DATA QUALITY ASSESSMENT, nigeria

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Systems Transformed for Empowered Action and Enabling Responses (steer) for Vulnerable Children and Families



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# Acronyms

|  |  |
| --- | --- |
| ACET | AIDS Care Education and Training |
| ADS | Automated Directives System (USAID) |
| CAHLI | Children and Adult Healthy Living Initiative |
| CBO | Community Based Organization |
| CCAPI | Child Care and Adult Protection Initiative |
| CCMW | Community Case Management Worker |
| CeGHaD | Center for Gospel Health and Development |
| CENCHIC | Center for Children in Crises |
| COP | Chief of Party |
| CSO | Civil Society Organization |
| DATIM | Data for Accountability, Transparency and Impact |
| DBI | David Bassey Ikpeme Foundation |
| DEC | Data Entry Clerk |
| DOMSOJ | Daughters of Mary Sons of Joseph |
| DQA | Data Quality Assessment |
| DQA | Data Quality Audit |
| FCT | Federal Capital Territory |
| FMWASD | Federal Ministry of Women’s Affairs and Social Development |
| GoN | Government of Nigeria |
| HES | Household Economic Strengthening |
| HEVA | Household Economic and Vulnerability Assessment |
| HH | Households |
| HHVA | Household Vulnerability Assessment |
| HIFASS | Health Initiatives for Safety and Stability in Africa |
| HIV | Human Immunodeficiency Virus |
| 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 |
| HTYF | Heal The Youth Foundation |
| IKAARUWDEF | Ikaa Ine Akpana Rural Women Development and Empowerment Foundation |
| IM | Implementing Mechanism |
| INGO | International NGOs |
| IP | Implementing Partner |
| IPGH | Initiative for People’s Good Health |
| LGA | Local Government Authority (or Area) |
| LOP | Life of Project |
| M&E | Monitoring and Evaluation |
| MEL | The Monitoring, Evaluation, and Learning Program (DevTech Systems, Inc. Nigeria) |
| MER | Monitoring, Evaluation, and Reference |
| MRDC | Manna Resource Development Center |
| 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 | Orphans and Vulnerable Children Served (Standard PEPFAR/USAID Indicator) |
| 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 Program Results |
| SCI | Save the Children International |
| SMILE | Sustainable Mechanism for Improving Livelihoods and Household Empowerment |
| SOP | Standard Operating Procedures |
| STEER | Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families |
| SUWA | Scripture Union West Africa |
| USAID | United States Agency for International Development |
| VC | Vulnerable Children |
| YARAC | Youth Adolescent Reflection and Action Centre |

# 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 it 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 HIV/AIDS-affected populations provide need-based and age-appropriate socioeconomic interventions, and require data that ensures provision of high-quality services. Since poor-quality data affect conclusions about performance and lead to incorrect decisions, USAID requires that all Missions/Offices conduct regular data quality assessments (DQA), 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 the data integrity can be trusted in making management decisions.

Systems Transformed for Empowered Action and Enabling Responses (STEER) for Vulnerable Children and Families is one of USAID/Nigeria’s OVC implementing mechanisms (IM) for OVC services. USAID and the Monitoring, Evaluation and Learning (MEL) Program of DevTech Systems, Inc. Nigeria conducted a joint DQA in August and September 2017, to validate six months of STEER performance data for the period October 1, 2016 through March 31, 2017. The PEPFAR[[1]](#footnote-1) indicator reviewed was ***number of OVCs served***, as reported through the National OVC Management Information System (NOMIS). The DQA was implemented using a purposive sampling methodology in 14 selected Community Based Organizations (CBOs) in the Cross River and Plateau States, the respective STEER State Offices, and the STEER Central Monitoring and Evaluation (M&E) Unit in Abuja.

The DQA methodology at all levels included a review of (1) project 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 STEER OVC summary reports, and 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 beneficiaries and caregiver forms; and (6) review of the data using the five data quality standards (i.e., validity, reliability, integrity, precision, 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 – STEER Central M&E Unit: *Strengths*: Clear responsibilities for the review of data at the national level have been assigned among the M&E Team. Two of three M&E positions at the Central M&E Unit have been filled, and the third is currently advertised. *Weaknesses*: (1) Lack of guidelines on Data Management Processes, including timeline for reporting, backup procedures, how long files should be kept at subnational reporting levels; (2) No clear training plan—most training appears to occur on an ad hoc basis; (3) No guidelines on change management for data, including processes to follow; (4) STEER organogram does not reflect roles and responsibilities of all M&E staff. *Recommendations*: (1) Steps should be taken to document the M&E processes at STEER, with guidelines developed and disseminated to all levels, including tools on change management; (2) STEER should develop an M&E training plan for its staff; (3) The STEER organogram should be updated to reflect all roles and responsibilities.

M&E Systems Assessment – STEER State M&E Units: *Strengths*: All State-level M&E Coordinators reported having received relevant training to carry out their assigned responsibilities. *Weaknesses:* (1) Lack of guidelines on data management processes; (2) Lack of harmonization of data processing mechanisms at STEER State level (e.g., mechanism of feedback to CBOs, backup, avoidance of double counting, ensuring confidentiality, etc.). *Recommendations:* Steps should be taken to document reporting processes and requirements in M&E guidelines, which should be disseminated to all lower levels.

M&E Systems Assessment – STEER CBOs: *Strengths*: (1) The CBO Program Manager supports data aggregation for the CBO M&E team in Plateau State; (2) There is a guideline for arranging source documents in client folders. *Weaknesses:* (1) There is no specified direction to CBOs on data management practices, such as change management and quality control; (2) There is no specific date for reporting to the LGA in the STEER guidelines; (3) There appears to be a communication gap between the CBOs and the IP State M&E Officers, regarding reporting updates due to change in data. *Recommendations:* (1) Dissemination of updated guidelines to STEER CBOs on data management processes, including change management, quality control, and designated persons responsible; (2) Updating timelines for reporting, including reporting to the Local Government Authority (LGA); (3) Documenting and improving communication channels for change management; (4) Harmonization of data management processes in STEER CBOs.

Data Quality Standards:

Validity*:* *Strengths:* (1) The data collection process adheres to PIRS requirements. There is little possibility of measurement error as defined; (2) Graduation for vulnerable children reported to USAID is pegged at age 18 years, and this remains consistent in all CBOs; (3) In most CBOs, service forms were arranged in the household folders in a well-organized manner. *Weaknesses:* (1) Transcription errors from incomplete entries into the source documents and into NOMIS may lead to undercounting; (2)Poor data-retrieval system; (3) Errors in data verification; (4) Poor communication system between CBO and Implementing Partner (IP) State office on changes to data. *Recommendations:* (1) Develop clear guidelines for the CBOs on data change management process and documentation, to resolve discrepancies in data generated and submitted after the submission deadline; (2) Improve supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS; (3) Provide refresher training on the NOMIS Software to Data Entry Clerks; (4) Provide refresher training to the CBOs on proper filing/storage system; (5) Review Data Entry Clerk workload; (6) Require CBOs to archive and store data generated and submitted from the NOMIS monthly and in the quarterly summation, in soft or hard copies with date stamps.

Integrity*:* *Strengths:* (1) Data quality assurance and management at the Central and State Levels is through the NOMIS, which has password access for confidentiality, and built-in error and quality checks; and through quality checks and supervision, phone calls, and email communication by the M&E staff; (2) Quarterly Review Meetings are held and include discussion of data quality issues; (3) Periodic internal DQAs are conducted; (4) OVC Technical Working Group is active at State level, and cross-validates/harmonizes data across IPs and the government; (5) CBOs limit access to filing cabinets to authorized personnel only; in about 50% of CBOs, supervisors use a service verification form to verify community case management workers; (6) In 14% of CBOs, spot checks are conducted by CBO staff, while in 7%, cross-check of NOMIS is done with a hard copy of the Excel NOMIS data export. *Weaknesses:* (1) Nonuniform approaches at State and CBO level to data storage and confidentiality; (2) Absence at CBOs of archived monthly submissions and quarterly summaries with date stamp. *Recommendations:* (1) Develop and disseminate guidelines to ensure harmonization of data management processes and data integrity in all implementing States; (2) Ensure archiving of monthly and quarterly CBO submissions to State of OVC data, with date stamps.

Precision*:* *Strengths*: Data from service forms are entered in the NOMIS in a consistent manner, including using all nationally approved data fields. The NOMIS has household-level and individual-level data, providing sufficient detail and precision for the OVC indicator. The level of precision in the two service forms and the NOMIS matches the requirements in the PIRS. *Weaknesses:* None. *Recommendations:* There were no specific recommendations in connection with data precision.

Reliability*:* *Strengths*: National OVC reporting tools (including an updated January 2017 version) were consistently used during the report period. All CBO staff were trained on the updated tools. *Weaknesses:* One CBO reported a stock-out of the new tool. *Recommendations:* Prevention of stock-outs of the reporting tools used in the project, by efficiently managing the inventory and distribution of new tools to the CBOs.

Timeliness*:* *Strengths*: Most of the reporting from CBO level upward is electronic and through the NOMIS, and is reported to be received in a timely manner at the higher levels. Data is reported from CBO to State on the 7th of every following month. *Weaknesses:* (1) Date stamp on archived data was unavailable to validate the claims; (2) One CBO Ikaa Ine Akpana Rural Women Development and Empowerment Foundation (IKAARUWDEF) reported late submissions of reports; (3) Data submission also occurs from CBO to the LGA OVC Desk Officer; however, the timeline of submission to LGA appears not to be harmonized for all CBOs, and there is no enforcement of reporting timeline for submission to the LGA level. *Recommendations:* (1) STEER should ensure compliance of its CBOs with reporting timelines; (2) Reporting timeline to LGA should be developed and shared with CBOs.

Action Points: *National Level*: (1) Updating of STEER Data Management SOP, to include sections on Data Change Management, reporting deadlines, backup process and procedure, and integrity (including confidentiality); (2) Disseminating updated guidelines, and lower-level training on use; (3) Implementing consistent/harmonized approach to State-level data storage and confidentiality; (3) Improving supervisory efforts by the State Coordinators with CBOs, to ensure accurate data entry and proper use of the NOMIS. *State Level*: (1) Ensuring compliance of CBOs with LGA-level submission deadline; (2) Reviewing data entry clerk (DEC) workload at all facilities, with recommendations to National on appropriate ratio; (3) Providing adequate beneficiary forms to prevent stock-out at the CBO level; (4) Improving supervisory visits to check on NOMIS entry; (5) Coordinating by State team of LGA-level review meetings. *CBO Level*: (1) Archiving project data with date stamps to demonstrate timeliness; (2) Improving supervision of CCMW by CCMW Supervisor and thematic leads; (3) Improving supervision of data entry clerk by CBO M&E Supervisor; (4) Providing refresher training to DEC on NOMIS; (5) Providing refresher training to CBOs on proper filing/storage system (6) Improving communication process and channels between the State and the CBOs on data generated and changes made.

# Introduction and purpose of the DQA

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

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 shown in 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, page 5); and
2. Extent to which the data integrity can be trusted in making management decisions. (ADS 201.3.5.8).

One of the primary purposes of the Data Quality Assessment described in this report is to meet the ADS-related requirements of USAID/Washington and the USAID/Nigeria Technical Offices. 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 work through community-based organizations (CBOs) that work directly with the communities. Performance results are reported semi-annually based on the Office of the Global AIDS Coordinator (OGAC) requirements, and quarterly based on USAID requirements.

