

DATA QUALITY ASSESSMENT REPORT

Data Quality Assessment Report Fiscal Year 2021, Quarter 4

USAID Nigeria PEPFAR Implementing Partners

**MARCH 2022**

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# Abbreviations

**ADS** Automated Directives System

**ART** antiretroviral therapy

**ARV** antiretroviral

**Data.FI** Data for Implementation

**DATIM**  Data for Accountability, Transparency, and Impact Monitoring

**DHIS2**  District Health Information Software version 2

**DQA** data quality assessment

**EMR** electronic medical record

**EpiC**  Meeting Targets and Maintaining Epidemic Control

**FY** fiscal year

**GON**  Government of Nigeria

**GP** general population

**HAT** HIV/AIDS and Tuberculosis

**HAN**  Heartland Alliance Nigeria

**HFR** high-frequency reporting

**HH** household

**HTS**  HIV testing services

**IIT** interruption in treatment

**IM** implementing mechanism

**IP** implementing partner

**KII** key informant interview

**KP** key population

**KP CARE** Key Populations Community HIV Services Action and Response

**KPIF/EpiC** Key Populations Investment Fund/ Meeting Targets and Maintaining

Epidemic Control

**LAMIS**  Lafiya Management Information System

**LGA**  local government area

**M&E**  monitoring and evaluation

**MER**  monitoring, evaluation, and reporting

**MIS** management information system

**MSF** monthly summary form

**NHREC** National Health Research Ethics Committee

**NIMR** Nigerian Institute of Medical Research

**OGAC**  Office of the Global AIDS Coordinator

**OSS**  one-stop shop

**PEPFAR** United States President’s Emergency Plan for AIDS Relief

**Q4** quarter 4

**RADET**  Retention and Audit Determination Tool

**RDQA** Routine Data Quality Assessment [tool]

**RISE**  Reaching Impact, Saturation and Epidemic Control

**SFH** Society for Family Health

**SHARP**  Strategic HIV/AIDS and TB Response Program

**SI** strategic information

**SOP** standard operating procedure

**TB** tuberculosis

**TO1**  Task Order 1

**TO2**  Task Order 2

**TO3**  Task Order 3

**USAID**  United States Agency for International Development

**VF** verification factor

# Executive Summary

## Background

Under the United States President’s Emergency Plan for AIDSRelief (PEPFAR) program in Nigeria, the United States Agency for International Development (USAID) supports eight implementing mechanisms (IMs): Meeting Targets and Maintaining Epidemic Control (EpiC)-Bridge, Key Populations Investment Fund/ Meeting Targets and Maintaining Epidemic Control (KPIF/EpiC), Key Populations Community HIV Services Action and Response 1 (KP CARE 1), KP CARE 2, Reaching Impact, Saturation and Epidemic Control (RISE), Strategic HIV/AIDS and Tuberculosis (TB) Response Program Task Order 1 (SHARP TO1), SHARP TO2, and SHARP TO3. These IMs carry out the HIV/AIDS Prevention, Care, and Treatment program in Nigeria across 16 states, working to achieve a shared vision of attaining and maintaining epidemic control. Along with other funders, eight IMs’ contribution to this work aims to lead to fewer new HIV infections, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV. All USAID-funded IMs report performance data based on the quarterly reporting requirements of both the Office of the Global AIDS Coordinator (OGAC) and USAID/Nigeria. Program management requires accurate, reliable, complete, and timely data to facilitate evidence-based decision making and, ultimately, to ensure efficient and effective program implementation. Because poor-quality data can affect the understanding of program performance, lead to ill-informed decisions, and have far-reaching consequences on the quality of healthcare, USAID requires that all USAID missions and offices conduct regular data quality assessments (DQAs).

Data for Implementation (Data.FI) supported USAID/Nigeria’s HIV/AIDS and TB (HAT) office to conduct a DQA to verify the quality of data reported in the fourth quarter (Q4) of fiscal year 2021 (FY21). The DQA covered implementing partners (IPs) representing five general population (GP) treatment mechanisms and three key population (KP) treatment mechanisms working across seven of the 16 states supported under the USAID/Nigeria PEPFAR program.

## Methodology

### Sampling Methodology

Seven states were purposefully selected in consultation with USAID/Nigeria based on the volume of clients receiving treatment in each state and across different geographic zones. One hundred percent of the clients receiving treatment at KP one-stop shops (OSS) and at GP sites that were contributing at least 32 percent of clients currently on antiretroviral therapy (ART) (TX\_CURR) in each of the seven states were selected for the assessment.

### Data Collection Process

The data collection process involved data verification of the reported data for selected indicators; client folder review; key informant interviews to assess the monitoring and evaluation (M&E) systems at the facilities; biometric verification; and administration of a structured questionnaire to clients selected for phone call confirmations and home visits.

On completion of data collection at each facility, we jointly developed specific action plans with facility staff to address gaps and areas of concern identified during the DQA.

### Indicators and Period Assessed

The period assessed was FY21 Q4 (July 1 to September 30, 2021). The indicators assessed were HTS\_TST\_POS, TX\_CURR, TX\_ML, and TX\_RTT (Table ES1).

Table 1. DQA indicators assessed

|  |  |  |
| --- | --- | --- |
| **S/N** | **Indicator** | **Definitions** |
| 1 | HTS\_TST\_POS | Number of individuals that received HTS and received a positive result |
| 2 | TX\_CURR | Number of adults and children currently receiving antiretroviral therapy (ART) during the reporting period |
| 3 | TX\_ML | Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact. |
| 4 | TX\_RTT | Number of ART patients who experienced an interruption in treatment (IIT) during any previous reporting period, who successfully restarted antiretrovirals (ARVs) within the reporting period and remained on treatment until the end of the reporting period. |

Source: MER version 2.5

## DQA Findings

### M&E Systems

The assessed IMs’ M&E systems at the facility level showed areas of strength in the six functional areas evaluated (e.g., M&E Structure, Functions, and Capabilities; Indicator Definitions and Reporting Guidelines; Data Collection and Reporting Forms and Tools); however, there was need for improvement in the training of data entry clerks at Heartland Alliance Nigeria (HAN) KP CARE 1 facilities: Badagry KP OSS, Lagos Island KP OSS, and Ojo KP OSS. All IMs showed high levels of understanding of indicators and the availability of indicator definitions and reporting guidelines, with a minimum score of 2.97 out of 3.

In the area of Data Collection and Reporting Forms and Tools, Chemonics SHARP TO3 should ensure the availability of sufficient data collection tools at Azare General Hospital, Bayara Infectious Disease Hospital, and Misau General Hospital. This likewise applies to KPIF/EpiC at Minna KP OSS.

As to Data Management Processes, the assessed facilities had a strong performance overall, with an average score of 2.99 out of 3 across all IMs. However, there was a need for improvement in filling of data collection tools at Yola KP OSS supported by Society for Family Health (SFH) KP CARE 2. The inconsistency in dates and other variables in client folders and in the Lafiya Management Information System (LAMIS) should also be harmonized across all facilities assessed. Links with the National Reporting System was an area of strength because all facilities were using nationally approved tools for data collection. There was a need for improvement in the area of Use of Data for Decision Making; some facilities had runs charts but they were not regularly updated.

### Availability, Completeness, and Integrity of Registers and the Monthly Summary Form

Findings showed that the IPs were using the nationally approved data collection tools across the HIV cascade, and they were completely filled by service providers; however, some alterations were observed in some facility registers, such as a client had initially been documented to have tested positive but the entry was later corrected, indicating that the initial entry was wrong.

### Data Verification Findings

When comparing the Data for Accountability, Transparency, and Impact Monitoring (DATIM) report against recounted/verified data, the verification factors (VFs) at several facilities showed that HTS\_TST\_POS, TX\_ML, and TX\_RTT indicators were mostly underreported whereas the TX\_CURR indicator was overreported.

For HTS\_TST\_POS, there was 2 percent underreporting when comparing the recounted value with the DATIM report. For TX\_CURR, the team found a 0.6 percent difference between what the facilities reported and what the team validated. For the TX\_ML indicator, the assessors found nearly 9 percent more patients in the files than the facilities had reported in DATIM. For the TX\_RTT indicator, a difference of 4 percent underreporting was observed when comparing the DATIM report against verified data.

Due to the poor turnout of clients at the facilities during the data validation period, fewer than 2 percent (475 of 25,187) of the clients with scheduled appointments across the seven states had their biometric data verified. Moreover, clients who were captured through the mobile app were not synchronized with the main LAMIS system (desktop version); therefore, client biometric data could not be verified at KPIF/EpiC-supported facilities.

Findings from the phone and home verifications showed that a total of 8,317 clients were verified to be clients who were newly initiated against the reported 8,311 in DATIM during the period under review. It was also discovered that an additional 11 clients were not initially reported by the Nigerian Institute of Medical Research (NIMR) site, and one and four clients’ folders were not seen for validation at Ikot Okoro General Hospital and Ikot Ekpene KP OSS, respectively, in Akwa Ibom State.

General findings showed that 5,739 (69%) of the verified clients had documented phone numbers, with 4,517 (79%) of these clients reached by phone. Of the 1,051 clients (27.6%) eligible for household visits, 943 (90%) were visited, with 771 (82%) of them seen during the household visit.

# 1.0 Introduction

## 1.1 Background

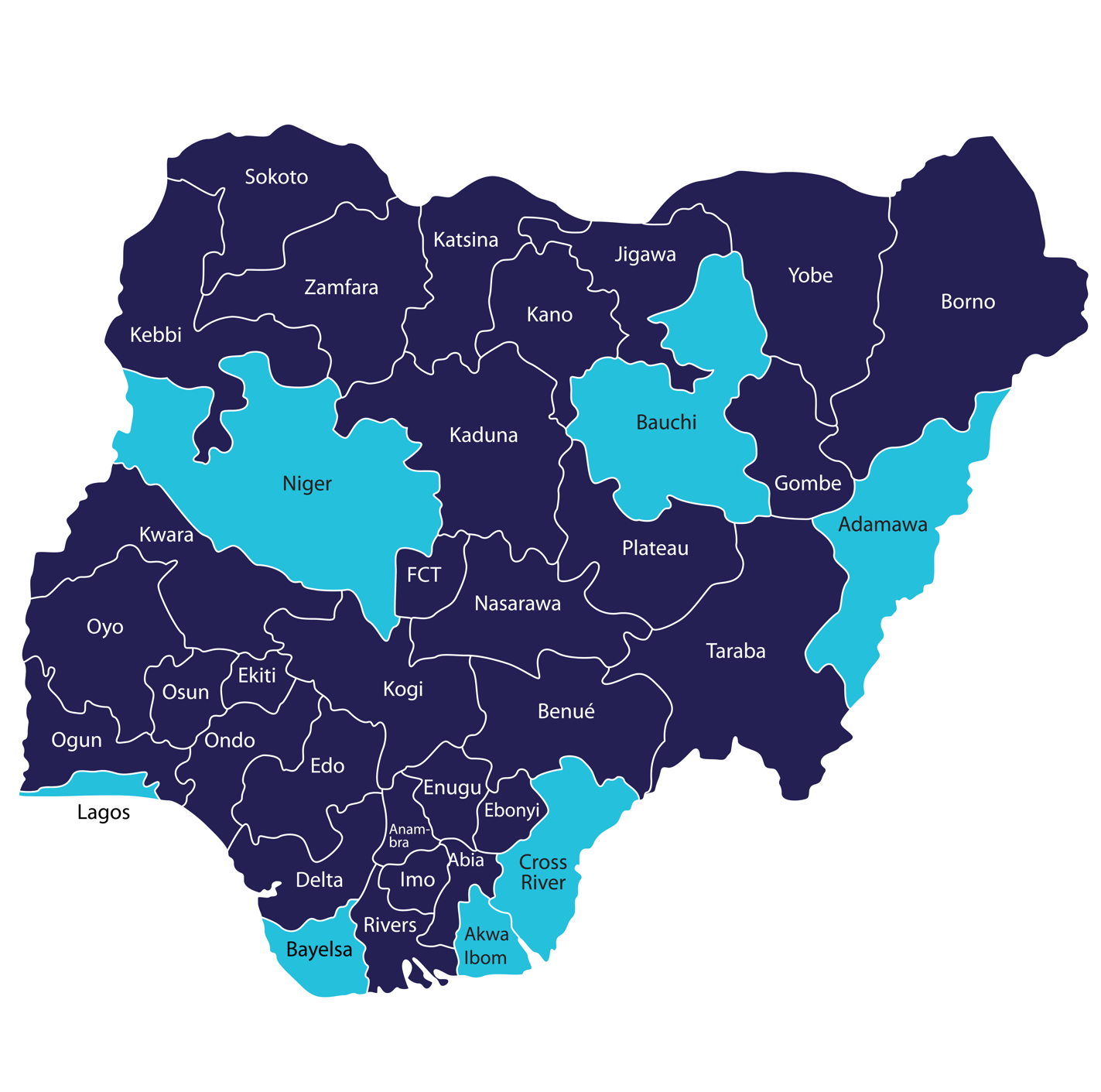
The HIV/AIDS and Tuberculosis (HAT) office of the United States Agency for International Development (USAID) in Nigeria regularly collects and analyzes performance data from its implementing partners (IPs) to make management decisions. Program management requires accurate, reliable, complete, and timely data to facilitate evidence-based decision making and, ultimately, to ensure efficient and effective program implementation. Because poor-quality data can affect the understanding of program performance, lead to ill-informed decisions, and have far-reaching consequences on the quality of healthcare, USAID requires that all USAID missions and offices conduct regular data quality assessments (DQAs).

Data for Implementation (Data.FI) supported USAID/Nigeria’s HAT office to conduct a DQA to verify the quality of data reported in the fourth quarter (Q4) of fiscal year 2021 (FY21). The DQA covered IPs representing five general population (GP) treatment mechanisms and three key population (KP) treatment mechanisms working across seven of the 16 states supported under the USAID/Nigeria program of the United States President’s Emergency Plan for AIDS Relief (PEPFAR). The states for the DQA were purposively selected by Data.FI in consultation with USAID/Nigeria based on the volume of patients receiving care and treatment in each state and in different geographic zones due to their diverse characteristics. Table 1 presents the IPs, implementing mechanisms (IMs), state, and types of populations served. Figure 1 is a map of Nigeria showing the intervention states where the DQA was conducted.

**Table 1. USAID/Nigeria IPs and IMs included in the DQA of FY21 Q4 data**

|  |  |  |  |
| --- | --- | --- | --- |
| Implementing Partner | Implementing Mechanism | States Covered | Population Served |
| Chemonics International | Strategic HIV/AIDS and TB Response Program (SHARP) Task Order 1 (TO 1) | Niger | General population |
| Chemonics International | SHARP Task Order 3 (TO 3) | Adamawa, Bauchi | General population |
| FHI 360 | Meeting Targets and Maintaining Epidemic Control-Bridge (EpiC-Bridge) | Akwa Ibom, Cross River | General population |
| FHI 360 | SHARP Task Order 2 (TO 2) | Bayelsa,  Lagos | General population |
| FHI 360 | Key Populations Investment Fund/Meeting Targets and Maintaining Epidemic Control (KPIF/EpiC) | Bayelsa,  Niger | Key populations |
| Heartland Alliance Nigeria (HAN) | Key Populations Community HIV Services Action and Response 1 (KP CARE 1) | Akwa Ibom, Cross River, Lagos | Key populations |
| Jhpiego | Reaching Impact, Saturation and Epidemic Control (RISE) | Adamawa, Akwa Ibom, Cross River, Niger | General population |
| Society for Family Health (SFH) | Key Populations Community HIV Services Action and Response 2 (KP CARE 2) | Adamawa, Bauchi | Key populations |

Figure 1. Map of Nigeria highlighting the selected DQA states



# 2.0 Purpose and Objectives of the Data Quality Assessment

## Objectives

The purpose of the DQA was to ensure that (1) USAID/Nigeria was aware of the strengths and weaknesses of reported data, which were determined by applying five data quality standards (Table 2); and (2) to determine the extent to which data integrity could be trusted to influence management decisions (per Automated Directives System [ADS] 201.3.5.8). The DQA also helped review the IPs’ monitoring and evaluation (M&E) systems, identify best practices, develop recommendations to improve existing systems for better reporting of program indicators, and determine the existing partners’ M&E structure to continuously generate timely and accurate data. In addition to the overall purpose of the DQA specified in ADS 201.3.5.8, other specific objectives of this DQA were to:

* Assess and identify potential challenges to data quality that the IPs’ data management and reporting systems create at service delivery sites (healthcare facilities and one-stop shops [OSS]).
* Verify the quality of reported data by using PEPFAR’s Monitoring, Evaluation, and Reporting (MER) guidance (version 2.5) indicator definitions to recount reported numbers for the four selected PEPFAR indicators and compare them against numbers reported to the PEPFAR Data for Accountability, Transparency, and Impact Monitoring (DATIM) and the national data collection system, for instance, the District Health Information Software version (DHIS2).
* Ensure that managers can use the data generated to effectively direct available resources and to evaluate progress toward established goals.
* Develop action plans to improve the weaknesses and gaps identified in the phases above.

Table 2. 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 and 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 on the 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: USAID. (2016). *USAID Recommended Data Quality Assessment (DQA) Checklist. Additional Help for ADS Chapter 201*. Retrieved from <https://www.usaid.gov/ads/policy/200/201sae>

# 3.0 Indicators and Reporting Period Assessed

## 3.1 Indicators for DQA

The DQA assessed four HIV indicators. These indicators were selected by Data.FI based on advice from USAID/Nigeria. They encompass the HIV 95-95-95 continuum toward achieving epidemic control. The four indicators are PEPFAR MER indicators that have a quarterly reporting timeframe. They are described in Table 3 based on the PEPFAR MER 2.5 Indicator Reference Guide, September 2020 ([FY21 MER 2.5 Indicator Reference Guide)](https://www.state.gov/wp-content/uploads/2021/01/FY21-MER-2.5-Indicator-Reference-Guide.pdf).

Table 3. Selected indicators and their PEPFAR MER 2.6 definitions

|  |  |  |
| --- | --- | --- |
| **S/N** | **Indicator** | **Definitions** |
| 1 | HTS\_TST\_POS | The HTS\_TST\_POS indicator is a disaggregate of the HTS\_TST indicator described as the “Number of individuals that received HTS and received a positive result.”. |
| 2 | TX\_CURR | The TX\_CURR indicator is described as the “Number of adults and children currently receiving antiretroviral therapy (ART) during the reporting period.” |
| 3 | TX\_ML | The TX\_ML indicator is the “Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact.” |
| 4 | TX\_RTT | The TX\_RTT indicator is the “Number of ART patients who experienced an interruption in treatment (IIT) during any previous reporting period, who successfully restarted ARVs within the reporting period and remained on treatment until the end of the reporting period.” |

## 3.2 Reporting Period

The DQA activities validated three months (one quarter) of performance data (July‒September 2021) reported by IPs in DATIM as FY21’s Q4 results. This reporting period was selected because it was the most recent, complete period and, therefore, reflected the most current data quality or best practices of IPs and their supported facilities and/or sites.

