



Institute of Human Virology Nigeria

DATA MANAGEMENT PLAN

Martha Okposo
IHVN

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1. PROJECT PROFILE

<i>Project Details</i>	
<i>Mechanism Name</i>	AIDS Care and Treatment Plus Up
<i>Name of Implementing Partner</i>	Institute of Human Virology Nigeria
<i>Abbreviation of Implementing Partner</i>	IHVN
<i>Mission Partner</i>	
<i>Lead Activity Manager</i>	Martha Okposo
<i>Address Of Organization</i>	
<i>Phone Number</i>	
<i>Project start date</i>	10/01/2016
<i>Project end date</i>	09/30/2017
<i>Grant reference number</i>	

<i>Ethical Approval</i>	
<i>Ethical approval for the project</i>	Yes
<i>Rational</i>	Project
<i>Approving institutional review board</i>	CDC Atlanta
<i>Type of ethical approval</i>	Non- human subject research

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<i>Initial date of ShieldPortal completion</i>	<i>11/11/2017</i>	
<i>Version</i>	<i>0.31</i>	
<i>Approval</i>	<i>Director SI</i>	
	<i>PI /CoP</i>	

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2. Document revision

<i>Version date</i>	<i>11/11/2017</i>
<i>Version Number</i>	<i>0.31</i>
<i>Author</i>	<i>Emeka Madubuko</i>
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<i>Approver</i>	
<i>Job Designation</i>	
<i>Phone number of Approver</i>	
<i>Email of Approver</i>	

3. Project Objectives

ACTION-Plus Up is an IHVN Project funded by the US Government PEPFAR (US President's Emergency Plan for AIDS Relief) through Centers for Disease Control and Prevention (CDC). ACTION-Plus Up focuses on the following areas: ART treatment for adult and children (including pregnant women); laboratory diagnosis and tracking of patients' status; care and support for people living with HIV/AIDS and people affected by HIV/AIDS; and monitoring and evaluation of patients and program progress. Others include prevention of mother-to-child transmission (PMTCT); HIV Testing Services, support to orphans and vulnerable children; and training in all the above areas.

4. MONITORING AND EVALUATION SYSTEMS

Roles

<i>Name</i>	<i>Site</i>	<i>Region/State</i>	<i>HQ</i>
Director/HOD SI	-	-	1
Associate Director M&E(SI)	-	-	1
Program Manager	-	-	3
Senior Program Officer	-	2	2
Program officer	-	-	8
Program Assistant	-	15	3
Program Officer	-	10	-

Responsibilities

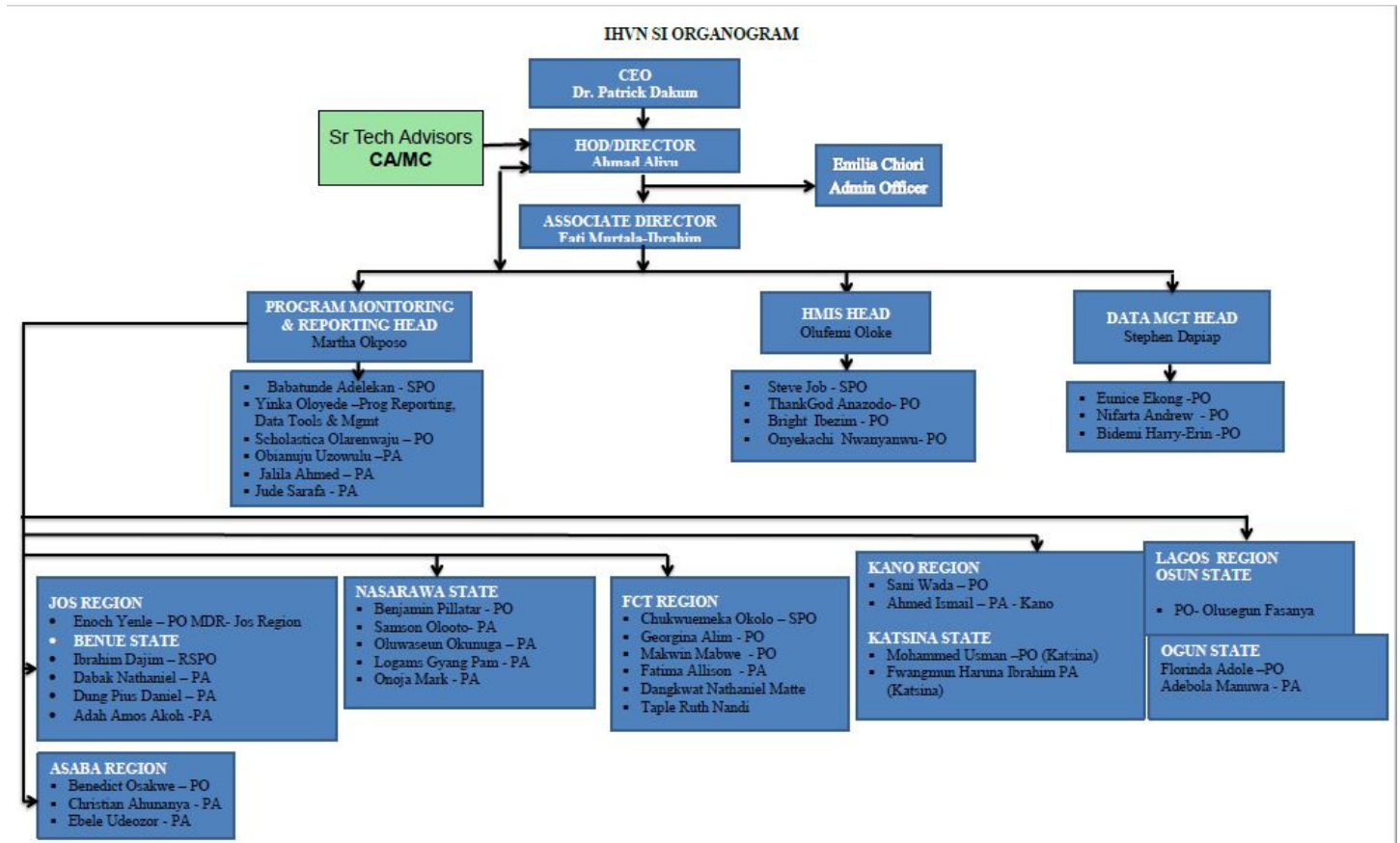
<i>Name</i>	<i>Site</i>	<i>Region/State</i>	<i>HQ</i>
Management, Admin and HR	-	-	2
Supervision/Unit oversight	-	-	3
Supervision of program officers and program Assistants	-	-	2
Review reports and ensure quality in reported data	-	-	8
Report compilation and collation	-	-	3
Provide oversight for all regional SI activities	-	12	-
Directly supervise SI related activities at service delivery points	-	15	-