A joint DQA was conducted in the months of August and September 2017 by the MEL Program of DevTech Systems, Inc. Nigeria and USAID, to validate six months of performance data generated through STEER, one of USAID/Nigeria’s OVC implementing mechanisms. The DQA was for the OVC SERV PEPFAR indicator, as reported through NOMIS between October 1, 2016 and March 31, 2017. The STEER OVC DQA was implemented in 14 selected CBOs in Cross River and Plateau States, with guidance from USAID, and using a purposive sampling methodology.

## DATA QUALITY STANDARDS

Table 1 lists the five data quality standards that are central to a data quality assessment, 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 data are subject to erroneous or intentional alteration. |

Source: ADS 201. Data Quality Assessment Standards.

## OBJECTIVES OF THE DQA

In addition to the overall purpose of the DQA mentioned in ADS 201, the specific objectives of the DQA are:

1. To verify that the quality of data reported from October 1, 2016 to March 31, 2017, for the number of OVCs served in the STEER project (see section ‎3.6, page 7), are grounded in the components of data quality; and to ensure that managers can use data generated to effectively direct available resources, and to evaluate progress toward established goals.
2. To assess and identify potential challenges to data quality created by the data management and reporting systems at three levels:

* The Program/Project Central M&E Unit
* The Intermediary Aggregation Level (State)
* The Service Delivery Level (CBO office in the Local Government Area)

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

## INDICATOR ASSESSED

Selection of the single indicator for OVC was based on guidance from USAID Nigeria. The indicator assessed was “**The number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV.”** The review of the Program Indicator Reference Sheet (PIRS) for the indicator defines its dimensions and description (see Annex section ‎10.9). 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; and
* 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 implementing partners. 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 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 semi-annual reporting period, which comprises two quarters—i.e., October 1, 2016 to December 31, 2016, and January 1, 2016 to March 31, 2017. The schedule for the DQA by State is shown in Table 2.

Table 2. Schedule for STEER OVC DQA, by State

|  |  |  |
| --- | --- | --- |
| **IP** | **Level** | **Date of DQA** |
| STEER (OVC) | National/Central Level DQA | 21 Aug 2017 |
|  | Aggregation and service delivery levels in Plateau State | 23 Aug – 5 Sept 2017 |
|  | Aggregation and service delivery levels in Cross River State | 23 Aug – 30 Aug 2017 |

## OTHER OPERATIONAL CONSIDERATIONS FOR DQAS

In conducting DQAs, the focus is on the indicator, not on the Implementing Partner (IP) or the Implementing Mechanism (IM). The DQA team is assessing the indicator as a whole, including all component parts, among 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 Performance Indicator Reference Sheet (PIRS) is an important source document. During desk review and training, the DQA Team examined the PIRS, and reviewed key aspects about indicator data quality before site visits. When the DQA team met with the STEER Central M&E Unit staff, the two teams reviewed the PIRS for the OVC indicator. The DQA team discussed with the STEER team the definition of the indicator, what methodology they used to collect data for the indicator, and other questions to confirm if the team at STEER understood the indicator as USAID intended it to be understood. The DQA team also asked the STEER team whether they had a PIRS for the indicator, and compared it to the USAID Mission’s “master” PIRS. This was to ensure a match, and to determine if customizations might affect the data, or were just specifications to add clarity and detail pertaining to STEER, and did not alter the consistency of the data. 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 migration or other plans of action needed (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 may be abbreviated in the same manner (DQA). When the site visits and the analysis are aggregated and completed, the Data Quality Assessment teams can 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 yielding the expected data, and what limitations USAID should recognize when using or reporting on the indicator. Importantly, after field-based work, the DQA teams debrief with implementers on inconsistencies. Depending on the limitations uncovered, the team provides feedback and solutions, mitigating action, and, as appropriate, solicitation of suggestions from IPs and USAID.

## THE STEER PROJECT

Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families (STEER) is a five-year (2013–2018) project, supported by the USAID Implementing Partner (IP) Save the Children (SC). STEER provides grant awards and administrative services that increase the USAID Nigeria Mission’s resources for local organizations. The STEER project works in seven states of the country: Sokoto, Jos, Lagos, Calabar, Bauchi, Kano, and Kaduna (Figure 1). STEER Nigeria manages an integrated program, comprising grants management, targeted technical assistance, capacity building, results reporting, measuring and capturing the effectiveness of the Cooperative Agreement, and tracking partner performance in meeting program objectives and data quality standards.

The goal of the STEER project is that all orphans and vulnerable children access and utilize comprehensive and coordinated services, realize their full rights, and contribute to achieving USAID’s “Investing in People” strategic objective. STEER works with 55 CBOs across seven coverage states to achieve this goal. The project works with these local organizations to implement programs in support of OVCs, toward achievement of the project goals. The STEER 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

As of August 2017, the project was estimated to have enrolled 159,235 vulnerable children, 47,103 caregivers, and 46,507 households.

Figure 1. STEER Coverage in Nigeria

Sokoto

Kaduna

Jos

Bauchi

Kano

Calabar

Lagos

# 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 to March 31, 2017) of STEER performance data for the PEPFAR indicator “number of OVCs served,” as reported through NOMIS;
* State-level summary reports for the reporting period defined above;
* Entries of beneficiaries and their households in NOMIS.

2. Key Informant Interviews and Focus Group 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 M&E systems assessments were conducted as Key Informant Interviews, and followed the methodology of the MEASURE Evaluation DQA tool.

3. Trace and verification of data received with cross-checks across systems and records, including review of beneficiary folders and service forms.

4. Review of the five Data Quality Standards (validity, reliability, integrity, precision, timeliness).

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

Table 3. Data Coverage for STEER DQA, by Level

|  |  |  |
| --- | --- | --- |
| Data Coverage for STEER OVC DQA, by Level | | |
| Level / Location | **Data Format(s)** | **Sample Covered for Data Verification** |
| Central M&E Unit | Electronic (NOMIS) | All records / 100% |
| Two IP State Offices (Plateau, Cross River) | Electronic (NOMIS) | All records / 100% |
| Service Delivery Level / CBO | Electronic (NOMIS) | All records / 100% |
| 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 various CBOs. |

USAID and the MEL Program implemented concurrent DQAs for three OVC IPs: STEER, SMILE (Sustainable Mechanism for Improving Livelihoods and Household Empowerment), and HIFASS (Health Initiatives for Safety and Stability in Africa). Of the total beneficiaries served by all IPs (n=573,944), 37,475 (6.53%) of beneficiaries were excluded from the sample, due to security concerns. For STEER, 1 National Office, 2 IP State Offices (Cross River, Plateau) and 14 CBOs (service delivery level) were visited for the DQA. From the perspective of DQA coverage for data verification, a major strength was that a 100% sample of aggregate data records were reviewed at the National, State, and CBO levels (Table 3).

Table 4 provides the complete list of National, State, and CBO-level sites visited for STEER. Staff with OVC M&E responsibilities were interviewed for the M&E systems assessment across all locations (National, State, and CBO). A complete list of personnel interviewed at various levels is provided in Annex section ‎10.17, Table 17.

## SAMPLING METHODOLOGY FOR SITE SELECTION

Although the initial plan was to implement multistage cluster sampling for the DQA, purposive sampling was employed in the final strategy, due to feasibility considerations and the need to adhere to specific inclusion and exclusion criteria outlined below (including security issues):

Inclusion Criteria:

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

Exclusion Criteria:

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

Table 4. List of National, State, and CBO Offices / Sites visited for the STEER OVC DQA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No | Level | Name of Office / Site | Location | Date of visit |
| 1 | STEER National / Central M&E Unit | Save the Children Office | Abuja | 21-Aug-17 |
| 2 | Aggregation level | STEER State Office | Plateau | 30-Aug-17 |
| 4 | Service Delivery level | Mashiah Foundation | Plateau | 23-Aug-17 |
| 5 | Service Delivery level | Heal the Youth Foundation (HTYF) | Plateau | 24-Aug-17 |
| 6 | Service Delivery level | Youth Adolescent Reflection and Action Centre (YARAC) | Plateau | 28-Aug-17 |
| 7 | Service Delivery level | Scripture Union West Africa (SUWA) | Plateau | 25-Aug-17 |
| 8 | Service Delivery level | Centre for Children in Crisis (CENCHIC) | Plateau | 29-Aug-17 |
| 9 | Service Delivery level | Center for Gospel Health and Development (CeGHaD) | Plateau | 05-Sep-17 |
| 10 | Service Delivery level | AIDS Care Education and Training (ACET) | Plateau | 07-Sep-17 |
| 11 | Service Delivery level | Manna Resource Development Centre (MRDC) | Plateau | 06-Sep-17 |
| 12 | Service Delivery level | Children and Adult Health Living initiative (CAHLI) | Plateau | 08-Sep-17 |
| 3 | Aggregation level | STEER State Office | Cross River | 30-Aug-17 |
| 13 | Service Delivery level | Initiative for Peoples Good Health (IPGH) | Cross River | 28-Aug-17 |
| 14 | Service Delivery level | Child Care and Adult Protection Initiative (CCAPI) | Cross River | 29-Aug-17 |
| 15 | Service Delivery level | Ikaa Ine Akpana Rural Women Development and Empowerment Foundation (IKAARUWDEF) | Cross River | 25-Aug-17 |
| 16 | Service Delivery level | Daughters of Mary Sons of Joseph Foundation (DOMSOJ) | Cross River | 23-Aug-17 |
| 17 | Service Delivery level | David Bassey Foundation (DBI) | Cross River | 24-Aug-17 |

## SELECTION OF CLIENT FOLDER RECORDS FOR REVIEW OF OVCS SERVED AT EACH SITE

To ensure adequate time for the DQA teams in the field to complete all aspects of the DQA—including the M&E systems assessment, review of the data quality standards, data verifications, and cross-checks—the teams were instructed to review at least 10 randomly selected 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. An additional 10 unique beneficiary records from the NOMIS were traced back to the beneficiary folders for further cross-verification. Details of the methodology for systematic random sampling and cross-checks are provided in section ‎4.4.2 and Annex section ‎10.6 (Figure 9). During the DQA training, it was emphasized to the DQA teams that they must only review beneficiary records pertaining to the reporting period.

## DATA COLLECTION FOR VALIDATION OF SELECT INDICATOR

There were three processes of data collection for the DQA:

1. An M&E systems assessment, administered at each level of the data collection and reporting system—i.e., Central M&E unit, State level, and CBOs (service delivery level).
2. Data verification of reported data for the OVCs-served indicator.
3. Review of the five Data Quality Standards (validity, reliability, integrity, precision, timeliness).

The M&E systems assessment evaluated the data management and reporting system, including offsite review of documents provided by STEER, and on-site follow-up assessment at the STEER Central M&E unit, selected CBOs, and the two State levels (State IP offices). Data verification of the OVCs-served indicator determined whether the sample of 14 CBO sites accurately reported and recorded data. This process comprised two steps:

(1) In-depth verifications at the CBO 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;
2. Document review;
3. Trace and verify;
4. Cross-checking.

*Service Delivery Level (CBO-level) Data Verification Steps:*

1. Description 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 DQA Tool and framework (see Annex sections ‎10.13, ‎10.14, and ‎10.15), supplemented with information from the STEER 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: Numbers of the reported indicator were traced and verified using the adapted MEASURE Evaluation DQA tool:

(1) Reported numbers of OVCs served were recounted from available source documents (beneficiary forms).