# 4.0 Methodology

## 4.1 Sampling Method

Seven states were purposefully selected by Data.FI in consultation with USAID/Nigeria based on the volume of clients receiving care and treatment and the different geographic zones with diverse characteristics. The geographic zones were North-Central, North-East, North-West, South-East, South-South, and South-West. Due to their security challenges, facilities located in Borno, Yobe, and Zamfara States were not selected for the DQA.

Health facilities for the assessment were categorized into KP implementation sites and GP health facilities. In each selected state, as per USAID guidance, we purposefully selected 100 percent of the KPs sites irrespective of client volume, whereas the GP health facilities were ranked according to ART client volume to enable the selection of those facilities contributing up to 32 percent of the current “active file” of the IM in the state, where active file was defined as clients actively on treatment as of the end of September 30, 2021, according to DATIM. Thirty-nine health facilities covering the seven states, out of a total of 582 health facilities, were purposefully selected based on type (all KP OSS) and client volume (for GP). This approach improved sample representativeness and, consequently, the generalizability of the DQA findings.

The selected facilities/sites cut across all eight IMs supported by USAID-PEPFAR (five for the GP health facilities and three for the KP sites). All eight USAID-supported IMs had at least one facility selected for the DQA. The resultant sample size per state is presented in Appendix I.

## 4.2 Data Collection Process

The data collection process for the DQA had five phases:

1. Data verification of the reported data for all four indicators
2. Client folder review
3. Key informant interview (KII) assessing the M&E system of each facility
4. Biometric verification
5. Client status verification through phone calls and household visits

The data verification components included recounting using all source documents, such as the HIV testing services (HTS) registers, client tracking registers, and client folders, to confirm the accuracy of what was reported for the four indicators in DATIM.

The client folder review component involved the review of client folders to determine the status of clients. A data abstraction tool template was used for this purpose with a pre-populated line list for each facility. Certain variables, like ART start date, last drug pickup, and months of ARV refills, as documented on the client care card, were used to calculate the status of the client and compare it against what was reported by the IP for each facility.

The M&E system assessment component was done using MEASURE Evaluation’s Routine Data Quality Assessment (RDQA) tool by conducting a KII. The facility M&E lead or a designate was asked a set of questions from the RDQA tool. Each was scored based on the responses provided.

Cross-validation and confirmation of the existence of clients was done through biometric confirmation. Active clients with biometric information captured who had a clinical appointment or who visited the clinic during the DQA process were subjected to biometric reconfirmation. The IPs provided a line list of clients who were scheduled for appointments or clinical visits in November 2021; this was used for this exercise.

A phone confirmation and home visit verification were done to confirm the existence of clients who were newly initiated on treatment during the period under review. A phone call was made to clients with a documented phone number on their ART care card to confirm their name, ART status, and the most recent date and location of ART pickup. Clients without documented phone numbers, those who were unreachable, or those who did not answer the phone calls and resided in proximity to the facility were eligible for a household visit verification. Based on previous phone confirmation DQA results, it was estimated that 48 percent of the newly initiated clients would be reached by phone, and this formed the basis of our strategy. Twenty-five percent of clients who were not reached by phone or who had no documented phone number were selected for household visits. Table 55 on page 48 provides the summary of sample size selection for each IM.

Following the completion of the DQA at each facility, a debriefing meeting was held during which the facilities were given detailed feedback on the DQA results. Both IP staff and facility healthcare workers were presented with detailed information on best practices, challenges, and gaps observed during the exercise, followed by a discussion on how to address the issues. This formed the basis for the development of an action plan for each facility.

### 4.2.1 DQA Team Composition

The DQA team consisted of 50 assessors and seven Data.FI project staff. The number of assessors varied by state based on the number of facilities and the number of client folders reviewed. The USAID Strategic Information (SI) team was also in the field in Lagos and Akwa Ibom States during the second week of the exercise. Each team of assessors had a supervisor. Data.FI staff led the entire DQA team in each state.

### 4.2.2 Data Sources

Table 4 presents a summary of the data verification source documents for each indicator assessed.

Table 4. Data verification source documents

|  |  |
| --- | --- |
| **Indicator** | **Source Documents** |
| HTS\_TST\_POS | National HIV Testing Services Monthly Summary Forms (MSFs) vs National HTS Register |
| TX\_CURR | National ART Registers, ART MSFs, Retention and Audit Determination Tool (RADET) files, client folders |
| TX\_ML | Client Tracking Register/electronic medical records (EMRs)/client folders |
| TX\_RTT | Client Tracking Register/EMR/client folders |

### 4.2.3 Training and Pilot Testing

#### 4.2.3.1 Training

DQA training for all assessors was held from November 5 to November 7, 2021. During the training, the assessors were taken through the DQA methodology and the processes that would be used for the exercise. The assessors had a first-hand opportunity to work with the data collection tools that would be used and the source documents (registers and MSFs) that would be reviewed during fieldwork. Different scenarios on how to complete the data collection tools and what to look for in each tool were conducted to ensure that the assessors were well prepared for the fieldwork. To measure the level of knowledge gained by the assessors and their readiness for fieldwork, pre- and post-training tests were done on the first and last days of the training. The average score for pre-test was 60 percent. There was a significant improvement in post-test results, with an average score of 85 percent.

#### 4.2.4.1 Pilot Testing

A field exercise was conducted with a scheduled visit to two healthcare facilities in Niger State. The DQA conducted at the two facilities helped familiarize the assessors with the program source documents that would be reviewed during the DQA. The facilities visited were:

1. St. Lucas Hospital, Suleja
2. Madalla Medical Centre

Following the pilot test, the findings showed that the methodology and the data collection tools were suitable for the DQA; therefore, no changes were made to the methodology and the tools.

### 4.2.4 Ethical Considerations

Ethical standards of “do no harm” and confidentiality were upheld throughout the assessment activities. The Data.FI DQA technical team and the team of assessors in each state signed an informed consent non-disclosure agreement, and no personally identifiable information about any client was collected. For the clients who had their biometric information verified, only their unique ID was collected; therefore, the data collected could not be linked to any client in whatever form. At the site level, the supervisor was responsible for verification of the HTS\_TST register and for the biometric verification, while the rest of the team was responsible for the client folder review. We received ethical approval for the DQA from the Nigeria National Health Research Ethics Committee (NHREC) with reference number NHREC/01/01/2007-21/12/2021 and from the United States Health Media Labs institutional review board with reference number #1028PALL21.

## 4.3 Data Analysis

### 4.3.1 Qualitative: M&E System Assessment Data

A qualitative assessment was conducted to determine the strengths and weaknesses of the data management and reporting processes at the assessed facilities using MEASURE Evaluation’s RDQA tool. Responses to each question were recorded by the interviewer, who then determined whether the health facility was scored as 1=No, not all, 2=Yes, partially, and 3=Yes, completely. The questions were answered through discussions with the health facility focal persons and the verification of documents (standard operating procedures [SOPs], guidelines, reports, client files, and registers). Once all questions were scored, the average was taken to arrive at the overall score for each functional area at the health facility level. The health facility scores were then averaged to reach the IM’s overall average score. The higher the score, the stronger the IM for that component of the M&E system.

### 4.3.2 Quantitative Analysis

To determine performance, Data.FI calculated a verification factor (VF) for each facility/site visited. The VF is the ratio of the verified count (recounted by the DQA team from source documents) to the reported count (from the summary report prepared by the site) for a specific reporting period. VFs are the primary quantitative measure of data quality generated by the standard DQA tool. It is usually expressed as a percentage. The numerator consists of the number recounted from source documents and the denominator is the reported data in DATIM. Mathematically, it can be expressed as:

**VF value =** **\* 100**

For this DQA, the acceptable range of error for the VF was between 95 percent and 105 percent. Any discrepancy that fell below or over this range was considered unacceptable. The team selected this range because the facilities were high-volume sites and the expectation was for high-quality reporting from them; therefore, 5 percent represented a large number of patients. VF values less than 100 percent are indicative of overreporting of treatment results in DATIM, whereas values greater than 100 percent indicate underreporting. A score of 100 percent represents perfect concordance between the recounted value and reported results.

# 5.0 Results

## 5.1 M&E Systems Assessment Findings

The M&E systems used to collect and report data for the indicators were reviewed across six functional areas, as follows:

1. M&E Structure, Functions, and Capabilities
2. Indicator Definitions and Reporting Guidelines
3. Data Collection and Reporting Forms and Tools
4. Data Management Processes
5. Links with the National Reporting System
6. Use of Data for Decision Making

A summary of performance across all assessed facilities and IMs showed that M&E structures, functions and capabilities, indicator definitions and reporting guidelines, data collection and reporting forms and tools, and links with national reporting systems were strong areas for most facilities, with an average score of 2.99 out of 3. However, data management processes and the use of data for decision making were important areas that some IMs need to strengthen.

Table 5 provides a visual representation of the IMs’ M&E systems’ strengths and weaknesses by area, on a scale of 0 to 3, where areas of full-strength scored between 2.95 and 3, areas of partial strength scored 2.90–2.94, and weaker areas scored less than 2.90. The class ranges were made close to highlight any small deviation from a perfect score of 3.0. A more detailed facility-level analysis is provided in Appendix G.

Table 5. Summary of IMs’ M&E system assessments

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facilities Supported, by Implementing Mechanism** | **Number of Facilities** | **I - M&E Structure, Functions, and Capabilities** | **II - Indicator Definitions and Reporting Guidelines** | **III - Data Collection and Reporting Forms and Tools** | **IV- Data Management Processes** | **V - Links with National Reporting System** | **VI - Use of Data for Decision Making** | **IM Average** |
| **Chemonics SHARP TO1** | 2 | 3.00 | 2.95 | 3.00 | 2.99 | 3.00 | 2.90 | 2.97 |
| **Chemonics SHARP TO3** | 5 | 3.00 | 3.00 | 2.92 | 2.98 | 3.00 | 3.00 | 2.98 |
| **FHI 360 EpiC-Bridge** | 6 | 3.00 | 2.99 | 2.98 | 3.00 | 3.00 | 2.99 | 2.99 |
| **FHI 360 KPIF/EpiC** | 2 | 3.00 | 3.00 | 2.94 | 3.00 | 3.00 | 2.95 | 2.97 |
| **FHI 360 SHARP TO2** | 3 | 3.00 | 2.97 | 3.00 | 3.00 | 3.00 | 3.00 | 2.99 |
| **HAN KP CARE 1** | 14 | 2.93 | 2.96 | 3.00 | 3.00 | 3.00 | 2.92 | 2.97 |
| **SFH KP CARE 2** | 2 | 3.00 | 2.95 | 3.00 | 2.94 | 3.00 | 2.88 | 2.96 |
| **Jhpiego RISE** | 5 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 |
| **All Partners** | **39** | 2.99 | 2.97 | 2.99 | 2.99 | 3.00 | 2.95 | 2.98 |

## 

### 5.1.1 M&E Structure, Functions, and Capabilities

Not only is it necessary to have staff with the right skills for the work, it is also essential to have dedicated and an adequate number of M&E staff. M&E structure, functions, and capabilities was one of the strongest functional areas across all PEPFAR-supported health facilities that were assessed. This is because almost all supported health facilities had more than one dedicated staff person responsible for data collection and compiling monthly reports. These staff included M&E Assistants, SI Optimizers, Data Entry Clerks, and Medical Records Officers, and sometimes Management Information Systems (MIS) consultants. These staff were assisted by a project team that included SI Optimizers, SI Directors, and MIS consultants. Table 5 clearly shows that the IMs were very strong in this component of assessment.

#### Training

Relevant staff at all PEPFAR-supported facilities had received formal training on data collection and reporting processes and tools in the 12 months before the assessment. The score for HAN KP CARE 1-supported facilities was slightly lower because at the time of the assessment, the newly hired Data Entry Clerks at Badagry KP OSS, Lagos Island KP OSS, and Ojo KP OSS had not been trained. Otherwise, it was reported that at least 243 staff responsible for data collection and reporting had been trained in data management and tools in the past 12 months, either centrally in Abuja or at other project sites.

#### Reviewing Reports

Most of the IM-supported health facilities reported that they conducted a review of data quality. The data clerks did the first line collation and review, then data entry assistants did the second line review before the M&E assistant conducted a final review for submission to the IP's team. In most cases, it was mentioned that the IM’s SI Advisor and the SI Director conducted the final review before submission to higher-level authorities. In a few cases, like at Numan General Hospital, which was supported by Jhpiego RISE, there were weekly triangulation and review of data before submission.

Knowledge sharing and a rotation system were in place at the facilities to build capacity and ensure that people could easily backstop for others. This ensured that data compilation and reporting were completed in a timely manner.

#### Feedback Mechanisms

All health facilities received regular feedback on the quality of their submitted reports according to established guidelines. Feedback on gaps or outliers was always provided by the IPs’ regional office after each reporting period. All health facilities had had an M&E technical assistance visit either from the IM’s Zonal or Country Office or a Government of Nigeria (GON) team at least once in the past year. Most of these visits occurred between August and October 2021.

### 5.1.2 Indicator Definitions and Reporting Guidelines

The indicator definition and guidelines component of the M&E systems assessment was found to be very strong and functional. All health facilities confirmed that they had a copy of MER 2.6 guidance on indicator definitions provided by the national offices’ or coordination offices’ M&E unit.

#### 5.1.2.1 Reporting Guidelines

All health facilities had a copy of written guidelines provided by IM staff on reporting requirements and deadlines (what to report on, due dates, data sources, report recipients, etc.) and a timeline for high frequency reporting (HFR). The reporting guidelines were in the form of SOPs for routine data collection, and the Management and Instructions for Completing Nigerian HTS Register and Summary Form. Bauchi OSS, which was supported by SFH KP CARE 2, indicated that it had an updated Activity M&E Learning Plan that detailed reporting requirements. Other written documents that were frequently mentioned to support the reporting requirements were:

* SOP HFR Analytics and Visualization
* Routine Data Collection and Management SOP
* SOP confidentiality and non-disclosure agreement
* A chart on data flow and reporting timelines.
* SOP on Lafiya Management Information System (LAMIS) Platform for adherence counselors

#### 5.1.2.2 Target Setting

All health facilities assessed had targets set for key performance indicators that were clearly broken down to the granular unit of implementation and high-frequency project monitoring. All facilities had weekly, monthly, and FY targets disaggregated by age and sex.

#### 5.1.2.3 Confidentiality Issues

Most facilities took the issue of protecting clients’ personal information seriously. Facilities such as Chanchaga General Hospital and Suleja General Hospital, which were supported by Chemonics SHARP TO1, had a confidentiality guide pasted on the wall of the facility. Suleja General Hospital also had a copy of the National HIV/AIDS Stigma Reduction Strategy

Although a few health facilities lacked written protocols to ensure the confidentiality of client information, access to client folders was restricted to the concerned staff only.

### 5.1.3 Data Collection and Reporting Forms/Tools

The Data Collection and Reporting Forms/Tools functional area was sound at the facilities assessed. Good data management practice calls for as short a time lag as possible when recording on source documents to ensure reliability, precision, and completeness of data at the source. All health facilities were using standardized national reporting forms/tools to report on every stage of a transaction.

Except for Azare General Hospital, Bayara Infectious Disease Hospital, Misau General Hospital, all of which were supported by Chemonics SHARP TO3, and Minna KP OSS supported by FHI 360 KPIF/EpiC, all facilities had sufficient stock of blank data collection and reporting forms available. The tools being used met USAID/GON standards. Data collection tools included all required program/project indicators.

### 5.1.4 Data Management Processes

The health facilities' performance on the data management component was very strong. The overall average score, across all facilities and all IMs, was 2.99 out of 3.0 (Table 5). The lowest score was for Yola KP OSS supported by SFH KP CARE 2. At this facility, written guidance on filling in the data collection tools was not available during the assessment but the facility promised that specific guidelines would be put in place for proper filling and reference.

#### 5.1.4.1 Data Aggregation/Analysis Steps

In general, the DQA team found that all facilities were using their existing, relatively robust computerized systems to collect, aggregate, analyze, and report the PEPFAR indicators. LAMIS, DHIS2, and EMRs, such as OpenMRS, were frequently mentioned as the computerized systems that helped with data aggregation, analysis, and report writing. These computerized databases had historical data properly stored, up to date, and were readily available.

#### 5.1.4.2 Quality Control Procedures

All facility staff could speak about quality controls when data from paper-based forms were transferred to a computerized system; however, these processes were not always documented. There were built-in mechanisms to make sure that data from the paper-based forms were entered correctly in either the LAMIS or DHIS2. There were also quality controls in place for compiling data for the monthly facility report to ensure accuracy (e.g., detection of transcription errors). All facilities mentioned that definitions and interpretations of indicators were followed consistently when transferring data from front-line instruments to summary formats, like the MSF and reports. Most facilities did data validation, data quality checks, and data triangulation to ensure that the data were accurate. Some facilities supported by Chemonics SHARP TO3—like Bayara Infectious Disease Hospital and Azare General Hospital—and the University of Calabar Teaching Hospital supported by FHI 360 EpiC Bridge, provided clear examples of the various steps the facilities took to minimize errors. The steps included but were not limited to:

* Following strictly what was stated in the data management SOP on how data are collected and filled.
* Conducting three levels of data validations to ensure that there was no double counting: a self DQA was done quarterly to ensure that there was no double-counting; biometric verifications; and data triangulation between the primary source document and secondary source documents.
* Conducting quality assurance/continuous quality improvement daily/weekly activities.
* Using an HTS and ART calculator for the validation exercise.
* Monitoring clients through case managers so that a return to treatment was not captured as a new client.

In addition to these steps, facility staff mentioned that data validation and triangulation provided in the LAMIS and DHIS2 were performed on a daily basis. The DHIS2, RADET, data analytics/Change Management Plan also played roles in reducing data transcription errors because analyses could be done in both platforms without fear of data transcription errors.

All facilities performed weekly data validation of registers to confirm alignment with reported data. From the management level, analytics were routinely done to spotlight areas where outliers might exist and to get them corrected.

#### 5.1.4.3 Confidentiality of Personal Data

At most of the sampled health facilities across all IMs, personal data were maintained and were archived in a manner that met national and/or international confidentiality standards. For example, the EMR was passworded and only responsible staff had access to the system. Although no policy document was seen, all facilities indicated that they retained personal folders/data for five years after the close of the project.

#### 5.1.4.4 Data Backup Procedures

All facilities indicated that they routinely created backup files of program data. The backups were either conducted daily or weekly, and the files were backed up on a virtual cloud.

Calabar University Teaching Hospital supported by FHI 360 EpiC-Bridge described its best practice for its backup system. It had three steps: a secured external backup, where it backed up the database and saved it on an external hard drive; stored data in the National Data Repository (NDR); and last, the facility backed up and uploaded data to a separate repository online to which the database teams had access.

#### 5.1.4.5 Regular Supervision Visits Around Data Quality

Many health facilities received routine (monthly or quarterly) supervision visits on data quality from the IMs. There was evidence that supervisory site visits had been made in the past 12 months during which data quality had been reviewed. There was also evidence that field-level supervisors reviewed data from field workers before they were finalized and passed on.

