DATA QUALITY ASSESSMENT, NIGERIA   
SUSTAINABLE MECHANISM FOR IMPROVING LIVELIHOODS AND HOUSEHOLD EMPOWERMENT (SMILE)

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# ACRONYMS & GLOSSARY

|  |  |
| --- | --- |
| ADS | Automated Directives System (USAID) |
| Bitrix24 | Social enterprise platform with united work space |
| CACA | Catholic Action Committee on HIV/AIDS, Archdiocese of Abuja |
| CBCSP | Community-Based Care and Support Program, Catholic Diocese of Lafia |
| CBO | Community-Based Organization |
| CCMW | Community Case Management Worker |
| COP | Chief of Party |
| CRS | Catholic Relief Services |
| CSO | Civil Society Organization |
| CWYCA | Centre for Women Youth and Community Action |
| DATIM | Data for Accountability, Transparency, and Impact |
| DEC | Data Entry Clerk |
| DHSP | Department of Health Service Providers, Catholic Archdiocese of Benin |
| DQA | Data Quality Assessment |
| EEFH | EFA-Eying Foundation for Family Health, Vandeikya |
| FAHCI | Family Health Care Foundation |
| FCT | Federal Capital Territory |
| FG | Federal Government |
| FMWASD | Federal Ministry of Women’s Affairs and Social Development |
| GoN | Government of Nigeria |
| GPI | Girls Power Initiative |
| HEVA | Household Economic and Vulnerability Assessment |
| HH | Households |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| HKID | PEPFAR budget code for funding to programs supporting orphans and vulnerable children affected by HIV/AIDS |
| IHPCD | Integrated Health Program Catholic Diocese of Makurdi |
| INGO | International NGOs |
| IP | Implementing Partner |
| JDPC | Justice Development and Peace Commission, Catholic Diocese of Uromi |
| LGA | Local Government Authority (or Area) |
| LOP | Life of Project |
| M&E | Monitoring and Evaluation |
| MEL | The Monitoring, Evaluation, and Learning Program |
| MER | Monitoring, Evaluation, and Reference |
| NGO | Nongovernmental Organization |
| NOMIS | National OVC Management Information System |
| OD | Organizational Development |
| OGAC | Office of the United States Global AIDS Coordinator |
| OJT | On-the-Job Training |
| OVC | Orphans and Vulnerable Children |
| OVC\_SERV | PEPFAR Indicator: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV |
| PCV | Project Community Volunteers |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PIRS | Performance Indicator Reference Sheet |
| PLWHA | People Living With HIV and AIDS |
| PMP | Performance Monitoring Plan |
| PMT | Program Management Team |
| PPR | Performance Plan and Report |
| QI | Quality Improvement |
| RF | Results Framework |
| RSO | Regional Security Officer |
| SACA | State Agency for the Control of AIDS |
| SAPR | Semi Annual Progress Report |
| SARP | Semi Annual Reporting Period |
| SCD | Society for Community Development |
| SMILE | Sustainable Mechanism for Improving Livelihoods and Household Empowerment |
| SOP | Standard Operating Procedure(s) |
| TWG | Technical Working Group |
| UGM | Umbrella Grant Mechanism (USAID) |
| USAID | United States Agency for International Development |
| VC | Vulnerable Children |

# EXECUTIVE SUMMARY

## INTRODUCTION, PURPOSE, METHODOLOGY

The United States Agency for International Development (USAID)/Nigeria technical offices regularly collect performance data from their implementing partners (IPs) and analyze them to make management decisions. Program management requires accurate, reliable, complete, and timely data to facilitate evidence-based decision making. Orphan and Vulnerable Children (OVC) programs among the populations that are affected by HIV/AIDS provide need-based and age-appropriate socioeconomic interventions, and require data that ensure the provision of high-quality services. Since poor-quality data affect the conclusions about performance and lead to incorrect decisions, USAID requires that all Missions/Offices conduct regular data quality assessments (DQAs), to review (1) strengths and weaknesses of the data, as determined by applying the five data quality standards (i.e., validity, reliability, timeliness, precision, integrity), and (2) the extent to which data integrity can be trusted to influence management decisions.

The Sustainable Mechanism for Improving Livelihoods and Household Empowerment (SMILE), which is managed by Catholic Relief Services (CRS), is one of the implementing mechanisms (IM) for OVC services of USAID/Nigeria’s OVC. In August and September 2017, The Monitoring, Evaluation, and Learning (MEL) program of DevTech Systems, Inc. Nigeria and USAID, conducted a joint DQA to validate six months of performance data of the SMILE, for the period October 1, 2016, to March 31, 2017. The PEPFAR[[1]](#footnote-1) indicator that the MEL program reviewed was the number of OVCs served, as the National OVC Management Information System (NOMIS) reported. They implemented the DQA using a purposive sampling methodology in 12 selected community-based organizations (CBOs) in Benue, Edo, Federal Capital Territory (FCT), and Nasarawa states, the respective SMILE state offices, and the SMILE Central M&E Unit in Abuja.

The DQA methodology at all levels included a review of:

1. Project monitoring and evaluation (M&E) documents, materials, and data, including Standard Operating Procedures (SOP), guidelines, Performance Indicator Reference Sheet (PIRS), and other guiding documents for organizational M&E management, data management, and processing.
2. Six months of the SMILE OVC’s summary reports, trace, and verification of indicator data (including NOMIS data).
3. Review of a subset of source documents (beneficiary forms and household folders), and entries of beneficiaries and households in the NOMIS.
4. Interviews with M&E officers and personnel;
5. Cross-checks across systems and records, including household folders and beneficiary and caregiver forms.
6. Review of the data using the five data quality standards (i.e., validity, reliability, integrity, precision, and timeliness). The DQA team utilized adapted versions of USAID/MEASURE Evaluation’s DQA Excel Tool, as well as supplemental questions to address the data quality standards.

## FINDINGS

M&E Systems Assessment - SMILE Central M&E Unit. *Strengths*: (1) Availability and use of M&E guideline documents (SMILE data management SOP, M&E plan, and SOP on graduation of VC) at all reporting levels; (2) capacity building of M&E project staff at various universities in Nigeria. *Weaknesses*: No clear training plan. The M&E training is conducted at the discretion of the M&E staff and official training by the SMILE occurs on an ad hoc basis. *Recommendations*: It is recommended that SMILE develop an M&E training plan for their staff.

M&E Systems Assessment - SMILE State M&E Units. *Strengths*: (1) Harmonized data management processes across the various SMILE state offices visited; (2) the existence and use of a data change management protocol at all SMILE state offices visited; in addition, a feedback folder noted in the SMILE Nasarawa state office. *Weaknesses:* Updated data management SOP (seen at the SMILE state office) yet to be disseminated to all state offices and CBOs. *Recommendations:* Prompt distribution and use of the updated SMILE data management SOP to state offices and CBOs.

M&E Systems Assessment - SMILE CBOs. *Strengths*: (1) Guidelines on data management processes including data change management in the SMILE CBOs; (2) documented data change management process and use of data change request forms by CBOs for reporting data updates; (3) good filing and retrieval system commended in two of the nine CBOs visited, that is JDPC Edo and Girls Power Initiative (GPI) Edo; (4) in three out of 12 CBOs visited (CACA FCT, SCD FCT, and IHPCD Benue), periodic meetings were held with CVs to review and validate the reported number of OVC beneficiaries; (5) training of all CBOs on the new national reporting tools; (6) various methods were employed by the CBOs to prevent double counting of OVC beneficiaries; (7) use of multiple data backup mechanisms; (8) feedback and support to CACA CBO from the BWARI LGA Council OVC desk officer. *Weaknesses:* (1) Data management guidelines did not contain timelines for reporting to the IP state office and LGA; (2) unclear deadline date for data reporting by CBOs to IP state offices and to LGA; (3) inconsistent arrangement of service forms in the beneficiary household folders, despite clear instruction in the guideline document for CBOs. *Recommendations:* (1) Update guidelines to have clear instructions for all timelines of reporting (to IP state office and to state Government) and disseminate to all CBOs; (2) on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the client folders, for easy retrieval of source documents; (3) refresher training should be organized for CBOs on data management, especially for JDPC in Edo state.

Data Quality Standards.: Validity. *Strengths:* (1)In most of the SMILE CBOs, it was observed that a good practice was the good filling and retrieval system of OVC beneficiary folders; (2) updates to the data generated and changes were communicated by the CBOs to the SMILE state office utilizing data change request forms; (3) the data collection process collates the data as requested by the PIRS (i.e., total vulnerable children served and total caregivers served). There is little possibility of measurement error. Graduation for vulnerable children reported to USAID is pegged at age 18 years, and this remains consistent in all CBOs in the SMILE states visited; (4) the staff had a good understanding of the indicator definition and were conversant with it at all IP state offices and CBOs visited. *Weaknesses:* (1) Inconsistent method of arranging source documents in the beneficiary folders was observed in all three CBOs in FCT; (2) unavailable archived copies of quarterly summations of data that were generated from the NOMIS (with date stamps) and submitted to the SMILE state office at the CBO level. (3) Use of notebooks instead of approved OVC National tools by CVs for data collection in the Department of Health Service Providers (DHSP) CBO in Edo state; (4) errors were noticed during data verification, due to (a) late submission of data by CVs in CACA, FCT, (b) under reporting of 50 beneficiaries observed during SAPR, (c) system error (positive difference of 1) noted during data verification at JDPI and GPI, both in Edo state, due to improper reconciliation of data between NOMIS and DATIM, (d) data errors due to “.war” file updating IHPCD and Otabo Caregivers CBO, both in Benue (this is a compatibility issue between the .war file and the NOMIS); (5)transcription errors from incomplete entries into the source documents and into NOMIS*. Recommendations:* (1) Address compatibility issue between NOMIS and DATIM (i.e., correct software bug); (2) CBOs should be instructed to use only national tools for recording and reporting; (3) archive data submitted to all reporting entities with date stamp.

Integrity. *Strengths* (1) In the NOMIS, inbuilt checks that remove double entries; (2) supervisory visits to state offices (aggregation level) and CBOs (service delivery level); (3) periodic internal data quality audits; (4) quarterly review meetings; (5) use of a password in the NOMIS; (6) dedicated staff to check for data quality; (7) limiting access to the filing cabinet to authorized personnel only; (8) on-site validation of field data; (9) cross-check of the NOMIS entries using a hardcopy Excel NOMIS export. *Weaknesses:* (1) Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp; (2) filling of source documents using pencils poses a risk to the integrity of the data because it can easily be manipulated. *Recommendations:* SMILE state M&E team is to ensure that the CBOs and CVs adhere to guidelines on data collection and do not fill the source documents with pencil.

Precision. *Strengths*: The level of precision in the two service forms (for vulnerable children and caregivers) and the NOMIS matches the requirements in the PIRS. The NOMIS has household- and individual-level data with sufficient detail and precision for the OVC indicator, whilst ensuring confidentiality of the beneficiaries. *Weaknesses:* None. *Recommendations:* There were no specific recommendations with data precision.

Reliability. *Strengths*: (1) No stock out of OVC reporting tools was reported by all SMILE CBOs; (2) training of CBO staff on the newly modified OVC tools. *Weaknesses:* Use of unapproved tools (exercise books) by CVs to record OVC data. *Recommendations:* Ensure that only approved OVC reporting tools are used to collect data at service delivery levels.

Timeliness. *Strengths*: Email communication of received NOMIS exports were sighted at the IP state and national offices. *Weaknesses:* (1) Undefined reporting timeline for OVC data submission SMILE state office and LGA; (2) absence of archived monthly submissions and quarterly data summaries at CBOs with date stamp. *Recommendations:* (1) Reporting timelines for submission of OVC data to SMILE state offices and LGAs should be well-defined and clearly documented in the data management SOP; (2) monthly and quarterly data summaries submitted to the IP state office and national IP levels should be archived with date stamps.

Action Points. *National Level*: Develop harmonized Training Plan for IP M&E Unit, to be implemented at all levels. *State Level:* (1) Review guidelines on data reporting to include a defined timeline for reporting to state Government from IP state offices; (2) disseminate updated guidelines on data management to IP state office and CBOs. *CBO Level*: (1) Archiving project data with date stamps to demonstrate timeliness; (2) improved supervision of CVs by CV supervisor and OVC program thematic leads; (3) improved supervision of data entry clerk by CBO M&E officer; (4) refresher training and on-site mentoring and supervision of CBO staff, regarding an organized arrangement of service forms in the client folders for easy retrieval of source documents; (5) review guidelines on data reporting to include a defined timeline for reporting to LGA by the CBOs; (6) refresher training should be organized for CBOs on data management, especially for JDPC in Edo state.

# Introduction and purpose of the DQA

The technical offices of the United States Agency for International Development (USAID)/Nigeria regularly collect performance data from their implementing partners (IPs) and analyze them to make management decisions. Program management requires accurate, reliable, complete, and timely data to facilitate evidence-based decision making and, ultimately, ensure efficient and effective program implementation. Orphan and Vulnerable Children (OVC) programs among the populations that are affected by HIV/AIDS provide socioeconomic interventions that are need-based and age appropriate. Therefore, they require data that ensure that high-quality services are provided to children and their families. This is even more important in households that have an HIV-positive child or caregiver, as they will need to receive the appropriate support to access care, treatment, and other related services. Since poor-quality data could affect the conclusions about performance and lead to incorrect decisions, USAID requires that all Missions/Offices conduct regular DQAs.

The Automated Directives System (ADS) contains the organization and functions of USAID, along with the policies and procedures that guide the Agency's programs and operations. As per ADS 201, the purpose of a DQA is to ensure that USAID Missions are aware of the:

1. Strengths and weaknesses of the data, as determined by applying the five data quality standards (Table 1, p. 6).
2. Extent to which the data integrity can be trusted to influence management decisions (ADS 201.3.5.8).

One of the primary purposes of the DQA that this report describes is to meet the ADS-related requirements of the technical offices of USAID/Washington and USAID/Nigeria. A DQA also serves to review the Monitoring and Evaluation (M&E) system, identify best practices, and develop recommendations to improve existing systems for better reporting of program indicators in subsequent funding cycles.

The President’s Emergency Plan for AIDS Relief (PEPFAR) Nigeria implements its OVC program through community-based partners and, in some cases, through comprehensive treatment partners, who provide some OVC services. All OVC IPs operate through community-based organizations (CBOs) who work directly with the communities. Performance results are reported semi-annually, based on the Office of the Global AIDS Coordinator (OGAC) requirements, and quarteraly, based on USAID’s requirements.

In the months of August and September 2017, DevTech Nigeria conducted a DQA to validate six months of performance data that were generated through the Sustainable Mechanism for Improving Livelihoods and Household Empowerment (SMILE). The SMILE is managed by Catholic Relief Services (CRS), which is one of the implementing mechanisms (IMs) of USAID/Nigeria’s OVC. The DQA was on the OVC SERV PEPFAR indicator, as the NOMIS reported between October 1, 2016, and March 31, 2017. With guidance from USAID and using a purposive sampling methodology, the SMILE OVC DQA was implemented in 12 selected CBOs in the FCT, Edo, Benue, and Nasarawa states, along with coverage of the four State-Level M&E Units and the Central M&E Unit in Abuja.