(2) The above numbers were compared and verified with the figures for OVCs served from NOMIS for the period of review (October 1, 2016 to March 31, 2017).

(3) Reasons for any differences were identified, and probed to determine issues relating to data quality standards.

1. Cross-checks were performed from beneficiary forms to the corresponding NOMIS entries, and vice versa.

During the field verification, STEER-reported results on NOMIS for OVCs served for each CBO from October 1, 2016 to March 31, 2017 were captured using a Microsoft Excel template. At each CBO, assessors reviewed relevant register folders and summary forms 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 VERIFICATION FACTOR

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

Verification Factor = (Verified count at selected facility / Reported count at selected facility) x 100

#### INTERPRETATION OF THE VERIFICATION FACTOR

Verification factors greater than 100% indicate underreporting (i.e., the source documents show a higher actual count than the numbers reported in the facility summary), while verification factors less than 100% indicate overreporting (i.e., the source documents show a lower actual count than the numbers reported in the summary). Both of these scenarios indicate a validity issue for data quality. A variance of less than 10% in either direction is usually considered a minor issue. However, from the donor/funding perspective, underreporting leads to underestimation of the impact of the program, while systematically high levels of overreporting not due to errors can lead to questions about 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: From beneficiary folders and corresponding beneficiary service forms to the NOMIS; and

Cross-check B: 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, and adifferent set of beneficiary folders for 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 NOMIS**

* Using systematic random selection as described above, 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 OVCs served for the reporting period, and service provided**.** If any of the forms were incomplete, the relevant details were noted.
* Using the identifying enrollment number/unique identifier on the service form, the beneficiary was traced in the NOMIS to confirm if the corresponding entry existed, and if the basic details (ID, age, sex, etc.) were correct.

**Cross-check B: From NOMIS to beneficiary service form**

* Using systematic random sampling as described earlier, the team randomly selected a different set of at least 10 unique identifiers and enrollment numbers for OVCs served in the NOMIS for the reporting period.
* Using the identifying enrollment number/unique identifier in the NOMIS, the team traced and verified the beneficiary on the service form in the corresponding folder to confirm if the details were correct. The service forms were also reviewed for completeness.

A diagrammatic depiction of cross-checks is provided in Figure 9 (Annex section ‎10.6).

## DQA TOOL

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

1. Strength of the Data Management and Reporting System, based on a review of the program/project’s data collection and reporting system, including responses to questions on how well the system is designed and implemented;
2. Accuracy of reported data through the calculation of verification factors (i.e., the ratio of the recounted value of the indicator to the reported value) for OVCs served from October 1, 2016 to March 31, 2017, based on data verification performed at each level of the reporting system. This included:
   1. Percentage of OVCs served at CBO level accurately reported in NOMIS;
   2. Cross-checks: Percentage of OVCs served validated from source documents (i.e., case files);
   3. Percentage of data reports from all CBOs in the state accurately reported at the state level; and
   4. Percentage of data reports from all STEER States in Nigeria accurately reported at the National level.
3. Availability, Completeness, and Timeliness of reports through percentages calculated at the CBO, the State, and the Central M&E Unit.

## DATA ANALYSIS

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

# FINDINGS

## M&E SYSTEMS ASSESSMENT – FIVE FUNCTIONAL AREAS

### STEER CENTRAL M&E UNIT

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

The STEER M&E Unit has a documented organizational chart (STEER) comprising one M&E Director and six M&E Coordinators, and a Database Manager not shown on the organizational chart. Two of the three staff positions at the Central M&E Unit were filled; one position (Database Manager) has been advertised. At the National IP level, a dedicated staff member (M&E Director) reviews the National aggregate of STEER data, with support from the Database Manager. STEER does not have a training plan for its National M&E Unit; training in the STEER project appears to be ad hoc in approach.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The M&E unit has a copy of the PIRS (1) on the indicator being assessed. It is also present in the M&E plan (STEER), and the Central M&E Unit has shared it with all relevant levels in its reporting system. However, there is no written policy that states how long source documents should be kept, although the contractual agreement states that OVC folders should be kept for up to 10 years after graduation or the close of the project. There are no written guidelines for the reporting entities on requirements and deadlines for reporting, or on the data change management process developed by STEER headquarters, although it was stated as known to all.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

The M&E Unit utilizes standard source documents, the nationally approved OVC tools, and the NOMIS. The NOMIS is a software application utilized for reporting, which aggregates the data on the indicator being assessed, from the CBO level to the National M&E Unit level.

The national source documents and tools are being utilized, and clear instructions on the revised national tools were provided to the STEER team in January 2017.

#### DATA MANAGEMENT PROCESSES

The National IP M&E Unit did not provide written guidelines on the processes and procedures to address the following:

* Late or inaccurate reports;
* Processes that prevent double counting of the data it receives;
* Backup procedure;
* Data change process documentation, where applicable.

However, as explained by the M&E team at STEER headquarters, “the team understands the data management expectations and requirements of the project and complies with them.”

Quality controls for data received are in place. They include built-in checks in the NOMIS to avoid double counting, and the review of collated figures by the STEER National-level Database Manager and the M&E Director, before submission to USAID. Supervisory visits and DQAs are conducted by the STEER National M&E Unit. Feedback is provided monthly to the CBOs at the state level in a monthly review meeting. Confidentiality is maintained in data collation, processing, and storage at the National level.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

The data on the OVC indicator generated from STEER has links with the national reporting system via 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. However, the STEER national team observed that there were discrepancies between its data and the national data. This is because there are fewer quality control checks in the national system, vis-à-vis STEER’s reporting system. The M&E teams at STEER headquarters and the State attempt to harmonize and update findings at the national quarterly review OVC program meetings.

Figure 2. Spider Graph (Cobweb) of M&E Systems Assessment, STEER Central M&E Unit

## STRENGTHS – STEER CENTRAL M&E UNIT

* Clear responsibilities for the review of data at the National level have been assigned among the M&E Team.
* Two of three M&E positions at the Central M&E Unit have been filled, and the third is currently advertised.

## WEAKNESSES – STEER CENTRAL M&E UNIT

* Lack of guidelines on Data Management Processes, including timeline for reporting, backup procedure, and how long files should be kept at subnational reporting levels.
* No clear training plan—training in M&E is held at the discretion of the M&E staff, and official training by STEER occurs on an ad hoc basis.
* No guidelines on change to data and processes that should be followed.
* STEER organogram does not reflect roles of all M&E staff and their responsibilities.

## RECOMMENDATIONS – STEER CENTRAL M&E UNIT

* Steps should be taken to document the M&E processes at STEER, with guidelines (including tools and guidelines on change management) developed and disseminated to all IP levels.
* STEER should develop an M&E training plan for its staff.
* The STEER organogram must be updated to reflect all roles and responsibilities.

### ASSESSMENT OF THE STEER STATE-LEVEL M&E SYSTEM

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

The STEER State level has a system and structure operated by one M&E Coordinator for each State. In the two States assessed, these are the only M&E staff available. The coordinators are responsible for the following:

* Supervisory visits;
* State-level data aggregation;
* Data quality reviews;
* Feedback to the CBOs on data reporting.

All State-level M&E Coordinators reported having received relevant training to carry out their assigned responsibilities. There were no major differences in the M&E Structure, Functions, and Capabilities between the two States assessed.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The STEER State-level office works with the PIRS documented in its M&E plan, and a data management SOP. However, the SOP does not have clear instructions or specific guidelines for the CBOs on when to report and to whom, backup procedures, and change management for data.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

The provided State-level data collection forms and reporting tools align with the national tools (see Annex section ‎10.10 for list) 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

The State M&E unit in both States does not provide to its CBOs written guidelines on the processes and procedures to address the following:

* Late or inaccurate reports;
* Processes that prevent double counting of the data it receives;
* Backup procedure;
* Data change process documentation where applicable;
* Feedback mechanisms;

In view of the absence of written guidelines on data management for the items above, the mechanism employed varies in the two States assessed. Feedback to CBOs is provided in quarterly data review meetings and periodic data supervisory visits in Cross River State, and through phone calls, emails, and periodic supervisory visits in Plateau State. Data backup is done on SharePoint[[3]](#footnote-3) and OneDrive[[4]](#footnote-4) in Cross River State, while in Plateau State data backup is done on external hard disks and cloud-based backup.

To ensure data confidentiality, both Cross River and Plateau States rely on passwords for accessing NOMIS. Plateau State also mandates use of official email addresses for all data-related communications.

To avoid double counting, both Cross River and Plateau States rely on the built-in automatic error checking available within the NOMIS, while Plateau State also utilizes Excel spreadsheets for comparison to NOMIS—a second/backup method for increasing accuracy.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

Data on the OVC indicator generated by STEER has links with the State, and onward to the National reporting system, including harmonized tools and delivery platforms. The reporting deadlines at the State level also coincide with the STEER deadlines for State-level reporting. However, the STEER State team observed discrepancies between their data and the corresponding national data. The IP teams attempted to address these discrepancies by harmonization and updating of findings at quarterly review meetings with the National (government) OVC M&E staff.

Figure 3 and Figure 4 show the spider graph/cobweb of M&E systems assessment for Plateau State and Cross River State, respectively. It can be observed that there are more deficiencies in the indicator definitions and reporting guidelines in Cross River State, as compared to Plateau State.

Figure 3. Spider Graph of STEER State-Level M&E Systems Assessment: Plateau State

Figure 4. Spider Graph of STEER State-Level M&E Systems Assessment: Cross River State

## STEER STATE LEVEL – STRENGTHS

* All state level M&E Coordinators reported having received relevant training to carry out their assigned responsibilities.

## STEER STATE LEVEL – WEAKNESSES

* Lack of guidelines on data management processes, including timeline for reporting, backup procedures, maintaining confidentiality of data, how long source documents/folders should be kept at subnational reporting levels, feedback mechanism, and change management.
* Lack of harmonization of data processing mechanisms at STEER state level (e.g., mechanism of feedback processes to CBOs, backup processes, methods to avoid double counting, ensure confidentiality, etc.).

## RECOMMENDATIONS

* Steps should be taken to document reporting processes and requirements in M&E guidelines, and disseminate to all lower levels.
* STEER State level to ensure that the M&E guidelines are known to all at CBO level, and that the latter follow consistent processes to ensure data integrity.

### M&E SYSTEMS ASSESSMENT FOR STEER: SERVICE DELIVERY LEVEL (CBOs)

A comparative M&E systems assessment for the 14 CBOs visited by the DQA Teams is presented below in narrative and tabular form, with details of the specific functional areas.

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

In all the STEER CBOs visited, the Community Case Management Worker (CCMW) enters the beneficiaries’ information into the service delivery form. About five CCMWs are coordinated by one CCMW Supervisor hired by the CBO. The CCMW Supervisor collects all service delivery forms and reviews them for completeness before transmission to the CBO M&E Officer and the Data Entry Clerk (DEC) whose task it is to enter the data into the NOMIS platform. The CBO M&E Officer checks and validates the service delivery forms, and collates them before entry into the NOMIS by the DEC. In all Plateau State CBOs visited, this function (validation and collation of data received from the CCMW Supervisor) is supported by the Program Manager of the CBO.

There were varying staff assigned to check for data quality in the CBOs visited. The CCMW Supervisor reviews data quality of the CCMWs on the paper forms, while diverse officers ranging from the DEC to CBO M&E Officers, CBO Thematic Program Leads, and the CBO Program Manager are assigned the review of data quality at the CBOs. The findings differed from CBO to CBO.