### 5.1.5 Use of Data for Decision Making

Data Use was a strong area, but it scored the lowest, with an overall score of 2.95 out of 3.0 (Table 5). The DQA team found that all health facilities really valued the use of data for decision making. There were assigned staff, like data assistants and facility M&E staff, to interpret and analyze the data, and in most cases, daily situation room meetings were held where performance was discussed, and strategies were developed to help resolve any gaps. Data use charts, runs charts, and visualization dashboards were available in most of the facilities’ situation rooms. A few charts, like the ones for Suleja General Hospital and Minna OSS, were available but were not up to date. All facilities indicated that they held review meetings attended by stakeholders, such as the State Agency for the Control of AIDS and State AIDS and STIs Control Programme, where data were analyzed and disseminated promptly so that the information could be used to inform decisions. All facilities had routine data collection and management SOPs in place to ensure regular (at least quarterly) review of M&E data by program/project managers and/or chiefs of party, M&E staff, other technical staff, and partners. Except for General Hospital Suleja, all health facilities said that when data were disseminated, they included indications of any limitations that might exist in the data and that these limitations were documented in a change management plan.

Despite the widespread data use, only one example was given as evidence that data analysis led to improvements in program design or implementation. The only example was that data helped improve case finding and viral load coverage and suppression across communities. The lowest score was for SFH CARE 2 because at the Bauchi OSS facility, the DQA team found only the table of achievements without charts, graphs, or maps. The facility also had no document showing limitations that may have existed in the data when they were disseminated. Ikorodu KP OSS, Badagry KP OSS, Lagos Island KP OSS, and Ojo KP OSS affected the overall score for HAN KP CARE 1 because they had not indicated any specific staff assigned to the analysis and interpretation of data for reporting the status of the 95-95-95 cascade. The score of Chemonics SHARP TO 1 was affected by Suleja General Hospital, where the DQA team found that charts, graphs, maps, run charts, and visualization dashboards were not up to date, and no document was found showing any limitations that may have existed in the data before dissemination.

## 5.2 Availability, Completeness, and Integrity of Registers and MSF

Findings from the DQA showed that IPs were using the national source documents for collecting data across the HIV cascade. These documents were made available to the assessors to review during the exercise. Examples of source documents seen were the HTS MSFs, HTS registers, and ART MSFs and registers.

The source documents were completely filled by service providers at each health facility. All parameters in the data collection forms, like age, sex, date of birth, client unique identifiers, etc. were filled.

To assess the data integrity of the source documents, the assessors checked for alterations, such as changes in age, sex, date of birth, etc., on the source documents. Findings showed a 2.6 percent level of alteration across the 39 facilities. Table 6 shows the summary scores for the source documents across the three key data quality standards.

Table 6. Summary scores for data source availability, completeness, and integrity

|  |  |  |
| --- | --- | --- |
| **S/N** | **Variables** | **% Score** |
| 1 | Availability | 100% |
| 2 | Completeness | 100% |
| 3 | Integrity | 97.4% |

## 5.3 Data Verification

In general, except for the TX\_CURR indicator, the VFs showed that the facilities were more likely to underreport cases in DATIM compared with what was verified at the assessed facilities when recounting data in the client files/registers and other source documents.

For HTS\_TST\_POS, there was a 2 percent underreporting when comparing the recounted value with the DATIM report. For TX\_CURR, the team found a 0.6 percent difference between what the facilities reported and what the team validated. For the TX\_ML indicator, the assessors found nearly 9 percent more patients in the files than the facilities had reported in DATIM. For the TX\_RTT indicator, a difference of 4 percent underreporting was observed when comparing the DATIM report against the verified data (Table 7). Except for the TX\_ML indicator, some of the overall variances were within the acceptable range. However, a review at the facility level helps reveal specific data issues that are masked by the overall result.

As noted, some facilities showed excessive disparities when comparing the figures reported in DATIM with those found in their registers. The assessors noted many irregularities in the file management practices of these sites, which mainly explain the discrepancies.

Table 7. Overall DQA summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **EMR** | **Health Facility recount client folder** | **Health Facility monthly summary form/report** | **Results from Register** | **Results in DATIM** | **% Over /Underreporting between recounted number from the client files/register and DATIM** |
| HTS\_TST\_POS |  |  | 8,048 | 8,044 | 7,904 | 102% |
| TX\_CURR | 184,341 | 183,925 | 185,085 |  | 185,008 | 99.4% |
| TX\_ML | 2,235 | 2,226 | 2,235 | 2,226 | 2,060 | 108.5% |
| TX\_RTT |  |  | 1,329 | 1148 | 1,275 | 104% |

## 5.4 Partner Results

### 5.4.1 HTS\_TST\_POS

For HTS\_TST\_POS, the calculated VFs for FY21 Q4 when comparing data in the HTS\_TST register with data reported in DATIM were within the acceptable level of variance, (+/- 5% of verified data) at the 39 facilities across the eight IPs. Four of the eight IPs (Chemonics SHARP TO1, FHI 360 SHARP TO2, HAN KP CARE 1, and FHI 360 KPIF/EpiC) underreported in DATIM, with the VFs ranging from 102 percent to 105 percent (Table 8). Only three partners (Jhpiego, SFH KP CARE 2, and Chemonics TO3) had 100 percent concordance. FHI 360 EpiC-Bridge was the only partner that overreported, with a VF of 99.8 percent. As to the acceptable range of the VF values, the data reported for HTS\_TST\_POS for FY21 Q4 by the selected facilities were considered valid and fit for decision making.

Tables 8 and 9 provide each IP’s aggregate performance for the HTS\_TST\_POS indicator and the average VF per IP.

A review of the sites by population served showed that although the VFs for both KP sites and GP health facilities were within the acceptable range of variance, underreporting was observed among the two populations, with KP sites experiencing higher underreporting than GP health facilities (Table 10).

A detailed analysis of the facilities by IP is provided in Tables 11 to 18. Facility-level analysis for the HTS\_TST\_POS indicator is presented in Appendix A.

Table 8. HTS\_TST\_POS indicator summary, by partner

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HTS\_TST\_POS, by partner** | | | | | |
| **Partner** | **Number of sites** | **Health Facility monthly summary form/report** | **Results from Register** | **Results in DATIM** | **% Over /Underreporting between recounted number from the client files/register and DATIM** |
| Chemonics SHARP TO1 | 2 | 203 | 205 | 198 | 104% |
| FHI 360 SHARP TO2 | 3 | 305 | 305 | 300 | 102% |
| Chemonics SHARP TO3 | 5 | 454 | 454 | 454 | 100% |
| FHI 360 EpiC-Bridge | 6 | 2,665 | 2,660 | 2,665 | 99.8% |
| HAN KP CARE 1 | 14 | 3,332 | 3,329 | 3,215 | 104% |
| SFH KP CARE 2 | 2 | 238 | 238 | 238 | 100% |
| Jhpiego RISE | 5 | 475 | 475 | 474 | 100% |
| FHI 360 KPIF/ EpiC | 2 | 376 | 378 | 360 | 105% |

Table 9. HTS\_TST\_POS indicator summary, DATIM data compared with DQA recount, by partner

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HTS\_TST\_POS average VF compared with DATIM** | | | | | | |
| **IP** | **Average VF** | **Number of facilities** | **Number of facilities with VF in acceptable range (+/- 5%)** | **Number of under-reporting facilities** | **Number of over-reporting facilities** | **VF range**  **(-) overreporting**  **(+) underreporting** |
| Chemonics SHARP TO1 | 103% | 2 | 2 | 0 | 0 | 100%–104.9% (+) |
| FHI 360 SHARP TO2 | 104% | 3 | 2 | 1 | 0 | 100%–110.6% (+) |
| Chemonics SHARP TO3 | 100% | 5 | 5 | 0 | 0 | 100% |
| FHI 360 EpiC-Bridge | 97.6% | 6 | 5 | 0 | 1 | 85.7%–100% |
| HAN KP CARE 1 | 102.3% | 14 | 12 | 2 | 0 | 100%–113.9% (+) |
| SFH KP CARE 2 | 100% | 2 | 2 | 0 | 0 | 100% |
| Jhpiego RISE | 100.1% | 5 | 5 | 0 | 0 | 100%–100.5% (+) |
| FHI 360 KPIF/EpiC | 103.9% | 2 | 1 | 0 | 1 | 100.9%–106.9% (+) |

Table 10. HTS\_TST\_POS indicator summary, DATIM data compared with DQA recount, by population served

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HTS\_TST\_POS, by population served** | | | | | |
| **Population type** | **Number of facilities** | **Health Facility monthly summary form/report** | **Results from Register** | **Results in DATIM** | **% Over/Underreporting between recounted number from the client files/register and DATIM** |
| General Population | 21 | 4,102 | 4,099 | 4,091 | 100.2% |
| Key Population | 18 | 3,946 | 3,945 | 3,813 | 103.5% |

#### Chemonics SHARP TO1

For Chemonics SHARP TO1, the DQA was conducted at General Hospital Chanchaga and General Hospital Suleja. Although an overall comparison of the data reported in DATIM against data verified in both MSFs and HTS registers showed that VFs for HTS\_TST\_POS were within the acceptable range of variance, a facility-level review revealed that at the General Hospital Chanchaga, the VF was not within the acceptable range due to underreporting of the HTS\_TST\_POS indicator at this facility. Underreporting of data (7%) was observed at General Hospital Chanchaga whereas there was 100 percent concordance at General Hospital Suleja. Table 11 provides a summary of the Chemonics SHARP TO1 facilities for HTS\_TST\_POS.

Table 11. Chemonics SHARP TO1 facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at TO1 sites** | | | | | | | |
| **State** | **Local Government Area (LGA)** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/DATIM)** | **MSF/ DATIM** |
| Niger | Chanchaga | General Hospital Chanchaga | 102 | 107 | 109 | 107% | 105% |
| Suleja | General Hospital Suleja | 96 | 96 | 96 | 100% | 100% |

#### FHI 360 SHARP TO2

The DQA was conducted at Yenagoa Federal Medical Centre in Bayelsa, and at General Hospital Ikorodu and the NIMR in Lagos State. There was 100 percent concurrence of the HTS\_TST\_POS indicator at Yenagoa Federal Medical Centre and General Hospital Ikorodu. Underreporting was found at the NIMR when comparing what was reported in DATIM against what was verified in the HTS register and MSFs. Of the three facilities assessed, only the NIMR had a VF that was not within the acceptable range of variance. FHI 360 TO2 would do well to strengthen its data transmission process to minimize discrepancies because the gap observed was from the MSF to DATIM entry. Table 12 provides a summary of the FHI 360 SHARP TO2 facilities for HTS\_TST\_POS.

Table 12. FHI 360 SHARP TO2 facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at TO2 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **VF (MSF/ DATIM)** |
| Bayelsa | Yenagoa | Federal Medical Centre | 69 | 69 | 69 | 100% | 100% |
| Lagos | Ikorodu | General Hospital Ikorodu | 184 | 184 | 184 | 100% | 100% |
| Lagos Island | Nigeria Institute of Medical Research | 47 | 52 | 52 | 110.6% | 110.6% |

#### Chemonics SHARP TO3

The DQA for Chemonics SHARP TO3 was conducted in Adamawa State at Ganye General Hospital and Yola Specialist Hospital, and in Buch State at Bayara Infectious Disease Hospital, Misau General Hospital, and Azare General Hospital. When comparing the DATIM report with what was verified at the facilities in both the HTS register and the HTS MSF, there was 100 percent concordance; therefore, the VFs for all five facilities were within the acceptable range of variance. The HTS\_TST\_POS data for Chemonics SHARP TO3 were therefore fit for use for decision making. Table 13 provides a summary of the TO3 facilities for HTS\_TST\_POS.

Table 13. Chemonics SHARP TO3 facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at TO3 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **MSF/ DATIM** |
| Adamawa | Ganye | Ganye General Hospital | 49 | 49 | 49 | 100% | 100% |
| Yola North | Yola Specialist Hospital | 42 | 42 | 42 | 100% | 100% |
| Bauchi | Bauchi | Bayara Infectious Disease Hospital | 288 | 288 | 288 | 100% | 100% |
| Misau | Misau General Hospital | 57 | 57 | 57 | 100% | 100% |
| Katagum | Azare General Hospital | 18 | 18 | 18 | 100% | 100% |

#### FHI 360 EpiC-Bridge

The DQA for FHI 360 EpiC-Bridge was conducted at Enwang Primary Health Centre, Ibeno Cottage Hospital, Ikot Okoro General Hospital, and Okopedi Primary Health Centre in Akwa Ibom State, and at the University of Calabar Teaching Hospital and Holy Family Catholic Hospital in Cross River State.

The results showed that when comparing the DATIM report against what was verified at the facilities in the HTS register, the VF was within the acceptable range of variance for five of the six facilities. The University of Calabar Teaching Hospital was the only facility with a VF not within the acceptable range of variance. However, comparing the HTS summary form against the DATIM report, there was 100 percent concordance for all six facilities. Table 14 provides a summary of the FHI 360 EpiC-Bridge facilities for HTS\_TST\_POS.

Table 14. FHI 360 EpiC-Bridge facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at FHI 360 EpiC-Bridge sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **MSF/ DATIM** |
| Akwa Ibom | Mbo | Enwang Primary Health Centre | 965 | 965 | 965 | 100% | 100% |
| Ibeno | Ibeno Cottage Hospital | 765 | 765 | 765 | 100% | 100% |
| Oruk Anam | Ikot Okoro General Hospital | 336 | 336 | 336 | 100% | 100% |
| Okobo | Okopedi Primary Health Centre | 544 | 544 | 544 | 100% | 100% |
| Cross River | Calabar Municipal | University of Calabar Teaching Hospital | 35 | 35 | 30 | 85.7% | 100% |
| Ikom | Holy Family Catholic Hospital | 20 | 20 | 20 | 100% | 100% |

#### FHI 360 KPIF/EpiC

Yenagoa KP OSS in Bayelsa and Minna KP OSS in Niger State were the sites included in the DQA for FHI 360 KPIF/EpiC. Although both sites showed underreporting in DATIM, when comparing the DATIM report against what was verified at the facilities in the HTS register and the HTS summary form, the VFs were found to be within the acceptable range of variance at only Yenagoa KP OSS. The VF for Minna KP OSS was not within the acceptable range of variance (Table 15).

Table 15. FHI 360 KPIF/EpiC facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at KPIF/EpiC sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **MSF/ DATIM** |
| Bayelsa | Yenagoa | Yenagoa KP OSS | 112 | 113 | 113 | 101% | 101% |
| Niger | Chanchaga | Minna KP OSS | 248 | 263 | 265 | 107% | 106% |

#### HAN KP CARE 1

For HAN KP CARE 1, the DQA was conducted at their 14 supported KP OSS sites. The results revealed that when comparing the DATIM report against what was verified at the facilities in the HTS register and the HTS summary form, the VFs were within the acceptable range of variance for 12 of the 14 facilities. Agege KP OSS and Lagos Island KP OSS had VFs that were outside the acceptable range of variance. Table 16 provides a summary.

Table 16. HAN KP CARE 1 facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at HAN KP CARE 1 supported sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **MSF/ DATIM** |
| Akwa Ibom | Uyo | Uyo KP OSS | 393 | 393 | 393 | 100% | 100% |
|  | Ikot Ekpene KP OSS | 179 | 179 | 179 | 100% | 100% |
|  | Eket KP OSS | 343 | 343 | 343 | 100% | 100% |
|  | Oron KP OSS | 149 | 149 | 149 | 100% | 100% |
| Cross River | Calabar Municipal | Calabar Municipal KP OSS | 249 | 249 | 249 | 100% | 100% |
| Bakassi | Bakassi KP OSS | 42 | 42 | 42 | 100% | 100% |
| Yakurr | Yakurr KP OSS | 105 | 105 | 105 | 100% | 100% |
| Ogoja | Ogoja KP OSS | 105 | 105 | 105 | 100% | 100% |
| Ikom | Ikom KP OSS | 80 | 80 | 80 | 100% | 100% |
| Lagos | Agege | Agege KP OSS | 416 | 467 | 467 | 112.3% | 112.3% |
| Lagos Island | Lagos Island KP OSS | 325 | 359 | 359 | 110.5% | 110.5% |
| Ojo | Ojo KP OSS | 233 | 245 | 245 | 105.2% | 105.2% |
| Ikorodu | Ikorodu KP OSS | 409 | 424 | 421 | 104% | 103% |
| Badagry | Badagry KP OSS | 187 | 192 | 192 | 102.7% | 102.7% |

#### SFH KP CARE 2

The DQA for SFH KP CARE 2 was conducted at Bauchi KP OSS and Yola KP OSS in Bauchi and Adamawa States, respectively. When comparing the DATIM report with what was verified at the facilities in the HTS register and the HTS summary form, the VFs were within the acceptable range of variance at both facilities. The two facilities had 100 percent concordance for HTS\_TST\_POS. Therefore, the data reported by KP CARE 2 were considered fit for use for decision making. Table 17 provides a summary of the FHI 360 KPIF/EpiC facilities for HTS\_TST\_POS.

Table 17. SFH KP CARE 2 facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at SFH KP CARE 2 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **MSF/ DATIM** |
| Adamawa | Yola North | Yola KP OSS | 122 | 122 | 122 | 100% | 100% |
| Bauchi | Bauchi | Bauchi KP OSS | 116 | 116 | 116 | 100% | 100% |

#### Jhpiego RISE

The DQA for the Jhpiego RISE project was conducted in three states and at five facilities: Numan General Hospital, Adamawa State; Ukana Cottage Hospital and Ibiono Handmaids Hospital in Akwa Ibom; and Ogoja Catholic Maternity Hospital and Sacred Heart Catholic Hospital in Cross River State.

The results showed that when comparing the DATIM report against what was verified at the facilities in the HTS register and the HTS summary form, the VFs were found to be within the acceptable range of variance at all five facilities. The data from the five facilities were therefore considered fit for use for programmatic decision making (Table 18).

Table 18. Jhpiego RISE facility-level analysis for HTS\_TST\_POS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that received HTS and received a positive result at Jhpiego RISE sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **MSF** | **Register** | **VF (register/ DATIM)** | **MSF/ DATIM** |
| Adamawa | Numan | Numan General Hospital | 112 | 112 | 112 | 100% | 100% |
| Akwa Ibom | Essien Udim | Ukana Cottage Hospital | 218 | 219 | 219 | 100.5% | 100% |
| Ibiono Ibom | Ibiono Handmaids Hospital | 108 | 108 | 180 | 100% | 100% |
| Cross River | Obudu | Sacred Heart Catholic Hospital | 18 | 18 | 18 | 100% | 100% |
| Ogoja | Catholic Maternity Hospital | 18 | 18 | 18 | 100% | 100% |

### 5.4.2 TX\_CURR

The TX\_CURR data were validated by comparing the last ARV pickup date and months of ARV refills for active clients in the patients’ line list shared by the IPs with the pharmacy order form available in the clients’ folders. Chemonics SHARP TO1, FHI 360 SHARP TO2, Chemonics SHARP TO3, and FHI 360 KPIF/EpiC overreported in DATIM compared with the active client folders verified. The calculated VFs comparing the active clients in the patients’ line list with the clients’ folders were within the acceptable level of variance of +/- 5 percent. The results for TX\_CURR verification were therefore considered valid and fit for decision making.

Examining the performance of TX\_CURR by the populations of clients served showed that despite the fact that the VFs for both KP sites and GP health facilities were within the acceptable range of variance, overreporting was observed at both GP health facilities and KP sites, with more overreporting among GP health facilities than by the KP sites (Table 21).

