports or determining that they are not resolvable. Section 1: Roles and Responsibilities TitleResponsibilities Statistician•Generates discrepancy reports DM•Oversee data discrepancy management activities and discrepancy report processing •Ensure all data issues are resolved DES•Perform data discrepancy reports resolution and updates CTO•Review unclear data issues as needed Section 2: Data Discrepancy Management Activities 1.General Instructions a.Data discrepancy reports are generated in SAS by the Vanderbilt statistician. The discrepancies are generated using pre-defined data quality checks that describe normal ranges and frequencies for essential variables on the PMM and laboratory forms. b.The Vanderbilt statistician generates the data discrepancy report and sends it to the DM for review c.The DM reviews the data discrepancy report and sends it to the DES at each site. The DES reviews and resolves the discrepancies directly or in conjunction with the site staff and makes updates to the HIVCare 2.0 database. d.The DES also updates the discrepancy report by indicating if the discrepancy was resolved or not. The DES may also enter a comment to

provide additional detail if necessary.
e.During data discrepancies review, the DES either alone or in conjunction with the DM shall
i.determine if the data issue is a result of a data entry error or a transcription error and if so, update the database and discrepancy report accordingly
ii.indicate on the discrepancy report whether or not the discrepancy was resolved and enter a comment if needed
iii.identify data error trends
iv.identify if the data quality checks are valid and logical and notify the DM of any illogical discrepancy checks.

2.Reviewing Data Discrepancies
a.The client-specific PMM and laboratory forms should be thoroughly checked for each of the discrepancies listed on the discrepancy report.

b.If a data entry error is identified, the DES will correct the error.

c.If the description of any of the discrepancies is not clear or specific enough, it should be modified or more comments should be provided to make sure that the site staff can understand the issue and provide the resolution without confusion and to prevent a re-query.

d.The DM should identify the discrepancy trend during the review and notify the team if any specific PMM forms or data fields are problematic. The DM team reviews the issues and adjusts the discrepancy checks to reflect the real situation. If any problems are identified, the DM should correct the discrepancy checks and notify the DM team.

e.If multiple discrepancies are identified during the review and the discrepancies are from the same issue, the DM shall flag the duplicate

discrepancies as “DUPLICATE” on the discrepancy reports. The associated discrepancy row number should be provided to indicate the original discrepancy it is related to.

3.Page Specific Issues

Refer to the Data Entry Guideline for instructions on how to handle page specific data issues so that un-necessary discrepancy reports are not generated for known data issues that could be handled in house without site involvement.

Section 3: Discrepancy Report Generation

1.DM will review all discrepancy reports and collate in Excel the data issues that must be resolved by the sites. The collation in Excel should be by site; each site will be on a separate Excel sheet. The DM shall maintain a master list of all discrepancies.

The DM will save all discrepancy reports and any related documents.

2.Discrepancy reports will be sent to all sites as email attachments.

3.The DM will maintain a column in the master discrepancy list to indicate final disposition of each discrepancy i.e., Resolved, Irresolvable, Duplicate. This final disposition list is not exhaustive. DM could update it at anytime.

Section 4: Discrepancy Report Distribution Schedule

The discrepancy review and discrepancy report

generation will be an ongoing activity. The DES will ensure that data issues are reviewed and resolved in a timely manner so that project reports and analysis tables can be produced with clean data.

Section 5: Discrepancy Report Processing

When discrepancy reports are received from the sites by the DES, the following guidelines should be followed in handling all received discrepancy reports:

1.The resolution provided by the site should be carefully reviewed.
a.If the resolution is not clear (e.g. partial resolution or incorrect resolution), the discrepancy should be re-issued by the DM or clarified to the site by the DES.
b.If the resolution is clear, the resolution provided by the site will be sent back to the statistician at Vanderbilt.
c.DES should contact the DM with any questions regarding the data resolutions provided by the site staff.

2.If the discrepancy needs to be re-issued, the DES will note it on the discrepancy report and send it back to the DM.