All relevant staff in the CBOs of the two States have received training on data management and tools; the staff received training on the new national OVC tools in the first quarter of 2017. Refresher training is provided during quarterly review meetings. In Plateau State, an initial Training of Trainers workshop was carried out during January 19–21, 2017, and a step-down training was done for all CCMWs during February 7–9, 2017. In one of the CBOs in Plateau State (SUWA), the M&E officers and Data Entry Officers also received training on the use of NOMIS from January 30 to February 3, 2017.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The OVC indicator is clearly understood by all relevant staff of the CBOs in both states. STEER also has issued guidelines to its CBOs on arranging source documents in client folders. Plateau State CBOs had written copies of the guidelines for when and how to report (annex section ‎10.10). However, written guidelines were not available in any Cross River State CBOs except Daughters of Mary Sons of Joseph (DMSOJ). There were no written guidelines in either State regarding backup of data, or documenting data change management.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

In all CBOs, the data collection tools and forms had clear instructions on use at the CBO offices. The M&E Officers at the CBOs also received adequate and clear instructions during training sessions on usage. National reporting tools were consistently utilized, and the tools were available for assessment purposes. However, one CBO in Cross River—David Bassey Ikpeme Foundation (DBI)—reported a stock-out of reporting tools (caregivers’ service assessment forms) for a two-month period during April and May 2017.

#### DATA MANAGEMENT PROCESSES

Diverse methods were employed to ensure data quality and prevent double counting in the CBOs. In this regard, the findings in the CBOs, assessed in order of decreasing frequency, were:

1. Household mapping and assigning a unique Household ID to prevent duplication of services provided to households (100% of CBOs);
2. Utilizing built-in NOMIS function that identifies and removes duplicate values (100% of CBOs);
3. Designated staff to assess data quality (100% of CBOs);
4. Exporting NOMIS to Excel, to cross-check NOMIS entries (29%), was implemented by the following Plateau State CBOs: MASHAIAH Foundation, Manna Resource Development Center (MRDC), and Center for Children in Crises (CENCHIC); and by one Cross River State CBO, Children and Adult Healthy Living Initiative (CAHLI).
5. Spot checks of service providers in the households (7%), reported by Center for Gospel Health and Development (CeGHaD). Other CBOs conduct community supervision visits, which act as spot checks.

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

|  |  |
| --- | --- |
| Cross River | Plateau State |
| OneDrive  Google Drive  Hard Drive  USB Flash Drive  Personal Devices | Hard Drive  Google Drive  Official Laptops  Flash Drive |

Nine of fourteen CBOs for STEER noted that there was no written procedure for data backup; the remaining five CBOs (all based in Plateau) reported that the procedure for backup is present in the STEER data management SOP. Nonetheless, the DQA team was unable to verify the details about backup in the national SOP provided by STEER. However, data backup is done as part of the NOMIS (which automatically backs up after every use) and various other mechanisms in the CBOs that were visited. The most common mechanism, in order of decreasing frequency observed, are reported in Table 5. Complete details of backup methods for CBOs in Cross River and Plateau States are provided in the Annex (Table 15, Page 46 and Table 16, Page 47).

STEER CBOs have no process documentation for data change management, or recording of missing data or incomplete data. Also, there was no defined communication process known to all to address data change when it arises.

#### LINKS WITH NATIONAL REPORTING SYSTEM

The system clearly records information about where the services are rendered, using standardized naming conventions (e.g., the State, LGA, Ward) and the unique I.D. code. The reporting channel is to the supporting IP and to the respective LGA. However, 1 out of the 14 CBOs assessed was not clear on the timeline for reporting to the LGA.

#### STRENGTHS

* The CBO Program Manager supports data aggregation for the CBO M&E team in Plateau State.
* There is a guideline for arranging source documents in client folders.

#### WEAKNESSES

* There is no specified direction to CBOs for practices on data management, such as change management and quality control.
* There is no specific date for reporting to the LGA in the STEER guidelines.
* There appears to be a communication gap between the CBOs and the IP State M&E Officers, regarding reporting updates due to change in data.

#### RECOMMENDATIONS

* Dissemination to STEER CBOs of updated guidelines on data management processes, to include change management, quality control, and designated persons responsible.
* Updating timelines for reporting to include timeline for reporting to the LGA.
* Documenting and improving communication channels for change management.
* Harmonization of data management processes in STEER CBOs.

## DATA QUALITY STANDARDS – STEER

Data Quality Standards for STEER are discussed below.

### 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. Details of the review of data quality in the context of the OVC indicator are provided below.

#### DATA COLLECTION

The data, including OVC services provided, is collected at the point of service, using the service forms for the VC and caregivers. Community Case Management Workers (CCMWs) enter services provided in the approved national tools, which are then collated and reviewed for accuracy and completeness by the CCMW Supervisor, before submission to the CBO M&E Officer. The CBO M&E Officer reviews and validates the data, before entry is made into the NOMIS by the Data Entry Clerk. Quality checks of the entries in the NOMIS are conducted by the CBO M&E Officer and the CBO Program Manager.

#### DOES THE DATA COLLECTED MEASURE WHAT IT IS SUPPOSED TO MEASURE?

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

* Total Number of Vulnerable Children (VC) served (age 0-17);
* Total Number of OVC Caregivers (age 18 and above).

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

#### UNDERSTANDING THE INDICATOR DEFINITION

The PIRS is available at all the levels assessed. Staff are conversant with it at both State Offices (aggregation level) and Plateau State CBOs. However, although the staff of the Cross River State CBOs had a good understanding of the indicator definition, they had no written copies of the PIRS.

#### STORAGE OF DATA

Following entry in the NOMIS, client folders are stored in a filing cabinet under lock and key, utilizing an alphanumeric system to ensure easy retrieval.

Backup of the soft copy of project data was done with diverse methods in all the CBOs visited, including:

* Built-in backup features of NOMIS;
* Cloud-based storage such as Google Drive and OneDrive (the latter has been described earlier);
* External hard drive;
* Backup on a 4GB external USB flash drive belonging to the Civil Society Organizations (CSOs);
* Laptops.

#### DATA REPORTING

The OVC indicator data provided by the two States to the Central level was available, and matched the data submitted to the USAID. Data submitted by the CBOs to the State could also be verified to match that sent by the State to the Central Level. Reports aggregated from CBOs for the reporting period were 100% available in Cross River, while in Plateau State the reports were 94% available. In Plateau State, this was due to the handing over of OVC service sites from Almanah Rescue Missions, which was dropped as a partner by STEER, and a transition period during which services were not rendered. Hence, reports from October 1, 2016 to December 31, 2016 for the specified CBO were not observed.

Figure 5. Availability of Reports in Cross River and Plateau State in the Reporting Period

#### STRENGTHS

* The data collection process collates the data as requested by the PIRS:
  + Total Vulnerable Children served
  + Total caregivers served
* As per the defined beneficiaries for whom data is collected, 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 STEER States visited.
* In most of the STEER CBOs, good practice observed was that service forms were arranged in the household folders in a well-organized manner, consistently so in all folders assessed.

#### VALIDITY ISSUES IDENTIFIED

Validity Issue 1:Transcription errors from incomplete entries into the source documents and into NOMIS (please refer to Table 6 and Figure 6).

* In 12 out of 14 (86%) of the CBOs visited, transcription errors were identified during the cross-checks from the source documents to the NOMIS. During the cross-checks from the NOMIS to the source documents, transcription errors were identified in 4 out of 14 (29%) of the CBOs visited.
* The most commonly observed reasons for mismatch in the cross-checks, in decreasing order of priority, were:
  1. Incomplete or wrong entry into the NOMIS;
  2. Entries missing in the NOMIS;
  3. Incomplete or wrong entry into the Client Service Forms.
* When probed for the reasons for the discrepancies, the CBOs gave the following reasons:
  + Heavy workload of data entry required of DECs, resulting in missing or incomplete NOMIS entries. At a CBO in Plateau State, Heal The Youth Foundation (HTYF), one Data Entry Clerk entered data for about 9,000 beneficiaries during the reporting period.
  + Poor supervision of DEC by CBO M&E Officers.
  + DEC challenges in the use of the NOMIS software. NOMIS was said “not to retain information following continued usage without refreshing and data cleaning on the NOMIS platform after submission of the data.”
  + Noncommunication of data updates by the CBO staff to the State IP office

Table 6. Cross-Check Findings from STEER CBOs in Plateau and Cross River States\*

|  |  |  |
| --- | --- | --- |
| **Cross Check Findings** | **No.** | **%** |
| Total cross checks: NOMIS to beneficiary folders and vice versa | 324 | - |
| Total cross checks by beneficiary forms | 1466 | - |
| Incomplete, missing or wrong entries in NOMIS or beneficiary folder | 88 | 27.2 |
| Missing entries in the forms within the beneficiary folders | 17 | 7 |
| Missing entry in NOMIS (corresponding to beneficiary form) | 12 | 5 |
| Incomplete or wrong entries in beneficiary folders | 14 | 6 |
| Incomplete or wrong entry in NOMIS | 45 | 19 |

\* Responses not mutually exclusive

Validity Issue 2:Poor data-retrieval system

* Challenges with the storage and filing system for beneficiary folders was observed in 28% of the CBOs visited. This was mostly attributed to poor labeling of the filing system, making it difficult to retrieve needed files.

Validity Issue 3**:** Errors in data verification

* Data aggregation at the State IP level is done by the M&E Coordinators (a senior M&E Officer), all of whom have received relevant training; hence the system includes measures to ensure the data is valid. However, findings from recounting of data aggregated at the CBOs varied from State to State. Findings from Plateau State Verification Factor revealed a higher proportion of inaccurate data between the CBO-reported data and the State-reported data, when compared with Cross River State. Verification factors for the CBO level are shown graphically in Figure 7, and numeric values for verification factors at State and CBO levels are shown in Annex sections ‎10.3, ‎10.4, and ‎10.5 (Table 12, Table 13, and Table 14).

Figure 7. Verification Factors for Plateau and Cross River state CBOs

Validity Issue 4: Poor communication between CBO and IP State office on changes to data

* The challenges with communication of data changes to the State office may not be unrelated to the absence of a guideline on data change management process from the STEER National and State office in use at the CBOs. As such, there is no clear direction for the CBOs to follow, should such a scenario arise. This occurs quite often, as seen in the cross-check findings.

#### RECOMMENDATIONS FOR IMPROVING DATA VALIDITY

* Development of clear guidelines for the CBOs on data change management process and documentation, to resolve discrepancies in data generated and submitted after the submission deadline.
* Improved supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS.
* Refresher training of the Data Entry Clerks on the NOMIS Software.
* Refresher training of the CBOs on proper filing/storage system.
* Review of the Data Entry Clerk workload.
* The CBOs must archive and store data generated and submitted monthly and the quarterly summation from the NOMIS, in soft or hard copies, with date stamps.

### INTEGRITY

#### MECHANISMS TO ENSURE INTEGRITY OF DATA

STEER data collection and management process at the National IP level is through the NOMIS. Data validation processes executed by its M&E team (Database Manager and M&E Director) ensure that the data collated by STEER undergoes data quality checks. Other mechanisms in place at the National level to ensure the integrity of the data include:

* Built-in checks in NOMIS that remove double entries;
* Supervisory visits to State offices (aggregation level) and CBOs (service delivery level);
* Conduct of periodic internal Data Quality Audits;
* Conduct of quarterly review meetings;

At the State level, STEER M&E Coordinators conduct data quality checks on data in the NOMIS platform. The password-protected NOMIS at the State level ensures confidentiality. Further mechanisms to ensure the integrity of data generated include supervisory visits, phone calls, and email communications to the CBOs on data generated. Plateau State was noted to conduct data quality audits quarterly on State-level data, generated as part of mechanisms to ensure integrity.