The VFs are presented in Tables 19 and 20. A detailed analysis of facilities by IP is provided in Tables 22 to 29. Facility-level analysis is available in Appendix B.

Table 19. TX\_CURR indicator summary, by partner

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TX\_CURR, by partner** | | | | | |
| **IP** | **Number of sites** | **Health Facility monthly summary form/report** | **Result from Client folder verification** | **Results in DATIM** | **% Over /Underreporting between recounted number from the client files/MSF and DATIM** |
| Chemonics SHARP TO1 | 2 | 9,203 | 9,146 | 9,213 | 99.3% |
| FHI 360 SHARP TO2 | 3 | 13,913 | 13,249 | 13,913 | 95.2% |
| Chemonics SHARP TO3 | 5 | 13,944 | 13,860 | 13,942 | 99.4% |
| FHI 360 EpiC-Bridge | 6 | 49,052 | 49,052 | 49,052 | 100.0% |
| HAN KP CARE 1 | 14 | 55,831 | 55,841 | 55,835 | 100.0% |
| SFH KP CARE 2 | 2 | 10,840 | 10,840 | 10,840 | 100.0% |
| Jhpiego RISE | 5 | 20,789 | 20,737 | 20,737 | 100.0% |
| FHI 360 KPIF/ EpiC | 2 | 11,513 | 11,202 | 11,476 | 97.6% |

Table 20. Summary of TX\_CURR indicator DATIM data compared with DQA recount, by partner.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TX\_CURR average VF compared with DATIM** | | | | | | |
| **IP** | **Average VF** | **Number of facilities averaged** | **Number of facilities with VF in acceptable range (+/- 5%)** | **Number of under-reporting facilities** | **Number of over-reporting facilities** | **VF range**  **(-) overreporting**  **(+) underreporting** |
| Chemonics SHARP TO1 | 99.3% | 2 | 2 | 0 | 0 | 98.7%‒99.9% (-) |
| FHI 360 SHARP TO2 | 95.9% | 3 | 2 | 0 | 1 | 92.3%‒100% (-) |
| Chemonics SHARP TO3 | 99.4% | 5 | 5 | 0 | 0 | 98.4%‒100% (-) |
| FHI 360 EpiC-Bridge | 100.1% | 6 | 6 | 0 | 0 | 100% |
| HAN KP CARE 1 | 100% | 14 | 14 | 0 | 0 | 100%‒100.1% |
| SFH KP CARE 2 | 100% | 2 | 2 | 0 | 1 | 100% |
| Jhpiego RISE | 100% | 5 | 5 | 0 | 0 | 97.0%‒103.2% |
| FHI 360 KPIF/EpiC | 97.8% | 2 | 2 | 0 | 0 | 96.4%‒99.2% (-) |

Table 21. TX\_CURR indicator DATIM data compared with DQA recount, by population served

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TX\_CURR, by population served** | | | | | |
| **Population type** | **Number of sites** | **Health facility monthly summary form/report** | **Client folders validated** | **Results in DATIM** | **% Over/Underreporting between recounted number from the client files/register and DATIM** |
| General Population | 21 | 106,901 | 106,044 | 106,857 | 99.2% |
| Key Population | 18 | 78,184 | 77,881 | 78,151 | 99.7% |

#### Chemonics SHARP TO1

A comparison of what was reported in DATIM with the client folders verified, the TX\_CURR indicator for Chemonics SHARP TO1 showed overreporting of clients in DATIM. However, comparing the summary form with the EMRs, there was 100 percent concordance at the two facilities assessed. Despite the overreporting by both facilities, the VFs were within the acceptable range of variance; therefore, the data were fit for use for programmatic decision making. Table 22 provides a summary of the Chemonics SHARP TO1 facilities for TX\_CURR.

Table 22. Chemonics SHARP TO1 facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at Chemonics SHARP TO1 sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Niger | Chanchaga | General Hospital Chanchaga | 4855 | 4845 | 4793 | 4845 | 98.9% | 99.8% |
| Suleja | General Hospital Suleja | 4358 | 4358 | 4353 | 4358 | 99.9% | 100% |

#### FHI 360 SHARP TO2

For the TX\_CURR indicator at the assessed FHI 360 SHARP TO2 sites, comparing what was reported in DATIM with the data verified in client folders, the VFs were found to be within the acceptable range for two of the three facilities assessed. The VF for General Hospital Ikorodu was outside the acceptable range and the data were not fit for programmatic decision making. A similar result was observed when comparing the DATIM result against the EMR record. Table 23 provides a summary of the FHI 360 SHARP TO2 facilities for TX\_CURR.

Table 23. FHI 360 SHARP TO2 facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at FHI 360 SHARP TO2 sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Bayelsa | Yenagoa | Yenagoa Federal Medical Centre | 2695 | 2668 | 2695 | 2695 | 100% | 99% |
| Lagos | Lagos Mainland | Nigeria Institute of Medical Research | 6480 | 6297 | 6179 | 6480 | 95.4% | 97.2% |
| Ikorodu | General Hospital Ikorodu | 4738 | 4383 | 4375 | 4738 | 92.3% | 92.5% |

#### Chemonics SHARP TO3

For Chemonics SHARP TO3, the calculated VFs comparing the DATIM report against verified client folders, summary forms, and EMRs were within the acceptable level of variance at all five health facilities visited. Although only two of the five facilities had 100 percent concordance for the TX\_CURR indicator, the VFs were within the acceptable range. The data reported for TX\_CURR were therefore considered valid and fit for decision making (Table 24).

Table 24. Chemonics SHARP TO3 facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at Chemonics SHARP TO3 sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Adamawa | Ganye | Ganye General Hospital | 2369 | 2369 | 2369 | 2369 | 100% | 100% |
| Yola North | Yola Specialist Hospital | 5110 | 5093 | 5110 | 5110 | 100% | 99.7% |
| Bauchi | Bauchi | Bayara Infectious Disease Hospital | 4771 | 4771 | 4695 | 4771 | 98.4% | 100% |
| Misau | Misau General Hospital | 1264 | 1264 | 1263 | 1264 | 99.9% | 100% |
| Katagum | Azare General Hospital | 428 | 427 | 423 | 430 | 98.8% | 99.8% |

#### FHI 360 EpiC-Bridge

For FHI 360 EpiC-Bridge TX\_CURR, the calculated VFs comparing the DATIM report against verified client folders, summary forms, and EMRs showed 100 percent concordance at all six facilities visited. The reported data were therefore considered valid and fit for programmatic decision making. The VFs are presented in Table 25.

Table 25. FHI 360 EpiC-Bridge facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at FHI 360 EpiC-Bridge sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Akwa Ibom | Mbo | Enwang Primary Health Centre | 13685 | 13685 | 13685 | 13685 | 100% | 100% |
| Ibeno | Ibeno Cottage Hospital | 10241 | 10241 | 10241 | 10241 | 100% | 100% |
| Oruk Anam | Ikot Okoro General Hospital | 9385 | 9385 | 9385 | 9385 | 100% | 100% |
| Okobo | Okopedi Primary Health Centre | 8974 | 8974 | 8974 | 8974 | 100% | 100% |
| Cross River | Calabar Municipal | University of Calabar Teaching Hospital | 3517 | 3517 | 3517 | 3517 | 100% | 100% |
| Ikom | Holy Family Catholic Hospital | 3250 | 3250 | 3250 | 3250 | 100% | 100% |

#### FHI 360 KPIF/EpiC

For FHI 360 KPIF/EpiC sites, when comparing what was reported in DATIM against client folders verified, EMRs, and summary forms, there was overreporting of clients in the DATIM report. Despite the overreporting by both facilities, the VFs were within the acceptable range of variance; therefore, the data for the period under review were fit for use for programmatic decision making. Table 26 provides a summary of the FHI 360 KPIF/EpiC facilities for TX\_CURR.

Table 26. FHI 360 KPIF/EpiC facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at FHI 360 KPIF/EpiC sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Bayelsa | Yenagoa | Yenagoa KP OSS | 4853 | 4837 | 4815 | 4995 | 99.2% | 99.7% |
| Niger | Chanchaga | Minna KP OSS | 6623 | 6564 | 6387 | 6518 | 96.4% | 99.1% |

#### HAN KP CARE 1

For HAN KP CARE 1, the calculated VFs comparing active clients in the patients’ line list with DATIM were within the acceptable level of variance of +/- 5 percent at all 14 facilities assessed. Given this result, the data reported for TX\_CURR for the period under review were considered valid and fit for decision making (Table 27).

Table 27. HAN KP CARE 1 facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at HAN KP CARE 1 sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Akwa Ibom | Uyo | Uyo KP OSS | 7944 | 7944 | 7944 | 7944 | 99.2% | 99.7% |
| Ikot Ekpene | Ikot Ekpene KP OSS | 5998 | 5998 | 5994 | 5998 | 99.9% | 100% |
| Eket | Eket KP OSS | 5696 | 5696 | 5694 | 5696 | 99.9% | 100% |
| Oron | Oron KP OSS | 3174 | 3174 | 3174 | 3174 | 100% | 100% |
| Cross River | Calabar Municipal | Calabar Municipal KP OSS | 5280 | 5280 | 5280 | 5280 | 100% | 100% |
| Bakassi | Bakassi KP OSS | 4135 | 4135 | 4135 | 4135 | 100% | 100% |
| Yakurr | Yakurr KP OSS | 3032 | 3032 | 3032 | 3032 | 100% | 100% |
| Ogoja | Ogoja KP OSS | 2213 | 2213 | 2213 | 2213 | 100% | 100% |
| Ikom | Ikom KP OSS | 1825 | 1825 | 1825 | 1825 | 100% | 100% |
| Lagos | Agege | Agege KP OSS | 5679 | 5680 | 5686 | 5675 | 100.1% | 100% |
| Lagos Island | Lagos Island KP OSS | 4294 | 4294 | 4299 | 4294 | 100.1% | 100% |
| Ojo | Ojo KP OSS | 2643 | 2643 | 2643 | 2643 | 100% | 100% |
| Ikorodu | Ikorodu KP OSS | 2103 | 2103 | 2104 | 2103 | 100% | 100% |
| Badagry | Badagry KP OSS | 1819 | 1819 | 1819 | 1819 | 100% | 100% |

#### SFH KP CARE 2

The calculated VFs comparing active clients in the patients’ line list with the clients’ folder were within the acceptable level of variance of +/- 5 percent for the two facilities visited. Therefore, the data reported for TX\_CURR within the period under review were considered valid and fit for decision making. The VFs are given in Table 28.

Table 28. SFH KP CARE 2 facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at SFH KP CARE 2 sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Adamawa | Yola North | Yola KP OSS | 5361 | 5361 | 5361 | 5361 | 100% | 100% |
| Bauchi | Bauchi | Bauchi KP OSS | 5479 | 5479 | 5477 | 5479 | 99.9% | 100% |

#### Jhpiego RISE

For Jhpiego RISE TX\_CURR, the calculated VFs comparing the DATIM report against verified client folders, summary forms, and EMRs showed 100 percent concordance at all five facilities visited. The reported data were therefore valid and fit for programmatic decision making (Table 29).

Table 29. Jhpiego RISE facility-level analysis for TX\_CURR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of individuals that are currently on treatment (TX\_CURR) at Jhpiego RISE sites** | | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **EMR** | **Verified client folder** | **MSF** | **Verified/ DATIM** | **EMR/ DATIM** |
| Adamawa | Numan | Numan General Hospital | 2788 | 2788 | 2788 | 2788 | 100% | 100% |
| Akwa Ibom | Essien Udim | Ukana Cottage Hospital | 6421 | 6421 | 6421 | 6421 | 100% | 100% |
| Ibiono Ibom | Ibiono Handmaids Hospital | 6294 | 6294 | 6294 | 6294 | 100% | 100% |
| Cross River | Ogoja | Ogoja Catholic Maternity Hospital | 2395 | 2395 | 2395 | 2395 | 100% | 100% |
| Obudu | Sacred Heart Catholic Hospital | 2839 | 2839 | 2839 | 2839 | 100% | 100% |

### 5.4.3 TX\_ML

For the TX\_ML indicator, comparing data in the client tracking register and the client folder against what was reported in DATIM, only five of the eight USAID-supported partners had a VF within the acceptable range: Chemonics SHARP TO3, FHI 360 EpiC-Bridge, HAN KP CARE 1, Jhpiego RISE, and FHI 360 KPIF/EpiC. Chemonics SHARP TO1, FHI 360 SHARP TO2, and SFH KP CARE 2 had VFs below or above the acceptable level of variance. Both FHI 360 SHARP TO2 and SFH KP CARE 2 underreported in DATIM, and Chemonics SHARP TO1 overreported during the period under review. Therefore, data from only five IPs were considered fit for use for decision making. The other IPs need to work on correcting their reports and ensuring that accurate data are reported going forward. Although HAN KP CARE 1 had a VF within the acceptable range, there were two facilities that did not report the TX\_ML indicator; nevertheless, TX\_ML data were available for these two facilities. A review of TX\_ML indicator performance by populations served showed that the indicator was being underreported at both KP and GP sites (Table 32). However, the VFs for KP sites were within the acceptable range of variance, whereas those for GP sites were not within the acceptable level of variance. The poor performance of the TX\_ML indicator among the GP sites was mostly attributed to the NIMR, supported by FH360 SHARP TO2, and to the General Hospital Chanchaga, supported by Chemonics SHARP TO1.The VFs are given in Tables 30 and 31. A detailed analysis of facilities by IP is provided in Tables 32 to 40. Facility-level analysis is available in Appendix C.

Table 30. TX\_ML indicator summary, by partner

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IP** | **Number of sites** | **MSF** | **Result from Client folder/ Register verification** | **Results in DATIM** | **% Over/Underreporting between recounted number from the client files/MSF and DATIM** |
| Chemonics SHARP TO1 | 2 | 200 | 200 | 233 | 85.8% |
| FHI 360 SHARP TO2 | 3 | 379 | 379 | 191 | 198.4% |
| Chemonics SHARP TO3 | 4 | 319 | 319 | 319 | 100.0% |
| FHI 360 EpiC-Bridge | 4 | 164 | 164 | 163 | 100.6% |
| HAN KP CARE 1 | 9 | 111 | 111 | 110 | 100.9% |
| SFH KP CARE 2 | 2 | 56 | 63 | 51 | 123.5% |
| Jhpiego RISE | 5 | 888 | 888 | 888 | 100.0% |
| FHI 360 KPIF/EpiC | 2 | 107 | 107 | 105 | 101.9% |

Table 30. Summary of TX\_ML indicator DATIM data compared with DQA recount, by partner

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TX\_ML average VF compared with DATIM** | | | | | | |
| **IP** | **Average VF** | **Number of facilities averaged** | **Number of facilities with VF in acceptable range (+/- 5%)** | **Number of under-reporting facilities** | **Number of over-reporting facilities** | **VF range**  **(-) overreporting**  **(+) underreporting** |
| Chemonics SHARP TO1 | 91.4% | 2 | 1 | 0 | 1 | 83%‒100% (-) |
| FHI 360 SHARP TO2 | 882% | 3 | 1 | 1 | 1 | 93.6%‒2,450% (-) |
| Chemonics SHARP TO3 | 100% | 5 | 5 | 0 | 0 | 100% |
| FHI 360 EpiC-Bridge | 100.6% | 5 | 5 | 1 | 0 | 100%‒103.9% (-) |
| HAN KP CARE 1 | 103% | 9 | 8 | 1 | 0 | 100%‒125% (-) |
| SFH KP CARE 2 | 112.5% | 2 | 1 | 1 | 0 | 100%‒125% (-) |
| Jhpiego RISE | 100% | 5 | 5 | 0 | 0 | 100% |
| FHI 360 KPIF/EpiC | 102% | 2 | 2 | 0 | 0 | 100%‒103.8% (-) |

Table 31. Summary of TX\_ML indicator DATIM data compared with DQA recount, by population served

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TX\_ML, by population served** | | | | | |
| **Population type** | **Number of sites** | **DATIM** | **Client tracking register** | **MSF** | **% Over/Underreporting between recounted number from the client files/register and DATIM** |
| General Population | 21 | 1,794 | 1,950 | 1,950 | 108.7% |
| Key Population | 18 | 266 | 276 | 285 | 103.8% |

#### Chemonics SHARP TO1

For the TX\_ML indicator for Chemonics SHARP TO1, when comparing what was reported in DATIM against what was verified in the client tracking register, there was overreporting of clients in the DATIM report for General Hospital Chancghaga. On the other hand, there was 100 percent concordance at General Hospital Suleja. However, when comparing the summary form against the client tracking register, there was 100 percent concordance at the two facilities assessed. Only data reported by General Hospital Suleja fell within the acceptable variance range; therefore, data from this facility only were considered valid and fit for decision making. Table 33 provides a summary of the Chemonics SHARP TO1 facilities for TX\_ML.

Table 32. Chemonics SHARP TO1 facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at Chemonics SHARP TO1 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register/ DATIM** | **MSF/ DATIM** |
| Niger | Chanchaga | General Hospital Chanchaga | 191 | 158 | 158 | 82.7% | 82.7% |
| Suleja | General Hospital Suleja | 42 | 42 | 42 | 100% | 100% |

#### FHI 360 SHARP TO2

For the TX\_ML indicator at the assessed FHI 360 SHARP TO2 sites, when comparing what was reported in DATIM against the client tracking registers, the VFs were found to be within the acceptable range for only one of the three facilities visited. The VFs for the two sites visited in Lagos were not within the acceptable range of variance and therefore the data were not fit for programmatic decision making (Table 34).

Table 33. FHI 360 SHARP TO2 facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at FHI 360 SHARP TO2 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register/**  **DATIM** | **MSF/ DATIM** |
| Bayelsa | Yenagoa | Yenagoa Federal Medical Centre | 152 | 154 | 154 | 101.3% | 101.3% |
| Lagos | Lagos Mainland | Nigeria Institute of Medical Research | 8 | 196 | 196 | 2450% | 2450% |
| Ikorodu | General Hospital Ikorodu | 31 | 29 | 29 | 93.5% | 93.5% |

#### Chemonics SHARP TO3

Comparing what was reported in DATIM against the client tracking register and the summary form, there was 100 percent concordance across the five facilities visited for Chemonics SHARP TO3. With the VFs being within the acceptable variance range, the reported data were valid and fit for use. The VFs are given in Table 35.

Table 34. Chemonics SHARP TO3 facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at Chemonics SHARP TO3 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register/ DATIM** | **MSF/ DATIM** |
| Adamawa | Ganye | Ganye General Hospital | 31 | 31 | 31 | 100% | 100% |
| Yola North | Yola Specialist Hospital | 91 | 91 | 91 | 100% | 100% |
| Bauchi | Bauchi | Bayara Infectious Disease Hospital | 188 | 188 | 188 | 100% | 100% |
| Misau | Misau General Hospital | 4 | 4 | 4 | 100% | 100% |
| Azare | Azare General Hospital | 5 | 5 | 5 | 100% | 100% |

#### FHI 360 EpiC-Bridge

Comparing what was reported in DATIM against the client tracking register and the summary form, the VFs for FHI 360 EpiC-Bridge were within the acceptable range of variance at all six facilities visited. Although there was overreporting at the University of Calabar Teaching Hospital, the VF was within the acceptable range of variance. Therefore, the reported data were considered valid and fit for use. The VFs are provided in Table 36.

