

Center for Clinical Care and Research, Nigeria

DATA MANAGEMENT PLAN

Moses Asiozi CCCRN Jahi district

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1. PROJECT PROFILE

Project Details	
Mechanism Name Service Expansion and Early Detection for Sustainable HIV Care	
Name of Implementing Partner	Center for Clinical Care and Research, Nigeria
Abbreviation of Implementing Partner	CCCRN
Mission Partner	MGIC
Lead Activity Manager	Moses Asiozi
Address Of Organization	Jahi district
Phone Number	
Project start date	02/01/2017
Project end date	02/27/2017
Grant reference number	fhacvhk

Ethical Approval	
Ethical approval for the project	Yes
Rational	Project
Aprroving instititional review board	CDC Atlanta
Type of ethical approval	Non- human subject research

Initial date of ShieldPortal completion	3/8/2017
Version	0.43
Approval	Director SI PI /CoP

2. Document revision

Version date	3/8/2017
Version Number	0.43
Author	Moses Asiozi
Job designation	
Phone number of author	
Email address of author	masiozi@mgic.umaryland.edu
Approver	
Job Designation	
Phone number of Approver	
Email of Approver	

3. Project Objectives

The Centre for Clinical Care and Research Nigeria promotes best practices in health care delivery and research using locally-adapted models of health systems strengthening. The organization provides comprehensive HIV care and treatment services to more than 30,000 HIV infected persons through health facilities and community organizations in Enugu, Ebonyi and Imo States.

Services are provided at facility and community level for Orphans and Vulnerable that at the community level. CCCRN has provided comprehensives care and treatment services in Imo, Ebonyi and Enugu states. The organisation has also been able to strengthen the capacity of the state structure to be able to provide services to patients after the expiration of the project.

4. MONITORING AND EVALUATION SYSTEMS

Roles

Name	Site	Region/State	HQ	
Director M&E(SI)			1	
SI Advisor		-	1	
Senior M&EO		3	-	
M&EO	<u>-</u>	14	<u>-</u>	
data management assistant	11	-	-	
db Manager	-	3	_	
Senior db Manager	-	-	1	

Responsibilities

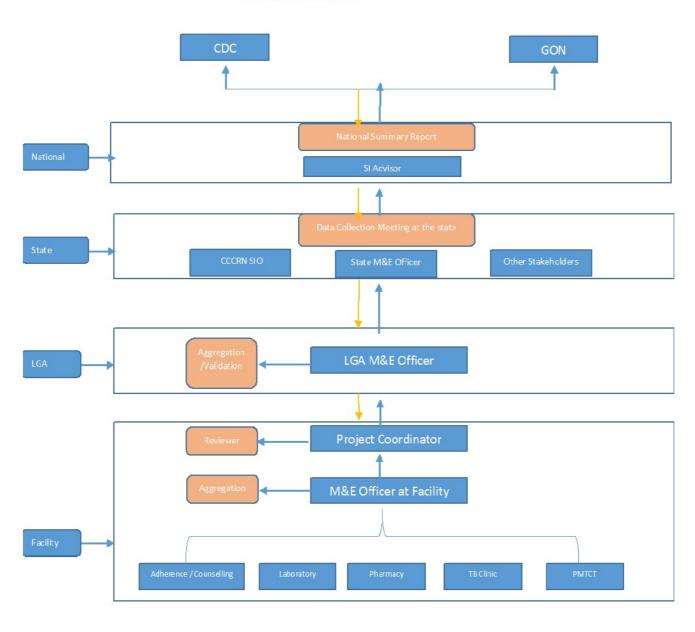
Name	Site	Region/State	HQ
Supervisory		3	2
PMM, PME, CQI	_	14	
Data Entry DHIS +	11	-	-
EMR			
EMR db Management	_	3	1

Trainings

Name of training	Site	Region/State	HQ
Statistics Training			01-Jul-2017
			29-Jul-2017
OVC NOMIS			01-Jul-2017
Training			29-Jul-2017
DHIS Data Entry		13-Feb-2017	
training		15-Feb-2017	
OVC M&E training	09-Jan-2017	13-Feb-2017	13-Feb-2017
	15-Jan-2017	15-Feb-2017	15-Feb-2017
EMR Data entry and	09-Jan-2017		
use training	15-Jan-2017		

Data Flow Chart

CCCRN Data Flow Diagram



Process

Site support	Monthly
Data garnering	Data is aggregated from all service delivery points in the facility by the M&E officers in comprehensive facilities or officers in-charge PHCs. Validation and collation of these repor are done by the Local Government Area M&I officers once a month in preparation for the statewide data collection meeting that takes place at the state capital. Issues identified in the reports are rectified at this level before the regist ransmitted to the next phase. Once a month relevant state holders from the state ministry of health, state Agency for the control of HIV/AIDS, CCCRN and other stakeholders meet for data harmonization and collection. To reports are discussed at these meetings and issues are trashed as they apply. CCCRN furt takes the duplicate copies of all the reports for entry into the SEEDS template for onward transmission to the next level. At the national level, the report is loaded into a data repositor for storage and summaries are also generated from the server. Furthermore, data cleaning is done and a final report is generated. The Summary is then sent back to the state level a to the facility as feedback.