Also at State level, the OVC program Technical Working Group meetings, involving the State governments and other OVC program partners in the states, provide an avenue for further validation of data. At these meetings, data received is harmonized through the NOMIS platform across IPs and across LGAs in the states. This prevents double counting across organizations. Also at these meetings, the STEER data is harmonized with overall State-level data.

The following STEER mechanisms ensured integrity of data at the CBO level, in decreasing order of frequency:

1. The use of a password in NOMIS (100%);
2. Built-in checks in NOMIS that remove double entries (100%);
3. Dedicated staff to check data quality (100%);
4. Limiting access to the filing cabinet to authorized personnel only (100%);
5. Use of a service verification form[[5]](#footnote-5) by the CBO staff, to verify the services conducted by the CCMWs in the field (used by 50% of all CBOs visited);
6. Spot checks by CBO staff to avoid manipulation of data in the field (14%);
7. Cross-check of NOMIS entries using a hardcopy Excel NOMIS export (7%).

Table 7. Mechanisms for Ensuring Integrity in the STEER Project at All Levels

|  |  |  |
| --- | --- | --- |
| NATIONAL | STATE LEVEL | CBO LEVEL |
| * Built-in checks in NOMIS that remove double entries * Supervisory visits * Data Quality Audits * Quarterly review meetings | * Dedicated staff conducting quality checks * Built-in checks in NOMIS that remove double entries * Cross-check of NOMIS entries using a hardcopy Excel NOMIS export * Data review meetings * Supervisory visits to CBOs * Follow-up emails and phone calls to CBOs * Periodic Data Quality Audits (Plateau State) | * The use of the password-protected NOMIS (100%) * Built-in checks in NOMIS that remove double entries (100%) * Dedicated staff to check for data quality (100%) * Limited access to the filing cabinet where source documents are kept (100%) * Use of service verification forms to verify services carried out by CCMWs in the community (50%)—reported by seven out of eight (88%) of the CBOs in Plateau State * Spot Checks to avoid manipulation of the data (14%) * Cross-check of NOMIS entries using a hardcopy Excel NOMIS export (7%) |

Table 8. STEER State IP Office Mechanisms for Ensuring Data Integrity

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | DATA MANAGEMENT PROCESS | CROSS RIVER | PLATEAU |
| 1 | QUALITY CONTROL TO AVOID DOUBLE COUNTING | Relies on built-in cross-checks in NOMIS  CBO data reviewed by State Coordinator | Relies on built-in cross-checks in NOMIS  Backs up and cross checks NOMIS in Excel  Conducts quarterly audit on State |
| 2 | CONFIDENTIALITY | Password on NOMIS with limited access | Password on NOMIS with limited access  Official emails for communication |
| 3 | BACKUP PROCEDURE | Share Point  OneDrive | External Drive  Cloud |
| 4 | METHOD OF PROVIDING FEEDBACK | Data Review Meeting  Supervisory Visits | Phone Calls  Supervisory Visits  Emails |

#### STRENGTHS

All the mechanisms outlined in section ‎5.8.2.1 are strengths in the M&E system of STEER, to ensure the integrity of the OVC indicator being assessed. The conduct of periodic data quality audits at the National level and in Plateau State is a major strength.

#### INTEGRITY ISSUES IDENTIFIED

Integrity Issue 1: Non-uniform approach at State and CBO level to data storage and confidentiality

* Although the STEER M&E system provides several means of ensuring the integrity of the data as described above and shown in Table 7 and Table 8, variations exist at State level within the same IP. Such variations also occur at the CBO level, with different CBOs having their own process of data storage and systems to ensure integrity.

Integrity Issue 2: Absence at CBOs of archived monthly submissions and quarterly summaries with date stamp

#### RECOMMENDATIONS FOR IMPROVING DATA INTEGRITY

* Develop and disseminate guidelines to ensure harmonization of data management processes and data integrity in all implementing states
* Ensure archiving of monthly and quarterly submissions of OVC data by CBOs to State, with date stamps

### PRECISION

#### MECHANISMS TO ENSURE DATA PRECISION

The data collected in the service forms are entered in the NOMIS in a consistent manner, and a detailed level of information is provided; all nationally approved data fields in the forms are entered into the NOMIS. Since the NOMIS has household-level and individual-level data, it has sufficient detail and precision for the OVC indicator, while ensuring that confidentiality of the beneficiaries is protected. Data elements on the Vulnerable Children Service Form and Caregiver Household Service Form has 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 have corresponding fields in the NOMIS. The level of precision in the two service forms and the NOMIS matches the requirements in the PIRS.

### RELIABILITY

#### MECHANISMS TO ENSURE DATA RELIABILITY

The STEER project utilized National OVC reporting tools consistently during the report period. It retrieved data on the indicator from the NOMIS, and reported only data on the Number of OVC Served, with graduation pegged at 18 years. All its State-level reports requested were available and complete along the same reporting format; as such, its data collection system remains reliable.

With the review of National tools during the reporting period (January 2017), the STEER National level ensured that field-level teams were trained to ensure reliability of data collated. The methodology of the revised tool remained consistent with the prior tools, ensuring reliability in the data collection system going forward.

One CBO (DOMSOJ) noted that stock-outs in a new required tool (new Vulnerable Child service forms) occurred for about two months (April–May 2017) prior to the DQA, which led to the use of a different tool (i.e., the caregivers’ assessment form, a tool used in recording services provided to caregivers of Vulnerable Children). As observed by the DQA team, using a different tool to capture services rendered to VCs would not have given a true reflection of the number of VC beneficiaries for that month. Therefore, the new Vulnerable Child service form was not used across the board for all VC, for those months when DOMSOJ was in short supply of tools. Hence, there was limited consistency in tools used for all beneficiaries. There is a need to ensure that such stock-out tools are prevented from being used for the indicator that primarily focuses on OVCs, so that only the OVC tools are used.

At the State level, there is consistent use of the NOMIS aggregation and reporting platform. Data received monthly from CBOs are aggregated and exported quarterly, using the NOMIS platform, for use in the DATIM at the National level. This ensures consistency and reliability in data collection processes across the State level.

#### STRENGTHS

* Uniform use of National reporting OVC tools
* Training of CBO staff on the newly modified tools

#### RELIABILITY ISSUES IDENTIFIED

* Stock-out of new tools at CBO level (as mentioned in section ‎5.8.4.1). This must be streamlined by the project. CBOs may be confused and begin to use wrong tools.

#### RECOMMENDATIONS FOR IMPROVING DATA RELIABILITY

* Enough supply of OVC data collection tools should be ensured by the project. Stock-outs of reporting tools used for this particular indicator should be prevented. This will enable CBOs to avoid collecting wrong information.

### TIMELINESS

#### MECHANISMS TO ENSURE TIMELINESS

The IP staff at the STEER National M&E Unit reported that data is sent to USAID in a timely manner, and that its State-level data is received in a timely manner through the NOMIS. However, a date stamp on archived data was unavailable to validate the claims.

Data is reported from the CBO level to the State on the 7th of every following month, and reported to be timely except by one CBO in Cross River (Ikaaine Akpana Rural Women Development and Empowerment Foundation), which reported having had incidents forcing late submission.

Data submission also occurs by CBOs to the OVC Desk Officer at the LGA office of the State Ministry of Women Affairs and Social Development. However, the timeline for submission to the LGA appears not to be harmonized for all CBOs, with four LGAs in Plateau State not submitting at all to the Ministry of Women Affairs.

#### WEAKNESSES

* No enforcement of reporting timeline for submission to the LGA level.

#### RECOMMENDATION

* STEER should ensure compliance of its CBOs with reporting timelines.
* Reporting timeline to LGA should be developed and shared with CBOs.

# Action plan for STEER

A suggested action plan for the various levels is outlined below (National Level Action Plan – section ‎6.1 and Table 9; State Level Action Plan – section ‎6.2 and Table 10; and CBO Level Action Plan – section ‎6.3 and Table 11).

## NATIONAL LEVEL ACTION PLAN FOR STEER OVC IP

Table 9. National Level Action Plan for STEER OVC IP

|  |  |  |  |
| --- | --- | --- | --- |
| Identified Weaknesses | Description of Action Point | Responsible | Time Line |
| Poor guidelines on data management | Updating of STEER Data Management SOP to include sections on:   * Data change management * Reporting guidelines * Backup process and procedure * Integrity (including confidentiality)   Updated guidelines should be disseminated and the lower levels trained on their use | STEER M&E Director | 3 months |
| Varied approach at State and CBO levels to data storage and confidentiality | Use a consistent/harmonized approach to State-level data storage and confidentiality | STEER M&E Director | 3 months |
| Poor data entry into the NOMIS at CBO level | Improved supervisory efforts with the State coordinators by CBOs to ensure accurate data entry and proper use of the NOMIS | STEER Data Base Manager | Incorporate into quarterly supervision processes |

## STEER OVC IP STATE LEVEL ACTION PLAN (CROSS RIVER AND PLATEAU STATES)

Table 10. STEER OVC State Level IP Action Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Identified Weaknesses | Description of Action Point | Responsible | Time Line |
| 1 | No enforcement of reporting timeline for submission to the LGA system (Plateau) | STEER should ensure compliance of its CBO with LGA-level submission deadline | M&E Coordinators (Plateau) | 3 Months |
| 2 | High workload of Data Entry Clerk in some facilities (Plateau & Cross River) | Review Data Entry Clerk workload at all facilities, with recommendations to National on appropriate ratio | M&E Coordinator (Plateau & Cross River) | 3 Months |
| 3 | Stock-out of instruments at CBO level (relates to DOMSOJ in Cross River) | Provide adequate forms to prevent stock-out at the CBO level | M&E Coordinator (Cross River) | 3 Months |
| 4 | Poor entry of data into the NOMIS at CBO level (Plateau & Cross River) | Improved supervisory visits to check on NOMIS entry | M&E Coordinator (Plateau & Cross River) | 3 Months |
| 5 | No LGA-level Review Meetings (Plateau & Cross River) | State teams should coordinate LGA-level review meetings | M&E Coordinator (Plateau & Cross River) | 3 Months |