Table 35. FHI 360 EpiC-Bridge facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at FHI 360 EpiC-Bridge sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register/ DATIM** | **MSF/ DATIM** |
| Akwa Ibom | Mbo | Enwang Primary Health Centre | 32 | 32 | 32 | 100% | 100% |
| Ibeno | Ibeno Cottage Hospital | 22 | 22 | 22 | 100% | 100% |
| Oruk Anam | Ikot Okoro General Hospital | 24 | 24 | 24 | 100% | 100% |
| Okobo | Okopedi Primary Health Centre | 6 | 6 | 6 | 100% | 100% |
| Cross River | Calabar Municipal | University of Calabar Teaching Hospital | 26 | 27 | 27 | 103.8% | 100% |
| Ikom | Holy Family Catholic Hospital | 53 | 53 | 53 | 100% | 100% |

#### FHI 360 KPIF/EpiC

For the TX\_ML indicator, comparing what was reported in DATIM against the client tracking register and the summary form, the VFs were within the acceptable range of variance at the two facilities visited, although there was underreporting at Yenagoa KP OSS. Therefore, the reported data were considered valid and fit for use (Table 37).

Table 36. FHI 360 KPIF/EpiC facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at FHI 360 KPIF/EpiC sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/DATIM** |
| Bayelsa | Yenagoa | Yenago KP OSS | 53 | 55 | 55 | 104% | 104% |
| Niger | Chanchaga | Minna KP OSS | 52 | 52 | 52 | 100% | 100% |

#### HAN KP CARE 1

For TX\_ML at HAN KP CARE 1 facilities, only nine of the 14 supported sites reported data for the indicator. During the DQA, two additional facilities were discovered to have data for TX\_ML that had not been reported in DATIM (Ojo KP OSS and Ikorodu KP OSS). Of the nine facilities that reported TX\_ML data, eight had VFs within the acceptable range of variance when the assessors compared what was reported in DATIM against what was verified in the client tracking register and summary form. Ikorodu KP OSS had data on the client tracking register and MSF but did not report on DATIM, while Ojo KP OSS had data on MSF but not on the client tracking register and DATIM. The VFs are presented in Table 38.

Table 37. HAN KP CARE 1 facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at HAN KP CARE 1 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Akwa Ibom | Uyo | Uyo KP OSS | 0 | 0 | 0 |  |  |
| Ikot Ekpene | Ikot Ekpene KP OSS | 7 | 7 | 7 | 100% | 100% |
| Eket | Eket KP OSS | 11 | 11 | 11 | 100% | 100% |
| Oron | Oron KP OSS | 7 | 7 | 7 | 100% | 100% |
| Cross River | Calabar Municipal | Calabar Municipal KP OSS | 16 | 16 | 16 | 100% | 100% |
| Bakassi | Bakassi KP OSS | 0 | 0 | 0 |  |  |
| Yakurr | Yakurr KP OSS | 2 | 2 | 2 | 100% | 100% |
| Ogoja | Ogoja KP OSS | 13 | 13 | 13 | 100% | 100% |
| Ikom | Ikom KP OSS | 0 | 0 | 0 |  |  |
| Lagos | Agege | Agege KP OSS | 3 | 3 | 3 | 100% | 100% |
| Lagos Island | Lagos Island KP OSS | 47 | 47 | 47 | 100% | 100% |
| Ojo | Ojo KP OSS | 0 | 0 | 2 | 0% | 0% |
| Ikorodu | Ikorodu KP OSS | 0 | 2 | 2 | 0% | 0% |
| Badagry | Badagry KP OSS | 4 | 5 | 5 | 125% | 125% |

#### SFH KP CARE 2

Only one of the two sites visited for SFH KP CARE 2 had a VF within the acceptable range of variance. The other site underreported in DATIM when comparing what was reported against data verified in the client tracking register and MSF (Table 39).

Table 39. SFH KP CARE 2 facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at SFH KP CARE 2 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Adamawa | Yola North | Yola KP OSS | 20 | 25 | 32 | 125% | 160% |
| Bauchi | Bauchi | Bauchi KP OSS | 31 | 31 | 31 | 100% | 100% |

#### Jhpiego RISE

Comparing what was reported in DATIM against the client tracking register and summary form, there was 100 percent concordance at all five facilities visited. With the VFs being within the acceptable range of variance, the reported data for the period were considered valid and fit for use (Table 40).

Table 40. Jhpiego RISE facility-level analysis for TX\_ML

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX\_ML) at Jhpiego RISE sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Adamawa | Numan | Numan General Hospital | 339 | 339 | 339 | 100% | 100% |
| Akwa Ibom | Essien Udim | Ukana Cottage Hospital | 23 | 23 | 23 | 100% | 100% |
| Ibiono Ibom | Ibiono Handmaids Hospital | 16 | 16 | 16 | 100% | 100% |
| Cross River | Ogoja | Ogoja Catholic Maternity Hospital | 139 | 139 | 139 | 100% | 100% |
| Obudu | Sacred Heart Catholic Hospital | 371 | 371 | 371 | 100% | 100% |

### 5.4.4 TX\_RTT

Only five of the eight USAID-supported partners had VFs within the acceptable range for the TX\_RTT indicator when comparing data in the client tracking register against data reported in DATIM: Chemonics SHARP TO3, FHI 360 EpiC-Bridge, HAN KP CARE 1, Jhpiego RISE, and FHI 360 KPIF/EpiC. Chemonics SHARP TO1 and FHI 360 SHARP TO2 had VFs below and above the acceptable level of variance, respectively. FHI 360 SHARP TO2 underreported in DATIM at one facility. NIMR did not report TX\_RTT; however, the data were verified during the DQA. On the other hand, the two facilities supported by Chemonics SHARP TO1 overreported in DATIM. With the consideration of the VFs, data from only six IPs with VFs within the acceptable range were considered fit for use for decision making. Chemonics SHARP TO1 and FHI 360 SHARP TO2 need to work on correcting the data that they reported to reflect the findings from the DQA for the TX\_RTT indicator.

A further look at the TX\_RTT performance by populations served showed that there was underreporting in both, with the majority occurring at GP sites (Table 43).

The poor performance of the TX\_RTT indicator among the GP sites was primarily contributed by the NIMR, supported by FH360 SHARP TO2, and by the General Hospital Chanchaga, supported by Chemonics SHARP TO1. At the NIMR, TX\_RTT was not reported; however, the data were verified during the DQA at the facility. General Hospital Chanchaga overreported TX\_RTT data. The VFs are given in Tables 41 and 42. A detailed analysis of facilities by IP is provided in Tables 43 to 50. Facility-level analysis is available in Appendix D.

Table 41. TX\_RTT indicator summary, by partner

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TX\_RTT by partner** | | | | | |
| **IP** | **Number of sites** | **Health facility monthly summary form/report** | **Result from Client folder/Register verification** | **Results in DATIM** | **% Over/Underreporting between recounted number from the client files/MSF and DATIM** |
| Chemonics SHARP TO1 | 2 | 155 | 155 | 180 | 86.1% |
| FHI 360 SHARP TO2 | 3 | 294 | 294 | 168 | 175.0% |
| Chemonics SHARP TO3 | 4 | 80 | 80 | 80 | 100.0% |
| FHI 360 EpiC-Bridge | 4 | 15 | 15 | 15 | 100.0% |
| HAN KP CARE 1 | 9 | 111 | 111 | 109 | 101.8% |
| SFH KP CARE 2 | 2 | 220 | 220 | 220 | 100.0% |
| Jhpiego RISE | 5 | 454 | 454 | 455 | 99.8% |
| FHI 360 KPIF/ EpiC | 2 | - | - | - | 100.0% |

Table 38. Summary of TX\_RTT DATIM data compared with DQA recount, by partner

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TX\_RTT average VF when compared with DATIM** | | | | | | |
| **IP** | **Average VF** | **Number of facilities averaged** | **Number of facilities with VF in acceptable range (+/- 5%)** | **Number of under-reporting facilities** | **Number of over-reporting facilities** | **VF range**  **(-) overreporting**  **(+) underreporting** |
| Chemonics SHARP TO1 | 71% | 2 | 0 | 0 | 2 | 66%‒77% (+) |
| FHI 360 SHARP TO2 | 66% | 3 | 2 | 1 | 0 | 100% (+) |
| Chemonics SHARP TO3 | 100% | 4 | 4 | 0 | 0 | 100% |
| FHI 360 EpiC-Bridge | 100% | 4 | 4 | 0 | 0 | 100% |
| HAN KP CARE 1 | 104% | 9 | 8 | 1 | 0 | 100%‒133%(-) |
| SFH KP CARE 2 | 100% | 2 | 2 | 0 | 0 | 100% |
| Jhpiego RISE | 100% | 5 | 5 | 0 | 0 | (+) 99.7‒100% |
| FHI 360 KPIF/ EpiC | 100% | 2 | - | - | - | - |

Table 39. Summary of TX\_RTT indicator DATIM data compared with DQA recount, by population served

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TX\_RTT, by population served** | | | | | |
| **Population type** | **Number of sites** | **DATIM** | **Client tracking register** | **MSF** | **% Over/Underreporting between recounted number from the client files/register and DATIM** |
| General Population | 21 | 946 | 998 | 998 | 105.5% |
| Key Population | 18 | 329 | 331 | 331 | 100.6% |

#### Chemonics SHARP TO1

For the TX\_RTT indicator for Chemonics SHARP TO1, when comparing what was reported in DATIM against what was verified in the client tracking register, there was overreporting of clients in DATIM by both facilities, with the VFs not within the acceptable range of variance. The data reported by the two sites were not considered to be valid and were therefore not fit for use for decision making. Table 44 provides a summary of the Chemonics SHARP TO1 facilities for TX\_RTT.

Table 40. Chemonics SHARP TO1 facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at Chemonics SHARP TO1 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Niger | Chanchaga | General Hospital Chanchaga | 180 | 118 | 118 | 66% | 66% |
| Suleja | General Hospital Suleja | 48 | 37 | 37 | 77% | 77% |

#### FHI 360 SHARP TO2

For the TX\_RTT indicator at the assessed FHI 360 SHARP TO2 sites, when comparing what was reported in DATIM against client tracking registers, the VFs were found to be within the acceptable range at two of the three facilities visited. One site (NIMR) did not report TX\_RTT for the period under review; however, during the DQA, 126 cases of TX\_RTT were verified and confirmed to exist (Table 45).

Table 45. FHI 360 SHARP TO2 facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at FHI 360 SHARP TO2 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/DATIM** |
| Bayelsa | Yenagoa | Yenagoa Federal Medical Centre | 132 | 132 | 132 | 100% | 100% |
| Lagos | Lagos Mainland | Nigeria Institute of Medical Research | 0 | 126 | 126 |  |  |
| Ikorodu | General Hospital Ikorodu | 36 | 36 | 36 | 100% | 100% |

#### Chemonics SHARP TO3

Comparing what was reported in DATIM against the client tracking register and summary form for TX\_RTT, the assessors found 100 percent concordance at four of the five facilities supported by Chemonics SHARP TO3. These four facilities reported TX\_RTT data for the period under review. Azare General Hospital did not report these data. With the VFs being within the acceptable variance range, the reported data were considered valid and fit for use. The VFs are given in Table 46.

Table 41. Chemonics SHARP TO3 facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at Chemonics SHARP TO3 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/DATIM** |
| Adamawa | Ganye | Ganye General Hospital | 20 | 20 | 20 | 100% | 100% |
| Yola North | Yola Specialist Hospital | 2 | 2 | 2 | 100% | 100% |
| Bauchi | Bauchi | Bayara Infectious Disease Hospital | 55 | 55 | 55 | 100% | 100% |
| Misau | Misau General Hospital | 3 | 3 | 3 | 100% | 100% |
| Azare | Azare General Hospital | - | - | - | - | - |

#### FHI 360 EpiC-Bridge

Comparing what was reported in DATIM against the client tracking register and summary form for TX\_RTT, there was 100 percent concordance at four of the six facilities visited and supported by FHI 360 EpiC-Bridge. These four facilities reported TX\_RTT for the period under review. With the VFs being within the acceptable range of variance, the reported data were considered valid and fit for use (Table 47).

Table 42. FHI 360 EpiC-Bridge facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at FHI 360 EpiC-bridge sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Akwa Ibom | Mbo | Enwang Primary Health Centre | 2 | 2 | 2 | 100% | 100% |
| Ibeno | Ibeno Cottage Hospital | 0 | 0 | 0 |  |  |
| Oruk Anam | Ikot Okoro General Hospital | 3 | 3 | 3 | 100% | 100% |
| Okobo | Okopedi Primary Health Centre | 0 | 0 | 0 |  | - |
| Cross River | Calabar Municipal | University of Calabar Teaching Hospital | 7 | 7 | 7 | 100% | 100% |
| Ikom | Holy Family Catholic Hospital | 2 | 2 | 2 | 100% | 100% |

#### 

#### FHI 360 KPIF/EpiC

Neither of the two sites visited supported by FHI 360 KPIF/EpiC reported on the TX\_RTT indicator during the period under review; consequently, no data were verified.

Table 43. FHI 360 KPIF/EpiC facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at FHI 360 KPIF/EpiC sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Bayelsa | Yenagoa | Yenago KP OSS | - | - | - | N/A | N/A |
| Niger | Chanchaga | Minna KP OSS | - | - | - | N/A | N/A |

#### HAN KP CARE 1

At the HAN KP CARE 1-supported sites, nine of the 14 facilities reported data for this indicator, of which eight had 100 percent concordance with what was reported compared with the verified data. Badagry KP OSS was the only facility with a VF outside the acceptable range of variance. The VFs are given in Table 49.

Table 49. HAN KP CARE 1 facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at HAN KP CARE 1 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Akwa Ibom | Uyo | Uyo KP OSS | - | - | - | - | - |
| Ikot Ekpene | Ikot Ekpene KP OSS | 22 | 22 | 22 | 100% | 100% |
| Eket | Eket KP OSS | 44 | 44 | 44 | 100% | 100% |
| Oron | Oron KP OSS | - | - | - | - | - |
| Cross River | Calabar Municipal | Calabar Municipal KP OSS | 10 | 10 | 10 | 100% | 100% |
| Bakassi | Bakassi KP OSS | 6 | 6 | 6 | 100% | 100% |
| Yakurr | Yakurr KP OSS | 2 | 2 | 2 | 100% | 100% |
| Ogoja | Ogoja KP OSS | 9 | 9 | 9 | 100% | 100% |
| Ikom | Ikom KP OSS | 5 | 5 | 5 | 100% | 100% |
| Lagos | Agege | Agege KP OSS | - | - | - | - | - |
| Lagos Island | Lagos Island KP OSS | - | - | - | - | - |
| Ojo | Ojo KP OSS | 5 | 5 | 5 | 100% | 100% |
| Ikorodu | Ikorodu KP OSS | - | - | - | - | - |
| Badagry | Badagry KP OSS | 6 | 8 | 8 | 133% | 133% |

#### SFH KP CARE 2

The calculated VFs comparing the reported data against what was verified in the client tracking register and the summary form for the two facilities supported by SFH KP CARE 2 had 100 percent concordance. The data were therefore considered valid and fit for use for programmatic decision making (Table 50).

Table 50. SFH KP CARE 2 facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at SFH KP CARE 2 sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Adamawa | Yola North | Yola KP OSS | 181 | 181 | 181 | 100% | 100% |
| Bauchi | Bauchi | Bauchi KP OSS | 39 | 39 | 39 | 100% | 100% |

#### Jhpiego RISE

All five facilities supported by the Jhpiego RISE project were visited during the DQA. Comparing what was reported in DATIM against the client tracking register and summary form, 100 percent concordance was found. The reported data were considered valid and fit for use. The VFs are provided in Table 51.

Table 51. Jhpiego RISE facility-level analysis for TX\_RTT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of ART patients who experienced an interruption in treatment during any previous reporting period, who successfully restarted antiretrovirals within the reporting period and remained on treatment until the end of the reporting period (TX\_RTT) at Jhpiego RISE sites** | | | | | | | |
| **State** | **LGA** | **Facility name** | **DATIM** | **Client tracking register** | **MSF** | **Register /DATIM** | **MSF/ DATIM** |
| Adamawa | Numan | Numan General Hospital | 371 | 370 | 370 | 100% | 100% |
| Akwa Ibom | Essien Udim | Ukana Cottage Hospital | 27 | 27 | 27 | 100% | 100% |
| Ibiono Ibom | Ibiono Handmaids Hospital | 25 | 25 | 25 | 100% | 100% |
| Cross River | Ogoja | Ogoja Catholic Maternity Hospital | 30 | 30 | 30 | 100% | 100% |
| Obudu | Sacred Heart Catholic Hospital | 2 | 2 | 2 | 100% | 100% |

## 5.5 Cross-checks of Consistency between Client Files and EMR Line Lists

### 5.5.1 Client Files Cross-check Against EMR Line List

The cross-check aimed at showcasing the consistency of the information between the EMR line list and that which existed on the client care card or in client folders. For an effective M&E system, all data across the different systems for the same client should match. The DQA verified concordance across six variables:

1. Unique ID/client hospital number
2. Client sex in client file
3. Age at start of ART
4. Last drug pickup date
5. Month of ART refill
6. Client status type

Table 52 shows that across all 39 facilities assessed, there was a high level of data consistency, with a minimum score of 99.8 percent across the six variables when comparing the EMR line list with the client folders that were reviewed. Overall, there was a slight disparity between the EMRs and the client folder line lists for the following variables: ART start date, last drug pickup date, and client status type. This finding cut across all partners.

Table 52 presents the concordance rates for all variables. Detailed facility-level findings are provided in Appendix E.

Table 52. Consistency rates between client folders and EMR line list, by partner

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IP** | **Unique ID/Client Hospital Number** | **Sex in Client Folder** | **Age at Start of ART** | **Client Folder ART Start Date** | **Last Drug Pickup Date** | **Month of ART Refill** | **Client Status Type** |
| Chemonics TO1 | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 100% |
| FHI 360 TO2 | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 100% |
| Chemonics TO3 | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 99.9% |
| FHI 360 EpiC-Bridge | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 99.9% |
| HAN KP CARE 1 | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 99.9% |
| SFH KP CARE 2 | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 99.9% |
| Jhpiego RISE | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 99.9% |
| FHI 360 KPIF/EpiC | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 99.9% |

### 5.5.2 Biometric Verification

A desk review and cross-validation of the biometric records of active clients with biometric information captured among those who had a clinical appointment or visited the clinic during the DQA were conducted for the period under review. The partners provided a line list of clients who were scheduled for appointments or clinical visits for the month of November 2021. All clients who visited the site/facility during the DQA and who had their biometric data (fingerprints) previously captured were expected to be subjected to a reconfirmation. There was poor turnout of clients at the facilities during the DQA because most ARV refills were being done at the community level. Among those who physically presented at the facility, the teams were able to conduct biometric verification of only 475 clients (2%) compared with the 25,187 clients who had scheduled appointments across the seven states. Tables 53 and 54 provide an overall summary and IP summaries for the biometric verification. A facility-level summary is given in Appendix F.