## DATA QUALITY STANDARDS

Table 1 lists the five data quality standards that are central to a DQA, especially in the context of USAID-funded programs.

Table 1. Data Quality Standards and Operational Definitions

|  |  |
| --- | --- |
| DATA QUALITY STANDARD | OPERATIONAL DEFINITION |
| Validity | Data are valid to the extent that they clearly, directly, and adequately represent the result that was intended to be measured. Measurement errors, unrepresentative sampling, and simple transcription errors may adversely affect data validity. Data should be periodically tested to ensure that no error creates significant bias. |
| Reliability | Data reflect stable and consistent data collection processes and analysis methods over time. Activity/Project managers are confident that progress toward performance targets reflects real changes, rather than variations in data collection methods. Reliability can be affected by questionable validity as well as by changes in data collection processes. |
| Timeliness | Data are available with enough frequency, and should be sufficiently current to inform management decision-making. Effective management decisions depend upon regular collection of up-to-date performance information. |
| Precision | Data should be sufficiently accurate to present a fair picture of performance and enable project managers to make confident decisions. |
| Integrity | Data that are collected, analyzed, and reported should have a mechanism in place to reduce the possibility that they are subject to erroneous or intentional alteration. |

Source: ADS 201. Data Quality Assessment Standards.

## OBJECTIVES OF THE DQA

The overall purpose of the DQA is mentioned in ADS 201. In addition, the specific objectives of the exercise of the DQA are:

1. To verify that the data that were reported from October 1, 2016, to March 31, 2017, for the number of OVCs served in the SMILE project (see section ‎3.6) are grounded in the components of data quality.
2. To ensure that managers can use these data to effectively direct available resources and to evaluate progress toward established goals.
3. To assess and identify potential challenges to data quality that the data management and reporting systems create at three levels:

* The Program/Project Central M&E Unit.
* The Intermediary Aggregation Level (State).
* The Service Delivery Sites (CBO office in the local government area).

1. To develop action plans to improve the weaknesses and gaps identified in the phases above

## INDICATOR ASSESSED

The selection of a single indicator for OVC was based on the guidance from USAID Nigeria; the indicator “The number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV” was assessed. The review of the Performance Indicator Reference Sheet (PIRS) for the indicator defines its dimensions and description (see Annex section ‎11.8). The indicator is generated by totaling the number of:

* Active beneficiaries who received at least one HKID[[2]](#footnote-2)-funded service from facilities and/or community-based organizations.
* Beneficiaries who graduated from the PEPFAR OVC program successfully.
* Beneficiaries who were “transferred” to existing host-country programs.
* Beneficiaries who have “exited without graduation” from the PEPFAR OVC program.

This indicator is labeled as “OVC\_SERV” in the NOMIS. For a specific reporting period,

Active beneficiaries = (Last reporting period’s Active + Newly enrolled in current reporting period) – (current reporting period’s graduated + transferred + exited).

**Disaggregation:** The indicator, by disaggregating “active”, “graduated”, “transferred”, and “exited without graduation”, measures how successful the OVC program is in building the resiliency of children and their families’.

**Data Sources** for the indicator are the PEPFAR OVC program registers and program data generated by IPs. Implementing partners’ registers need to record names of children and caregivers who meet the criteria for “active beneficiary”, “graduated”, “transferred” or “exited without graduation” to generate the number that is included in this indicator. All agencies receiving HKID funding are required to report on this indicator.

**Reporting level** for the indicator includes site level, facility, and community, and the reporting timeframe is semi-annually.

## PERIOD OF THE DQA

The DQA covered the USAID’s semi-annual reporting period, which comprises two quarters (i.e., October 1, 2016, to December 31, 2016, and January 1, 2017, to March 31, 2017). The schedule for the DQA by state is shown in Table 2.

Table 2. Schedule for SMILE OVC DQA, by State

|  |  |
| --- | --- |
| LOCATION | DATE OF DQA |
| National / Central Level DQA | 16 Aug, 2017 |
| State and CBO levels in Edo state | 29 Aug – 1 Sept 2017 |
| State and CBO levels in the FCT | 5 Sept - 8 Sept 2017 |
| State and CBO levels in Benue state | 11 Sept – 14 Sept 2017 |
| State and CBO levels in Nasarawa state | 11 Sept – 14 Sept 2017 |

## OTHER OPERATIONAL CONSIDERATIONS FOR dqas

In conducting DQAs, the focus is on the indicator, not on the IP or IM. The DQA team assesses the indicator as a whole, including all component parts and the various partners who collect data for the indicator. The level of consistency – whether different IPs collect and report the same indicator data when compared to one another – is a key finding.

The PIRS is an important source document. During desk review and training, the DQA team examined the PIRS and reviewed key aspects about the indicator of data quality before site visits. When the DQA team met with the SMILE Central M&E Unit staff, the teams reviewed the PIRS for the OVC indicator. The team discussed the definition of the indicator with the SMILE team, what methodology they use to collect data for the indicator, and other questions to confirm if the team at SMILE understood the indicator the way USAID intended it to be understood. The DQA team also asked the SMILE team whether they had a PIRS for the indicator. Then they compared it to the USAID Mission’s “master” PIRS. The purpose of the comparison was to ensure a match and to determine if (a) customizations might affect the data, or (b) whether SMILE had only added specifications for clarity and detail and did not alter the consistency of the data. The documentation in the PIRS includes any limitations to the data, a determination of whether the data are deemed to be of sufficient quality to be reported externally, any necessary migration or other plans of action, including more frequent DQAs, as well as the expected date of the next DQA.

It is important to note that a Data Quality Assessment differs from a Data Quality Audit, although both are abbreviated in the same manner (DQA). When the site visits and the analysis are aggregated and completed, the Data Quality Assessment teams are able to report on indicator strengths and weaknesses. In addition to determining whether the system as a whole is producing accurate data, the team can also comment on whether the indicator is giving the expected data and what limitations USAID should be aware of when using or reporting on the indicator. Importantly, after field-based work, the DQA teams debrief with implementers on inconsistencies. Depending on the limitations that they uncovered, the team provides feedback and solutions, mitigating action, and, as appropriate, solicit suggestions from IPs and USAID.

## THE SMILE PROJECT

CRS Nigeria is leading the USAID-supported SMILE project in consortium with ActionAid Nigeria and Westat. The SMILE is a five-year project funded by USAID Umbrella Grant Mechanism (UGM) and implemented in FCT, Benue, Kogi, Edo, and Nasarawa states to scale-up care and support services for OVC and their households. The project is implemented through CBOs to ensure a coordinated provision of quality services in a sustainable manner. The SMILE CBOs provide enrollees, caregivers, and households with the following services:

* Psychosocial services.
* Nutritional services.
* Health services.
* Educational services.
* Child Protection services.
* Shelter and Care services.
* Household Economic Strengthening (HES) services.

The goal of the SMILE is to reach 600,000 children and 150,000 caregivers across its five project states over a five-year period. The project works with forty CBOs in the five states and is presently in its fourth year of implementation. It is noteworthy that this is the first external DQA that is undertaken for the SMILE.

# METHODOLOGY

The DQA methodology included the following steps:

1. Desk review of project documents, materials, and data, including:

* The organization’s Standard Operating Procedures (SOP), guidelines, PIRS, and other guiding documents for organizational M&E management, data management, and processing.
* Six months (October 1, 2016-March 31, 2017) of the SMILE’s performance data for the PEPFAR indicator “number of OVCs served”, as the NOMIS reported.
* State-level summary reports for the abovementioned reporting period.
* Entries of beneficiaries and their households that are in the NOMIS.

1. Key informant interviews and focus groups discussions with members of the M&E team at all levels. Since only one M&E focal person or staff was usually available in the field, the majority of the assessments of the M&E systems were conducted as key informant interviews and followed the methodology of the MEASURE Evaluation tool of the DQA.
2. Trace and verification of the data that were received with cross-checks across systems and records, including review of beneficiary folders and service forms.

It must be noted that a household folder usually contains more than one beneficiary service form, since a beneficiary can be served multiple times in a span of six months, and there may be more than one eligible beneficiary per household.

## SAMPLE SIZE

USAID and The MEL program implemented concurrent DQAs for three OVC IPs (HIFASS, STEER, and SMILE). Of the total beneficiaries that were served by all IPs (n=573,944), 37,475 or 6.53 percent were excluded from the sample due to security concerns. For HIFASS, one national office, four state offices (FCT, Benue, Edo, and Nasarawa) and 12 CBOs were visited for the DQA. From the perspective of DQA coverage for data verification, a major strength was that a 100 percent sample of aggregate data records were reviewed at the national, state, and CBO level (Table 3).

Table 3. Data Coverage for SMILE DQA, by Level

|  |  |  |
| --- | --- | --- |
| DATA COVERAGE FOR SMILE OVC DQA, BY LEVEL | | |
| LEVEL / LOCATION | DATA FORMAT(S) | SAMPLE COVERED FOR DATA VERIFICATION |
| Central M&E Unit | Electronic (NOMIS) | All records / 100 percent |
| Four IP State Offices (FCT, Benue, Edo, and Nasarawa) | Electronic (NOMIS) | All records / 100 percent |
| Service Delivery Level / CBO | Electronic (NOMIS) | All records / 100 percent |
| Service Delivery Level (Cross-Checks on Source Documents) | Electronic (NOMIS) & Paper (Beneficiary Forms & Folders) | ≥20 per CBO: ≥10 forward cross-checks – folder to NOMIS, ≥10 reverse cross-checks – NOMIS to folder/form. The average number of eligible forms reviewed per folder varied from 3.5 to 4.5 for different CBOs. |

Table 4 provides the complete list of national, state, and CBO-level sites that were visited for the SMILE. Staff with OVC M&E responsibilities were interviewed for the assessment of the M&E systems across all locations (national, state, and CBO). Table 12, in the Annex section ‎11.18, provides a complete list of the personnel who were interviewed at various levels.

Table 4. List of National, State, and CBO Offices/Sites Visited for the SMILE OVC DQA\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S NO | TYPE OF LEVEL | NAME OF LEVEL | LOCATION OF THE LEVEL | DATE OF VISIT |
| 1 | National/ Central M&E Unit | Catholic Relief Services (CRS) office | Abuja | 09-Aug-17 |
| 2 | State level | SMILE State Office | Benue | 11-Sep-17 |
| 3 | State level | SMILE State Office | Edo | 29-Aug-17 |
| 4 | CBO | Justice Development and Peace Commission (JDPC), Catholic Diocese of Uromi | Edo | 30-Aug-17 |
| 5 | CBO | Girls Power Initiative (GPI) | Edo | 31-Aug-17 |
| 6 | CBO | Department of Health Service Providers (DHSP), Catholic Archdiocese of Benin | Edo | 01-Sep-17 |
| 7 | State level | SMILE State Office | FCT | 08-Sep-17 |
| 8 | CBO | Catholic Action Committee on HIV/AIDS (CACA), Archdiocese of Abuja | FCT | 06-Sep-17 |
| 9 | CBO | Society for Community Development (SCD) | FCT | 07-Sep-17 |
| 10 | CBO | Elohim Foundation | FCT | 05-Sep-17 |
| 11 | State level | SMILE State Office | Nasarawa | 11-Sep-17 |
| 12 | CBO | Centre for Women Youth and Community Action (CWYCA) | Nasarawa | 12-Sep-17 |
| 13 | CBO | Family Health Care Foundation (FAHCI) | Nasarawa | 13-Sep-17 |
| 14 | CBO | Community Based Care and Support Program, Catholic Diocese of Lafia (CBCSP) | Nasarawa | 14-Sep-17 |
| 15 | State level | SMILE State Office | Benue | 11-Sep-17 |
| 16 | CBO | Integrated Health Program, Catholic Diocese of Makurdi (IHPCD) | Benue | 12-Sep-17 |
| 17 | CBO | Otabo Caregivers Otukpo | Benue | 14-Sep-17 |
| 18 | CBO | EFA-Eying Foundation for Family Health (EFFH), Vandeikya | Benue | 13-Sep-17 |

\* CBO = Community-Based Organization, equivalent to facility level. State Level is equivalent to Intermediate Aggregation Level

## SAMPLING METHODOLOGY FOR SITE SELECTION

Although the initial plan was to implement multistage cluster sampling for the DQA, in the final strategy purposive sampling was employed, as a result of feasibility considerations and the need to adhere to the following specific inclusion and exclusion criteria (including security issues).

Inclusion criteria were:

1. LGA implementing USAID-supported OVC programs.
2. LGA reported results for OVC beneficiaries who were served from October 1, 2016, to March 31, 2017.

Exclusion criteria were:

1. Community sites that were located in high threat level states (Level 4) on the list of the Regional Security Officer (RSO), or those for which access to the state requires passage through a Level 4 state.
2. Community sites that were located in difficult, hard to reach terrain.

## SELECTION OF CLIENT FOLDERS FOR the REVIEW OF THE ovcs THAT WERE SERVED AT EACH SITE

In order to ensure adequate time in the field to complete all aspects of the DQA, including the assessment of the M&E systems, the review of the data quality standards, data verifications, and cross-checks, while ensuring adequate representation of source data, the DQA teams used systematic random sampling to select at least 10 beneficiary forms/folders for the service period from October 1, 2016, to March 31, 2017, for cross-checks between the beneficiary forms and the NOMIS. The teams traced back additional 10 unique beneficiary records from the NOMIS to the beneficiary folders for further cross-verification. Section ‎4.4.2 and Annex section ‎11.7 (Figure 9) provide details of the methodology for systematic random sampling and cross-checks. During the DQA training, it was emphasized to the DQA teams that they were to review beneficiary records pertaining to the reporting period only.

## DATA COLLECTION FOR the VALIDATION OF the OVC INDICATOR

Three processes occurred in data collection for the DQA:

1. An assessment of the M&E systems, which was administered at each level of the data collection and reporting system (i.e., central M&E unit, state level, and CBOs, as service delivery sites).
2. Verification of reported data for the OVC\_SERV indicator.
3. Review of the five data quality standards (validity, reliability, integrity, precision, and timeliness).

The assessment of the M&E systems evaluated the data management and reporting system, including the offsite review of the documents that the SMILE provided, and on-site follow-up assessment at the SMILE Central M&E unit, selected CBOs, and the four state levels (state IP offices). The data verification of the OVC\_SERV indicator determined whether the sample of 12 CBOs’ sites accurately reported and recorded data. This process comprised two steps:

1. In-depth verifications at the CBOs sites.
2. Follow-up verifications at the state levels and at the program/project central M&E unit.

Four types of data verification were conducted:

1. Description: Delineation of the connection between the delivery of OVC services and the completion of the source document (beneficiary form) to record that delivery. Data verification was implemented by using an appropriately adapted version of the MEASURE Evaluation tool and framework of the DQA (see the Annex section), supplemented with information from the SMILE and National OVC M&E guidelines, to measure the services for OVCs.
2. Document review: The availability and completeness of a randomly selected subset of indicator source documents (20 beneficiary forms and folders) for the selected reporting period were reviewed for the services provided (e.g., health, education, shelter, protection, nutrition, economic strengthening, and psychosocial services).
3. Trace and verification: Data for the reported indicator were traced and verified using the adapted MEASURE Evaluation tool of the DQA:
   1. The reported numbers of the served OVCs were recounted from available source documents (beneficiary forms)
   2. The above numbers were compared and verified with the figures for the served OVCs from the NOMIS for the period of review (October 1, 2016-March 31, 2017).
   3. Reasons for any differences were identified and probed to determine issues relating to data quality standards.
4. Cross-checking: Cross-checks were performed between beneficiary forms and the corresponding NOMIS entries, and vice versa (see section ‎4.4.2).