## STEER OVC IP COMMUNITY-BASED ORGANIZATION (CBO) LEVEL ACTION PLAN

Table 11. STEER OVC IP CBO-Level Action Plans

|  |  |  |  |
| --- | --- | --- | --- |
| Identified Weaknesses (with CBO name) | Description of Action Point | Responsible | Time Line |
| Absence at CBOs of archived monthly submissions and quarterly summaries with date stamp (All) | Archiving project data with date stamps to demonstrate timeliness | CBO M&E Officer (All CBOs) | 3 Months |
| Incomplete and inconsistent filing of the service forms (Plateau State: ACET, HTYF, Mashiah Foundation, YARAC) (Cross River State: CAHLI, DBI, IKAARUWDEF, IPGH) | Improved supervision of CCMW by CCMW Supervisor and thematic leads | CBO M&E Officer (Plateau State: ACET, HTYF, YARAC, Mashiah Foundation) (Cross River State: CAHLI, DBI, IKAARUWDEF) | 3 Months |
| Incomplete entry of data or transcription errors into the NOMIS (Plateau State: ACET, Mashiah Foundation, HTYF, SUWA, YARAC, CeGHaD, MRDC) (Cross River State: DOMSOJ, IKAARUWDEF, CAHLI) | Improved supervision of Data Entry Clerk by CBO M&E Supervisor | CBO M&E Officer (Plateau State: ACET, Mashiah Foundation, HTYF, SUWA, YARAC, CeGHaD, MRDC) (Cross River State: DOMSOJ, IKAARUWDEF, CAHLI) | 3 Months |
| Challenges with utilization of NOMIS by the DEC (Plateau State: YARAC, SUWA) | Refresher training for DEC on NOMIS | CBO Program Manager (Plateau State: YARAC, SUWA) | 3 Months |
| Poor filing system (Plateau State: ACET, MRDC) (Cross River State: CAHLI) | Refresher training of the CBOs on proper filing/storage system | CBO M&E Officer (Plateau State: ACET, MRDC) (Cross River State: CAHLI) | 3 Months |
| Poor communication on changes to data between State and the CBO (Plateau State: ACET, CeGHaD, CENCHIC, HTYF, Mashiah Foundation, MRDC, SUWA, YARAC) (Cross River State: DOMSOJ, IKAARUWDEF) | Improve communication process and channels between the State and the CBOs on data generated and changes made | CBO Program Manager (Plateau State: ACET, CeGHaD, CENCHIC, HTYF, Mashiah Foundation, MRDC, SUWA, YARAC) (Cross River State: DOMSOJ, IKAARUWDEF) | 3 Months |

# Limitations and Constraints

1. Data Quality Assessments at a country level are complex exercises, and require significant resources and effort on the part of the commissioning agency, the agency conducting the DQA, Implementing Partners, and government functionaries in the relevant sectors. As mentioned in USAID’s “How-To Note: Conduct a Data Quality Assessment” (2), notification of an impending DQA can also cause stress for the Implementing Partner, given the ramifications of program performance and the potential uncertainty of USAID’s expectations. Although the DevTech/MEL Program DQA team tried to allay initial apprehensions of the Implementing Partner and its staff about the outcomes from the DQA, there may have been residual concerns that could not be fully addressed. Subsequent to 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 USAID and the IP to work together, and to resolve any data quality issues or limitations that were uncovered during the exercise.

2. The sampling of the two STEER states (Plateau and Cross River), as well as the CBO sites visited in the states, was based on purposive methods, security, and feasibility issues, and was also guided by USAID. The ideal sampling methodology would have been to use one of the statistically valid scientific methods described in the MEASURE Evaluation DQA guidelines (3). Implementation of a statistically valid method was constrained by security and other eligibility considerations outlined in section ‎4.2. The lack of a statistical methodology for site selection is partially compensated for by the large number of CBOs covered in the DQA, and the high volume of the indicator in the CBOs and states visited.

3. To ensure adequate time for the DQA teams in the field to complete all aspects of the DQA, including the M&E systems assessment, 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 described in detail in section ‎4.4.2, this limitation was partially addressed by using systematic random selection of beneficiary folders from all household folders from the two reported quarters (“universe”). Also, cross-checks were attempted in two directions—i.e., 10 records were traced from the beneficiary forms/household folders to the NOMIS, and an additional 10 unique beneficiary records were traced from the NOMIS back to the beneficiary folders for cross-verification.

4. There were two previously unscheduled government holidays, including a Friday and the following Monday (for Sallah) during the DQA implementation. This required rescheduling CBO visits to subsequent working days, causing a delay in the field work.

5. Prior to implementation of the DQA, the team did not have access to information on previous DQAs conducted for the IP, both external DQAs and routine DQAs (RDQAs). Availability of previous DQA results could have helped in tailoring the present DQA exercise, with greater focus on the gaps identified in the previous results. 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 a number of challenges in the planning and implementation of the two DQAs. 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.

7. During the field work for the DQA, the MEL Program was informed by the STEER headquarters office that the subagreement existing between STEER and the CBO named Kejie Hope Foundation (KHF) in Cross River had been suspended, effective immediately. Although DevTech attempted to identify a suitable replacement CBO in the states being visited for the HIV and TB DQAs with similar numbers/volume of the OVC indicator, the team was unable to do so within the constraints of security and feasibility identified earlier. Therefore, the total number of CBOs visited was limited to 14, instead of the 15 originally planned.

# Conclusions

From the USAID/Nigeria and PEPFAR perspective, a data quality assessment (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 and USAID identified a number of strengths and weaknesses for the STEER OVC data management and reporting system. The *Strengths* of the M&E systems assessment included the following: Most staff positions at all levels had been filled, and the personnel had been assigned clear responsibilities and roles, including data aggregation (down to the CBO Program Manager level). All State-level M&E coordinators reported having received relevant training. The existing M&E guidelines (although with a few gaps outlined below) were available and had been disseminated to all levels. Specific guidelines for tasks such as arranging source documents in client folders were also available. *Weaknesses* included: Lack of guidelines on Data Management Processes (e.g., change management, timeline for reporting, backup procedures, mechanism of feedback to CBOs, avoidance of double counting, ensuring confidentiality, dates of reporting to the LGA, etc.). A clear training plan was lacking, and most training appeared to occur on an ad hoc basis. A number of *Recommendations* are suggested: Steps should be taken to document the M&E processes at STEER, with development and dissemination of updated guidelines to all levels, including tools on change management, quality control, and timelines for reporting to the LGA. The IP (STEER) should develop an M&E training plan for its staff, and update its organogram to reflect all M&E roles and responsibilities.

**Data Quality Standards**

In terms of **data validity**, the principal ***strength*** is that the data collection process adheres to the PIRS requirements. ***Validity issues*** identifiedinclude transcription errors, poor data-retrieval system, errors in data verification, and poor communication between CBOs and the IP office on changes to data. ***Recommendations for improving data validity*** includedeveloping clear guidelines for the CBOs on data change management process and documentation to resolve discrepancies; improved supervisory efforts with the CBOs, to ensure accurate data entry and proper use of NOMIS; refresher training of Data Entry Clerks on NOMIS, and refresher training of CBO staff on proper filing/storage systems; review of the workload of the Data Entry Clerk; and archiving at CBOs of NOMIS monthly and quarterly summaries, with date stamps.

Regarding **data integrity**, the ***strengths*** were:Data quality assurance and management at Central and State Levels occurs through NOMIS (with confidentiality and built-in error and quality checks), quality checks and supervision, phone calls, and email communication undertaken by M&E staff. Quarterly Review Meetings are held and include a discussion of data quality issues. Periodic internal DQAs are conducted. The OVC Technical Working Group is active at State level, and cross-validates/harmonizes data across IPs and the government. CBOs limit access to filing cabinets to authorized personnel only, and in about half of the CBOs, the supervisors use a service verification form to verify Community Case Management Workers. In 14% of CBOs, spot checks are conducted by CBO staff, while 7% cross check NOMIS with a hard copy of the Excel NOMIS data export. ***Integrity issues identified*** include a nonuniform approach at State and CBO levels to data storage and confidentiality; and absence at CBOs of archived monthly submissions and quarterly summaries, with date stamp. ***Recommendations*** include development and dissemination of guidelines, to ensure harmonization of data management processes and data integrity in all implementing States; and ensuring archiving of monthly and quarterly submissions of OVC data by CBOs to State, with date stamps.

**Precision***:* ***Strengths***: Data from service forms are entered in the NOMIS in a consistent manner, including all nationally approved data fields. The NOMIS has household-level and individual-level data, and hence sufficient detail and precision for the OVC indicator. The level of precision in the two service forms and the NOMIS matches the requirements in the PIRS. There were no ***precision issues identified***, nor are there any ***recommendations*** in this area.

**Reliability***:* ***Strengths***: National OVC reporting tools (including an updated January 2017 version) were used consistently during the report period. All CBO staff were trained on the updated tools. ***Reliability Issues identified****:* One CBO reported a stock-out of the new tool. ***Recommendations****:* Prevention of stock-outs of the reporting tools used in the project, by efficiently managing the inventory and distribution of new tools to the CBOs.

**Timeliness***:* ***Strengths***: Most of the reporting from CBO level upward is electronic through the NOMIS, and is reported to be received in a timely manner at the higher levels. Data is reported from CBO to State on the 7th of every following month.***Timeliness Issues identified****:* (1) Date stamp on archived data was unavailable to validate the claims. (2) One CBO (IKAARUWDEF) reported late submissions of reports. (3) Data submission also occurs from CBO to the LGA OVC Desk Officer; however, the timeline for submission to LGA appears not to be harmonized for all CBOs, and there is no enforcement of reporting timeline for submission to the LGA level. ***Recommendations****:* (1) STEER should ensure compliance of its CBOs with reporting timelines. (2) Reporting timeline to LGA should be developed and shared with CBOs.

Action points have been suggested based on the recommendations above; these have been fully described in sections ‎6.1, ‎6.2, and ‎6.3.

# bibliography

1. PEPFAR. Guidance for Orphans and vulnerable children programming - Appendix A Performance Indicator Reference Sheet. 2012.

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3. MEASURE Evaluation. Data Quality Audit Tool: Guidelines for Implementation [Internet]. 2008. Available from: https://www.measureevaluation.org/resources/publications/ms-08-29

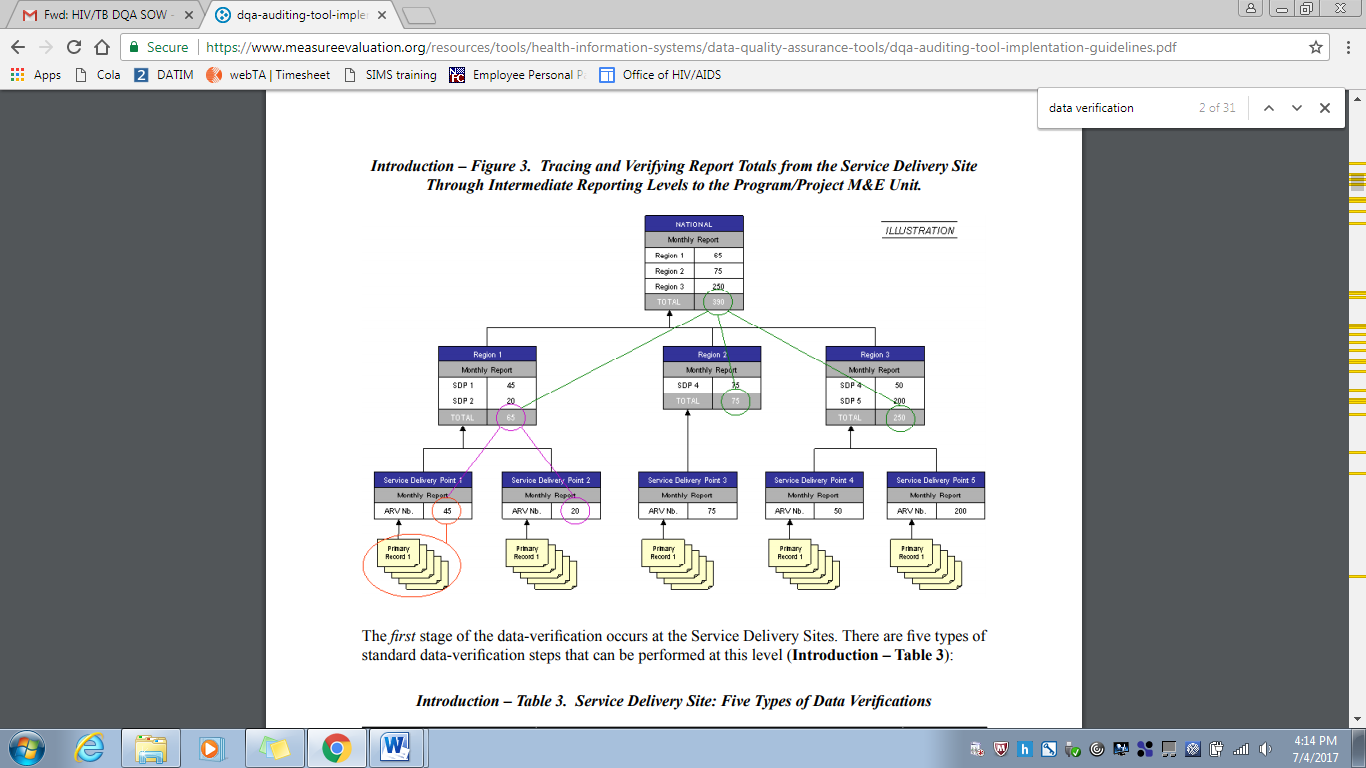
# Annexes

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

A complete list of sites and locations visited is provided in Table 4 on page 11 of this report.