Table 53. Biometric verification summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IP** | **# lients with a scheduled appointment** | **# clients with verified biometrics** | **# valid biometrics** | **% of biometrics verified** | **% with valid biometrics** |
| Cumulative | 25,187 | 487 | 475 | 1.9% | 98.0% |

Table 54. Biometric verification, by partner

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IP** | **# of facilities** | **# of clients with a scheduled appointment** | **# of clients with verified biometrics** | **# of valid biometrics** | **% of biometrics verified** | **% of valid biometrics** |
| Chemonics TO1 | 2 | 822 | 9 | 9 | 1.1% | 100% |
| FHI 360 TO2 | 3 | 772 | 5 | 5 | 0.6% | 100% |
| Chemonics TO3 | 5 | 879 | 30 | 30 | 3.4% | 100% |
| FHI 360 EpiC-Bridge | 6 | 6,003 | 144 | 144 | 2.4% | 100% |
| HAN KP CARE 1 | 14 | 8,352 | 171 | 171 | 2.0% | 100% |
| SFH KP CARE 2 | 2 | 3,477 | 15 | 15 | 0.4% | 100% |
| Jhpiego RISE | 5 | 3,149 | 33 | 33 | 1.0% | 100% |
| FHI 360 KPIF/EpiC | 3 | 1,742 | 80 | 68 | 4.6% | 85% |

### 5.5.3 Phone Verification and Home Visits

Findings from the review of client folders for all clients newly initiated on ART during the review period found 8,317 clients, instead of the reported 8,311 clients reported in DATIM for the same period. Although there was a slight increase of six clients in the total number of validated clients overall, it was discovered that an additional 11 clients were not initially reported by NIMR. Moreover, one and four client folders were not seen for validation at Ikot Okoro General Hospital and Ikot Ekpene KP OSS, respectively, both in Akwa Ibom State. Five thousand seven hundred and thirty-nine (5,739) or 69 percent of the folders reviewed had phone numbers documented on their ART care cards, four thousand five hundred and seventeen (4,517) clients or 54 percent of the total client folders reviewed were reached by phone; three thousand eight hundred clients (3,800) or 46 percent were unreached by phone or without documented physical address, out of which two thousand seven hundred and forty-two (2,742) clients or 72 percent were determined to live in close proximity to the health facility, whereas 1,051 clients (27.6%) unreached by phone or without a documented phone number were eligible for household visits. Among the clients eligible for household visits, 943 clients (90%) were visited, with 771 clients (81.8%) seen during the household visits. These data are presented in Figure 2. Detailed facility-level results for phone calls and home visits are presented in Appendix H.

Figure 2. Overall achievement for phone calls and home visits

Analyzing by populations served, more clients were validated at GP sites (4,354 clients [52%]) than at KP sites (3,963 clients [48%]). On the other hand, more clients were reached by phone for KP sites than for GP sites (82.7% [n=3,168 clients] and 70.8% [n= 1,349 clients]), respectively. Ninety percent and 88 percent of the clients eligible for household visits were visited in GP and KP sites, with 81.9 percent and 78.4 percent seen, respectively (Figure 3). Table 55 presents the sample size, by IM. Table 56 compares the estimated target against the achievement, by IP. Table 57 presents the summary achievement, by IP. Table 58 provides the achievement, by populations served.

Figure 3. Comparison of GP and KP sites’ performance for phone calls and home visits

Table 55. Estimated sample size of clients targeted for phone calls and home visits, by IM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **TX\_NEW as atFY21Q4** | **Based on 48% of clients estimated to be reachable by phone call** | **Number of TX\_NEW clients estimated not to be reachable by phone** | **Based on 25% of unreachable clients eligible for a home visit** |
| Chemonics SHARP TO1 | 208 | 100 | 108 | 27 |
| Chemonics SHARP TO3 | 525 | 252 | 273 | 68 |
| FHI 360 SHARP TO2 | 237 | 114 | 123 | 31 |
| FHI 360 EpiC-Bridge | 2,835 | 1,361 | 1,474 | 369 |
| FHI 360 KPIF/EpiC | 395 | 190 | 205 | 51 |
| HAN KP CARE 1 | 3,339 | 1,603 | 1,736 | 434 |
| SFH KP CARE 2 | 232 | 111 | 121 | 30 |
| Jhpiego RISE | 540 | 259 | 281 | 70 |
|  | **8,311** | **3,990** | **4,321** | **1,080** |

Table 44. Target versus achievement for phone calls and home visits, by partner

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IM** | **TX\_NEW as of FY21Q4** | **Validated TX\_NEW** | **48% of clients estimated to be reachable by phone call** | **Clients reached by phone** | **% of clients reached by phone** | **Clients estimated not to be reachable by phone** | **Clients not reached by phone and eligible for a HH visit** | **Clients eligible for a home visit (25% of estimated unreachable clients)** | **Clients visited** | **% of clients visited** |
| **Target** | **Achievement** | **Target** | **Achievement** | **Target** | **Achievement** | **Target** | **Achievement** |
| Chemonics SHARP TO1 | 208 | 208 | 100 | 199 | 95.7% | 108 | 9 | 27 | 0 | 0.0% |
| Chemonics SHARP TO3 | 525 | 525 | 252 | 295 | 56.2% | 273 | 230 | 58 | 17 | 7.4% |
| FHI 360 SHARP TO2 | 237 | 248 | 114 | 171 | 69.0% | 123 | 77 | 31 | 6 | 7.8% |
| FHI 360 EpiC-Bridge | 2,835 | 2833 | 1,361 | 368 | 13.0% | 1,474 | 2465 | 369 | 673 | 27.3% |
| FHI 360 KPIF/EpiC | 395 | 395 | 190 | 352 | 89.1% | 205 | 43 | 51 | 10 | 23.3% |
| HAN KP CARE 1 | 3,339 | 3,336 | 1,603 | 2,619 | 78.5% | 1,736 | 717 | 434 | 190 | 26.5% |
| SFH KP CARE 2 | 232 | 232 | 111 | 197 | 84.9% | 121 | 35 | 30 | 4 | 11.4% |
| Jhpiego RISE | 540 | 540 | 259 | 316 | 58.5% | 281 | 224 | 70 | 43 | 19.2% |
|  | **8,311** | **8,317** | **3,990** | **4,517** | 54.3% | **4,321** | **3,800** | **1,070** | **943** | 24.8% |

Table 45. Summary of results for phone calls and home visits, by partner

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IM** | **Number of facilities** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Chemonics SHARP TO1 | 2 | 208 | 208 | **100.0%** | 205 | **98.6%** | 199 | **97.1%** | 9 | 3 | **33.3%** | 0 | 0 | **0.0%** | 0 | **0.0%** |
| FHI 360 SHARP TO2 | 3 | 237 | 248 | **104.6%** | 241 | **97.2%** | 171 | **71.0%** | 77 | 4 | **5.2%** | 6 | 4 | **66.7%** | 2 | **33.3%** |
| Chemonics SHARP TO3 | 5 | 525 | 525 | **100.0%** | 438 | **83.4%** | 295 | **67.4%** | 230 | 58 | **25.2%** | 17 | 15 | **88.2%** | 2 | **11.8%** |
| FHI 360 EpiC-Bridge | 6 | 2,835 | 2,833 | **99.9%** | 559 | **19.7%** | 368 | **65.8%** | 2,465 | 683 | **27.7%** | 673 | 549 | **81.6%** | 124 | **18.4%** |
| HAN KP CARE1 | 14 | 3,339 | 3,336 | **99.9%** | 3,233 | **96.9%** | 2,619 | **81.0%** | 717 | 217 | **30.3%** | 190 | 152 | **80.0%** | 38 | **20.0%** |
| SFH KP CARE 2 | 2 | 232 | 232 | **100.0%** | 232 | **100.0%** | 197 | **84.9%** | 35 | 9 | **25.7%** | 4 | 4 | **100.0%** | 0 | **0.0%** |
| FHI 360 KPIF/EpiC | 2 | 395 | 395 | **100.0%** | 368 | **93.2%** | 352 | **95.7%** | 43 | 16 | **37.2%** | 10 | 10 | **100.0%** | 0 | **0.0%** |
| Jhpiego RISE | 5 | 540 | 540 | **100.0%** | 463 | **85.7%** | 316 | **68.3%** | 224 | 56 | **25.0%** | 43 | 37 | **86.0%** | 6 | **14.0%** |
| **Total** | **39** | **8,311** | **8,317** | **100.1%** | **5,739** | **69.0%** | **4,517** | **78.7%** | **3,800** | **1,046** | **27.5%** | **943** | **771** | **81.8%** | **172** | **18.2%** |

Table 46. Target versus achievement for phone calls and home visits, by population served

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Population type** | **Number of facilities** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| **General Population** | **21** | **4,345** | **4,354** | **100.2%** | **1,906** | **43.8%** | **1,349** | **70.8%** | **3,005** | **819** | **27.3%** | **739** | **605** | **81.9%** | **134** | **18.1%** |
| **Key Population** | **18** | **3,996** | **3,963** | **99.2%** | **3,833** | **96.7%** | **3,168** | **82.7%** | **795** | **233** | **29.3%** | **204** | **166** | **81.4%** | **38** | **21.6%** |
| **Total** | **39** | **8,341** | **8,317** | **99.7%** | **5,739** | **69.0%** | **4,517** | **78.7%** | **3,800** | **1,060** | **27.9%** | **952** | **771** | **81.1%** | **172** | **18.9%** |

#### Chemonics SHARP TO1

As reported for FY21Q4, a total of 208 clients were validated to have been initiated on treatment between July and September 2021, with 205 clients (98.6%) having documented phone numbers. Calls were made to all clients with documented numbers; 199 clients (97.1%) were reached and the remaining nine were not reachable. Among the clients who were contacted by phone, they responded to all questions asked and also confirmed their ART status and the facility of initiation during the review period. Three clients (33.3% of the unreached) were selected for a household visit, of which none could be visited due to insecurity in Niger State. Of the 109 clients reported as TX\_NEW at General Hospital Chanchaga, six were confirmed to have died before the validation exercise. Table 59 provides the results for the two selected facilities for Chemonics SHARP TO1.

Table 47. TX\_NEW data validation results for Chemonics SHARP TO1 facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Niger | General Hospital Chanchaga | 109 | 109 | **100.0%** | 109 | **100.0%** | 103 | **94.5%** | 6 | 2 | **33.3%** | 0 | 0 | **0.0%** | 0 | **0.0%** |
| Niger | General Hospital Suleja | 99 | 99 | **100.0%** | 96 | **97.0%** | 96 | **100.0%** | 3 | 1 | **33.3%** | 0 | 0 | **0.0%** | 0 | **0.0%** |
| **Total** | **18** | **208** | **208** | **100.0%** | **205** | **98.6%** | **199** | **97.1%** | **9** | **3** | **33.3%** | **-** | **-** | **0.0%** | **-** | **0.0%** |

#### FHI 360 SHARP TO2

Among the three facilities supported by FHI 360 SHARP TO2 selected for the DQA, a total of 237 clients were reported to have been initiated on treatment. During the validation process, 248 clients were validated to be newly initiated during the period under review. The reason for the discrepancy was that an additional 11 clients were validated at the NIMR to have initiated treatment compared with what was reported for the review period. Of the 248 clients validated, 241 (97.2%) had a phone number documented, with 171 clients (71%) reached by phone by the facility staff. Among the remaining clients, (77 that were not reached by phone or who had no documented phone number were eligible for home visits), 20 clients (26%) were selected for a household visit. From those eligible and selected for home visits, only six clients could be visited, and four visited and seen. The reason for the low number of visits at FHI 360 SHARP TO2 facilities was due to high traffic in Lagos. Moreover, in Bayelsa, it was because the facility location was in a riverine area that was hard to reach and not feasible during the DQA. Overall, Yenagoa FMC had the highest proportion of clients reached by phone and the NIMR had the lowest proportion. General Hospital Ikorodu had six of its 11 eligible clients visited. At the NIMR, a client who came for pre-exposure prophylaxis was incorrectly reported to have been initiated on treatment. One client initiated on treatment at General Hospital Ikorodu had died (Table 60).

Table 60. TX\_NEW data validation results for FHI 360 SHARP TO2 facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Bayelsa | Yenagoa FMC | 60 | 60 | **100.0%** | 53 | **100.0%** | 42 | **79.2%** | 18 | 5 | **27.8%** | 0 | 0 | **0.0%** | 0 | **0.0%** |
| Lagos | NIMR | 34 | 45 | **100.0%** | 45 | **100.0%** | 28 | **62.2%** | 17 | 4 | **23.5%** | 0 | 0 | **0.0%** | 0 | **0.0%** |
| Lagos | GH Ikorodu | 143 | 143 | **100.0%** | 143 | **100.0%** | 101 | **70.6%** | 42 | 11 | **26.2%** | 6 | 4 | **66.7%** | 2 | **33.3%** |
| **Total** | | **237** | **248** | **104.6%** | **241** | **97.2%** | **171** | **71.0%** | **77** | **20** | **26.0%** | **6** | **4** | **66.7%** | **2** | **33.3%** |

#### Chemonics SHARP TO3

The total TX\_NEW reported by Chemonics SHARP TO3 at the selected facilities was 525. This same figure was confirmed during the data validation process. Of the 525 folders reviewed, 438 clients had documented phone numbers; 295 clients were reachable, Two hundred and thirty (230 were unreachable clients/clients without phone numbers, of which 25.7 percent were targeted for home visits. Table 61 shows that overall, 83.4 percent of the clients at the selected facilities had a documented phone number, with 67.4 percent of them reached by phone. Azare General Hospital had the lowest proportion reached by phone (47.4%) compared with Misau General Hospital in Bauchi and Ganye General Hospital in Adamawa State (87.9% and 88%, respectively). Slightly more than 88 percent of the clients visited were seen.

Table 61. TX\_NEW data validation results for Chemonics SHARP TO3 facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Adamawa | Yola Specialist H. | **109** | **109** | **100.0%** | **101** | **92.7%** | **69** | **68.3%** | **40** | **10** | **25.0%** | **3** | **3** | **100.0%** | **0** | **0.0%** |
| Adamawa | Ganye GH | 49 | 49 | **100.0%** | 25 | **51.0%** | 22 | **88.0%** | 27 | 7 | **25.9%** | 6 | 6 | **100.0%** |  | **0.0%** |
| Bauchi | Bayara Infectious Disease Hosp | 290 | 290 | **100.0%** | 235 | **81.0%** | 144 | **61.3%** | 146 | 37 | **25.3%** | 3 | 3 | **100.0%** | 0 | **0.0%** |
| Bauchi | Misau GH | 58 | 58 | **100.0%** | 58 | **100.0%** | 51 | **87.9%** | 7 | 2 | **28.6%** | 2 | 0 | **0.0%** | 2 | **100.0%** |
| Bauchi | Azare GH | 19 | 19 | **100.0%** | 19 | **100.0%** | 9 | **47.4%** | 10 | 3 | **30.0%** | 3 | 3 | **100.0%** | 0 | **0.0%** |
| **Total** | | **525** | **525** | **100.0%** | **438** | **83.4%** | **295** | **67.4%** | **230** | **59** | **25.7%** | **17** | **15** | **88.2%** | **2** | **11.8%** |

#### FHI 360 EpiC-Bridge

Among the six EpiC-Bridge facilities (four in Akwa Ibom and two in Cross River) selected for the DQA, a total of 2,835 clients were reported to have been initiated on treatment and 2,833 clients were validated. Ibeno Cottage Hospital and Ikot Okoro General Hospital, both in Akwa Ibom, each had one client whose folder was not available at the facility during the validation process. Of the 2,833 clients validated, only 559 clients (19.7%) had a phone number documented, with 368 (65.8%) of them reached by phone. Of the remaining clients 2,465 who were not reached by phone or who had no documented phone number, 683 were selected for a household visit, 673 (98.5%) of them were visited, and 549 (81.6%) of the visited clients were seen. Overall, there was poor documentation of client phone numbers (19.7%) at Akwa Ibom facilities, ranging from 4.9 percent to 59.1 percent compared with Cross River facilities (80.3% to 92.4%). Table 62 presents the results for each facility.

Table 62. TX\_NEW data validation results for FHI 360 EpiC-Bridge facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Akwa Ibom | Enwang PHC | 967 | 967 | **100.0%** | 47 | **4.9%** | 44 | **93.6%** | 923 | 231 | **25.0%** | 231 | 177 | **76.6%** | 54 | **23.4%** |
| Akwa Ibom | Ibeno Cottage H | 764 | 763 | **99.9%** | 61 | **8.0%** | 20 | **32.8%** | 743 | 209 | **28.1%** | 209 | 161 | **77.0%** | 48 | **23.0%** |
| Akwa Ibom | Ikot Okoro GH | 336 | 335 | **99.7%** | 198 | **59.1%** | 143 | **72.2%** | 192 | 48 | **25.0%** | 38 | 38 | **100.0%** | 0 | **0.0%** |
| Akwa Ibom | Okopedi PHC | 544 | 544 | **100.0%** | 62 | **11.4%** | 58 | **93.5%** | 486 | 165 | **34.0%** | 165 | 156 | **94.5%** | 9 | **5.5%** |
| Cross River | UCTH | 92 | 92 | **100.0%** | 85 | **92.4%** | 47 | **55.3%** | 45 | 11 | **24.4%** | 11 | 5 | **45.5%** | 6 | **54.5%** |
| Cross River | Holy Family CH | 132 | 132 | **100.0%** | 106 | **80.3%** | 56 | **52.8%** | 76 | 19 | **25.0%** | 19 | 12 | **63.2%** | 7 | **36.8%** |
| **Total** | | **2,835** | **2,833** | **99.9%** | **559** | **19.7%** | **368** | **65.8%** | **2,465** | **683** | **27.7%** | **673** | **549** | **81.6%** | **124** | **18.4%** |

#### FHI 360 KPIF/EpiC

A total of 395 clients were reported to have been newly initiated at the two KPIF/EpiC-supported facilities. During the data validation exercise, all 395 client folders were reviewed and all were confirmed to have been initiated within the period under review. Of the 395 folders reviewed, 358 clients (90.6%) had documented phone numbers, of which 352 clients (98.3%) were reached by phone. 43 clients not reached by phone or without a documented phone number were eligible for household visits, and 37.2 percent of the sample (16) were selected for home visit, out of which 10 clients were visited. They were all seen during the visits. All ten clients visited were enrolled on treatment at Yenagoa KP OSS. There were no household visits for Minna KP OSS due to insecurity in the state, and the other clients who were eligible for a household visit were prison inmates who had been released from prison and their whereabouts were unknown. Table 63 provides detailed results for the FHI 360 KPIF/EpiC-supported facilities.