Data use	The capacity of the facility management has been built to be able to make sense of the data generated at the facility. This has been achieved by CCCRN through the Programme Management Team meetings that hold every month to review data in the facility. Also, because data belong to the facility, an MOU was signed with all CCCRN supported facilities to describe the data collection processes and periods. Data flow and feedback from and to the facilities is contained in the document. A data request for publications goes through multiple ways depending on who is requesting for data. The staff of the hospitals can get a written approval from the National Health Research Ethics Committee of Nigeria. Patients identifiers are always encrypted for those that may require a line list of patients' information. The CDC gives approval when data are to be published by CCCRN.
Data improvement approach	There are mechanisms in place to ensure that data errors are corrected to meet the minimun standard required. The following are the improvements approaches in place in CCCRN supported facilities. 1. Monthly data validation of report carried out the Local Government Area M&E Officers. 2. Quality DQA exercise. This is carried out to assess the completeness, accuracy and the validity of data at supported facilities. 3. Performance measurement activity. Key indicators are reviewed every six months to check the quality of data reported 4. Quality improvement projects are carried out by the facility staff in collaboration with CCCRN to mitigate the challenges identified from all the assessment conducted at the facilities.

Data collation

Data type	Reporting level	Frequency
Qualitative, Quantitative	facility,Local Government Monthly Area ,State ,National,Donor	
	Level Reporting,	

Equipment	
Project equipments	IT solutions, IT Equipment, Data Collection
	Tools,Centralized Server

Environment	
States covered by implementing partners	Ebonyi,Enugu,Imo,
No of sites covered by iP	ART: 42 PMTCT: 142 HTC: 2 OVC: 7
	Community: 0

5. Data Processes

Reporting levels

facility --> Local Government Area --> State --> National --> Donor Level Reporting

Data

Data type	Quantitative
Data collection and reporting tools	EMR,Registers,Monthly Summary Forms,Cintake forms,Referral forms,HIV request restform,Others(Please List),
Data collection process	Data Collection is done at the state level. Reports are collected at a meeting that is convened by the state ministry of Health in conjunction with the IPs that are supporting state. The LGA M&E Officers bring the report that have been aggregated for all facilities we the LGA that they are responsible for to the meeting. The report is further validated and issues in the report are discussed at this form. The original copies of the reports are submit to the state ministry while IPs are given photocopies of the report for use. The report facilities supported by CCCRN are transcrib into the SEEDS reporting template which is stored in a central server at the head office. National Summary report is then generated a aggregated in the format that is required by a the stakeholders. The report is reviewed for quality and accuracy. The report is then shar with the relevant stakeholders at the National

REPORTS

Reported to	GON
Program area	Treatment
Frequency of reporting	Monthly
Duration (days)	600
Timelines for reporting	06-Mar-2017
ii. facility,Local Government Are	ea ,State ,National,Donor Level Reporting, - PMTCT
Reported to	GON
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	06-Mar-2017
iii. facility,Local Government Ar	ea ,State ,National,Donor Level Reporting, - HTC
Reported to	PEPFAR
Program area	Prevention
Frequency of reporting	Quarterly
Duration (days)	90
Timelines for reporting	06-Mar-2017
iv. facility,Local Government Ar	ea ,State ,National,Donor Level Reporting, - OVC
Reported to	PEPFAR
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	06-Mar-2017

Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Quarterly
Duration (days)	90
Timelines for reporting	06-Mar-2017
vi. facility,Local Government Arc	ea ,State ,National,Donor Level Reporting, - ART
Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Quarterly
Duration (days)	90
Timelines for reporting	08-Jan-2017 09-Apr-2017 09-Jul-2017 08-Oct-2017
vii. facility,Local Government Ar	rea ,State ,National,Donor Level Reporting, - PMTC
Reported to	PEPFAR
Program area	Prevention
Frequency of reporting	Quarterly
Duration (days)	90
Timelines for reporting	09-Jan-2017 10-Apr-2017 10-Jul-2017 09-Oct-2017