During the field verification exercise, SMILE-reported results on the NOMIS for the served OVCs for each CBO from October 1, 2016, to March 31, 2017, were captured using a Microsoft Excel template. At each CBO, assessors reviewed relevant beneficiary folders and monthly summaries to verify the quality of data, to generate actual achievement for the indicators, and to capture data in the standardized DQA reporting template.

### DEFINITION AND INTERPRETATION OF THE VERIFICATION FACTOR

#### Definition of THE Verification Factor

For a specific facility, the verification factor is the ratio of the verified count (which the DQA team recount from source documents) to the reported count (from the summary report that the facility prepares) for a specific reporting period. It is usually expressed as a percentage. Mathematically, it can be represented as:

Verification Factor = Verified count at selected facility X 100

Reported count at selected facility

#### Interpretation of the Verification Factor

Verification factors greater than 100 percent indicate under-reporting (i.e., the source documents show a higher actual count than the numbers that the facility summary reports), while verification factors less than 100 percent indicate over-reporting. In other words, the source documents show a lower actual count than the numbers that are reported in the summary. Both of these scenarios indicate a validity issue for data quality. A variance of less than 10 percent in either direction is usually considered a minor issue. However, from the donor/funding perspective, under-reporting leads to under-estimation of the impact of the program, while systematically high levels of over-reporting that are not due to errors can lead to questions on the authenticity of the data reporting system.

### METHODOLOGY FOR CROSS-CHECKS AT CBO LEVEL

Cross-checks were performed between beneficiary folders and the NOMIS in two directions:

* Cross-check A was conducted from beneficiary folders and corresponding beneficiary service forms to the NOMIS.
* Cross-check B was conducted from the NOMIS to beneficiary folders and corresponding beneficiary service forms.

Since the number of beneficiary folders in many CBOs was large, the DQA teams used systematic random sampling of folders to ensure adequate representation of the complete data available, with a minimum of 10 folders selected with adifferent set of beneficiary folders in each direction of cross-checks. Depending on the total number of folders at the CBO, at a minimum, every *n*th folder was selected where *n*=total number of folders divided by 10. The details of the cross-check methodology are provided below.

**Cross check A: From beneficiary folders (and beneficiary service forms) to the NOMIS**

* Using the abovementioned systematic random selection, the DQA team selected at least 10 beneficiary folders containing 10 or more corresponding beneficiary service forms with unique identifiers and enrollment numbers for an OVC service provided in the reporting period.
* The team confirmed that each of the 10 or more service forms were complete in the 10 folders indicating the served OVCs for the reporting period and the service provided**.** If any of the forms were incomplete, they noted the relevant details.
* The team used the identifying enrolment number/unique identifier on the service form to trace the beneficiary in the NOMIS, to confirm if the corresponding entry existed, and that the basic details (e.g., ID, age, sex, etc.) were correct.

**Cross Check B: From the NOMIS to beneficiary folders (and beneficiary service forms)**

* The team used the abovementioned systematic random sampling to select a different set of at least 10 unique identifiers and enrollment numbers for the served OVCs in the NOMIS for the reporting period.
* The team used the identifying enrollment number/unique identifier in the NOMIS to trace and verify the beneficiary on the service form in the corresponding folder and to confirm if the details were correct. Also, they reviewed the service forms for completeness.

The Annex section (in ‎11.7) provides a diagrammatic depiction of cross-checks.

## DQA TOOL

The DQA team utilized adapted versions of the Data Quality tool of the MEASURE Evaluation, with three key quantitative figures to measure data quality for the SMILE:

1. Strength of the data management and reporting system, based on a review of the data collection and reporting system of the program/project, including responses to questions on how well the system is designed and implemented.
2. Accuracy of the reported data through the calculation of verification factors. These factors were calculated as the ratio of the recounted value of OVCs served to reported value from October 1, 2016, to March 31, 2017. This included:
   1. Percentage of the served OVCs at CBO level, which are accurately reported in the NOMIS form.
   2. Cross-checks: percentage of the served OVCs validated from source documents (i.e., household OVC folders and beneficiary forms).
   3. Percentage of data reports from all CBOs in the state, which are accurately reported at the state level.
   4. Percentage of data reports from all SMILE States in Nigeria, which are accurately reported at the national level.
3. Availability, completeness, and timeliness of reports through percentages calculated at the CBO, state, and the central M&E unit.

## DATA ANALYSIS

The DQA teams entered, processed, and analyzed the data using the MEASURE Evaluation tool and Microsoft Excel. They presented results using charts, maps, tables, and spider graphs (cobweb). They used descriptive statistics, such as range, frequencies, mean, and percentages, to describe and summarize the findings of the DQA data verification. Noticeably, as the teams used a purposive sampling approach, the statistical summaries they presented are only in the context of the sampled beneficiaries and may not be fully representative of the beneficiary population. The teams scored and measured the selected Monitoring, Evaluation, and Reference (MER) indicator, that is the served OVCs, using all the available numbers that were reported for the indicator, to determine if CBO’s data were valid as the NOMIS reported. The teams summarized qualitative reasons for discordance between CBO’s data and in the NOMIS (overreported/underreported) or concordance (validated) as reported in the NOMIS.

# FINDINGS

## M&E SYSTEMS ASSESSMENT – FIVE FUNCTIONAL AREAS

### SMILE CENTRAL M&E UNIT

#### M&E STRUCTURE, FUNCTIONS, AND CAPABILITIES

The SMILE M&E Unit has a documented organogram comprising two data managers, four M&E technical officers, four M&E supervisors, and one M&E assistant. The DQA team observed that this was an improvement from the initial design of the project, which required only four M&E positions. However, due to the “intensity and huge targets to be covered,” the M&E positions increased to nine staff over the life of the project. The DQA team also observed that one M&E staff position at the M&E unit level (data manager) was vacant, as the last person holding the position resigned and a replacement had yet to be made.

Data management at the national SMILE M&E unit level is handled by the two data managers who are in charge of the review of the data from state IP offices. They review data for accuracy and completeness before reporting to the USAID. These two data managers are supervised by the M&E director of the SMILE. The SMILE IP M&E Unit has documented and shared the responsibilities of M&E personnel at all levels.

The SMILE encourages capacity building amongst its M&E staff as part of requirements for positive appraisals. The M&E officers at the M&E unit level have benefited from Public Health Courses run by Universities in Nigeria (University of Ife and the Ahmadu Bello University Zaria). The SMILE team also participated in a five-day PEPFAR-supported Technical Working Group (TWG) meeting for standardized OVC M&E tools. Other trainings, from which the SMILE team identified they would like to benefit, include USAID’s Managing for Results (MFR) and Performance Evaluation. The SMILE chief of party noted: “It is something we are enthusiastic about and would like to participate in.”

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The M&E Unit has a copy of the PIRS (PEPFAR, July 2012) for the assessed indicator and has shared it with all relevant levels in its reporting system. In addition, the SMILE M&E central unit has an M&E plan, with details of the indicators to be reported, which has been shared with the field-based CBOs. No written policy states how long source documents should be kept. The SMILE National Unit developed and disseminated the guideline to the reporting entities on requirements, deadlines for reporting, and data management to state level and CBOs.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

The M&E Unit utilizes standard source documents, which are the nationally approved OVC tools and the NOMIS. The NOMIS is a software for reporting which aggregates the data on the indicator being assessed at the CBO/service delivery level, aggregation/IP state office level, and the national IP M&E unit level. In addition, the SMILE M&E Unit developed organization-specific instructions for completing the tools that are provided in the SMILE data management SOP.

#### DATA MANAGEMENT PROCESSES

The SMILE has a data management SOP document that provides information on data collection and management processes, including steps towards the review of inaccurate or incomplete data, backup procedures, timeline, and processes to ensure confidentiality of project records according to national guidelines. In addition to the data management SOP, the SMILE project has an M&E plan that has been made available to all its CBO partners.

The data management SOP also contains guidelines on processes that prevent double-counting of data. Other SMILE processes to prevent double-counting of data include built-in checks in the NOMIS, the review of collated figures by its national IP level data managers and the M&E director before it is submitted to the USAID. In addition, at the OVC program TWG meetings with other OVC program implementing partners and the Federal Government (FG), OVC program data are harmonized across board to avoid double-counting of OVC beneficiaries.

It is worthy of note that, before the National OVC program developed guidelines on graduation of VC, the SMILE had developed its own project-specific SOP for VC’s graduation to ensure clearly defined relevant criteria. However, the PEPFAR-specific SOP for VC’s graduation was scheduled to be piloted as at the time of the DQA visit.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

The data on the OVC indicator generated from the SMILE have links with the national reporting system via the NOMIS, including harmonized tools and delivery platforms. The links with the national reporting system are at the LGA and state levels, rather than the national level.

The SMILE national team, however, observed discrepancies between the IP data and the national FG data. This is because the National FG system has fewer quality control checks vis-à-vis the SMILE’s reporting system. The M&E team at SMILE headquarters attempts to harmonize and update findings at the National OVC TWG meetings.

Figure 1. Spider Graph (Cobweb) M&E Systems Assessment SMILE Central M&E Unit

Source: SMILE DQA Tool, National IP M&E Unit

## BEST PRACTICES AND STRENGTHS – SMILE CENTRAL M&E UNIT

* Availability and use of M&E guideline documents (SMILE data management SOP, M&E plan, and SOP on VC’s graduation) at all reporting levels.
* Capacity building of M&E project staff at Nigerian Universities.

## WEAKNESSES – SMILE CENTRAL M&E UNIT

* No clear training plan, training in M&E appears at the discretion of the M&E staff, and official training by the SMILE occurs at an ad hoc basis.

## RECOMMENDATIONS – SMILE CENTRAL M&E UNIT

* The SMILE should develop an M&E training plan for their staff.

### ASSESSMENT OF THE SMILE STATE LEVEL M&E SYSTEMS

#### M&E STRUCTURE, FUNCTIONS, AND CAPABILITIES

The SMILE state offices have designated M&E staff (state M&E officer), all of which have received relevant training to carry out their assigned responsibilities. The M&E officer at the SMILE state office is designated to review the quality of the data from CBOs prior to submission to the national SMILE IP level.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The DQA team sighted and reviewed a well-documented guideline/data management SOP on data reporting in CRS SMILE State offices. The SMILE state offices that the DQA team visited also had the PIRS for the indicator being assessed.

#### DATA-COLLECTION AND REPORTING FORMS AND TOOLS

The state-level data collection forms and reporting tools which were provided aligned with the national tools (section ‎11.5) and are consistently used at this level. Instructions were provided to the state on the utilization of the tools during training and supervisory visits from national level. The states also provide instructions to the CBOs on the utilization of the tool.

#### DATA MANAGEMENT PROCESSES

In the SMILE state office, the DQA team found SOPs for data management, although they were not in the most recent version at the national SMILE IP office.

Data quality checks in place at this level include utilizing the built-in automatic error-checking available within the NOMIS, data validation exercise during supervisory visits to CBOs, and quarterly OVC program review meetings at state level.

In addition, the FCT SMILE State office was recorded as utilizing Excel sheets for comparison with the NOMIS.

The backup and storage of data is done weekly and monthly, and is both cloud-based and on hard drives at all state offices.

All SMILE state offices had a documented data change management process and utilized the data change management forms with its CBOs. Nasarawa state SMILE office was also noted to have a feedback folder.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

Data on the OVC indicator that is generated from the SMILE state office have links with the state Government (Federal Ministry of Women’s Affairs and Social Development) and onward to the national reporting system, including harmonized tools and delivery platforms.

The reporting deadlines at state Government level also coincide with the SMILE deadlines for state-level reporting. However, feedback from the national reporting line is very weak.

The SMILE state team observed discrepancies in their data and the corresponding national data. The IP teams attempt to address these discrepancies by harmonizing and updating collated OVC data at quarterly OVC program review meetings that involve national (Government) OVC M&E staff.

Figure 2, Figure 3, Figure 4, and Figure 5 show the spider graph/cobweb of the assessments of M&E systems that the DQA team conducted at the IP state offices in Benue, Edo, FCT, and Nasarawa, respectively. Consistently with the findings in sections ‎5.4.1.1 through ‎5.4.1.5, the graphs show few gaps occurred in the five functional areas of the assessment of M&E systems.

Figure 2. Spider Graph of SMILE State-Level M&E Systems Assessment: Benue State

Figure 3. Spider Graph of SMILE State-Level M&E Systems Assessment: Edo State

Figure 4. Spider Graph of SMILE State-Level M&E Systems Assessment: FCT

Figure 5. Spider Graph of SMILE State-Level M&E Systems Assessment: Nasarawa State

## SMILE STATE LEVEL – STRENGTHS

* Harmonized data management processes across the various SMILE state offices that were visited.
* The existence and use of a data change management protocol at all the SMILE state offices that were visited. In addition a feedback folder was noted in the SMILE Nasarawa state office.

## SMILE STATE LEVEL - WEAKNESSES

* Updated data management SOPs were observed at the SMILE state offices, but were yet to be disseminated to all state offices and CBOs.

## RECOMMENDATIONS

* Prompt distribution and use of the updated SMILE data management SOP to state offices and CBOs.

### ASSESSMENT of M&E SYSTEMS FOR SMILE: SERVICE DELIVERY LEVEL (CBOS)

A comparative assessment of M&E systems for the 12 CBOs that were visited by the DQA teams is presented below in narrative and tabular form, with details of the specific functional areas. The corresponding spider graphs/cobwebs for the 12 CBOs are provided in the Annex section (Figure 10 to Figure 21).

#### M&E STRUCTURE, FUNCTIONS, AND CAPABILITIES

In all the SMILE CBOs that the DQA team visited, the Community Volunteers (CVs) enter the beneficiaries’ information into the service delivery form. The CV Supervisor collects all service delivery forms and reviews them for completeness before onward transmission to the CBO M&E officer and the data entry clerk (DEC), whose task is to enter the data into the NOMIS platform. The CBO M&E officer and program officers check and validate the service delivery forms and collate them before the DEC enters them into the NOMIS.

All staff of the abovementioned 12 SMILE CBOs had received relevant training to carry out their assigned responsibilities, although the staff of one CBO in Edo state (JDPC) had not received specific data management training. The SMILE CBO staff also received training on the new national OVC tools in the first quarter of 2017. Refresher training is provided during monthly review meetings.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

All the 12 CBOs had a copy of the PIRS and the MER indicator definition. SMILE data management guidelines were also available at all these CBOs. The guideline covered aspects of data management, including data change management, data processing, and storage, amongst others. However, the DQA team noted that the guideline did not have timelines for reporting to the state IP office and to the LGA. The staff of the CBOs stated varying dates for reporting to the state IP office, including the first day of the month, the seventh day of the month, the tenth day of the month, and any day between the first and the tenth of the month.