3.If resolved discrepancy report is associated with new or updated PMM forms, follow the process for data processing as outlined in data entry guidelines

When discrepancy reports are received from the DES by the DM, the following guidelines should be followed:

1.The resolution comment on the discrepancy reports is carefully reviewed.

	a.If the resolution is not clear (e.g. partial resolution or incorrect resolution), the discrepancy may be re-issued. b.If the resolution is clear, and it is noted that DES has performed both the PMM form and database update, then DM shall update the disposition status of the discrepancy. c.DM should contact CTO with questions or concerns that arise when processing the discrepancy report. 2.If the data clarification form needs to be re-issued, the disposition status of the current discrepancy should be changed to 'RE-ISSUED'. The data issues will be further clarified before generating a new discrepancy report. 3.After a discrepancy is resolved, the corresponding disposition status should be changed to 'CLOSED'. 4.After all processing is done, the responsible DM shall save the document. a.If a discrepancy report is sent to a site in error, an email should be sent to the site. The site should be instructed to put a comment 'DISCARD PER DM' in the resolution area of the discrepancy report and return the discrepancy report DM.

Data collation

Data type	*Reporting level*	*Frequency*
Aggregate	FMOH,	Monthly
Aggregate	LACA,	Monthly
Aggregate	SACA,	Monthly
Aggregate	Regional/State Office,	Weekly
Aggregate	HQ,	Monthly
Aggregate	FMOH,	Monthly

Equipment	
Project equipments	Tools

Environment	
States covered by implementing partners	Gombe,Kaduna,Kogi,Kano,
No of sites covered by iP	ART: 16 PMTCT: 51 HTC: 51 OVC: 2 Community: 0

5. Data Processes

Reporting levels

LG --> LACA --> SACA --> Regional/State Office --> HQ --> FMOH --> CDC

Data

i. Facility ,	
Data type	Qualitative
Data collection and reporting tools	EMR,Registers,Client intake forms,Hand card,Referral forms,HIV request result form,
Data collection process	Direct documentation from individual encounters
ii. LACA,	
Data type	Quantitative
Data collection and reporting tools	Monthly Summary Forms,
Data collection process	Collation of generated aggregate data from registers
iii. SACA,	
Data type	Quantitative
Data collection and reporting tools	Monthly Summary Forms,
Data collection process	Collation, review and validation of aggregated data from LGA
iv. Regional/State Office,	
Data type	Quantitative
Data collection and reporting tools	EMR,Monthly Summary Forms,
Data collection process	Collation of aggregate data from facilities, verifying collated data with source document, conduct DQA and provide feedback to the facilities.
v. HQ,	

Data type	Quantitative
Data collection and reporting tools	EMR,Monthly Summary Forms,
Data collection process	Collation of aggregated data from regional/state offices, conduct DQA and provide feedback to facilities through regional/state offices, conduct data validation with FMOH

REPORTS

i. Facility , - ART	
Reported to	GON
Program area	Treatment
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	07-Nov-2016 07-Dec-2016 07-Jan-2017 07-Feb-2017 07-Mar-2017 07-Apr-2017 07-May-2017 07-Jun-2017 07-Jul-2017 07-Aug-2017 07-Sep-2017 09-Oct-2017
ii. Facility , - PMTCT	
Reported to	GON
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	07-Nov-2016
iii. Facility , - HTC	
Reported to	GON
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	07-Nov-2016
iv. Facility , - ART	

Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Quarterly
Duration (days)	365
Timelines for reporting	30-Jan-2017 12-Jun-2017 29-Sep-2017 11-Dec-2017
v. Facility , - ART	
Reported to	Regional/State offices
Program area	Treatment
Frequency of reporting	Monthly
Duration (days)	365
Timelines for reporting	07-Nov-2016
vi. Facility , - PMTCT	
Reported to	Others Regional/State offices
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	07-Nov-2016
vii. Facility , - PMTCT	
Reported to	Regional/State offices
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	07-Nov-2016
viii. Facility , - HTC	

Reported to	Regional/State offices
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	07-Jan-2017
ix. Regional/State Office, - ART	
Reported to	HQ
Program area	Treatment
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	10-Nov-2016
x. Regional/State Office, - PMTCT	
Reported to	HQ
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	10-Nov-2016
xi. Regional/State Office, - HTC	
Reported to	HQ
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	10-Nov-2016
xii. Regional/State Office, - RADET	

Reported to	HQ
Program area	Treatment
Frequency of reporting	
Duration (days)	365
Timelines for reporting	10-Jan-2017
xiii. HQ, - ART	
Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Quarterly
Duration (days)	365
Timelines for reporting	30-Jan-2017 24-Apr-2017 24-Jul-2017 24-Oct-2017
xiv. HQ, - RADET	
Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Bi - Annually
Duration (days)	365
Timelines for reporting	24-Apr-2017 24-Oct-2017
xv. HQ, - PMTCT	
Reported to	PEPFAR
Program area	Prevention
Frequency of reporting	Quarterly
Duration (days)	365
Timelines for reporting	30-Jan-2017 24-Apr-2017 24-Jul-2017 24-Oct-2017

xvi. HQ, - HTC	
Reported to	PEPFAR
Program area	Prevention
Frequency of reporting	Quarterly
Duration (days)	365
Timelines for reporting	30-Jan-2017 24-Apr-2017 24-Jul-2017 24-Oct-2017
xvii. HQ, - OVC	
Reported to	PEPFAR
Program area	Prevention
Frequency of reporting	Bi - Annually
Duration (days)	365
Timelines for reporting	24-Apr-2017 30-Oct-2017