## STEPS FOR DATA VERIFICATION USING THE MEASURE EVALUATION TOOL

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



Source: MEASURE Evaluation (2008).

\* CBO = Community-Based Organization, equivalent to Service Delivery Point / Level (Facility) for the OVC DQA in Nigeria. State is equivalent to Region / Intermediate Reporting Level / Intermediate Aggregation Level.

## OVC VERIFICATION FACTOR – CENTRAL LEVEL, STEER DQA

Table 12. OVC Verification Factors – Central M&E Unit, STEER DQA

|  |  |
| --- | --- |
| Level / Name | STEER Central M&E Unit |
| Verified Data | 58309 |
| Reported Data | 58309 |
| Verification Factor (%) | 100.0 |

## OVC VERIFICATION FACTORS – PLATEAU STATE AND CBOs, STEER DQA

Table 13. OVC Verification Factors – Plateau State and CBOs, STEER DQA

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level | IP State Offices | | | | | | | | |
| Name of State | Plateau State | | | | | | | | |
| Verified Data | 53668 | | | | | | | | |
| Reported Data | 53396 | | | | | | | | |
| Verification Factor (%) | 100.0 | | | | | | | | |
| Level | Service Delivery Point / Level - Community Based Organizations (CBOs) | | | | | | | | |
| Facility (CBO) Name | Mashiah Foundation | Heal the Youth Foundation (HTYF) | Scripture Union west Africa (SUWA) | Youth Adolescent and Action Reflection Center (YARAC) | Center for Children in crises (CENCHIC) | Center for Gospel Health and Development (CeGHaD) | Manna Resource Development Center (MRDC) | AIDS Care Education and Training (ACET) | Children and Adult Living Initiative (CAHLI) |
| Verified Data | 9138 | 6313 | 4219 | 4075 | 7981 | 5108 | 8313 | 3955 | 4566 |
| Reported Data | 8743 | 6391 | 4203 | 4076 | 7955 | 5114 | 8312 | 4036 | 4566 |
| Verification Factor (%) | 104.5 | 98.8 | 100.4 | 100.0 | 100.3 | 99.9 | 100.0 | 98.0 | 100.0 |

## OVC VERIFICATION FACTORS – CROSS RIVER STATE AND CBOs, STEER DQA

Table 14. OVC Verification Factors – Cross River State and CBOs, STEER DQA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level | IP State Offices | | | | |
| Name of State | Cross River State | | | | |
| Verified Data | 4420 | | | | |
| Reported Data | 4413 | | | | |
| Verification Factor (%) | 100.0 | | | | |
| Level | Service Delivery Point / Level - Community Based Organizations (CBOs) | | | | |
| Facility (CBO) Name | Daughters of Mary Sons of Joseph (DOMSOJ) | David Bassey Ikpeme Foundation (DBI) | Ikaaine Akpana Rural Women Development and Empowerment Foundation (IKAARUWDEF) | CHILDREN and Adult Healthy Living Initiative (CAHLI) | Initiative for People’s Good Health (IPGH) |
| Verified Data | 699 | 856 | 1161 | 4566 | 919 |
| Reported Data | 700 | 856 | 1153 | 4566 | 919 |
| Verification Factor (%) | 99.9 | 100.0 | 100.7 | 100.0 | 100.0 |

## DIAGRAMMATIC REPRESENTATION OF CROSS-CHECKS AT CBO LEVEL

Figure 9. Methodology for 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 REPORTING PERIOD (NOTE ENROLMENT NUMBERS / UNIQUE IDS)

SELECT AT LEAST 10 BENEFICIARY FOLDERS (WITH CORRESPONDING SERVICE FORMS) FOR OVCS SERVED IN 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

## DATA BACKUP MECHANISMS IN CROSS RIVER CBOs

Table 15. Backup Mechanisms Utilized in Cross River State CBOs Visited

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of CBO (Cross River State) | Backup Mechanism Utilized | | | | | | | | Timeline |
| Cloud Based | | | | Hard Drive | Flash Drive | Official Laptops | Personal devices |  |
| Unspecified | OneDrive | Google Drive | Drop Box |  |  |  |  |  |
| Daughters of Mary Sons of Joseph (DOMSOJ) |  |  | √ |  | √ |  |  |  | Monthly |
| David Bassey Ikpeme Foundation (DBI) |  | √ |  |  |  |  |  | √ | Monthly |
| Ikaa Ine Akpana Rural Women Development and Empowerment Foundation |  | √ |  |  |  | √ |  |  | Weekly |
| Children and Adult Living Initiative (CAHLI) |  | √ |  |  |  |  |  |  |  |
| Initiative for People’s Good Health (IPGH) |  | √ |  |  |  |  |  |  |  |
| Child Care and Adult Protection Initiative (CCAPI) |  |  | √ |  | √ |  |  |  | Monthly |

## DATA BACKUP MECHANISMS IN PLATEAU STATE CBOs

Table 16. Backup Mechanisms Utilized in Plateau State CBOs Visited

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of CBO | Backup Mechanism Utilized | | | | | | | | Timeline |
| Cloud Based | | | | Hard Drive | Flash Drive | Official Laptops | Personal devices |  |
| Unspecified | One Drive | Google Drive | Drop Box |  |  |  |  |  |
| Mashiah Foundation |  |  | √ |  | √ |  |  |  | Weekly |
| Heal The Youth Foundation (HTYF) |  |  | √ |  |  |  |  |  | Monthly |
| Scripture Union West Africa (SUWA) | √ |  |  |  | √ |  | √ |  | Monthly |
| Youth Adolescent Reflection and Action Centre (YARAC) | √ |  |  |  | √ |  | √ |  | Monthly |
| Center for Children in Crises (CENCHIC) |  |  |  |  | √ |  |  |  | Quarterly |
| Center for Gospel Health and Development (CeGHaD) | √ |  |  |  |  |  |  |  | Monthly |
| Manna Resource Development Center (MRDC) |  |  | √ |  | √ |  |  |  | Monthly |
| AIDS Care Education and Training (ACET) |  |  | √ |  | √ | √ |  |  | Weekly & Monthly |

## 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 STEER DATA AND DOCUMENTS REVIEWED

1. STEER CBO Submissions

2. State Report Submission

3. Data Summary FY17 Feb 2017

4. Plateau Data April 2017

5. Plateau State QRT Data Jan-March 2017

### LIST OF STEER BLANK FORMS REVIEWED

1. Nutritional Assessment Form
2. Revised OVC Register Final
3. Supportive Supervision Checklist
4. VC Enrollment Register
5. HHVA and VC Enrollment Form
6. Revised OVC Form Final
7. Child Education Performance Assessment Tool
8. Child Follow Up Assessment Form
9. Community Fund Tracking Tool Finalized
10. Graduation Checklist and Scoring Guide
11. Home Visit Monitoring Form
12. HHVA and VC Enrollment Form
13. Nutritional Supportive Supervision Checklist for OVC Program
14. New OVC Monthly Summary Form
15. Nigerian Child Status Index Card

### STEER SOP/GUIDELINES AND OTHER DOCUMENTS REVIEWED

1. Performance Indicator Reference Sheet (PIRS)
2. Plateau M&E Training Report
3. STEER SOP for Data Management Final Submission
4. Plateau Partners DQA Remediation Plan
5. Plateau Partners DQA Report
6. STEER Standard Operating Procedure and Checklist for Data Quality Assurance (DQA) review of OVC Service Data at household
7. Data Reporting Timeline
8. STEER Project M&E Plan

Note: Copies of available documents used by STEER 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.).

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## STEER OVC FORMS (SAMPLES)

Note: OVC forms used by STEER 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.).

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## STEER SEMI-ANNUAL PROGRESS REPORT (SAPR) AND QUARTERLY DATA FOR STATES

Note: The available quarterly and Semi-Annual Progress Report (SAPR) data for STEER 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 – STEER CENTRAL M&E UNIT

Note: The MEASURE Evaluation DQA Excel Tool for Cross River State (embedded in section ‎‎10.16) includes the data quality assessment for the STEER Central M&E Unit.

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

Note: The MEASURE Evaluation DQA Excel tool for Plateau 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 – CROSS RIVER STATE IP M&E UNIT

Note: The MEASURE Evaluation DQA Excel tool for STEER OVC Cross River State (including the STEER Central M&E Unit, and all CBOs within Cross River) 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 / COBWEBS M&E SYSTEMS ASSESSMENT, STEER OVC, CBO LEVEL

Note: All spider graphs for CBO level are included in the MEASURE Evaluation Excel Tools for the respective states (Plateau and Cross River), which are embedded in sections ‎10.14 and ‎10.15.

## LIST OF INDIVIDUALS INTERVIEWED DURING THE STEER OVC DQA

Note: For full form of CBO acronyms, please refer to Acronym list (section ‎1, page vii).