The OVC indicator is clearly understood by all relevant staff of the CBOs in the four states. The SMILE also has issued guidelines to its CBOs on how to report (see Annex section ‎11.6), arrange source documents in client folders, back up data, and document data change management.

#### DATA-COLLECTION AND REPORTING FORMS AND TOOLS

Standardized national reporting OVC M&E tools were used, alongside customized SMILE tools, across all CRS SMILE supported CBOs. These reporting tools and forms had instructions on them and were consistently provided for use at the CBO level, in order to avoid they could be out-of-stock.

#### DATA MANAGEMENT PROCESSES

The CBOs employed diverse methods to ensure data quality and prevent double counting, including:

1. Utilizing inbuilt NOMIS function that identifies and removes duplicate values.
2. Designated staff to assess data quality before transmission to the next level.
3. Data validation exercise during supervisory visits to CVs within the community.
4. Use of a password in the NOMIS.
5. Simultaneous enrollment of households within the community to ensure that no household is enrolled twice.

The DQA team observed that all the SMILE CBOs had a written procedure for data backup, which was contained in the SMILE data management SOP. Data backup was done as part of the NOMIS (which automatically backs up after every use) and various other mechanisms in the CBOs, as Table 5 reports.

All SMILE CBOs had a documented data change management process and utilized the data change request forms with its CBOs.

Table 5. Most Common Methods of Data Backup at CBOs in SMILE States

|  |  |  |  |
| --- | --- | --- | --- |
| **BENUE STATE** | **EDO STATE** | **FCT** | **NASARAWA** |
| Cloud based:   * Drop Box * Bitrix24\* | Google Drive  Hard Drive | Google Drive  Hard drive  CD-ROM | Google Drive  Hard drive |

\* Bitrix24 is a free (for small businesses) social enterprise platform. It is a united work space that handles the many aspects of daily operations and tasks.

#### LINKS WITH NATIONAL REPORTING SYSTEM

The systems clearly records information about where the services are rendered, using standardized naming conventions (e.g., the State, LGA, Ward, and the unique ID code). The reporting channel is to the supporting IP and to the respective LGAs. The DQA team reported that one of the FCT SMILE CBOs, CACA, received feedback and support from the OVC desk officer of the BWARI LGA Council.

#### STRENGTHS

* Guidelines on data management processes, including data change management in SMILE CBOs.
* Documented data change management process and use of data change request forms by CBOs for reporting data updates.
* Good filing and retrieval system commended in two (JDPC Edo and GPI Edo) of the nine CBOs that the DQA team visited.
* Periodic meetings with CVs to review and validate the reported number of OVC beneficiaries, in three (CACA FCT, SCD FCT, and IHPCD Benue) out of 12 CBOs visited.
* Training of all CBOs on the new national reporting tools.
* The CBOs employ various methods to prevent double counting of OVC beneficiaries.
* Use of multiple data backup mechanisms.
* The OVC desk officer of the BWARI LGA Council provides feedback and support to CACA CBO.

#### WEAKNESSES

* Data management guidelines did not contain timelines for reporting to the IP State office and LGA.
* Unclear deadline date for data reporting by CBOs to IP State offices and to LGA.
* Inconsistent arrangement of service forms in the beneficiary household folders, despite clear instruction in the guideline document for CBOs.

#### RECOMMENDATIONS

* Update guidelines to have clear instructions for all timelines of reporting (to IP state office and to state Government) and disseminate to all CBOs.
* On-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the client folders, for easy retrieval of source documents.
* Refresher training should be organized for CBOs on data management, especially for JDPC in Edo state.

# Data Quality Standards

This section discusses data quality standards for the SMILE.

## VALIDITY

From a data quality perspective, validity is the extent to which a measurement is well-founded and corresponds accurately to the real world. It pertains to measuring what is intended to be measured. The following subsections provide details of the review of data quality in the context of the OVC indicator.

### DATA COLLECTION

OVC data are collected at the point of service, using the service forms for the VC and caregivers. CVs enter the services in the approved national tools. Then, the CV supervisor collates and reviews the services for accuracy and completeness before submission to the CBO M&E officer. The CBO M&E officer reviews and validates the data before the data entry clerk enters them into the NOMIS. The CBO M&E officer and CBO program manager conduct quality checks of the entries in the NOMIS.

In one of the CBOs visited, DHSP in Edo state, the CVs used notebooks to initially enter OVC data before subsequently transcribing them into the service forms.

### DO THE COLLECTED DATA MEASURE WHAT THEY ARE SUPPOSED TO MEASURE?

As part of the OVC indicator, the following data are collected:

* Total number of VC who are served (age 0-17).
* Total number of OVC caregivers (age 18 and above).

The OVC indicator for the SMILE matches the PIRS and is a direct measurement as per the definition. The data collected in the SMILE project indicate the total number of beneficiaries, including the served VC and caregivers in the household. This corresponds to what is needed or intended for an OVC project, and aligns with the national indicator and the corresponding USAID indicator.

### UNDERSTANDING THE DEFINITION OF THE INDICATOR

Written copies of the PIRS are available at all the levels the DQA team assessed. Staff had a good understanding of the indicator definition and were conversant with it at all the IP state offices and CBOs that the team visited.

### DATA STORAGE

In the NOMIS, client folders are stored in a filing cabinet under lock and key, utilizing an alphanumeric system to ensure easy retrieval. The DQA team noted that the SMILE CBOs had good alphanumeric filing and retrieval system; the assessment team commended this in two (JDPCI and GPI, both in Edo State) out of the 12 CBOs they visited. However, the SMILE CBOs did not have a consistent manner of arranging source documents in the client folders, which is an area that can be improved.

All the assessed CBOs back up data by diverse methods, including:

* Inbuilt back up features of the NOMIS.
* Cloud-based storage (e.g., Google Drive and Bitrix24).
* External hard drive.
* CD Rom.

Archived copies of quarterly summations of the data that are generated from the NOMIS (with date stamps) and are submitted to the SMILE state office at the CBO level was not available for review.

### DATA REPORTING

At the SMILE national IP office, the OVC indicator data reported by the four IP state offices was available and matched the data that were submitted to the USAID. The DQA team were able to locate all reports aggregated from CBOs for the reporting period in all the four states they visited. The CBOs communicate updates to the data and changes to the SMILE State office, utilizing data change request forms.

### STRENGTHS

* In most of the SMILE CBOs, the DQA team observed the good practice of good filling and retrieval system of OVC beneficiary folders.
* The CBOs communicate updates and changes to the data to the SMILE State office, utilizing data change request forms.
* The data collection process collates the data as the PIRS requests (i.e., total served VC and total served caregivers).
* As per the defined beneficiaries for whom data are collected, there is little possibility of measurement error. VC’s graduation is pegged at the age of 18 years in the data that are reported to the USAID, and this remains consistent in all CBOs in the SMILE states that the DQA team visited.
* Staff had a good understanding of the indicator definition and were conversant with it at all IP state offices and CBOs that the DQA team visited.

### IDENTIFIED ISSUES OF VALIDITY

Validity Issue 1:The DQA team observedinconsistent method of arranging source documents in the beneficiary folders in all the three CBOs they visited within the FCT. This did not allow easy retrieval of relevant source documents.

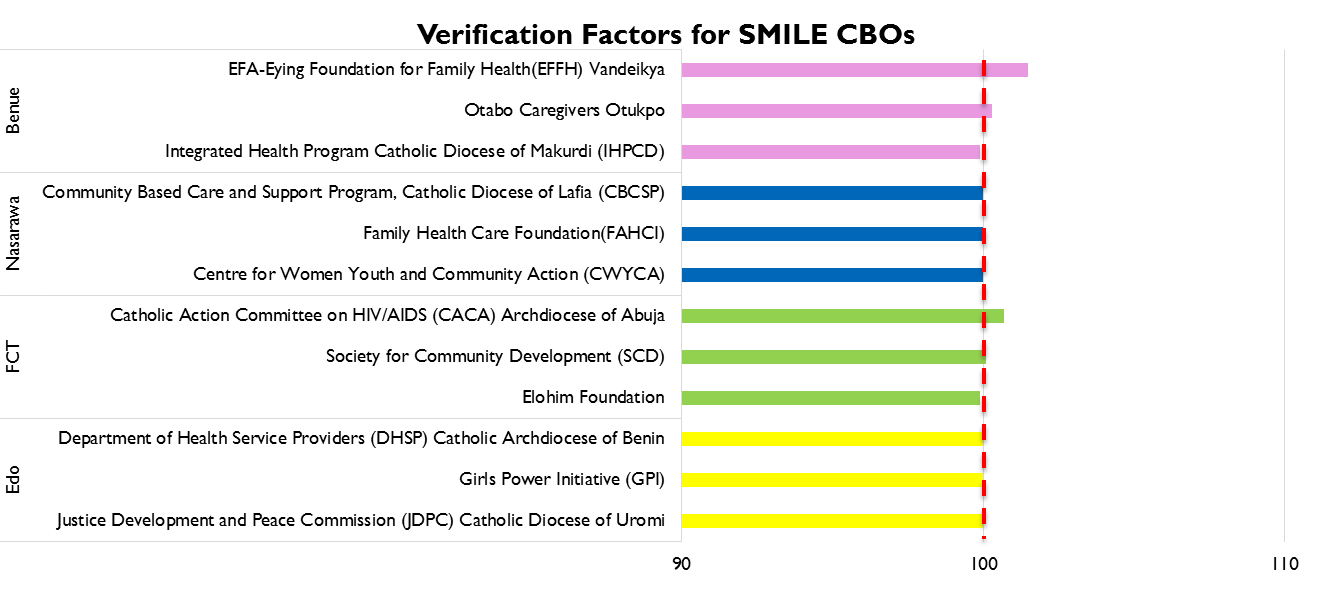
Validity Issue 2: Unavailable archived copies of quarterly summations of the data which were generated from the NOMIS (with date stamps) and submitted to the SMILE state office at the CBO level.

Validity Issue 3: CVs use notebooks, instead of approved OVC national tools, for data collection, as the DQA team noted in DHSP CBO in Edo state. This creates room for transcription errors when data are later transcribed from the notebooks to the service forms. Also, the use of notebooks as source document before filling the service forms captures incomplete information in the service form, leading to incompletely filled service forms.

Validity Issue 4**:** The DQA team noted the following errors during data verification.

* Findings of recounting of data aggregated at the CBOs varied from state to state. In this regard, Figure 6 shows the verification factors for the 12 SMILE CBOs. Annex sections ‎11.3 and ‎11.4 (Table 10 and Table 11), too, show verification factors at state and CBO level. The CBOs indicated various reasons for over-reporting and underreporting of data during the SAPR reporting period, including:
  + Late submission of data by CVs, as the DQA team noted in CACA, FCT; underreported data during SAPR by 50 beneficiaries.
  + System error. A positive difference of one was noted during data verification at JDPI and GPI, both in Edo state. This was said to be due to system error. It was explained to be due to the data pack end on the NOMIS and DATIM not properly reconciling. This is because the NOMIS update relates with the first row in it as a client intake, while the DATIM sees the first row as a description (“header”) row. The system, NOMIS, needs a proper debugging to ensure synchronization between the two software. This can be done by the software personnel.
  + Data errors due to .war file[[3]](#footnote-3). The reason that the staff stated for data discrepancy between the data in the NOMIS at the CBO and the data reported to the IP state office for IHPCD and Otabo Caregivers CBO, both in Benue state, was the data in the NOMIS at the CBO went missing following .war file updates after the SAPR reporting period (15 beneficiaries’ records went missing for IHPCD and 45 beneficiaries’ records at Otabo Caregivers CBO). The NOMIS has an internal reconciliation/error checking mechanism. However, when the data are updated using the .war file, the resulting data have missing entries in comparison with the NOMIS (compatibility issues occur between the .war file and the NOMIS).
* SMILE Nasarawa state office underreported by 1,907 beneficiaries during the SAPR 17 reporting period. This was due to missing reports from some CVs at the time of reporting. However, data updates had been made on the NOMIS and the DQA team sighted the data change request form to this effect at the IP state office.

Figure 6. Verification Factors across the 12 SMILE CBOs



Validity Issue 4:Errors that the DQA team noted during cross-checks from source documents to the NOMIS and vice versa (please refer to Table 6).

* In 13 out of the 14 (93 percent) of the CBOs that the DQA team visited, they identified wrong entries during the cross-checks from the source documents to the NOMIS. During the cross-checks from the NOMIS to the source documents, they identified wrong entries in 50 percent (seven out of 14) of the CBOs they visited.
* The most common observed reasons for mismatch in the cross-checks in decreasing order of priority were:
* Incomplete or wrong entry in the NOMIS.
* Missing entries in the NOMIS.
* Incomplete or wrong entry into the client service forms.
* When the DQA team probed for the reasons for the discrepancies, the CBOs gave the following reasons:
  + Heavy workload as a result of the amount of data entry DECs required, resulting in missing or incomplete NOMIS entries.
  + The data entry clerk did not have in-depth knowledge on the NOMIS (generating data summary reports).
  + Poor supervision of DEC by CBO M&E officers.
  + Challenges in the use of the NOMIS software by the DEC. The CBO staff mentioned that after submission of data on the NOMIS and subsequent refreshing and cleaning of data during continued usage, the NOMIS platform did not retain information.

Table 6. Cross Check Findings from SMILE CBOs in Benue, Edo, the FCT, and Nasarawa States\*

|  |  |  |
| --- | --- | --- |
| CROSS CHECK FINDINGS | NO. | PERCENTAGE |
| Total cross-checks: NOMIS to beneficiary folders and vice versa | 246 | NA |
| Total cross-checks by beneficiary forms | 822 | NA |
| Total incomplete, missing or wrong entries in either NOMIS or beneficiary folder\* | 74 | 30.1 |
| Missing entries in the forms within the beneficiary folders | 2 | 0.8 |
| Missing entry in NOMIS (corresponding to beneficiary form) | 23 | 9.3 |
| Incomplete or wrong entries in beneficiary folders | 30 | 12.2 |
| Incomplete or wrong entry in NOMIS | 19 | 7.7 |

\*Responses not mutually exclusive

Table 6 shows the results from the cross-checks between OVC beneficiary forms (source documents) and the NOMIS, for SMILE CBOs. The DQA team noted the higher proportion of the errors in the cross-checks at CBO level was due to transcription errors in the data that were entered in the service forms and into the NOMIS. At the CBO level, the CV entered the data into the service forms. However, this was first done in pencil in SMILE CBOs and sometimes in notebooks before transcription into the service forms. The data entry clerk carries out data entry under the supervision of the CBO M&E officer. Quality checks of the entries in the NOMIS are said to be conducted by the CBO M&E officers and M&E managers (where available).

### RECOMMENDATIONS FOR IMPROVING DATA QUALITY

* Address compatibility issue between the NOMIS and the DATIM (i.e., correct software bug).
* CBOs should be instructed to use only national tools for recording and reporting.
* Archive data submitted to all reporting entities with date stamp.