6. Quality Assurance

i. Facility ,Regional/State Office - ART,	
Data verification approach	Data Quality Audits
Types of data verification	EMR
Timelines for data verification	07-Nov-2016
Frequency of data verification	Monthly
Duration (days)	360
ii. Facility , - ART,	
Data verification approach	Data Qualiity Assurance
Types of data verification	RDQA TOOL
Timelines for data verification	10-Jan-2017
Frequency of data verification	Quarterly
Duration (days)	365
iii. Facility ,Regional/State Office, - ART,	
Data verification approach	Data Quality Assessments
Types of data verification	DQA
Timelines for data verification	07-Jan-2017
Frequency of data verification	Quarterly
Duration (days)	365
iv. Facility ,Regional/State Office, - PMTCT,	
Data verification approach	Data Quality Audits
Types of data verification	EMR, Registers
Timelines for data verification	07-Nov-2016
Frequency of data verification	Monthly
Duration (days)	360
v. Facility ,Regional/State Office, - HTC,	

Data verification approach	Data Quality Audits
Types of data verification	EMR, Registers
Timelines for data verification	07-Nov-2016
Frequency of data verification	Monthly
Duration (days)	360
vi. Facility ,Regional/State Office,HQ, - PMTCT,	
Data verification approach	Data Qualiity Assurance
Types of data verification	RDQA
Timelines for data verification	07-Jan-2017
Frequency of data verification	Quarterly
Duration (days)	365
vii. Facility ,Regional/State Office,HQ, - HTC,	
Data verification approach	Data Qualiity Assurance
Types of data verification	RDQA
Timelines for data verification	07-Jan-2017
Frequency of data verification	Quarterly
Duration (days)	365

7. Data Storage, Access & Sharing

Digital Data Storage

i. Regional/State Office, - ART,	
Volume of digital data	Cloud hosted database
Data storage format	Comma - separated values(CSV) file(.csv),
Storage location	Online,
Backup	Backup is automated at local off server on weekly basis and remotely on daily basis
Data security	The application is hosted at Amazon EC2 cloud server which has back-up electricity solutions, regular data back up, server maintenance and security and reliable internet/network access. The application has audit trail feature that enable the administrator to view who accessed the database when, and what changes they made.
Patient confidentiality policies	All users are made to sign confidentiality agreement form.
Storage of pre existing data	Cloud server and local server
ii. Regional/State Office, - PMTCT,	

Volume of digital data	Cloud hosted database
Data storage format	Comma - separated values(CSV) file(.csv),
Storage location	Online,
Backup	Backup is automated at local off server on weekly basis and remotely on daily basis
Data security	The application is hosted at Amazon EC2 cloud server which has back-up electricity solutions, regular data back up, server maintenance and security and reliable internet/network access. The application has audit trail feature that enable the administrator to view who accessed the database when, and what changes they made.
Patient confidentiality policies	All users are made to sign confidentiality agreement form.
Storage of pre existing data	Cloud and local servers
iii. Regional/State Office, - HTC,	
Volume of digital data	Cloud hosted database
Data storage format	Comma - separated values(CSV) file(.csv),
Storage location	Online,
Backup	Backup is automated at local off server on weekly basis and remotely on daily basis
Data security	The application is hosted at Amazon EC2 cloud server which has back-up electricity solutions, regular data back up, server maintenance and security and reliable internet/network access. The application has audit trail feature that enable the administrator to view who accessed the database when, and what changes they made.
Patient confidentiality policies	All users are made to sign confidentiality agreement form.
Storage of pre existing data	Cloud and local servers
iv. HQ, - ART,PMTCT,HTC,	

Volume of digital data	Cloud hosted database
Data storage format	Comma - separated values(CSV) file(.csv),
Storage location	Online,Hard drives,
Backup	Backup is automated at local off server on weekly basis and remotely on daily basis
Data security	The application is hosted at Amazon EC2 cloud server which has back-up electricity solutions, regular data back up, server maintenance and security and reliable internet/network access. The application has audit trail feature that enable the administrator to view who accessed the database when, and what changes they made.
Patient confidentiality policies	All users are made to sign confidentiality agreement form.
Storage of pre existing data	Cloud and local servers