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Trainings

<i>Name of training</i>	<i>Site</i>	<i>Region/State</i>	<i>HQ</i>
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Data Flow Chart



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<i>Process</i>	
<i>Site support</i>	Monthly
<i>Data garnering</i>	Service provision is documented in approved National data reporting tools and summarized into registers. the registers are used in reporting required indicators
<i>Data use</i>	Data is used for program planning and for effective site supervisory and mentoring visits
<i>Data improvement approach</i>	In order to ensure qualitative data reporting, facilities are encourage to have have two levels of data validation before sending their reports to the next level

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Data collation

<i>Data type</i>	<i>Reporting level</i>	<i>Frequency</i>
ART,PMTCT and HTS Summary	LACA,	Monthly
ART,PMTCT and HTS Summary	SACA,	Monthly
ART,PMTCT and HTS Summary	FMOH,	Monthly
MER Indicator ART,PMMTCT,HTS,OVC,TB /HIV	CDC,	Quarterly

Equipment

<i>Project equipments</i>	IT equipments, mobile application, Laptops, Servers
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Environment

<i>States covered by implementing partners</i>	Benue,Delta,Ekiti,FCT,Kaduna,Kano,Katsina,N asarawa,Ondo,Ogun,Osun,
<i>No of sites covered by iP</i>	ART: 341 PMTCT: 257 HTC: 0 OVC: 36 Community: 0

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5. Data Processes

Reporting levels

LACA --> SACA --> FMOH --> CDC

Data

<i>i. LACA,</i>	
<i>Data type</i>	Quantitative
<i>Data collection and reporting tools</i>	null
<i>Data collection process</i>	null
<i>ii. SACA,</i>	
<i>Data type</i>	Quantitative
<i>Data collection and reporting tools</i>	Registers,Monthly Summary Forms,
<i>Data collection process</i>	
<i>iii. FMOH,</i>	
<i>Data type</i>	Quantitative
<i>Data collection and reporting tools</i>	EMR,
<i>Data collection process</i>	Data is collated by facility M&E staff into the monthly summary forms and picked or submitted to LACA M&E who submits it to SACA M&E. IHVN work with the SACA M&E team to ensure the monthly summary forms are updated on the DHIS platform
<i>iv. CDC,</i>	
<i>Data type</i>	Quantitative
<i>Data collection and reporting tools</i>	EMR,
<i>Data collection process</i>	Data is collated quarterly, Semi- Annually and Annually and updated on the DATIM reporting platform
<i>v. CDC,</i>	

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<i>Data type</i>	Qualitative
<i>Data collection and reporting tools</i>	EMR,
<i>Data collection process</i>	Narrative reports based on submitted quantitative data on achievements and reason for poor performance if applicable