## INTEGRITY

### MECHANISMS TO ENSURE THE INTEGRITY OF DATA

SMILE data collection and management process at national IP level takes place through the NOMIS. Data validation processes by its M&E team ensures that the data collated by the SMILE undergo data quality checks. The two data managers at the national SMILE office are in charge of reviewing the data they receive from state level. They review data for accuracy and completeness before reporting to the USAID. These two data managers are supervised by the M&E director of the SMILE. Other mechanisms in place at national level to ensure the integrity of the data include:

* In the NOMIS, inbuilt checks that remove double entries.
* Supervisory visits to state offices (aggregation level) and CBOs (service delivery level).
* Periodic internal data quality audits.
* Quarterly review meetings.

At state level, SMILE M&E officers conduct data quality checks on data in the NOMIS platform. The pass-worded NOMIS at state level ensures confidentiality. Further mechanisms to ensure the integrity of the data which are generated include supervisory visits.

Also at state level, the OVC program Data Review Meeting involving the state Government and OVC IPs provide an avenue for further validation of data. At these meetings, data are harmonized through the NOMIS platform across IPs and across LGAs in the state. This prevents double counting across organizations. In addition, at these meetings, the SMILE project data is harmonized with overall state level data.

The following SMILE mechanisms ensured integrity of data at CBO level:

* The use of a password in the NOMIS.
* In the NOMIS, inbuilt checks that remove double entries.
* Dedicated staff to check for data quality.
* Limiting access to the filing cabinet to authorized personnel only.
* Supervisory visits to CBOs.
* On-site validation of field data.
* Cross-check of the NOMIS entries using a hardcopy Excel NOMIS export.

However, the DQA team noted that in two (SCD and Elohim Foundation, both within the FCT) of the 12 CBOs they visited the CVs initially fill the source documents using pencils. This is done to enable the process of making corrections to wrong entries easier and tidy.

Figure 7. Mechanisms of Ensuring Integrity in the SMILE Project at All Levels

### STRENGTHS

Most of the abovementioned mechanisms for ensuring the integrity of data (section ‎6.2.1 and Figure 7) are strengths in the M&E system of the SMILE to ensure the integrity of OVC indicator being assessed.

### IDENTIFIED ISSUES OF INTEGRITY

Integrity Issue 1: Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp.

Integrity Issue 2: Filling of source documents using pencils poses a risk to the integrity of the data because it can easily be manipulated.

### RECOMMENDATIONS FOR IMPROVING DATA INTEGRITY

The SMILE state M&E team is to ensure that the CBOs and CVs adhere to guidelines on data collection and do not fill the source documents with pencil.

## PRECISION

### MECHANISMS TO ENSURE DATA PRECISION

The data in the service forms were entered in the NOMIS in a consistent manner. All nationally approved data fields in the forms were entered in the NOMIS. Since the NOMIS had household-level and individual-level data, it had sufficient detail and precision for the OVC indicator, whilst ensuring that confidentiality of the beneficiaries was protected. Data elements on the vulnerable children service form and caregiver household service form had information fields such as date, sex, age, child follow-up information (i.e., withdrawn from program, known death, migrated, loss to follow-up, age > 18), and service provided, which also had corresponding fields in the NOMIS. The level of precision in the two service forms and the NOMIS matched the requirements in the PIRS.

## RELIABILITY

### MECHANISMS TO ENSURE DATA RELIABILITY

The SMILE project utilized national OVC reporting tools during the report period. However, the DQA team noted that the CVs of a CBO in Edo state, DHSP, used exercise books and not service forms for the initial collection of OVC data in the communities. The exercise books are reportedly given to the CVs to reduce the burden of carrying bulky data collection tools while providing OVC services to beneficiaries. The CVs transcribe OVC data subsequently from the exercise books into the approved OVC service forms, in the comfort of their homes, which is contrary to the SMILE data management SOP.

The SMILE project retrieved data on the OVC SERV indicator from the NOMIS and reported only data on the number of served OVC with graduation pegged at 18 years. All its state level reports were available and complete along the same reporting format, as such its data remain reliable.

With the review of national tools during the reporting period (January 2017), the SMILE national level ensured the SMILE state office and CBO staff were trained to ensure reliability of the data that were collated. The methodology of the new tool still remained consistent with the prior tools, ensuring reliability of data with the new tools. No stock out of OVC reporting tools was reported by all SMILE CBOs.

At state level, there is consistent use of the aggregation and reporting platforms NOMIS and DATIM. Data, which CBOs receive monthly, are aggregated and exported quarterly on the platforms. The data that are aggregated in the NOMIS are exported into the DATIM for utilization, where applicable. This ensures consistency and reliability in the aggregation of data at state level. However, data on the number of served VC, which the SMILE collates and reports to the national system (Government), have been expanded to include VC above 18 years. This disaggregation excludes VC above 18 years, when it is reported to the USAID.

### STRENGTHS

* No stock out of OVC reporting tools was reported by all SMILE CBOs.
* Training of CBO staff on the newly modified OVC tools.

### IDENTIFIED ISSUES OF RELIABILITY

* Use of unapproved tools (exercise books) by CVs to record OVC data.

### RECOMMENDATIONS FOR IMPROVING DATA RELIABILITY

* Ensure that only approved OVC reporting tools should be used to collect data at service delivery levels.

## TIMELINESS

The IP staff at the SMILE national M&E unit reported that data is reported to the USAID in a timely manner, and that its state-level data are received in a timely manner through the NOMIS. However, the CBOs that the DQA team visited reported varying reporting deadlines to the SMILE state office, all the dates falling within the first and tenth day of a new month. The team sighted email communication of received NOMIS exports at the IP state and national offices; however, the date stamp on the archived data was unavailable to validate the claims.

Data submission also occurs by CBOs to the OVC desk officer at the LGA office of the Federal Ministry of Women’s Affairs and Social Development. However, the timeline of submission to the LGA appears not to be defined and harmonized for all the CBOs the DQA team visited.

### WEAKNESSES

* Undefined reporting timeline for OVC data submission SMILE state office and LGA.
* Absence of archived monthly submissions and quarterly data summaries at CBOs with date stamp.

### RECOMMENDATIONS

* Reporting timelines for submission of OVC data to SMILE state offices and LGAs should be well-defined and clearly documented in the data management SOP.
* Monthly and quarterly data summaries submitted to the IP state office and national IP levels should be archived with date stamps.

# ACTION PLAN FOR SMILE

In the following, Table 7 (national level action plan), Table 8 (state level action plan), and Table 9 (CBO level action plan) outline a suggested action plan for the various levels.

Table 7. National Level Action Plan: SMILE OVC

|  |  |  |  |
| --- | --- | --- | --- |
| **IDENTIFIED WEAKNESSES** | **DESCRIPTION OF ACTION POINT** | **RESPONSIBLE** | **TIMELINE** |
| No clear training plan for IP’s M&E Unit. | Develop harmonized training plan for IP M&E Unit, to be implemented at all levels. | SMILE M&E director | 3 months |

Table 8. State Level Action Plan: SMILE OVC

|  |  |  |  |
| --- | --- | --- | --- |
| **IDENTIFIED WEAKNESSES** | **DESCRIPTION OF ACTION POINT** | **RESPONSIBLE** | **TIMELINE** |
| No defined timeline for reporting to the State Government by the IP state office. | Review guidelines on data reporting to include a defined timeline for reporting to State Government from IP state offices. | SMILE M&E director | 3 months |
| Updated guidelines on data management not disseminated to state IP offices and CBOs. | Disseminate updated guidelines on data management to IP state office and CBOs. | SMILE M&E director | 3 months |

Table 9. CBO Level Action Plan: SMILE OVC

|  |  |  |  |
| --- | --- | --- | --- |
| **IDENTIFIED WEAKNESSES** | **DESCRIPTION OF ACTION POINT** | **RESPONSIBLE** | **TIMELINE** |
| Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp.  Unavailability of date stamps to verify all reports submitted. | Archiving project data with date stamps to demonstrate timeliness. | CBO M&E officer | 3 months |
| Incomplete and inconsistent filling of the service forms. | Improved supervision of CVs by CV Supervisor and OVC program thematic leads. | CBO M&E officer and other program thematic leads | Continuous |
| Incomplete entry of data into the NOMIS.  Transcription errors into the NOMIS. | Improved supervision of data entry clerk by CBO M&E officer. | CBO M&E officer | Continuous |
| Inconsistent arrangement of service forms in client folders. | Refresher training and on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the client folders for easy retrieval of source documents. | IP state office M&E officer | 3 months |
| No defined timeline for reporting to the LGA by the CBOs | Review guidelines on data reporting to include a defined timeline for reporting to LGA by the CBOs. | SMILE M&E director | 3 months |
| M&E staff at a CBO in Edo state, JDPC have not been trained on data management. | Refresher training should be organized for CBOs on data management, especially for JDPC in Edo state. | SMILE Edo state office M&E officer | 6 months |

# Limitations and Constraints

1. DQAs at a country-level are a complex exercise, and require significant resources and effort on the part of the commissioning agency, the agency conducting the DQA, IPs, and Government functionaries in the relevant sectors. As the USAID’s “How-To Note: Conduct a Data Quality Assessment” (3) mentions, notification of an impending DQA can also cause stress for the IP, given the ramifications of program performance and the potential uncertainty of USAID’s expectations. Although the DevTech DQA team tried to allay initial apprehensions of the IP and their staff about the outcomes from the DQA, there may have been residual concerns that could not be fully addressed. After completion and dissemination of the final report, the DQA team hopes to communicate with and emphasize to the IP that the DQA results are intended as a tool for the USAID and the IP to work together and resolve any data quality issues or limitations that were uncovered during the exercise.

2. The sampling of the four SMILE states (Benue, FCT, Edo, and Nasarawa), as well as the CBO sites the team visited in the states, was based on purposive methods, security, and feasibility issues, and was also guided by the USAID. The ideal sampling methodology would have been to use one of the statistically valid scientific methods that the MEASURE Evaluation DQA guidelines (4) describe. As section ‎4.2 outlined, the implementation of a statistically valid method was constrained by security and other eligibility considerations. The lack of a statistical methodology for site selection is compensated in part by the large number of CBOs that the DQA covered and the high volume of the indicator in the CBOs and states the DQA team visited.

3. In order to ensure adequate time for the DQA teams in the field to complete all aspects of the DQA, including the assessment of M&E systems, review of the data quality standards, data verifications, and cross-checks, a limited number of cross-checks could be performed at each CBO (service delivery level). In most CBOs, at least 20 beneficiary folders were reviewed for cross-checks. In some facilities, fewer folders could be reviewed for cross-checks. As section ‎4.4.2 described in detail, this limitation was partially addressed by using systematic random selection of beneficiary folders out of all household folders from the two reported quarters (“universe”). Also, cross-checks were attempted in two directions: Ten records were traced from the beneficiary forms/household folders to the NOMIS and additional 10 unique beneficiary records were traced from the NOMIS to the beneficiary folders for cross-verification.

4. Prior to the initial meeting at the Central M&E Unit at SMILE headquarters, DevTech had communicated with the IP about the tentative dates for the DQA field work. However, at the initial meeting, it emerged that the SMILE already had other commitments for the proposed dates of the DQA. This resulted in postponement of the field work by two weeks for Edo state and three weeks for Benue and Nasarawa states. Also, two previously unscheduled government holidays, including a Friday and the following Monday (for Sallah), occurred during the DQA implementation. The IP chose to cooperate with DevTech in continuing the DQA activities on the Sallah Friday, which provided a day for field work in the week of the holiday.

5. Prior to the implementation of the DQA, the team did not have access to information on previous DQAs which were conducted for the IP, both external DQAs and routine/internal DQAs (RDQAs). Availability of previous DQA results could have helped in tailoring this DQA exercise, with greater focus on the gaps that the previous results identified. However, information on prior DQAs can also be a source of bias for the DQA team and data reviewers.

6. Due to scheduling constraints, DQAs were implemented concurrently for two program areas: HIV (OVC) and Tuberculosis (TB), with a total of seven indicators reviewed. This led to several challenges in the planning and implementation of the two DQAs. In order to ensure coverage of sufficient CBOs (facilities) in both program areas, a team of 21 consultants was hired, with an additional team leader and two deputy team leaders. This large team was backstopped by the technical team from The MEL program at DevTech.

# Conclusions

From the USAID/Nigeria and PEPFAR perspective, a DQA for OVC indicators serves to meet the operational policy requirements of USAID/Washington and the USAID Country Technical Offices. It also serves to review the M&E system, identify best practices, and develop recommendations to improve existing systems for better reporting of program indicators in subsequent funding cycles. The major findings from the DQA are summarized below.

**M&E Systems Assessment**

The joint DQA team from The MEL program/DevTech and the USAID identified several strengths and weaknesses for the SMILE OVC data management and reporting system. These are described in the following.

M&E Systems Assessment - SMILE Central M&E Unit. *Strengths*: (1) Availability and use of M&E guideline documents (SMILE data management SOP, M&E plan, and SOP on graduation of VC) at all reporting levels; (2) capacity building of M&E project staff at various universities in Nigeria. *Weaknesses*: No clear training plan, M&E training is conducted at the discretion of the M&E staff, and official training by SMILE occurs on an ad hoc basis. *Recommendations*: SMILE should develop an M&E training plan for their staff.

M&E Systems Assessment - SMILE State M&E Units: *Strengths*: (1) Harmonized data management processes across the various SMILE state offices that the DQA team visited; (2) the existence and use of a data change management protocol at all SMILE state offices they visited, in addition a feedback folder that they noted in the SMILE Nasarawa state office. *Weaknesses:* Updated data management SOP (seen at the SMILE state office) yet to be disseminated to all state offices and CBOs. *Recommendations:* Prompt distribution and use of the updated SMILE data management SOP to state offices and CBOs.

M&E Systems Assessment - SMILE CBOs: *Strengths*: (1) Guidelines on data management processes including data change management in SMILE CBOs; (2) documented data change management process and use of data change request forms by CBOs for reporting data updates; (3) good filing and retrieval system commended in two (JDPC Edo and GPI Edo) of the nine CBOs the team visited; (4) periodic meetings with CVs to review and validate the reported number of OVC beneficiaries, in three (CACA FCT, SCD FCT, and IHPCD Benue) out of 12 CBOs visited; (5) Training of all CBOs on the new national reporting tools; (6) various methods are employed by the CBOs to prevent double counting of OVC beneficiaries; (7) use of multiple data backup mechanisms; (8) feedback and support to CACA CBO from BWARI LGA Council OVC desk officer. *Weaknesses:* (1) Data management guidelines did not contain timelines for reporting to the IP state office and LGA; (2) unclear deadline date for data reporting by CBOs to IP state offices and to LGA; (3) inconsistent arrangement of service forms in the beneficiary household folders, despite clear instruction in the guideline document for CBOs. *Recommendations:* (1) Update guidelines to have clear instructions for all timelines of reporting (to IP state office and to state Government) and disseminate to all CBOs; (2) on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the client folders, for easy retrieval of source documents; (3) refresher training should be organized for CBOs on data management, especially for JDPC in Edo state.