Table 63. TX\_NEW data validation results for FHI 360 KPIF/EpiC facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Bayelsa | Yenagoa KP OSS | 117 | 117 | **100.0%** | 101 | **86.3%** | 97 | **96.0%** | 20 | 10 | **50.0%** | 10 | 10 | **100.0%** | 0 | 0% |
| Niger | Minna KP OSS | 278 | 278 | **100.0%** | 257 | **92.4%** | 255 | **99.2%** | 23 | 6 | **26.1%** | 0 | 0 | **0.0%** | 0 | 0% |
| **Total** | | 395 | 395 | **100.0%** | 358 | **90.6%** | 352 | **98.3%** | 43 | 16 | **37.2%** | 10 | 10 | **100.0%** | 0 | 0% |

#### HAN KP CARE 1

All fourteen KP OSS sites supported by HAN KP CARE 1 were selected for this exercise. A total of 3,339 clients were reported to have been initiated within the review period. During the data validation exercise, 3,336 client folders were validated across the 14 facilities. At Ikot Ekpene KP OSS, four client folders were not available for verification because the case managers had gone for community ARV refill, and one additional client was validated at Eket KP OSS. Of the 3,336 clients validated, 3,233 clients (96.9%) had phone numbers documented, with 2,619 (81%) of them reached via a phone call. Seven hundred and seventeen (717) clients who were not reached by phone or those without a documented phone number were eligible for household visit, out of which 210 (29.3%) were selected for home visits, one hundred and ninety (190) clients (90.5%) of them were visited and 152 (78.90%) of the visited clients were seen. Overall, there was high documentation of client phone numbers with a higher proportion of the clients reachable via phone. Table 64 provides results for each facility.

Table 48. TX\_NEW data validation results for HAN KP CARE 1 facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Akwa Ibom | Uyo KP OSS | 393 | 393 | **100.0%** | 358 | **91.1%** | 331 | **92.5%** | 62 | 16 | **25.8%** | 15 | 13 | **86.7%** | 2 | **13.3%** |
| Akwa Ibom | Ikot Ekpene KP OSS | 179 | 175 | **97.8%** | 172 | **98.3%** | 156 | **90.7%** | 19 | 5 | **26.3%** | 0 | 0 | **0.0%** | 0 | **0.0%** |
| Akwa Ibom | Eket KP OSS | 343 | 344 | **100.3%** | 308 | **89.5%** | 198 | **64.3%** | 146 | 39 | **26.7%** | 39 | 38 | **97.4%** | 1 | **2.6%** |
| Akwa Ibom | Oron KP OSS | 148 | 148 | **100.0%** | 138 | **93.2%** | 125 | **90.6%** | 23 | 7 | **30.4%** | 7 | 7 | **100.0%** | 0 | **0.0%** |
| Cross River | Calabar Municipal KP OSS | 248 | 248 | **100.0%** | 240 | **96.8%** | 125 | **52.1%** | 123 | 31 | **25.2%** | 31 | 17 | **54.8%** | 14 | **45.2%** |
| Cross River | Bakassi KP OSS | 42 | 42 | **100.0%** | 42 | **100.0%** | 25 | **59.5%** | 17 | 4 | **23.5%** | 3 | 3 | **100.0%** | 0 | **0.0%** |
| Cross River | Ikom KP OSS | 80 | 80 | **100.0%** | 74 | **92.5%** | 62 | **83.8%** | 18 | 5 | **27.8%** | 4 | 4 | **100.0%** | 0 | **0.0%** |
| Cross River | Ogoja KP OSS | 105 | 105 | **100.0%** | 105 | **100.0%** | 93 | **88.6%** | 12 | 3 | **25.0%** | 1 | 1 | **100.0%** | 0 | **0.0%** |
| Cross River | Yakurr KP OSS | 105 | 105 | **100.0%** | 101 | **96.2%** | 87 | **86.1%** | 18 | 5 | **27.8%** | 4 | 4 | **100.0%** | 0 | **0.0%** |
| Lagos | Agege KP OSS | 467 | 467 | **100.0%** | 466 | **99.8%** | 351 | **75.3%** | 116 | 29 | **25.0%** | 20 | 12 | **60.0%** | 8 | **40.0%** |
| Lagos | Lagos Island KP OSS | 359 | 359 | **100.0%** | 359 | **100.0%** | 353 | **98.3%** | 6 | 6 | **100.0%** | 6 | 6 | **100.0%** | 0 | **0.0%** |
| Lagos | Ojo KP OSS | 251 | 251 | **100.0%** | 251 | **100.0%** | 234 | **93.2%** | 17 | 12 | **70.6%** | 12 | 9 | **75.0%** | 3 | **25.0%** |
| Lagos | Ikorodu KP OSS | 427 | 427 | **100.0%** | 427 | **100.0%** | 295 | **69.1%** | 132 | 44 | **33.3%** | 44 | 36 | **81.8%** | 8 | **18.2%** |
| Lagos | Badagry KP OSS | 192 | 192 | **100.0%** | 192 | **100.0%** | 184 | **95.8%** | 8 | 4 | **50.0%** | 4 | 2 | **50.0%** | 2 | **50.0%** |
| **Total** | | **3,339** | **3,336** | **99.9%** | **3,233** | **96.9%** | **2,619** | **81.0%** | **717** | **210** | **29.3%** | **190** | **152** | **80.0%** | **38** | **20.3%** |

#### SFH KP CARE 2

A total of 232 clients were reported to have been initiated at SFH KP CARE 2-supported facilities during the review period. During the validation exercise, 232 client folders were reviewed and all were seen at the time of the review. Of the 232 folders reviewed, all 232 clients had a phone number documented on their care cards; 197 clients (84.9%) were reachable by phone; 35 clients were unreachable; and nine (25%) of the 35 unreachable clients/clients without phone numbers were prioritized for a household visit. Of these clients, only four (44.4%) clients were visited and all were seen during the visits. Table 65 gives the detailed results for each facility.

Table 49. TX\_NEW data validation results for SFH KP CARE 2 facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone and eligible for a home visit** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Adamawa | Yola KP OSS | 117 | 117 | **100.0%** | 117 | **100.0%** | 102 | **87.2%** | 15 | 4 | **26.7%** | 1 | 1 | **100.0%** | 0 | **0.0%** |
| Bauchi | Bauchi KP OSS | 115 | 115 | **100.0%** | 115 | **100.0%** | 95 | **82.6%** | 20 | 5 | **25.0%** | 3 | 3 | **100.0%** | 0 | **0.0%** |
| **Total** | | **232** | **232** | **100.0%** | **232** | **100.0%** | **197** | **84.9%** | **35** | **9** | **25.7%** | **4** | **4** | **100.0%** | **-** | **0.0%** |

#### Jhpiego RISE

Among the five Jhpiego RISE facilities selected for the DQA (one in Adamawa, two each in Akwa Ibom and Cross River), a total of 540 clients were reported to have been initiated on treatment and 540 clients were verified to be newly initiated on treatment within the period under review. Of the 540 clients validated, only 463 clients (85.7%) had a phone number documented, with 316 (68.3%) of them reached by phone. Of the 25 percent of clients unreached or those without a documented phone number, 57 clients were eligible for household visits. Forty-three clients (75%) of them were visited, with 37(86%) of them seen. Table 66 gives the detailed results for each facility.

Table 50. TX\_NEW data validation results for Jhpiego RISE facilities for phone calls and home visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **TX\_NEW as of FY21Q4** | **# of TX\_NEW client folders validated** | **% of files reviewed** | **Number of clients with phone numbers documented** | **% of clients with phone numbers** | **Number of clients reached by phone** | **% of clients reached by phone** | **Number of clients not reached by phone** | **Number of clients selected for HH visits** | **% of clients selected for HH visits** | **Number of clients visited** | **Number of clients visited and seen** | **% of clients visited and seen** | **Number of clients visited but not seen** | **% of clients visited and not seen** |
| Adamawa | Numan GH | 113 | 113 | **100.0%** | 111 | **98.2%** | 58 | **52.3%** | 55 | 14 | **25.5%** | 2 | 0 | **0.0%** | 2 | **100.0%** |
| Akwa Ibom | Ukana Cottage Hospital | 219 | 219 | **100.0%** | 171 | **78.1%** | 135 | **78.9%** | 84 | 21 | **25.0%** | 21 | 20 | **95.2%** | 1 | **4.8%** |
| Akwa Ibom | Ibiono Handmaid Hospital | 108 | 108 | **100.0%** | 85 | **78.7%** | 38 | **44.7%** | 70 | 18 | **25.7%** | 18 | 15 | **83.3%** | 3 | **16.7%** |
| Cross River | Ogoja Catholic Maternity Hospital | 38 | 38 | **100.0%** | 35 | **92.1%** | 26 | **74.3%** | 12 | 3 | **25.0%** | 1 | 1 | **100.0%** | 0 | **0.0%** |
| Cross River | Sacred Heart Catholic Hospital | 62 | 62 | **100.0%** | 61 | **98.4%** | 59 | **96.7%** | 3 | 1 | **33.3%** | 1 | 1 | **100.0%** | 0 | **0.0%** |
| **Total** | | **540** | **540** | **100.0%** | **463** | **85.7%** | **316** | **68.3%** | **224** | **57** | **25.4%** | **43** | **37** | **86.0%** | **6** | **14.0%** |

# 

# 6.0 DQA Challenges

* The poor turnout of clients for their scheduled appointments resulted in a poor rate of biometric verification at all facilities.
* Although the OSS sites had their client folders in a transparent file jacket, most facilities had old, torn, and worn-out client folders, which could lead to the loss of client forms.
* Unreachable phone numbers were in some cases due to network shortcomings, especially for clients living in remote and rural settings, whereas in a state like Niger, insecurity led to the shutdown of the phone network by the government, resulting in clients having no access to a telephone network.
* Clients whose addresses were not within close proximity to the facility could not be visited. This was especially the case for clients who resided in the riverine areas, and in remote and insecure areas.
* Due to the closeout of the Chemonics SHARP TO1 project, case managers were disengaged, which inhibited the smooth conduct of the validation exercise at these facilities.

# 7.0 Conclusions and Recommendations

## Conclusions

One of the primary purposes of the DQA is to meet the ADS-related requirements of OGAC/PEPFAR/USAID/Washington and USAID/Nigeria. It also serves to review the M&E system, identify best practices, and develop recommendations to improve existing systems for better reporting of activity indicators in subsequent funding cycles.

The assessed facility-level M&E systems showed strengths in the six functional areas assessed (e.g., M&E Structure, Functions, and Capabilities; Indicator Definitions and Reporting Guidelines; Data Collection and Reporting Forms and Tools), but notable weaknesses were observed in the training of data entry clerks by HAN KP CARE 1 in Badagry KP OSS, Lagos Island KP OSS, and Ojo KP OSS Indicator definitions and reporting guidelines were an area of strength for all IMs, with a minimum score of 2.97 out of 3. As to the area of Data Collection and Reporting Forms and Tools, Chemonics SHARP TO3 did not seem to have sufficient data collection tools available at Azare General Hospital, Bayara Infectious Disease Hospital, and Misau General Hospital. Similarly, KPIF/EpiC did not have sufficient data collection tools for Minna KP OSS.

In the area of Data Management Processes, the assessed facilities had an average score of 2.99 out of 3 across all IMs. Weaknesses observed were in filling of data collection tools at Yola KP OSS, which was supported by SFH KP CARE 2. Inconsistencies in dates and other variables between client folders and the LAMIS were observed across all selected facilities. Links with the national reporting system were commendable because all facilities were using nationally recommended tools for data collection. However, the Use of Data for Decision Making was weak at some facilities, with runs chart that were not regularly updated.

As for biometric verification, most clients verified through biometrics had valid records on the EMR across most IPs. However, technical issues with the LAMIS3.0 biometric module for the mobile capture option implemented by FHI 360 KPIF/EpiC hindered the verification process and client recall could not be performed with the version utilized.

As for data verification, some weaknesses were observed across the IMs on the reporting of the TX\_ML indicator and this could contribute to overall drop in reporting for the other indicators. As for the defined VFs, indicators for HTS\_TST\_POS, TX\_CURR, and TX\_RT reported by the assessed facilities were mostly within the acceptable range of variance and were therefore considered fit for use for decision making. However, the TX\_ML indicator fell outside the defined VF and the data were not considered fit for use for decision making.

## Recommendations

Table 51. General Recommendations and Action Plan

|  |  |  |
| --- | --- | --- |
| **Areas of improvement** | **Descriptions of action points** | **Responsible persons** |
| Inconsistencies in ART start date, last drug pickup date, age at ART start, and sex when comparing the EMR line list with the client folders reviewed | Ensure that the EMR is updated with the correct ART start date, last drug pickup date, sex, and age at ART start in all affected facilities and for all clients | IMs’ SI/M&E teams |
| Discrepancies between DATIM reports and verified client folders | Ensure that all issues regarding overreporting or underreporting are addressed as soon as DATIM is open for data correction | IMs’ SI/M&E teams |
| Missing ART start date in some client folders | Ensure that all clients with no documented ART start date and other relevant information have this information documented on their care card | IMs’ SI/M&E teams |
| Missing pharmacy order forms in client folders, and in cases where they are available, there is incomplete documentation in the pharmacy order form | Ensure that all client folders have completely filled the most recent pharmacy order form on their care card | IMs’ SI/M&E teams |
| Insufficient stock of blank data collection tools | Ensure that all facilities have sufficient stock of data collection tools | Chemonics SHARP TO3 and KPIF/EpiC SI/ M&E teams |
| Technical issues with the LAMIS3.0 biometric module for the mobile capture option implemented by FHI 360 KPIF/EpiC | The FHI 360 KPIF/EpiC project to liaise with other partners within the Health Informatics Community of Practice to resolve this issue | Heath informatics team at FHI 360 KPIF/EpiC |

# Appendices

## Appendix A. HTS\_TST\_POS Health Facility Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Facility** | **Recount from HTS\_TST register** | **MSF** | **DATIM** | **% Over/Underreporting Between Recounted Number from Client Files and DATIM** |
|
| 1 | Yola KP OSS | 122 | 122 | 122 | 100% |
| 2 | Yola Specialist Hospital | 42 | 42 | 42 | 100% |
| 3 | Numan General Hospital | 112 | 112 | 112 | 100% |
| 4 | Ganye General Hospital | 49 | 49 | 49 | 100% |
| 5 | Enwang Primary Health Centre | 965 | 965 | 965 | 100% |
| 6 | Ibeno Cottage Hospital | 765 | 765 | 765 | 100% |
| 7 | Ikot Okoro General Hospital | 336 | 336 | 336 | 100% |
| 8 | Okopedi Primary Health Centre | 544 | 544 | 544 | 100% |
| 9 | Uyo KP One Stop Shop | 393 | 393 | 393 | 100% |
| 10 | Ukana Cottage Hospital | 219 | 219 | 218 | 100% |
| 11 | Ibiono Handmaids Hospital | 108 | 108 | 108 | 100% |
| 12 | Ikot Epkene KP One Stop Shop | 179 | 179 | 179 | 100% |
| 13 | Eket KP One Stop Shop | 343 | 343 | 343 | 100% |
| 14 | Oron KP One Stop Shop | 149 | 149 | 149 | 100% |
| 15 | Bauchi KP OSS | 116 | 116 | 116 | 100% |
| 16 | Bayara Infectious Diseases Hospital | 288 | 288 | 288 | 100% |
| 17 | Misau General Hospital | 57 | 57 | 57 | 100% |
| 18 | Azare General Hospital | 18 | 18 | 18 | 100% |
| 19 | Yenagoa One Stop Shop | 113 | 113 | 112 | 101% |
| 20 | Yenagoa Federal Medical Centre | 69 | 69 | 69 | 100% |
| 21 | Calabar Municipal KP OSS | 249 | 249 | 249 | 100% |
| 22 | Ogoja Catholic Maternity Hospital | 18 | 18 | 18 | 100% |
| 23 | Bakassi KP One Stop Shop | 42 | 42 | 42 | 100% |
| 24 | University of Calabar Teaching Hospital | 30 | 35 | 35 | 86% |
| 25 | Holy Family Catholic Hospital | 20 | 20 | 20 | 100% |
| 26 | Sacred Heart Catholic Hospital | 18 | 18 | 18 | 100% |
| 27 | Yakurr KP One Stop Shop | 105 | 105 | 105 | 100% |
| 28 | Ogoja KP OSS | 105 | 105 | 105 | 100% |
| 29 | Ikom KP OSS- Virtual | 80 | 80 | 80 | 100% |
| 30 | Nigerian Institute of Medical Research | 52 | 52 | 47 | 111% |
| 31 | Agege KP One Stop Shop | 467 | 467 | 416 | 112% |
| 32 | General Hospital Ikorodu | 184 | 184 | 184 | 100% |
| 33 | Lagos Island OSS- Virtual | 359 | 359 | 325 | 110% |
| 34 | Ojo KP OSS | 245 | 245 | 233 | 105% |
| 35 | Ikorodu KP OSS | 421 | 424 | 409 | 103% |
| 36 | Badagry KP OSS- Virtual | 192 | 192 | 187 | 103% |
| 37 | Minna OSS | 265 | 263 | 248 | 107% |
| 38 | General Hospital Chanchaga | 109 | 107 | 102 | 107% |
| 39 | General Hospital Suleja | 96 | 96 | 96 | 100% |

## Appendix B. TX\_CURR Health Facility Results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Facility** | **Result from client folder verification** | **MSF** | **EMR** | **DATIM** | **% Over/Under-reporting Between Recounted Number from Client Files and DATIM** |
|
| 1 | Yola KP OSS | 5,361 | 5,361 | 5,361 | 5,361 | 100% |
| 2 | Yola Specialist Hospital | 5,110 | 5,110 | 5,093 | 5,110 | 100% |
| 3 | Numan General Hospital | 2,788 | 2,788 | 2,788 | 2,788 | 100% |
| 4 | Ganye General Hospital | 2,369 | 2,369 | 2,369 | 2,369 | 100% |
| 5 | Enwang Primary Health Centre | 13,685 | 13,685 | 13,685 | 13,685 | 100% |
| 6 | Ibeno Cottage Hospital | 10,241 | 10,241 | 10,241 | 10,241 | 100% |
| 7 | Ikot Okoro General Hospital | 9,385 | 9,385 | 9,385 | 9,385 | 100% |
| 8 | Okopedi Primary Health Centre | 8,974 | 8,974 | 8,974 | 8,974 | 100% |
| 9 | Uyo KP One Stop Shop | 7,944 | 7,944 | 7,944 | 7,944 | 100% |
| 10 | Ukana Cottage Hospital | 6,421 | 6,421 | 6,421 | 6,421 | 100% |
| 11 | Ibiono Handmaids Hospital | 6,294 | 6,294 | 6,294 | 6,294 | 100% |
| 12 | Ikot Epkene KP One Stop Shop | 5,994 | 5,998 | 5,998 | 5,998 | 100% |
| 13 | Eket KP One Stop Shop | 5,694 | 5,696 | 5,696 | 5,696 | 100% |
| 14 | Oron KP One Stop Shop | 3,174 | 3,174 | 3,174 | 3,174 | 100% |
| 15 | Bauchi KP OSS | 5,477 | 5,479 | 5,479 | 5,479 | 100% |
| 16 | Bayara Infectious Diseases Hospital | 4,695 | 4,771 | 4,771 | 4,771 | 98% |
| 17 | Misau General Hospital | 1,263 | 1,264 | 1,264 | 1,264 | 100% |
| 18 | Azare General Hospital | 423 | 430 | 427 | 428 | 99% |
| 19 | Yenagoa One Stop Shop | 4,815 | 4,995 | 4,837 | 4,853 | 99% |
| 20 | Yenagoa Federal Medical Centre | 2,695 | 2,695 | 2,668 | 2,695 | 100% |
| 21 | Calabar Municipal KP OSS | 5,280 | 5,280 | 5,280 | 5,280 | 100% |
| 22 | Ogoja Catholic Maternity Hospital | 2,395 | 2,395 | 2,395 | 2,395 | 100% |
| 23 | Bakassi KP One Stop Shop | 4,135 | 4,135 | 4,135 | 4,135 | 100% |
| 24 | University of Calabar Teaching Hospital | 3,517 | 3,517 | 3,517 | 3,517 | 100% |
| 25 | Holy Family Catholic Hospital | 3,250 | 3,250 | 3,250 | 3,250 | 100% |
| 26 | Sacred Heart Catholic Hospital | 2,839 | 2,891 | 2,839 | 2,839 | 100% |
| 27 | Yakurr KP One Stop Shop | 3,032 | 3,032 | 3,032 | 3,032 | 100% |
| 28 | Ogoja KP OSS | 2,213 | 2,213 | 2,213 | 2,213 | 100% |
| 29 | Ikom KP OSS- Virtual | 1,825 | 1,825 | 1,825 | 1,825 | 100% |
| 30 | Nigerian Institute of Medical Research | 6,179 | 6,480 | 6,297 | 6,480 | 95% |
| 31 | Agege KP One Stop Shop | 5,686 | 5,675 | 5,680 | 5,679 | 100% |
| 32 | General Hospital Ikorodu | 4,375 | 4,738 | 4,383 | 4,738 | 92% |
| 33 | Lagos Island OSS- Virtual | 4,299 | 4,294 | 4,294 | 4,294 | 100% |
| 34 | Ojo KP OSS | 2,643 | 2,643 | 2,643 | 2,643 | 100% |
| 35 | Ikorodu KP OSS | 2,104 | 2,103 | 2,103 | 2,103 | 100% |
| 36 | Badagry KP OSS- Virtual | 1,818 | 1,819 | 1,819 | 1,819 | 100% |
| 37 | Minna OSS | 6,387 | 6,518 | 6,564 | 6,623 | 96% |
| 38 | General Hospital Chanchaga | 4,793 | 4,845 | 4,845 | 4,855 | 99% |
| 39 | General Hospital Suleja | 4,353 | 4,358 | 4,358 | 4,358 | 100% |