Table 17. List of Individuals Interviewed during the STEER OVC DQA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Name | Location | Title | State | Level |
| 1 | Aniefiok Dominic | SCI-STEER | M&E Coordinator | Cross River | State Office |
| 2 | Azih Adaobi | SCI-STEER | HES Coordinator | Cross River | State Office |
| 3 | Everistus Olumese | SCI-STEER | Social Work Coordinator | Cross River | State Office |
| 4 | Ime Samuel Etukundol | SCI-STEER | SPM | Cross River | State Office |
| 5 | Emmanuel Ofem | SCI-STEER | Award Coordinator | Cross River | State Office |
| 6 | Aruku Christopher | SCI-STEER | M&E Coordinator | Cross River | State Office |
| 7 | Akobi Doreen | DOMSOJ | HIV/TB Officer | Cross River | CBO |
| 8 | Gabriel Adim | DOMSOJ | Social Work | Cross River | CBO |
| 9 | Ogah Sunday .A | DOMSOJ | HES Officer | Cross River | CBO |
| 10 | Sunday Onen | DOMSOJ | M&E Officer | Cross River | CBO |
| 11 | Mary Alexander Ebo | DOMSOJ | Executive Director | Cross River | CBO |
| 12 | Bisong Finiam | DOMSOJ | Program Manager | Cross River | CBO |
| 13 | Ime Samuel Etukudoh | SCI | SPM | Cross River | CBO |
| 14 | Okah Ibiang Arikpo | DOMSOJ | Nutrition Officer | Cross River | CBO |
| 15 | Richard Edi | DOMSOJ | Fin/Adm Officer | Cross River | CBO |
| 16 | Ioryue Grace | DBI Foundation | Program Manager | Cross River | CBO |
| 17 | Denis Ikpali | DBI Foundation | HES Officer | Cross River | CBO |
| 18 | Effiong Catherine Asuquo | DBI Foundation | Social Work Officer | Cross River | CBO |
| 19 | Cecilia Ofum | DBI Foundation | TB/HIV Officer | Cross River | CBO |
| 20 | Azubuite Ijeoma.B. | DBI Foundation | Nutrition Officer | Cross River | CBO |
| 21 | Blessing Simon | DBI Foundation | Data Entry Clerk | Cross River | CBO |
| 22 | Jones Aukpo | DBI Foundation | M&E Officer | Cross River | CBO |
| 23 | Ime Samuel-Etukundoh | SCI | SPM | Cross River | CBO |
| 24 | Effiong Emmanuel | DBI Foundation | Finance Officer | Cross River | CBO |
| 25 | Koko Gusto | DBI Foundation | E.D. | Cross River | CBO |
| 26 | Joseph Abaragba | IKAARUWDEF | M&E Officer | Cross River | CBO |
| 27 | Okafor Anthony | IKAARUWDEF | HES Officer | Cross River | CBO |
| 28 | Awu Emmanuel | IKAARUWDEF | Social Work Officer | Cross River | CBO |
| 29 | Uwem Iyang | IKAARUWDEF | HIV/TB Officer | Cross River | CBO |
| 30 | Atim Edet | IKAARUWDEF | Nutrition Officer | Cross River | CBO |
| 31 | Odah Benard | IKAARUWDEF | Program Manager | Cross River | CBO |
| 32 | Scholastica Abgaragba | IKAARUWDEF | E.D. | Cross River | CBO |
| 33 | Anefiok Dominic | SCI-STEER | M&E Coordinator | Cross River | CBO |
| 34 | Aaron Ukam | IKAARUWDEF | DEC | Cross River | CBO |
| 35 | Takan Obase | IPGH | DEC | Cross River | CBO |
| 36 | Godwin Ubi | IPGH | M&E Officer | Cross River | CBO |
| 37 | Ehimtar Okoi Bassey | IPGH | HES Officer | Cross River | CBO |
| 38 | Bassey Adek Anthony | IPGH | Social Work Officer | Cross River | CBO |
| 39 | Obetan Ayei Effiom | IPGH | Nutrition Officer | Cross River | CBO |
| 40 | Martha Lawrence | IPGH | HIV/TB Officer | Cross River | CBO |
| 41 | Edmond Okoi Oka | IPGH | Program Manager | Cross River | CBO |
| 42 | Gift Michael Arony | IPGH | Office Assistant | Cross River | CBO |
| 43 | Olom Jeremiah | CCAPI | M&E Officer | Cross River | CBO |
| 44 | Akpana Betiang | CCAPI | DEC | Cross River | CBO |
| 45 | Maurice Joel Ugbe | CCAPI | HIV/TB Officer | Cross River | CBO |
| 46 | Lilian Ojong | CCAPI | Admin. Assistant | Cross River | CBO |
| 47 | Oba Oba Nsor | CCAPI | Volunteer | Cross River | CBO |
| 48 | Idiege Regina | CCAPI | HES | Cross River | CBO |
| 49 | Grace Umari | CCAPI | Nutrition Officer | Cross River | CBO |
| 50 | Clara Eneh | CCAPI | Finance Officer | Cross River | CBO |
| 51 | James Etim | CCAPI | Program Manager | Cross River | CBO |
| 52 | Anufiok Dominic | SCI-Calabar | M&E Coordinator | Cross River | CBO |
| 53 | Esther Ereh | CCAPI | Social Worker | Cross River | CBO |
| 54 | Iwajomo Eyitayo | Mashiah Foundation | M&E 1 | Plateau State | CBO |
| 55 | Joseph Okwudiri | Mashiah Foundation | M&E 2 | Plateau State | CBO |
| 56 | Obekpa Daniel | Mashiah Foundation | HES 1 | Plateau State | CBO |
| 57 | Egbele Chidinma | Mashiah Foundation | Social Work Officer | Plateau State | CBO |
| 58 | Egbum Chineyem | Mashiah Foundation | DEC | Plateau State | CBO |
| 59 | Oloimtobi Cornelius | Mashiah Foundation | No 1 | Plateau State | CBO |
| 60 | Amoko Johnson Olaye | CAHLI | Program Manager | Plateau State | CBO |
| 61 | Ikwebe Sunday | CAHLI | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 62 | Kingston Micheal | CAHLI | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 63 | Shehu Mohammed | CAHLI | Data Entry Clerk | Plateau State | CBO |
| 64 | Habila Timothy | CAHLI | Household Economic Strengthening Officer 11 | Plateau State | CBO |
| 65 | Jembe Boniface | CAHLI | Monitoring And Evaluation Officer 11 | Plateau State | CBO |
| 66 | Ishmaila Yakubu | CAHLI | Community Case Management Worker | Plateau State | CBO |
| 67 | Awos Dorcas | CAHLI | Nutrition Officer | Plateau State | CBO |
| 68 | Rabi Sadanu | CAHLI | Care Giver | Plateau State | CBO |
| 69 | Samson Abayomi Orokola | ACET | Program Manager | Plateau State | CBO |
| 70 | Isaac Olushola Joshua | ACET | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 71 | Mathew Ibrahim | ACET | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 72 | Mathias Itoro Thompson | ACET | Data Entry Clerk | Plateau State | CBO |
| 73 | Joshua Ugbede Oguche | ACET | Household Economic Strengthening Officer 11 | Plateau State | CBO |
| 74 | Utik James | ACET | Monitoring and Evaluation Officer 11 | Plateau State | CBO |
| 75 | Nanbol .N. Rindap | ACET | Community Case Management Worker | Plateau State | CBO |
| 76 | Nweze Jennifer | ACET | Volunteer | Plateau State | CBO |
| 77 | Sohdor Yilnap | ACET | Care Giver | Plateau State | CBO |
| 78 | Anna Dimka | MRDC | Program Manager | Plateau State | CBO |
| 79 | Edward Banyula Subi | MRDC | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 80 | Zumnan Chosi | MRDC | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 81 | Tongshak Yakwal | MRDC | Data Entry Clerk | Plateau State | CBO |
| 82 | Manmina Musa | MRDC | Social Worker Officer | Plateau State | CBO |
| 83 | Adeolowo Gabriel | MRDC | Monitoring and Evaluation Officer 11 | Plateau State | CBO |
| 84 | Wisdom Dinchang Tanko | MRDC | Community Change Management Worker | Plateau State | CBO |
| 85 | Samuel Ishaya | MRDC | Data Entry Clerk | Plateau State | CBO |
| 86 | Comfort Nimfa | MRDC | Care Giver | Plateau State | CBO |
| 87 | Dasu Yakubu | CeGHaD | Program Manager | Plateau State | CBO |
| 88 | Stephen Umaru | CeGHaD | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 89 | Racheal Danladi | CeGHaD | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 90 | Bognet Joshua | CeGHaD | Data Entry Clerk | Plateau State | CBO |
| 91 | Yanshiyi Samueul .C. | CeGHaD | Social Worker Officer | Plateau State | CBO |
| 92 | Nanko Ramdur | CeGHaD | Monitoring and Evaluation Officer 11 | Plateau State | CBO |
| 93 | Lehdip Binde | CeGHaD | Community Change Management Worker | Plateau State | CBO |
| 94 | Dominic Dongton | CeGHaD | Community Change Management Worker | Plateau State | CBO |
| 95 | Mathew Karangkun | CeGHaD | Care Giver | Plateau State | CBO |
| 96 | Mustapha Telleh | SCI-STEER | Program Manager | Plateau State | State Office |
| 97 | Innocent Pius | SCI-STEER | Monitoring and Evaluation Coordinator | Plateau State | State Office |
| 98 | Fatima Uiya Maji | SCI-STEER | Household Economic Strengthening Coordinator | Plateau State | State Office |
| 99 | Folashade Enoch | CENCHIC | Program Manager | Plateau State | CBO |
| 100 | Micheal Yengimi | CENCHIC | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 101 | Maza Joy Dauda | CENCHIC | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 102 | Victoria Adegoke | CENCHIC | Data Entry Clerk | Plateau State | CBO |
| 103 | Abigail Akanni | CENCHIC | Social Worker Officer | Plateau State | CBO |
| 104 | Lepgak Rotnen | CENCHIC | Monitoring and Evaluation Officer 11 | Plateau State | CBO |
| 105 | Reuben Dampap | CENCHIC | Community Change Management Worker | Plateau State | CBO |
| 106 | Finiki Semphry | CENCHIC | Care Giver | Plateau State | CBO |
| 107 | Ramya Abubakar | YARAC | Program Manager | Plateau State | CBO |
| 108 | Louisa Didi Kairi | YARAC | Monitoring and Evaluation Officer | Plateau State | CBO |
| 109 | Lenka Rumtong | YARAC | Household Economic Strengthening Officer | Plateau State | CBO |
| 110 | Tersoo Iortyer | YARAC | Data Entry Clerk | Plateau State | CBO |
| 111 | Maureen Mato | YARAC | Social Worker Officer | Plateau State | CBO |
| 112 | Nathaniel Kingyong | YARAC | Finance Officer | Plateau State | CBO |
| 113 | Zam Dachurrg | YARAC | Community Change Management Worker | Plateau State | CBO |
| 114 | Nerat Irimiya | YARAC | Care Giver | Plateau State | CBO |
| 115 | John Amos Fakunle | SUWA | Program Manager | Plateau State | CBO |
| 116 | Ochala Emmanuel | SUWA | Monitoring and Evaluation Officer 11 | Plateau State | CBO |
| 117 | Joseph Sule | SUWA | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 118 | Bagins Steven | SUWA | Data Entry Clerk | Plateau State | CBO |
| 119 | Dremicant Michael | SUWA | Nutrition Officer 1 | Plateau State | CBO |
| 120 | Mbah Amaechi | SUWA | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 121 | Gyang Jungwok | SUWA | Community Change Management Worker | Plateau State | CBO |
| 122 | Tunde Aina | HTYF | Program Manager | Plateau State | CBO |
| 123 | Sanya Abdulafeez | HTYF | Monitoring and Evaluation Officer 1 | Plateau State | CBO |
| 124 | Jemima Pam-Doyle | HTYF | Household Economic Strengthening Officer 1 | Plateau State | CBO |
| 125 | Bitrus Musa | HTYF | Data Entry Clerk | Plateau State | CBO |
| 126 | Comfort David | HTYF | Nutrition Officer 1 | Plateau State | CBO |
| 127 | Onojah John | HTYF | Monitoring and Evaluation Officer 2 | Plateau State | CBO |
| 128 | Awazie Florence | HTYF | Community Change Management Worker | Plateau State | CBO |

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 affected by HIV/AIDS. [↑](#footnote-ref-2)
3. SharePoint is a web-based collaborative platform that integrates with Microsoft Office, and has been available since 2001. [↑](#footnote-ref-3)
4. OneDrive is an online file-hosting service operated by Microsoft. [↑](#footnote-ref-4)
5. The service verification form used by the CBO staff is also called a clearance form, and serves the purpose of verifying services carried out by the CCMWs, and for clearing the CCMWs before payment of allowances. [↑](#footnote-ref-5)