**Data Quality Standards**

Data Quality Standards. Validity*:* *Strengths:* (1)In most of the SMILE CBOs, the DQA team observed the existence of a good filling and retrieval system of OVC beneficiary folders; (2) updates to the data and changes are communicated by the CBOs to the SMILE state office utilizing data change request forms; (3) the data collection process collates the data as the PIRS requests (i.e., total VC served and total caregivers served), there is little possibility of measurement error, for VC’s graduation that is reported to the USAID is pegged at age 18 years, and this remains consistent in all CBOs in the SMILE states that the DQA team visited; (4) staff had a good understanding of the indicator definition and were conversant with it at all IP state offices and CBOs. *Weaknesses:* (1) Inconsistent method of arranging source documents in the beneficiary folders was observed in all 3 CBOs in FCT; (2) unavailable archived copies of quarterly summations of data from the NOMIS (with date stamps) were submitted to the SMILE state office at the CBO level; (3) use of notebooks instead of approved OVC national tools by CVs for data collection in DHSP CBO in Edo state; (4) errors were noticed during data verification due to (a) late submission of data by CVs in CACA, FCT, (b) under reporting of 50 observed during SAPR, (c) system error (positive difference of one) noted during data verification at JDPI and GPI, both in Edo state, due to improper reconciliation of data between NOMIS and DATIM, (d) data errors due to “.war” file updating IHPCD and Otabo Caregivers CBO, both in Benue (this is a compatibility issue between the .war file and the NOMIS); (5)transcription errors from incomplete entries into the source documents and into the NOMIS*. Recommendations:* (1) Address compatibility issue between the NOMIS and the DATIM (i.e., correct software bug); (2) CBOs should be instructed to use only national tools for recording and reporting; (3) archive data submitted to all reporting entities with date stamp.

Integrity. *Strengths* (1) In the NOMIS, inbuilt checks that remove double entries; (2) supervisory visits to state offices (aggregation level) and CBOs (service delivery level); (3) periodic internal data quality audits; (4) quarterly review meetings; (5) use of a password in the NOMIS; (6) dedicated staff to check for data quality; (7) limiting access to the filing cabinet to authorized personnel only; (8) on-site validation of field data; (9) cross-check of the NOMIS entries using a hardcopy Excel NOMIS export. *Weaknesses:* (1) Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp; (2) filling of source documents using pencils poses a risk to the integrity of the data because it can easily be manipulated. *Recommendations:* SMILE state M&E team is to ensure that the CBOs and CVs adhere to guidelines on data collection and do not fill the source documents with pencil.

Precision. *Strengths*: The level of precision in the two service forms (for VC and caregivers) and the NOMIS matches the requirements in the PIRS. The NOMIS has household-level and individual-level data with sufficient detail and precision for the OVC indicator, whilst ensuring confidentiality of the beneficiaries. *Weaknesses:* None. *Recommendations:* There were no specific recommendations in connection with data precision.

Reliability. *Strengths*: (1) No stock out of OVC reporting tools was reported by all SMILE CBOs; (2) training of CBO staff on the newly modified OVC tools. *Weaknesses:* Use of unapproved tools (exercise books) by CVs to record OVC data. *Recommendations:* Ensure that only approved OVC reporting tools should be used to collect data at service delivery levels.

Timeliness. *Strengths*: Email communication of received NOMIS exports were sighted at the IP state and national offices. *Weaknesses:* (1) Undefined reporting timeline for OVC data submission SMILE state office and LGA; (2) absence of archived monthly submissions and quarterly data summaries at CBOs with date stamp. *Recommendations:* (1) Reporting timelines for submission of OVC data to SMILE state offices and LGAs should be well-defined and clearly documented in the data management SOP; (2) monthly and quarterly data summaries submitted to the IP State office and national IP levels should be archived with date stamps.

A number of action points have been suggested based on the recommendations above; these have been fully described in section ‎7, Table 7, Table 8, and Table 9.

# bibliography

1. USAID. Operational Policy (ADS) [Internet]. [cited 2017 Sep 22]. Available from: https://www.usaid.gov/who-we-are/agency-policy

2. USAID. ADS Chapter 201 Program Cycle Operational Policy. 2016; Available from: https://www.usaid.gov/sites/default/files/documents/1870/201.pdf

3. USAID. How-To Note : Conduct a Data Quality Assessment [Internet]. 2017. Available from: https://usaidlearninglab.org/sites/default/files/resource/files/cleared\_-\_how-to\_note\_-\_conduct\_a\_dqa.pdf

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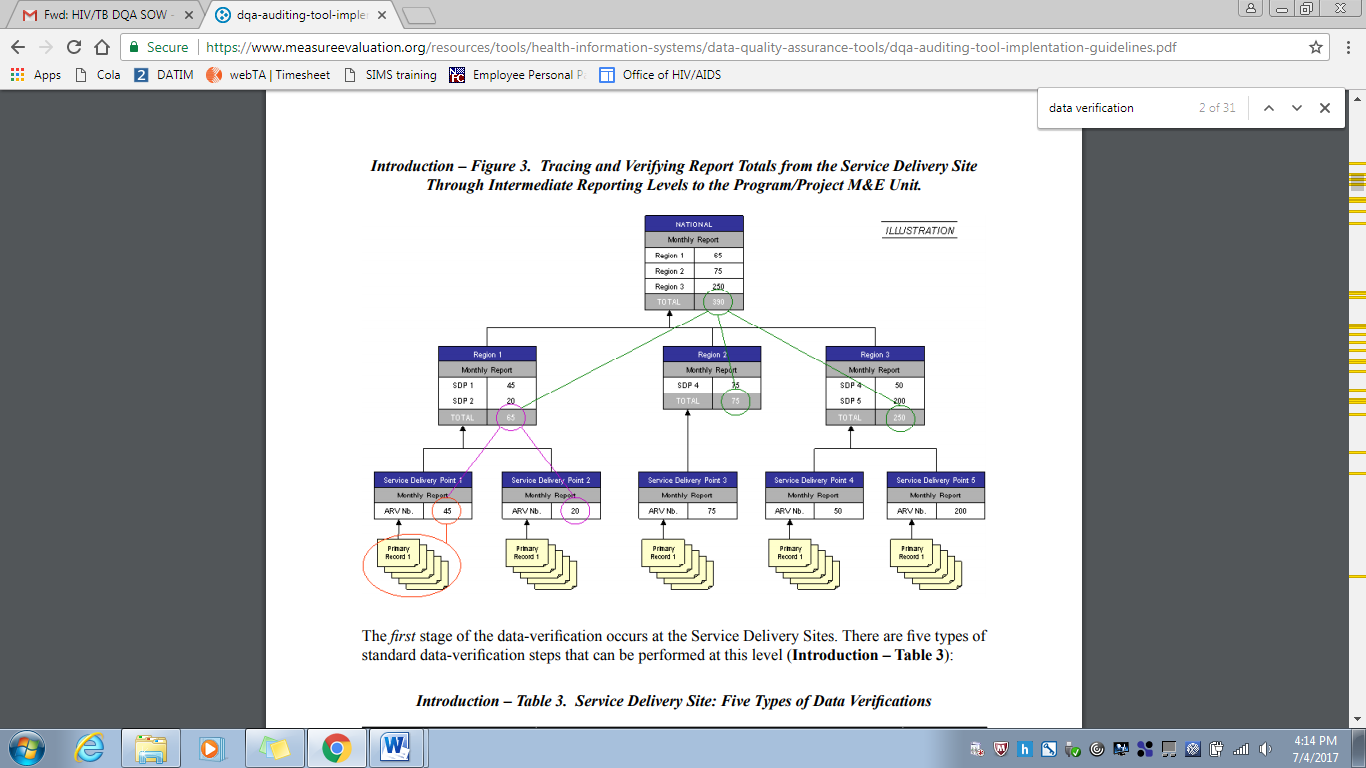
# Annexes

## LIST OF SITES VISITED AND LOCATIONS: SMILE OVC DQA

Table 4 (p. 11) provides a complete list of the sites and locations that were visited for the SMILE DQA.

## STEPS FOR DATA VERIFICATION USING THE MEASURE EVALUATION TOOL

Figure 8. Tracing & Verifying Reported Totals: CBO via State to Program M&E Unit



Source: MEASURE Evaluation (2008).

## VERIFICATION FACTORS AT STATE LEVEL

Table 10. OVC Verification Factors at State Level, SMILE DQA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LEVEL | NAME OF STATE | VERIFIED DATA | REPORTED DATA | VERIFICATION FACTOR (PERCENTAGE) |
| IP State Office | EDO | 44411 | 44409 | 100.0 |
| FCT | 23884 | 23825 | 100.2 |
| Nasarawa | 77037 | 75130 | 102.5 |
| Benue | 39559 | 39582 | 99.9 |

## VERIFICATION FACTORS AT CBO LEVEL

Table 11. OVC Verification Factors at CBO Level, SMILE DQA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LEVEL | NAME OF CBO | VERIFIED DATA | REPORTED DATA | VERIFICATION FACTOR (PERCENTAGE) |
| Service Delivery Level (CBO) | JDPC | 7639 | 7640 | 100.0 |
| GPI | 6779 | 6780 | 100.0 |
| DHSP | 7318 | 7318 | 100.0 |
| ELOHIM | 5646 | 5654 | 99.9 |
| CACA | 7401 | 7531 | 98.3 |
| SCD | 10837 | 10823 | 100.1 |
| CWYCA | 10822 | 10822 | 100.0 |
| FHC | 10822 | 10667 | 101.5 |
| CBCSP | 10516 | 10516 | 100.0 |
| IHPC | 13833 | 13848 | 99.9 |
| Efa Eying | 12823 | 12635 | 101.5 |
| Otabo Caregivers | 13144 | 13099 | 100.3 |

## LIST OF NATIONAL OVC TOOLS USED AT SMILE

1. Household Vulnerability Assessment (HHVA) and VC Enrollment Form
2. Revised OVC (Vulnerable Children Service Forms)
3. Child Educational Performance Assessment Tool
4. Child Follow-up Assessment Form.doc
5. Community Fund Tracking Finalized Tool
6. Graduation Checklist and Scoring guide
7. Home Visit Monitoring Tool
8. National Supportive Supervision Checklist for OVC Program
9. New OVC Monthly Summary Form (Revised)
10. Nigeria Child Status Index Card
11. Nigeria Child Status Index Record Form
12. Nutritional Assessment Form
13. Revised OVC Registers
14. Scoring Guide
15. Supportive Supervision Checklist
16. VC Enrollment Register

## SMILE STANDARD OPERATING PROCEDURES AND PERFORMANCE MONITORING PLAN

Please double-click the relevant file icon below to open the Adobe pdf, Microsoft Word or Microsoft Excel document (it will open in a separate window in the default program associated with the file - e.g., Adobe Reader, Adobe Acrobat, Internet Explorer, Microsoft Word, Excel, etc.).

### SMILE STANDARD OPERATING PROCEDURES AND GUIDELINES ON DATA MANAGEMENT



### SMILE PERFORMANCE MONITORING AND EVALUATION PLAN



## DIAGRAMMATIC REPRESENTATION OF CROSS-CHECKS AT CBO LEVEL

Figure 9. Cross-Checks at Facility (CBO/CSO) Level

**OVC CROSS-CHECK AT CBO**

CROSS CHECK A

CROSS CHECK B

RANDOMLY SELECT 10 BENEFICIARIES ENTERED INTO THE NOMIS FOR THE REPORTING PERIOD (NOTE ENROLMENT NUMBERS / UNIQUE IDS)

SELECT AT LEAST 10 BENEFICIARY FOLDERS (WITH CORRESPONDING SERVICE FORMS) FOR OVCs SERVED IN THE REPORTING PERIOD, USING SYSTEMATIC RANDOM SAMPLING. NOTE ENROLMENT NUMBERS / UNIQUE IDS.