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REPORTS

<i>i. CDC, - RADET</i>	
<i>Reported to</i>	PEPFAR
<i>Program area</i>	Treatment
<i>Frequency of reporting</i>	Quarterly
<i>Duration (days)</i>	30
<i>Timelines for reporting</i>	30-Jan-2017 30-Apr-2017 31-Jul-2017 31-Oct-2017
<i>ii. FMOH, - ART</i>	
<i>Reported to</i>	GON
<i>Program area</i>	Treatment
<i>Frequency of reporting</i>	Monthly
<i>Duration (days)</i>	90
<i>Timelines for reporting</i>	31-May-2017 30-Jun-2017 31-Jul-2017 31-Aug-2017 30-Sep-2017 31-Oct-2017
<i>iii. LACA, - gfhdjfkfgj</i>	
<i>Reported to</i>	GON
<i>Program area</i>	Prevention
<i>Frequency of reporting</i>	Weekly
<i>Duration (days)</i>	23
<i>Timelines for reporting</i>	01-Nov-2017

6. Quality Assurance

<i>i. CDC, - ART,</i>	
<i>Data verification approach</i>	Data Quality Assurance
<i>Types of data verification</i>	Quantitative
<i>Timelines for data verification</i>	31-May-2017 31-Oct-2017
<i>Frequency of data verification</i>	Bi - Annually
<i>Duration (days)</i>	180
<i>ii. FMOH, - ART,PMTCT,HTC,</i>	
<i>Data verification approach</i>	
<i>Types of data verification</i>	Quantitative and Qualitative
<i>Timelines for data verification</i>	31-Mar-2017 30-Nov-2017
<i>Frequency of data verification</i>	Bi - Annually
<i>Duration (days)</i>	180

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7. Data Storage, Access & Sharing

Digital Data Storage

<i>i. CDC, - ART,PMTCT,HTC,</i>	
<i>Volume of digital data</i>	500GB
<i>Data storage format</i>	SQL data definition,Rich Text Format(.rtf),
<i>Storage location</i>	Offline,Hard drives,
<i>Backup</i>	External hard drives with stored data kept in secured location
<i>Data security</i>	Data is requiring transmission via internet or stored in external drives are first encrypted
<i>Patient confidentiality policies</i>	Data is requiring transmission via internet or stored in external drives are first encrypted or patient identifiers are disabled and patients are only identified with their unique pepfar id
<i>Storage of pre existing data</i>	paper based data are stored in binders and stored in secured lock-up cabinets.
<i>ii. FMOH, - ART,PMTCT,HTC,</i>	
<i>Volume of digital data</i>	
<i>Data storage format</i>	Open Document Text(.odt),
<i>Storage location</i>	
<i>Backup</i>	Duplicate of monthly summary forms are kept in facility
<i>Data security</i>	Registers and forms are stored in lock-up cabinets
<i>Patient confidentiality policies</i>	Monthly summaries sent are devoid of patient identifiers
<i>Storage of pre existing data</i>	lock-up file cabinets

Non Digital Data Storage

i. FMOH, - ART,PMTCT,HTC,

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<i>Non digital data types</i>	Registers,
<i>Storage location</i>	lock up cabinets
<i>Safeguards and requirements</i>	

Data Access and Sharing

<i>i. FMOH, - ART,PMTCT,HTC,</i>	
<i>Data access</i>	Data is shared with LACA and SACA M&E officers who update such data on DHIS for National use
<i>Data sharing policies</i>	Formal written request must be sent to the director strategic information of the Institute Of Human Virology- Nig for approval after extensive review of the request by the committee responsible
<i>Data transmission policies</i>	data is first encrypted before transmittion
<i>Sharing plat forms</i>	via Internet and use of externa drive

Data Documentation Management and Entry

<i>i. LACA,SACA,FMOH,CDC, - ART,PMTCT,HTC,</i>	
<i>Stored documentation and data descriptors</i>	Yes, there is an M&E standard Operating Procedures available at all IHVN supported sites to ensure uniformity in documentation. In additions documentation flow charts are displayed at each thematic unit as a quick reference when in doubt as to which tools services are to be documented.
<i>Naming structure and filing structures</i>	IHVN follows the National patient identifier convention by assigning a patient a five digit numeric number preceded by a state code and an interim site code assigned to all our supported facilities

8. Intellectual Property, Copyright and Ownership

<i>Intellectual Property, Copyright and Ownership</i>	
<i>Contracts and agreements</i>	ACTIONPLUS UP
<i>Ownership</i>	Service delivery points, State ministry of Health, Federal Ministry of Health, LACA,SACA and NACA
<i>Use of third party data sources</i>	Request is made to the CEO through the director, Strategic Information. When approved, person requesting signs the organization data request/use policy document to ensure safety and security of patient data. Data given are de-identified as first line of ensuring confidentiality

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9. Post Project Data Retention Sharing and Destruction

<i>Post Project Data Retention Sharing and Destruction</i>	
<i>Data to retain</i>	Data that have been transferred into the electronic platform are achieved in hospital archives.
<i>Pre existing data</i>	Not applicable
<i>Duration (days)</i>	10 years. by incineration
<i>Licensing</i>	Not applicable

<i>Digital Data Retention</i>	
<i>Data retention</i>	external hardware storage devices stored in secured fire proof saves

<i>Non Digital Data Rentention</i>	
<i>Data rention</i>	fire proof file cabinets