Non Digital Data Storage

i. LG,LACA,SACA,Regional/State Office,HQ,FMOH, - ART,PMTCT,HTC,	
Non digital data types	Files,
Storage location	Lock-up drawers
Safeguards and requirements	

Data Access and Sharing

i. LG,LACA,SACA,Regional/State Office,HQ,FMOH, - ART,PMTCT,HTC,

Data access	Stakeholders

Data sharing policies	Data Sharing Policy: The data collected is patient disease details. With web-enability, the data can be made available through internet at all levels and to all partners who are involved. The data transfer is gradually shifting from sequential (OULGAStateNational) transfer to direct web transfer so that information is available to all simultaneously. Adequate measures for data security are in place for restricting access by giving various levels of permission. However, due to stigma associated with HIV/AIDS, maintenance of confidentiality is crucial for security and confidence of HIV patients. Involvement of large number of organizations ranging from government, semigovernment, private, civil society, and many more in fighting against HIV/AIDS and interest and support of large number of donors and stakeholders emphasizes need of transparency and availability of data to all those who are involved in the program related to HIV/AIDS. Post graduate and PhD student/scholar, who want to do research in HIV/AIDS field, also give request for data access. The approaches and implementation strategies being adopted by programme pose several operations research questions and researchers in constant need to add to the existing knowledge or create new knowledge require information. The information needs thus vary according to levels and area of work. Looking at the stigma and discrimination faced by HIV infected person and keeping the confidentiality at forefront, there is need to use this data with utmost caution and maturity. Considering the above, this Guideline has been developed. Data Sharing Matrix Type of InformationLevel of securityAvailabilityApproving AuthorityProcess Data that can be shared without a review Information on location of service

	facilitiesLowOn Website, Programme Divisions of FMOH/SACA/LACAApproval not required, if available on website, if not available on website, than respective HODsUndertaking not required Data that can be shared after review Data up to State level (including all facilities and district level under it) requires approval by SACA State/LGA level aggregate data on no. of centres, uptake of services & positivity rates etc. from programme data; Disaggregated data (by age, gender, demographic variables, programmatic variables, etc.) beneficiaries of various components under one stateModerateFacility, LGA, State, FMOHProject Director, StateUndertaking required. Request will be processed by Project Director, State Individual level data (Without personal identifier) of beneficiaries of various componentsHigh Service Delivery PointsProject Director, StateUndertaking required. Request will be processed by Project Director, State National level Data (including State level; Geopolitical Regions) requires approval by FMOH Regional level aggregate data on no. of centres, uptake of services & positivity rates etc. from programme data; Disaggregated data (by age, gender, demographic variables, programmatic variables, etc.) beneficiaries of various components under FMOHModerateSACA, NACA after review by all stakeholdersCompetent authority at

	FMOHUndertaking required. Request will be processed by FMOH Individual level data (Without personal identifier) of beneficiaries of various componentsHigh SACA, NACA after review by all stakeholdersCompetent authority at FMOHUndertaking required. Request will be processed by FMOH Individual level data (With personal identifier) of beneficiaries of various components cannot be shared , thus in this regard no proposal will be accepted
Data transmission policies	Personal data must not be stored or transmitted on removable media or laptops without encryption. Data sets shall be encrypted prior to transmission
Sharing plat forms	Monthly program review meetings at LGA level, Quarterly State data collation and validation meeting, Bi-annual National Data validation meeting, Electronic platforms

Data Documentation Management and Entry

8. Intellectual Property, Copyright and Ownership

Intellectual Property, Copyright and Ownership	
Contracts and agreements	Supporting Universal Comprehensive and Sustainable HIV/AIDS Services in Nigeria (SUCCESS) under the President's Emergency Plan for AIDS Relief. Cooperative Agreement # GH 1210 1 U2GGH000922 Friends for Global Health Initiative in Nigeria (FGHiN)
Ownership	The GoN will have the sole ownership of the data
Use of third party data sources	Nil

9. Post Project Data Retention Sharing and Destruction

Post Project Data Retention Sharing and Destruction	
Data to retain	
Pre existing data	
Duration (days)	
Licensing	

Digital Data Retention	
Data retention	Cloud storage, http://hivcare.fghin.org.ng/dhis-web, Amazon EC2

Non Digital Data Rentention	
Data rention	Facility lockup cabinet