CONFIRM ENROLLEES IN NOMIS HAVE CORRESPONDING SERVICE FORMS IN BENEFICIARY FOLDER

CONFIRM BENEFICIARIES ARE PRESENT IN THE NOMIS

CROSS-CHECK CORRESPONDING ENTRIES IN NOMIS

CROSS-CHECK CORRESPONDING ENTRIES IN BENEFICIARY FOLDER

## PERFORMANCE INDICATOR REFERENCE SHEET (PIRS)

|  |  |
| --- | --- |
| **PERFORMANCE INDICATOR REFERENCE SHEET (PIRS)** | |
| **(OVC\_SERV) Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV** | |
|  | |
| *Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV* | |
| **What it measures** | |
| PEPFAR is mandated to care for children orphaned or made vulnerable by HIV. Mitigating the impact that HIV is having on children and the families that support them is integral to a comprehensive HIV response. It is important to note that the definition of “affected” children includes, but is not limited to, children infected with HIV. PEPFAR recognizes that individuals, families, and communities are affected by HIV in ways that may hinder the medical outcomes of HIV-positive persons as well as the emotional and physical development of children orphaned or made vulnerable by HIV/AIDS. A variety of services (per Technical Considerations 2015 and 2016) are supported through PEPFAR to mitigate these effects in order to improve health and well-being outcomes of adults and children. The goal of OVC programs is to build stability and resiliency in children and families exposed, living with or affected by HIV/AIDS through rigorous case management and provision and access to health and socio-economic interventions. This indicator, by disaggregating “**active**”, “**graduated**”, “**transferred**”, and “**exited without graduation**” measures how successful the OVC program is in building children and their families’ resiliency.  This reporting period’s Active = (Last reporting period’s Active + Newly enrolled in this reporting period) – (this reporting period’s Graduated + transferred+ this reporting period’s Exited). | |
| **Numerator:** | Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV. |
|  |  |
| **Denominator:** | N/A |
|  |  |
| **Calculation:** | To calculate data for annual results:  **Active beneficiaries**: Do not sum across Q2 and Q4 – use cumulative result reported at Q4 for active beneficiaries.  **Graduated beneficiaries**: Add Q2 and Q4 graduated beneficiaries.  **Transferred beneficiaries**: Add Q2 and Q4 transferred beneficiaries.  **Exited beneficiaries**: Add Q2 and Q4 exited beneficiaries.  In sum, the annual results for OVC\_SERV age 0-17 =  Total beneficiaries served in FY = Active in Q4 + All exited in Q4 + All exited in Q2  (All exited in Q4 = Graduated in Q4 + Transferred in Q4 + Otherwise exited in Q4)  (All exited in Q2 = Graduated in Q2 + Transferred in Q2 + Otherwise exited in Q2)  The indicator is generated by counting the number of active beneficiaries who received at least one HKID funded service from facilities and/or community -based organizations (see definition of an ‘active beneficiary’ below) **and** by counting the number of beneficiaries who graduated from the PEPFAR OVC program successfully **and** by counting the number of beneficiaries who were “transferred” to existing host-country programs **and** by counting the number of beneficiaries who have “exited without graduation” from the PEPFAR OVC program. This reporting period’s Active = (Last reporting period’s Active + Newly enrolled in this reporting period) – (this reporting period’s Graduated + transferred+ this reporting period’s Exited). |
| **Method of measurement:** | The data sources are the PEPFAR OVC program registers and program data generated by implementing partners. Implementing partners’ registers need to record names of children and caregivers who meet the criteria for “active beneficiary” or “graduated” or “transferred” or “exited without graduation” to generate the number included in this indicator.  All agencies receiving HKID funding are required to report on this indicator.  **How to review for data quality**  Reviewing PEPFAR OVC implementing partners’ results to ensure that there is no double counting and changes by Program Completion Status do not show high deviations from program targets and/or SNU prioritization (scale up, sustained, centrally supported, sustained commodities).  **Reporting Level**  Site level: facility and community |
| **Measurement frequency:** | Semi-Annual |
|  |  |
| **Disaggregation:** | Numerator: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV.  Age/Sex (Required)  <1, 1-9, 10-14M, 10-14F, 15-17M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F  Program Participation Status (Required)  Active, Graduation, Transferred, Exited without graduation  **Description of Disaggregate**  **1) “Active beneficiary”** is an individual, a child, or parent/caregiver who is scheduled to receive a PEPFAR OVC program services at least once every three months or has received a PEPFAR OVC program services in the last three months. New beneficiaries who only registered in the last quarter will be counted as active, even if they have not yet received services.  **2) “Graduation”** as defined as   * **Graduation**: this happens when children and parent/caregivers enrolled in PEPFAR OVC programs are deemed stable and no longer in urgent need of externally supported services. Or * **Aging out:** This includes children who have reached the age of 18 and who have a transition plan for successful exiting from the PEPFAR OVC Program. This does not apply to children > 18 years old enrolled in secondary education. This does not include parents/caregivers.   **3)** **“Transferred”** happens when children and families have transitioned to other forms of support programs other than PEPFAR funded OVC programs. These could include country-led programs or other donor funded programs.  **4) “Exited without graduation”** This includes children who are lost-to-follow up, aged-out without a graduation plan from PEPFAR OVC program, re-located, or died. |
| **Explanation of numerator** | |
| The numerator is the sum of the following Program participation disaggregations:  1. Active beneficiaries  2. Graduated beneficiaries  3. Transferred beneficiaries  4. Exited without graduation in the reporting period, from the PEPFAR OVC Program   * This indicator is a direct (output) measure of the number of individuals receiving PEPFAR OVC program services for children and families affected by HIV/AIDS. * This indicator tracks progress on the number of OVC graduating from PEPFAR OVC programs and also tracks “exited without graduation” (such as loss-to-follow up, aging out without transition plan, moved, or died). * Transferred to existing host-country programs, where the host-country program provides a sustainable response to OVC needs. * Graduation will vary based on local criteria for achieving stability in the household. | |
| **Further information** | |
| **MER 1.0 to 2.0 Change**  The following disaggregation for program participation status has been added to capture types of beneficiaries:  (1) active beneficiaries  (2) graduated beneficiaries  (3) transferred beneficiaries, and  (4) beneficiaries who have exited without graduation.  Age/sex disaggregates have been modified.  **PEPFAR Support definition**  Standard definition of DSD and TA-SDI used.  Provision of key staff or commodities for OVC beneficiaries receiving care and support services in the community include: For beneficiaries of OVC services, this can include funding of salaries (partial or full) for staff of the organization delivering the individual, small group or community level activity (e.g., psychosocial support, child protection services, education, etc.) or procurement of critical commodities essential for ongoing service delivery. Partial salary support may include stipends or incentives for volunteers, or paying for transportation of those staff to the point of service delivery.  For care and support services, ongoing support for OVC service delivery for improvement includes: the development of activity-related curricula, education materials, etc., supportive supervision of volunteers, support for setting quality standards and/or ethical guidelines, and monitoring visits to assess the quality of the activity, including a home visit, a visit to a school to verify a child’s attendance and progress in school or observation of a child’s participation in kids clubs.  **DREAMS SNU Specific Guidance**  **Only DREAMS-funded partners should report on services by area:**  **Age/Sex/Service:** 10-14M, 10-14F, 15-17M, 15-17F, 18-24M, 18-24F, 25+M, 25+F by selected service area: Education support, Parenting/Caregiver programs, Social Protection (including cash transfer), Economic Strengthening, Other service areas in line with PEPFAR 2012 guidance for OVC programming.  \*\*Each service area to be disaggregated by age/sex  All partners providing OVC services in DREAMS SNUs should report, regardless of receipt of DREAMS funds. | |

## LIST OF DOCUMENTS, DATA AND STANDARD OPERATING PROCEDURES REVIEWED

### LIST OF SMILE DATA DOCUMENTS REVIEWED

(Notes: VC = Vulnerable Children, CSO = Community Service Organization)

1. CSO (Otabor) VC Monthly Summary Form (October 2016)
2. CSO (Otabor) VC Monthly Summary Form (November 2016)
3. CSO (Otabor) VC Monthly Summary Form (December 2016)
4. CSO (Otabor) VC Monthly Summary Form (January 2017)
5. CSO (Otabor) VC Monthly Summary Form (February 2017)
6. CSO (Otabor) VC Monthly Summary Form (March 2017)
7. State VC Monthly Summary Forms - January 1, 2017 - March 31, 2017 (Benue State)
8. Back List of Indicators Benue State all partners (October 2016 to March 2017)
9. DATIM Report form Benue State all partners, all CSOs, all LGAS (October 2016 to March 2017)
10. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (October 2016 to March 2017)
11. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (March 2017 to March 2017)
12. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (February 2017 to February 2017)
13. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (January 2017 to January 2017)
14. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (December 2017 to December 2017)
15. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (November 2017 to November 2017)
16. Backlist of Indicators Efa-Eying Foundation for Family Health (pdf of Excel Export) (October 2017 to October 2017)
17. SMILE SAPR17 Data Table\_OVC SERV per CSO partner
18. DATIM Report Form (FCT) All LGA, All Partners (October 2016-March 2017)
19. DATIM Report Form (FCT) LGA:BWARI, All Partners (October 2016-March 2017)
20. DATIM Report Form (FCT) LGA: GWAGWALADA, All Partners (October 2016-March 2017)
21. DATIM Report Form (FCT) LGA: KUJE, All Partners (October 2016-March 2017)
22. SMILE January-March 2017 data
23. SMILE SAPR 2017 data
24. OSA DQA Table 29th March 2017 Benue LGA: Gwer West Organization

### LIST OF SMILE BLANK FORMS REVIEWED

1. Vulnerable Children Service Form
2. Caregiver/Household Care Plan
3. Caregiver/Household Service Form
4. Vulnerable Children Enrollment Form
5. Vulnerable Children Follow-Up Assessment Forms
6. SMILE Project Data Change Request Form
7. Household Graduation Checklist
8. Child TB/HIV Care and Support Screening Checklist
9. Caregiver TB/HIV Care And Support Screening Checklist
10. HIV Risk Assessment Checklist
11. Care Plan Achievement Form
12. Referral Form For Vulnerable Household
13. Technical Assistance Reporting Form
14. Gender Norms Sessions Register
15. Vulnerable Household Enrollment Register
16. Household Vulnerability Assessment Form
17. Follow-up Assessment Household Vulnerability Form
18. Household Caregiver Service Register
19. Caregiver/Household Service Form
20. Nutrition Assessment Form
21. SMILE Referral Register for Vulnerable Households
22. Referral Form for Vulnerable Household
23. SMILE Consent Form
24. Vulnerable Children Education Performance Assessment Tool
25. SMILE Gender Norms Session Attendance Sheet
26. Vulnerable Children Enrollment Registers
27. Vulnerable Children Service Form
28. Vulnerable Children Service Register
29. Vulnerable Children Care Plan

### LIST OF SMILE SOP/GUIDELINES AND OTHER DOCUMENTS REVIEWED

1. Data Management SOP
2. Performance Monitoring and Evaluation Plan (1st October 2013-30th September 2018)
3. SMILE PMP Final Revised
4. SMILE SOP for Data Management (Final Submission)
5. SMILE Report of M&E Community of Practice meetings at Halleys Day Hotel Markudi by Effa Eying Foundation
6. SMILE Project Volunteer Monthly Review Meeting agenda
7. Report of the M&E and NOMIS training of the SMILE program intervention CSOs, LG social welfare officers, and SMWASD from Edo, Kogi, Benue, Nasarawa, and FCT
8. FY-16 Mid-Year program performance review scorecard 30th June 2016

## SMILE OVC FORMS (SAMPLES)

Note: OVC forms used by the SMILE are provided below as embedded pdf files. Please double-click the relevant file icon below to open the Adobe pdf file (it will open in a separate window in the default program associated with the file e.g. Adobe Reader, Adobe Acrobat, Internet Explorer, Microsoft Word, etc.).



## DATA OF THE SMILE SEMI-ANNUAL PROGRESS REPORT (SAPR) FOR STATES

Note: 2017 Semi-Annual Progress Report (SAPR) data for SMILE states is provided below as embedded pdf files. Please double-click the relevant file icon below to open the Adobe pdf file (it will open in a separate window in the default program associated with the file e.g. Adobe Reader, Adobe Acrobat, Internet Explorer, Microsoft Word, etc.).



## DQA TOOL - NATIONAL LEVEL – SMILE CENTRAL M&E UNIT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATA VERIFICATION AND SYSTEM ASSESSMENT SHEET - NATIONAL LEVEL M&E UNIT** | | | | | |
| **National Level M&E Unit/ IP Name:** | | SMILE OVC IP | | | |
| **Indicator Reviewed:** | | OVC\_SERV | | | |
| **Date of Review:** | | OCT 1ST 2016- March 31st 2017 | | | |
| **Reporting Period Verified:** | | - | | | |
| **Component of the M&E System** | | **Answer Codes:**  Yes - completely Partly No - not at all, N/A | **REVIEWER COMMENTS** (Please provide detail for each response not coded "Yes - Completely". Detailed responses will help guide strengthening measures). | | |
|
|  |  |  |  |  |  |
| **Part 1: Data Verifications** | | | | | |
| ***A - Recounting reported Results:*** | | | | | |
| *Recount results from the periodic reports sent from the intermediate aggregation sites to the national Level and compare to the value published by the National Program (or reported by the National Program to the Donor, if applicable). Explain discrepancies (if any).* | |  | | | |
| 1 | Re-aggregate the numbers from the reports received from all reporting entities. What is the re-aggregated number? [A] |  | 342847 | | |
| 2 | What aggregated result was contained in the summary report prepared by the M&E Unit? [B] |  |  | | |
| 3 | Calculate the ratio of recounted to reported numbers. [A/B] | - | 100 percent | | |
| 4 | What are the reasons for the discrepancy (if any) observed (i.e., data entry errors, arithmetic errors, missing source documents, other)? |  |  | | |
| ***B - Reporting Performance:*** | | | | | |
| *Review availability, completeness, and timeliness of reports from all Intermediate Aggregation Sites. How many reports should there have been from all Aggregation Sites? How many are there? Were they received on time? Are they complete?* | |  | | | |
| 5 | How many reports should there have been from all reporting entities (e.g., states, LGAs, service points)? [A] |  |  | | |
| 6 | How many reports are there? [B] |  |  | | |
| 7 | Calculate Percentage of Available Reports [B/A] | - |  | | |
| 8 | Check the dates on the reports received. How many reports were received on time? (i.e., received by the due date). [C] |  |  | | |
| 9 | Calculate % On time Reports [C/A] | - |  | | |
| 10 | How many reports were complete? (i.e., complete means that the report contained all the required indicator data\*). [D] |  |  | | |
| 11 | Calculate Percentage of Complete Reports [D/A] | - |  | | |
|  |  |  |  |  |  |
| **Part 2. Systems Assessment** | | | | | |
| ***I - M&E Structure, Functions and Capabilities*** | |  | | | |
| 1 | There is a documented organizational structure/chart that clearly identifies positions that have data management responsibilities at the M&E Unit. (to specify which Unit: e.g. MoH, NAP, GF, World Bank) | Yes - completely | Organizational chart yet to be sighted | | |
| 2 | All staff positions dedicated to M&E and data management systems are filled. | Partly | 9 M&E positions filled; 1 database manager yet to be engaged. | | |
| 3 | A senior staff member (e.g., the Program Manager) is responsible for reviewing the aggregated numbers prior to the submission/release of reports from the M&E Unit. | Yes - completely | Director of M&E reviews data. | | |
| 4 | There are designated staff responsible for reviewing the quality of data (i.e., accuracy, completeness, timeliness and confidentiality) received from sub-reporting levels (e.g., states, LGAs, service points). | Yes - completely | M&E director and all thematic unit leads review data quality from sub reporting levels | | |
| 5 | There is a training plan that includes staff involved in data-collection and reporting at all levels in the reporting process. | Yes - completely | Training plan yet to be sighted | | |
| 6 | All relevant staff have received training on the data management processes and tools. | Yes - completely | All relevant staff involved in data management have been trained | | |
| ***II- Indicator Definitions and Reporting Guidelines*** | |  | | | |
| 7 | The M&E Unit has documented and shared the definition of the indicator(s) with all relevant levels of the reporting system (e.g., states, LGAs, service points). | Yes - completely | Indicator guidelines were sighted | | |
| 8 | There is a description of the services that are related to each indicator measured by the Program/project. | Yes - completely | Indicator reference sheet was sighted | | |
| 9 | There is a written policy that states for how long source documents and reporting forms need to be retained. | N/A | Question was not asked | | |
| 10 | The M&E Unit has provided written guidelines to all reporting entities (e.g., states, LGAs, service points) on reporting requirements and deadlines. | Yes - completely | Written guidelines were sighted | | |
| The M&E Unit has provided written guidelines to each sub-reporting level on … | |  | | | |
| 11 | …*what* they are supposed to report on. | Yes - completely | They are supposed to report on number of OVC served | | |
| 12 | … *How* (e.g., in what specific format) reports are to be submitted. | Yes - completely | Using national approved OVC M&E tools and NOMIS | | |
| 13 | … *To whom* the reports should be submitted. | Yes - completely | Line 1. CV -CSO-LGA-state-national; Line 2: CV-CSO-state IP-national IP | | |
| 14 | … *When* the reports are due. | Yes - completely | Timelines noted | | |
| ***III- Data-collection and Reporting Forms / Tools*** | |  | | | |
| 15 | If multiple organizations are implementing activities under the Program/project, they all use the same reporting forms and report according to the same reporting timelines. | Yes - completely | All Organizations and IPs use approved National OVC M&E tools /NOMIS | | |
| 16 | The M&E Unit has identified a standard source document (e.g., medical record, client intake form, register, etc.) to be used by all service delivery points to record service delivery. | Yes - completely | Source documents are approved National M&E tools | | |
| 17 | The M&E Unit has identified standard reporting forms/tools to be used by all reporting levels. | Yes - completely | Source documents are approved National M&E tools | | |
| 18 | ….The standard forms/tools are consistently used by the Service Delivery Site. | Yes - completely | Approved national OVC M&E tools are consistently used | | |
| 19 | Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools. | Yes - completely | As shown in the guidelines | | |
| 20 | The data collected by the M&E system has sufficient precision to measure the indicator(s) (i.e., relevant data are collected by sex, age, etc. if the indicator specifies disaggregation by these characteristics). | Yes - completely | As shown in the National OVC M&E approved tools | | |
| 21 | All source documents and reporting forms relevant for measuring the indicator(s) are available for auditing purposes (including dated print-outs in case of computerized system). | N/A | Source documents are only available at service delivery points | | |
| ***IV- Data Management Processes*** | |  | | | |
| 22 | The M&E Unit has clearly documented data aggregation, analysis and/or manipulation steps performed at each level of the reporting system. | Yes - completely | As documented in the guidelines | | |
| 23 | Feedback is systematically provided to all sub-reporting levels on the quality of their reporting (i.e., accuracy, completeness and timeliness). | Yes - completely | Through Quarterly Review Meetings and spot-checks | | |
| 24 | (If applicable) There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification, etc.). | Yes - completely | The NOMIS has inbuilt data quality checks | | |
| 25 | (If applicable) There is a written back-up procedure for when data entry or data processing is computerized. | N/A | Question not asked but data management SOP sighted | | |
| 26 | ...If yes, the latest date of back-up is appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or monthly). | N/A | Please Provide a Comment. | | |
| 27 | Relevant personal data are maintained according to national or international confidentiality guidelines. | Yes - completely | NOMIS uses different administrative privileges to different users | | |
| 28 | The recording and reporting system avoids double counting people within and across Service Delivery Points (e.g., a person receiving the same service twice in a reporting period, a person registered as receiving the same service in two different locations, etc.). | Yes - completely | System checks have been put in place | | |
| 29 | The reporting system enables the identification and recording of a "drop out", a person "lost to follow-up" and a person who died. | Yes - completely | both on paper-based tools and on NOMIS | | |
| 30 | There is a written procedure to address late, incomplete, inaccurate and missing reports; including following-up with sub-reporting levels on data quality issues. | Yes - completely | Change Management Plan on ground | | |
| 31 | If data discrepancies have been uncovered in reports from sub-reporting levels, the M&E Unit (e.g., LGAs or states) has documented how these inconsistencies have been resolved. | Yes - completely | using Change Management Plan (CMP) | | |
| 32 | The M&E Unit can demonstrate that regular supervisory site visits have taken place and that data quality has been reviewed. | Yes - completely | Field M&E officers carry out supportive supervisory visits | | |
| ***V- Links with National Reporting System*** | |  | | | |
| 33 | When applicable, the data are reported through a single channel of the national reporting system. | Yes - completely | National Line of reporting exists | | |
| 34 | When available, the relevant national forms/tools are used for data-collection and reporting. | Yes - completely | as evidenced by tools sighted | | |
| 35 | Reporting deadlines are harmonized with the relevant timelines of the National Program (e.g., cut-off dates for monthly reporting). | Yes - completely | as evidenced in data management SOP | | |
| 36 | The service sites are identified using ID numbers that follow a national system. | Yes - completely | as seen in unique clients’ ID Code | | |
| 37 | The system records information about where the service is delivered (i.e. state, LGA, ward, etc.) | Yes - completely | as seen in unique clients’ ID Code | | |
| 38 | .if yes, place names are recorded using standardized naming conventions. | Yes - completely | as seen in unique clients’ ID Code | | |
|  |  |  |  |  |  |
| **Part 3: Follow up Recommendations and Action Plan - M&E Unit** | | | | | |
|  | *Summarize key issues that the Program should follow up at various levels of the system (e.g. issues found at site level and/or at intermediate aggregation site level).* | | | | |
|  | **Identified Weaknesses** | **Description of Action Point** | | **Responsible(s)** | **Time Line** |
| 1 | Lack of database Manager | Fast track recruitment of data manager | | COP SMILE PROJECT | Sep-17 |
|  |  |  |  |  |  |
| **Part 4: DASHBOARD: National Level / IP- M&E Unit** | | | | | |
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## DQA TOOL – STATE LEVEL – BENUE STATE IP M&E UNIT