Reported to	PEPFAR
Program area	Treatment
Frequency of reporting	Quarterly
Duration (days)	90
Timelines for reporting	09-Jan-2017
	10-Apr-2017
	10-Jul-2017
	09-Oct-2017
ix. facility,Local Government Ar	ea ,State ,National,Donor Level Reporting, - OVC
Reported to	GON
Program area	Prevention
Frequency of reporting	Monthly
Duration (days)	360
Timelines for reporting	09-Jan-2017
	10-Apr-2017
	10-Jul-2017
	09-Oct-2017

6. Quality Assurance

i. facility,Local Government Area ,State ,National,Donor Level Reporting, - ART,PMTCT,HTC,	
Data verification approach	Data Quality Assessments
Types of data verification	Data Quality Assessment Checklist
Timelines for data verification	06-Mar-2017
Frequency of data verification	Quarterly
Duration (days)	90

7. Data Storage, Access & Sharing

Digital Data Storage

Volume of digital data	30G
Data storage format	Comma - separated values(CSV) file(.csv),Sodata definition,
Storage location	Hard drives
Васкир	Yes
Data security	Kept in a secured location
Patient confidentiality policies	HIPAA-Health Information, Portability and accountability ACT of 1996
Storage of pre existing data	Before the start of the programme, pre-existing data is in the custody of the state and the Fed Government of Nigeria. However, the organization had the data in a database and we secured.
ii. The Facility, Local Government	Area State National Donor Level Reporting -
A DEL DIVERCE TIEC	area, State, Patiental, Donor Berei Reporting.
ART, PMTCT, HTC,	Trea, State, Ivanolia, Bonor Ecret Reporting.
ART, PMTCT, HTC, Volume of digital data	30GB
Volume of digital data	
Volume of digital data Data storage format	30GB
Volume of digital data Data storage format Storage location	30GB SQL data definition,
Volume of digital data Data storage format Storage location Backup	30GB SQL data definition, Online
Data storage format	30GB SQL data definition, Online Yes

Non Digital Data Storage

i. facility,Local Government Area ,State ,National,Donor Level Reporting, - ART,PMTCT,HTC,	
Non digital data types	Files,
Storage location	yes, the location is in a drive located in a specified location in the office. Some are left at the facilities in cupboard or cabinets.
Safeguards and requirements	They are locked

Data Access and Sharing

i. facility,Local Government Area ,State ,National,Donor Level Reporting, - ART,PMTCT,HTC,

Data access	Data is shared with the government of Nigeria and CDC with no restrictions. However, a third party would be required to get an approval from the GON for access to be given. Where patients line data is to be shared, encryptions is always applied.
Data sharing policies	Data sharing policies is part of what the organization signed with the state Government where the organization currently work. Data collection is carried out by the Local Government M&E officers, the report is submitted to the state ministry of Health and later transmitted to the national.
Data transmission policies	Data transmission policy is part of what the organisation signed with the state Government where the organisation currently work. Data collection is carried out by the Local Government M&E officers, the report is submitted to the state ministry of Health and later transmitted to the national.
Sharing plat forms	Data sharing platforms are in hard and soft copies. Hard copies are given to the state Government during data collection meeting. Copies of the report in an excel format are also transmitted to the state and Federal Government on a six monthly basis. Online, Excel and Word format are currently the platforms for reporting to CDC, meaning that data is submitted primarily on DATIM, RADET and Narratives on word on a quarterly basis.

Data Documentation Management and Entry

i. facility,Local Government Area ,State ,National,Donor Level Reporting, - ART,PMTCT,HTC,

Stored documentation and data descriptors	Indicator reference guide is always shared as soon as they are received, also we have instructional notes that accompany the reporting template for clarity on where the reports are gotten from and so on.
Naming structure and filing structures	There is no specific filling structure in place. The filling structure is mostly the same across facilities. In most facilities, HIV patients folders are kept in the same location as other folders in the hospital. Every patient is given hospital number and also a serial enrolment number and both are documented on the back of the patient's folder. There is provision for the surname and last name as a way of labelling the folders.

8. Intellectual Property, Copyright and Ownership

Intellectual Property, Copyright and Ownership	
Contracts and agreements	This project is fully funded by CDC and the contract terms and agreement are clearly stated.
Ownership	All data in the organisation belong to the Government of Nigeria and are under the copyright of CDC
Use of third party data sources	Third party data are gotten from facilities, state and GON with a written permission from GON and CDC as it applies.

9. Post Project Data Retention Sharing and Destruction

Data to retain	Data stored in electronic format are to be saved in the cloud. Folders and drives to be saved in secured location.
Pre existing data	10 years
Duration (days)	After the expiration of 10years
Licensing	
Digital Data Retention	
Data retention	Digital storage is done on a server. The cost of Archiving is approximately \$240 in a year
Non Digital Data Rentention	
Data rention	Non-digital data saved in the same way.