Note: the MEASURE Evaluation DQA Excel tool for Benue State (including associated CBOs) is provided below as an embedded Excel file. Please double-click the file icon below to open the Excel file (it will open in a separate window in Microsoft Excel).



## DQA TOOL – STATE LEVEL – EDO STATE IP M&E UNIT

Note: the MEASURE Evaluation DQA Excel tool for Edo State (including associated CBOs) is provided below as an embedded Excel file. Please double-click the file icon below to open the Excel file (it will open in a separate window in Microsoft Excel).



## DQA TOOL – STATE LEVEL – FCT IP M&E UNIT

Note: the MEASURE Evaluation DQA Excel tool for Federal Capital Territory (FCT) Nigeria (including associated CBOs) is provided below as an embedded Excel file. Please double-click the file icon below to open the Excel file (it will open in a separate window in Microsoft Excel).



## DQA TOOL – STATE LEVEL – NASARAWA STATE IP M&E UNIT

Note: the MEASURE Evaluation DQA Excel tool for Nasarawa State (including associated CBOs) is provided below as an embedded Excel file. Please double-click the file icon below to open the Excel file (it will open in a separate window in Microsoft Excel).



## SPIDER GRAPHS AND COBWEBS M&E SYSTEMS ASSESSMENT, SMILE OVC, CBO LEVEL

Figure 10. Spider Graph of SMILE CBO M&E Systems Assessment (Elohim Foundation, FCT)

Figure 11. Spider Graph of SMILE CBO M&E Systems Assessment (CACA, FCT)

Figure 12. Spider Graph of SMILE CBO M&E Systems Assessment (SCD, FCT)

Figure 13. Spider Graph of SMILE CBO M&E Systems Assessment (Family Health Care Foundation, Nasarawa)

Figure 14. Spider Graph of SMILE CBO M&E Systems Assessment (Center for Women Youth and Community Action, Nasarawa)

Figure 15. Spider Graph of SMILE CBO M&E Systems Assessment (Community-Based Care and Support Program, Nasarawa)

Figure 16. Spider Graph of SMILE CBO M&E Systems Assessment (JDPC, Edo)

Figure 17. Spider Graph of SMILE CBO M&E Systems Assessment (GPI, Edo)

Figure 18. Spider Graph of SMILE CBO M&E Systems Assessment (DHSP, Edo)

Figure 19. Spider Graph of SMILE CBO M&E Systems Assessment (Otabor Care Givers, Benue)

Figure 20. Spider Graph of SMILE CBO M&E Systems Assessment (EFA Eying Foundation PHC, Benue)

Figure 21. Spider Graph of SMILE CBO M&E Systems Assessment (International Health Program Catholic Diocese, Benue)

## LIST OF INDIVIDUALS INTERVIEWED DURING THE SMILE OVC DQA

Table 12. List of Individuals Interviewed during the SMILE OVC DQA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. NO. | NAME | LOCATION / ORGANIZATION | TITLE | STATE | LEVEL |
| 1 | Sontyo Jimin | SMILE State Office | M&E Manager | Benue | State Office |
| 2 | Agaba Mohammed | Otabo Care Givers | M&E Officer | Benue | CBO |
| 3 | Ogah Anthony | Otabo Care Givers | Program Officer | Benue | CBO |
| 4 | Adedegsa Rituan | Otabo Care Givers | Data Clerk | Benue | CBO |
| 5 | Egwurube Gabriel | Otabo Care Givers | Data Clerk | Benue | CBO |
| 6 | Abba D. S Samson | Otabo Care Givers | Data Clerk | Benue | CBO |
| 7 | Alao O. Nurudeen | Otabo Care Givers | VC Officer | Benue | CBO |
| 8 | Enyene Neku M. | EFFH | M&E Officer | Benue | CBO |
| 9 | Esoso Ayambem | EFFH | Program Manager | Benue | CBO |
| 10 | Ahile D. Sedoo | EFFH | Data Clerk | Benue | CBO |
| 11 | Ese A. Etakon | EFFH | Data Clerk | Benue | CBO |
| 12 | Ukula Gabriel T. | Integrated Health Program | M&E Officer | Benue | CBO |
| 13 | Ihula JohnPaul | Integrated Health Program | Programs | Benue | CBO |
| 14 | Tyan Eunice | Integrated Health Program | C/SO | Benue | CBO |
| 15 | Agba Ashika | Integrated Health Program | VC Officer | Benue | CBO |
| 16 | Ikpeekor Fidelis | Integrated Health Program | PM | Benue | CBO |
| 17 | Alhassan Shehu | Integrated Health Program | Data Clerk | Benue | CBO |
| 18 | Gbakaan Vanen Peter | Integrated Health Program | Data Clerk | Benue | CBO |
| 19 | Akpe Isaiah A. | Integrated Health Program | SILC Data Clerk | Benue | CBO |
| 20 | Dugerald Ngutor | Integrated Health Program | HES Officer | Benue | CBO |
| 21 | Kwaghbo John | Integrated Health Program | Nutrition Officer | Benue | CBO |
| 22 | Fabogba Olubunmi | Integrated Health Program | VC Officer | Benue | CBO |
| 23 | Elijah Idoko | SMILE State Office | Technical Officer M&E | Edo | State Level |
| 24 | Iyoriobhe Micheal | JDCPI | Program Manager | Edo | CBO |
| 25 | Diagboya Ose | JDCPI | M&E Officer | Edo | CBO |
| 26 | Charles Sedi | JDPCI | Data Clerk | Edo | CBO |
| 27 | Ayo Amen Ediae | Girls Power Initiative (GPI) | Program Manager | Edo | CBO |
| 28 | Amadasun Ese | Girls Power Initiative (GPI) | M&E Officer | Edo | CBO |
| 29 | Edobor Harrison | Girls Power Initiative (GPI) | Data Clerk | Edo | CBO |
| 30 | Abigor Funmilola | Girls Power Initiative (GPI) | VC Officer | Edo | CBO |
| 31 | Ezeanyim Kemi | Department of Health Service Providers | Program Manager | Edo | CBO |
| 32 | Omolumenosen Godday | Department of Health Service Providers | M&E Officer | Edo | CBO |
| 33 | Igbo Anuse Solomon | Department of Health Service Providers | Data Entry Clerk | Edo | CBO |
| 34 | Oriakhi Vera | Department of Health Service Providers | VC Officer | Edo | CBO |
| 35 | Stanley Amadiegwu | SMILE FCT Office | M&E Director | FCT | Central |
| 36 | Ndubuisi Felicia | Elohim Foundation | Finance Manager | FCT | CBO |
| 37 | Ibecheole Ugochukwu | Elohim Foundation | Data Clerk | FCT | CBO |
| 38 | Patrick Ijomah | Elohim Foundation | Data Clerk | FCT | CBO |
| 39 | Opara Joy | Elohim Foundation | Hes Officer | FCT | CBO |
| 40 | Omoaka Samson | Elohim Foundation | M&E Officer | FCT | CBO |
| 41 | Okeke Chinyere .B. | Elohim Foundation | Nutrition Officer | FCT | CBO |
| 42 | Lilian .E. Julius | Elohim Foundation | AG.PM/VC Officer | FCT | CBO |
| 43 | Nsobundu Chigozie | SMILE FCT Office | M&E Technical Officer | FCT | State level |
| 44 | Adelebe Isaac | CACA | M&E Officer | FCT | CBO |
| 45 | Chito Obiora | CACA | Program Manager | FCT | CBO |
| 46 | Brown Queen | CACA | C&S Officer | FCT | CBO |
| 47 | Anthony Francis | CACA | Finance Officer | FCT | CBO |
| 48 | Oyibo Juliet. E | CACA | Nutrition Officer | FCT | CBO |
| 49 | Obasi Sussan | CACA | HES Officer | FCT | CBO |
| 50 | Ogbile James | CACA | Volunteer | FCT | CBO |
| 51 | Emeka Prince | CACA | Data Clerk | FCT | CBO |
| 52 | Ipenyi Grace | CACA | Data Clerk | FCT | CBO |
| 53 | Modester .N. Onyeachonam | CACA | Data Clerk | FCT | CBO |
| 54 | Akinwale Ogundipe | SMILE FCT Office | M&E Manager | FCT | State level |
| 55 | Rev. Sis. Cecilia Azuh | CACA | H/CORD/E. D. | FCT | CBO |
| 56 | Idaewoh O. Paul | SCD | VC Officer | FCT | CBO |
| 57 | Evelyn A. Asiribo | SCD | Nutrition Officer | FCT | CBO |
| 58 | Ashafa Hauwau | SCD | HES Officer | FCT | CBO |
| 59 | Tamenor Tina | SCD | Caregiver | FCT | CBO |
| 60 | Maryam Aliyu | SCD | Caregiver | FCT | CBO |
| 61 | Musa Racheal | SCD | Care and Support Officer | FCT | CBO |
| 62 | Mariam Mohammed | SCD | Program Manager | FCT | CBO |
| 63 | Joseph Imafidon A | SCD | M&E Officer | FCT | CBO |
| 64 | Bashiru Ahmed | SMILE FCT Office | MEAL Assistant | FCT | State Office |
| 65 | Amucha Oluchi | SCD | Data Clerk | FCT | CBO |
| 66 | Paul Nwaonye | SMILE state office | Technical Officer M&E | Nassarawa | State Office |
| 67 | Awotunde Williams | SMILE State office | Program Manager | Nassarawa | State Office |
| 68 | Adokpa Mamman | NACWYCA | M&E Officer | Nassarawa | CBO |
| 69 | Ozioma Ihuoma | NACWYCA | Nutrition Officer | Nassarawa | CBO |
| 70 | Sofila Afolasade | NACWYCA | HES Officer | Nassarawa | CBO |
| 71 | Martha Jacob | NACWYCA | DO Officer | Nassarawa | CBO |
| 72 | Jatau Francis | CBCSP | M&E Officer | Nassarawa | CBO |
| 73 | Sogotbial Victoria | CBCSP | Nutrition Officer | Nassarawa | CBO |
| 74 | Danjuma P. Darpel | CBCSP | HES Officer | Nassarawa | CBO |
| 75 | Joseph A. Bamary | CBCSP | C & S Officer | Nassarawa | CBO |
| 76 | Emmanuel Madaki | CBCSP | OVC Officer | Nassarawa | CBO |
| 77 | Samuel Abinuku | CBCSP | Data Clerk | Nassarawa | CBO |
| 78 | Ayiwulu A.Jessica | CBCSP | Data Entry Clerk | Nassarawa | CBO |
| 79 | Obunri Esla | FAHCI | M&E Officer | Nassarawa | CBO |
| 80 | Blessing Yohanna | FAHCI | Nutrition Officer | Nassarawa | CBO |
| 81 | Victor Kabubuwok | FAHCI | HES Officer | Nassarawa | CBO |
| 82 | Katyas Tongkan | FAHCI | Program Officer | Nassarawa | CBO |
| 83 | Emeka Anoje | SMILE HQ | Chief of Party | Abuja | Central level |
| 84 | Adeola Efuntoye | SMILE HQ | Deputy Chief of Party | Abuja | Central level |

1. President’s Emergency Plan for AIDS Relief [↑](#footnote-ref-1)
2. HKID is a PEPFAR budget code for funding to programs supporting orphans and vulnerable children who are affected by HIV/AIDS. [↑](#footnote-ref-2)
3. The “.war” suffix refers to a Windows Archive data file that is generated when the data that are entered into the NOMIS are checked for errors at the state level and are exported to submit corrections or edits to the CBO. [↑](#footnote-ref-3)