## Appendix C. TX\_ML Health Facility Results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Facility** | **Result from client folder verification** | **MSF** | **EMR** | **DATIM** | **% Over/Underreporting Between Recounted Number from Client Files and DATIM** |
|
| 1 | Yola KP OSS | 25 | 32 | 32 | 20 | 125% |
| 2 | Yola Specialist Hospital | 91 | 91 | 91 | 91 | 100% |
| 3 | Numan General Hospital | 339 | 339 | 339 | 339 | 100% |
| 4 | Ganye General Hospital | 31 | 31 | 31 | 31 | 100% |
| 5 | Enwang Primary Health Centre | 32 | 32 | 32 | 32 | 100% |
| 6 | Ibeno Cottage Hospital | 22 | 22 | 22 | 22 | 100% |
| 7 | Ikot Okoro General Hospital | 24 | 24 | 24 | 24 | 100% |
| 8 | Okopedi Primary Health Centre | 6 | 6 | 6 | 6 | 100% |
| 9 | Uyo KP One Stop Shop | - | - | - | - | - |
| 10 | Ukana Cottage Hospital | 23 | 23 | 23 | 23 | 100% |
| 11 | Ibiono Handmaids Hospital | 16 | 16 | 16 | 16 | 100% |
| 12 | Ikot Epkene KP One Stop Shop | 7 | 7 | 7 | 7 | 100% |
| 13 | Eket KP One Stop Shop | 11 | 11 | 11 | 11 | 100% |
| 14 | Oron KP One Stop Shop | 7 | 7 | 7 | 7 | 100% |
| 15 | Bauchi KP OSS | 31 | 31 | 31 | 31 | 100% |
| 16 | Bayara Infectious Diseases Hospital | 188 | 188 | 188 | 188 | 100% |
| 17 | Misau General Hospital | 4 | 4 | 4 | 4 | 100% |
| 18 | Azare General Hospital | 5 | 5 | 5 | 5 | 100% |
| 19 | Yenagoa One Stop Shop | 55 | 55 | 55 | 53 | 104% |
| 20 | Yenagoa Federal Medical Centre | 154 | 154 | 154 | 152 | 101% |
| 21 | Calabar Municipal KP OSS | 16 | 16 | 16 | 16 | 100% |
| 22 | Ogoja Catholic Maternity Hospital | 139 | 139 | 139 | 139 | 100% |
| 23 | Bakassi KP One Stop Shop | - | - | - | - | - |
| 24 | University of Calabar Teaching Hospital | 27 | 27 | 27 | 26 | 104% |
| 25 | Holy Family Catholic Hospital | 53 | 53 | 53 | 53 | 100% |
| 26 | Sacred Heart Catholic Hospital | 371 | 371 | 371 | 371 | 100% |
| 27 | Yakurr KP One Stop Shop | 2 | 2 | 2 | 2 | 100% |
| 28 | Ogoja KP OSS | 13 | 13 | 13 | 13 | 100% |
| 29 | Ikom KP OSS- Virtual | - | - | - | - | - |
| 30 | Nigerian Institute of Medical Research | 196 | 196 | 196 | 8 | 2450% |
| 31 | Agege KP One Stop Shop | 3 | 3 | 3 | 3 | 100% |
| 32 | General Hospital Ikorodu | 29 | 29 | 29 | 31 | 94% |
| 33 | Lagos Island OSS- Virtual | 47 | 47 | 47 | 47 | 100% |
| 34 | Ojo KP OSS | - | 2 | 2 | - | - |
| 35 | Ikorodu KP OSS | 2 | 2 | 2 | - | - |
| 36 | Badagry KP OSS- Virtual | 5 | 5 | 5 | 4 | 125% |
| 37 | Minna OSS | 52 | 52 | 52 | 52 | 100% |
| 38 | General Hospital Chanchaga | 158 | 158 | 158 | 191 | 83% |
| 39 | General Hospital Suleja | 42 | 42 | 42 | 42 | 100% |

## Appendix D. TX\_RTT Health Facility Results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Facility** | **Result from client folder verification** | **Health Facility Monthly Summary Report** | **EMR** | **Results in DATIM** | **% Over/Under-reporting Between Recounted Number from Client Files and DATIM** |
|
| 1 | Yola KP OSS | 181 | 181 | 181 | 181 | 100% |
| 2 | Yola Specialist Hospital | 20 | 20 | 20 | 20 | 100% |
| 3 | Numan General Hospital | 370 | 370 | 370 | 371 | 100% |
| 4 | Ganye General Hospital | 2 | 2 | 2 | 2 | 100% |
| 5 | Enwang Primary Health Centre | 2 | 2 | 2 | 2 | 100% |
| 6 | Ibeno Cottage Hospital | - | - | - | - | - |
| 7 | Ikot Okoro General Hospital | 3 | 3 | 3 | 3 | 100% |
| 8 | Okopedi Primary Health Centre | - | - | - | - | - |
| 9 | Uyo KP One Stop Shop | - | - | - | - | - |
| 10 | Ukana Cottage Hospital | 27 | 27 | 27 | 27 | 100% |
| 11 | Ibiono Handmaids Hospital | 25 | 25 | 25 | 25 | 100% |
| 12 | Ikot Epkene KP One Stop Shop | 22 | 22 | 22 | 22 | 100% |
| 13 | Eket KP One Stop Shop | 44 | 44 | 44 | 44 | 100% |
| 14 | Oron KP One Stop Shop | - | - | - | - | - |
| 15 | Bauchi KP OSS | 39 | 39 | 39 | 39 | 100% |
| 16 | Bayara Infectious Diseases Hospital | 55 | 55 | 55 | 55 | 100% |
| 17 | Misau General Hospital | 3 | 3 | 3 | 3 | 100% |
| 18 | Azare General Hospital | - | - | - | - | - |
| 19 | Yenagoa One Stop Shop | - | - | - | - | - |
| 20 | Yenagoa Federal Medical Centre | 132 | 132 | 132 | 132 | 100% |
| 21 | Calabar Municipal KP OSS | 10 | 10 | 10 | 10 | 100% |
| 22 | Ogoja Catholic Maternity Hospital | 30 | 30 | 30 | 30 | 100% |
| 23 | Bakassi KP One Stop Shop | 6 | 6 | 6 | 6 | 100% |
| 24 | University of Calabar Teaching Hospital | 7 | 7 | 7 | 7 | 100% |
| 25 | Holy Family Catholic Hospital | 3 | 3 | 3 | 3 | 100% |
| 26 | Sacred Heart Catholic Hospital | 2 | 2 | 2 | 2 | 100% |
| 27 | Yakurr KP One Stop Shop | 2 | 2 | 2 | 2 | 100% |
| 28 | Ogoja KP OSS | 9 | 9 | 9 | 9 | 100% |
| 29 | Ikom KP OSS- Virtual | 5 | 5 | 5 | 5 | 100% |
| 30 | Nigerian Institute of Medical Research | 126 | 126 | 126 | - | 0% |
| 31 | Agege KP One Stop Shop | - | - | - | - | - |
| 32 | General Hospital Ikorodu | 36 | 36 | 36 | 36 | 100% |
| 33 | Lagos Island OSS- Virtual | - | - | - | - | - |
| 34 | Ojo KP OSS | 5 | 5 | 5 | 5 | 100% |
| 35 | Ikorodu KP OSS | - | - | - | - | - |
| 36 | Badagry KP OSS- Virtual | 8 | 8 | 8 | 6 | 133% |
| 37 | Minna OSS | - | - | - | - | - |
| 38 | General Hospital Chanchaga | 118 | 118 | 118 | 180 | 66% |
| 39 | General Hospital Suleja | 37 | 37 | 37 | 48 | 77% |

## 

## Appendix E. Health Facility Consistency Rate between Client Files and EMR Line List

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **IM** | **Unique ID/Client Hospital Number** | **Client Folders Sex** | **Client Folders Age at Start of ART** | **Client Folders ART Start Date** | **Client Folders Last Pickup Date** | **Month of ART Refill** | **Client Status Type** |
| Adamawa | Ganye General Hospital | Chemonics SHARP TO3 | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% | 100.0% | 99.7% |
| Adamawa | Numan General Hospital | Jhpiego RISE | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.0% |
| Adamawa | Yola KP OSS | SFH KP CARE2 | 100.0% | 100.0% | 100.0% | 99.8% | 100.0% | 99.9% | 99.2% |
| Adamawa | Yola Specialist Hospital | Chemonics SHARP TO3 | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% | 100.0% | 100.0% |
| Akwa Ibom | Eket KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| Akwa Ibom | Enwang Primary Health Centre | FHI 360 EpiC-Bridge | 100.0% | 100.0% | 100.0% | 99.9% | 95.8% | 100.0% | 99.9% |
| Akwa Ibom | Ibeno Cottage Hospital | FHI 360 EpiC-Bridge | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Akwa Ibom | Ibiono Handmaid Hospital | Jhpiego RISE | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.9% |
| Akwa Ibom | Ikot Ekpene KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| Akwa Ibom | Ikot Okoro General Hospital | FHI 360 EpiC-Bridge | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Akwa Ibom | Okpedi Primary Health Centre | FHI 360 EpiC-Bridge | 100.0% | 100.0% | 100.0% | 99.9% | 101.0% | 100.0% | 100.0% |
| Akwa Ibom | Oron KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 100.0% | 99.9% | 100.0% | 100.0% |
| Akwa Ibom | Ukana Cottage Hospital | Jhpiego RISE | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% | 100.0% | 100.0% |
| Akwa Ibom | Uyo KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| Bauchi | Azare General Hospital | Chemonics SHARP TO3 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.3% |
| Bauchi | Bauchi KP OSS | SFH KP CARE2 | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% | 100.0% | 100.0% |
| Bauchi | Bayara Infectious Disease Hospital | Chemonics SHARP TO3 | 100.0% | 100.0% | 100.0% | 99.9% | 99.8% | 100.0% | 100.0% |
| Bauchi | Misau General Hospital | Chemonics SHARP TO3 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Bayelsa | Yenagoa Federal Medical Centre | FHI 360 SHARP TO2 | 100.0% | 100.0% | 100.0% | 99.8% | 100.0% | 100.0% | 100.0% |
| Bayelsa | Yenagoa OSS | FHI 360 KPIF/EpiC | 100.0% | 100.0% | 100.0% | 96.6% | 97.8% | 100.0% | 99.3% |
| Cross River | Bakassi KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.8% | 100.0% | 100.0% | 100.0% |
| Cross River | Calabar Municipal KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.6% | 100.0% | 100.0% | 100.0% |
| Cross River | Holy Family Catholic Hospital | FHI 360 EpiC-Bridge | 100.0% | 100.0% | 100.0% | 99.8% | 99.8% | 100.0% | 100.0% |
| Cross River | Ikom KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.9% | 100.0% | 100.0% | 100.0% |
| Cross River | Ogoja Catholic Maternity Hospital | Jhpiego RISE | 100.0% | 100.0% | 100.0% | 99.8% | 99.9% | 100.0% | 99.8% |
| Cross River | Ogoja KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| Cross River | Sacred Heart Catholic Hospital | Jhpiego RISE | 100.0% | 100.0% | 100.0% | 99.6% | 99.3% | 100.0% | 100.0% |
| Cross River | University of Calabar TH | FHI 360 EpiC-Bridge | 100.0% | 100.0% | 100.0% | 99.8% | 99.9% | 100.0% | 100.0% |
| Cross River | Yakurr KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.6% | 99.5% | 100.0% | 99.9% |
| Lagos | Agege KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.5% | 100.0% | 100.0% | 100.0% |
| Lagos | Badagry KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.7% | 100.0% | 100.0% | 99.5% |
| Lagos | Ikorodu General Hospital | FHI 360 SHARP TO2 | 100.0% | 100.0% | 100.0% | 98.4% | 99.5% | 99.5% | 100.0% |
| Lagos | Ikorodu KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 100.0% |
| Lagos | Lagos Island KP OSS Virtual | HAN KP CARE 1 | 100% | 100% | 100% | 99.8% | 99.9% | 100.0% | 99.8% |
| Lagos | Nigeria Institute of Medical Research | FHI 360 SHARP TO2 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Lagos | Ojo KP OSS | HAN KP CARE 1 | 100% | 100% | 100% | 99.9% | 99.1% | 100.0% | 99.9% |
| Niger | General Hospital Suleja | Chemonics SHARP TO1 | 100.0% | 100.0% | 100.0% | 99.8% | 100.0% | 100.0% | 100.0% |
| Niger | General Hospital Chanchaga | Chemonics SHARP TO1 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Niger | Minna KP OSS | FHI 360 KPIF/EpiC | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

## 

## Appendix F. Facility-level Biometric Results

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **IM** | **# of clients with a scheduled appointment** | **# of clients with verified biometrics** | **# of valid bio-metrics** | **% of bio-metrics verified** | **% of valid bio-metrics** | **Comments** |
| Adamawa | Yola KP OSS | SFH KP CARE 2 | 1,694 | 5 | 5 | 0.3% | 100% |  |
| Yola Specialist Hospital | Chemonics SHARP TO3 | 870 | 18 | 18 | 2.1% | 100% |  |
| Numan General Hospital | Jhpiego RISE | 456 | 5 | 5 | 1.1% | 100% |  |
| Ganye General Hospital | Chemonics SHARP TO3 |  | - | - | 0.0% | 0% | IP did not share data for clients due for refill in November |
| Akwa Ibom | Enwang Primary Health Centre | FHI 360 EpiC-Bridge | 1,715 | 18 | 18 | 1.0% | 100% |  |
| Ibeno Cottage Hospital | FHI 360 EpiC-Bridge | 1,043 | 32 | 32 | 3.1% | 100% |  |
| Ikot Okoro General Hospital | FHI 360 EpiC-Bridge | 1,054 | 51 | 51 | 4.8% | 100% |  |
| Okopedi Primary Health Centre | FHI 360 EpiC-Bridge | 1,690 | 30 | 30 | 1.8% | 100% |  |
| Uyo KP One Stop Shop | HAN KP CARE 1 | 1,431 | 4 | 4 | 0.3% | 100% |  |
| Ukana Cottage Hospital | Jhpiego RISE | 927 | 5 | 5 | 0.5% | 100% |  |
| Ibiono Handmaids Hospital | Jhpiego RISE | 1,017 | 16 | 16 | 1.6% | 100% |  |
| Ikot Epkene KP One Stop Shop | HAN KP CARE 1 | 932 | 11 | 11 | 1.2% | 100% |  |
| Eket KP One Stop Shop | HAN KP CARE 1 | 668 | 3 | 3 | 0.4% | 100% |  |
| Oron KP One Stop Shop | HAN KP CARE 1 | 660 | - | - | 0.0% | 0% |  |
| Bauchi | Bauchi KP OSS | SFH KP CARE 2 | 1,783 | 10 | 10 | 0.6% | 100% |  |
| Bayara Infectious Diseases Hospital | Chemonics SHARP TO3 | N/A | 8 | 8 | 0.0% | 100% | IP did not share data for clients due for refill in November |
| Misau General Hospital | Chemonics SHARP TO3 | N/A | 4 | 4 | 0.0% | 100% |
| Azare General Hospital | Chemonics SHARP TO3 | N/A | - | - | 0.0% | 0% |
| Bayelsa | Yenagoa One Stop Shop | FHI 360 KPIF/EpiC | 420 | 40 | 40 | 9.5% | 100% |  |
| Yenagoa Federal Medical Centre | FHI 360 SHARP TO2 | N/A | 5 | 5 | 0.0% | 100% | IP did not share data for clients due for refill in November |
| Cross River | Calabar Municipal KP OSS | HAN KP CARE 1 | 880 | 17 | 17 | 1.9% | 100% |  |
| Ogoja Catholic Maternity Hospital | Jhpiego RISE | 312 | 2 | 2 | 0.6% | 100% |  |
| Bakassi KP One Stop Shop | HAN KP CARE 1 | 522 | 3 | 3 | 0.6% | 100% |  |
| University of Calabar Teaching Hospital | FHI 360 EpiC-Bridge | 200 | 9 | 9 | 4.5% | 100% |  |
| Holy Family Catholic Hospital | FHI 360 EpiC-Bridge | 301 | 4 | 4 | 1.3% | 100% |  |
| Sacred Heart Catholic Hospital | Jhpiego RISE | 437 | 5 | 5 | 1.1% | 100% |  |
| Yakurr KP One Stop Shop | HAN KP CARE 1 | 176 | - | - | 0.0% | 0% |  |
| Ogoja KP OSS | HAN KP CARE 1 | 445 | - | - | 0.0% | 0% |  |
| Ikom KP OSS- Virtual | HAN KP CARE 1 | 324 | - | - | 0.0% | 0% |  |
| Lagos | Nigerian Institute of Medical Research | FHI 360 SHARP TO2 | N/A | N/A | N/A | 0.0% | 0% | NIMR EMR currently does not collect clients’ biometric data |
| Agege KP One Stop Shop | HAN KP CARE 1 | 732 | 62 | 62 | 8.5% | 100% |  |
| General Hospital Ikorodu | FHI 360 SHARP TO2 | 772 | - | - | 0.0% | 0% | Biometric recall function was not enabled in the EMR at the time of the assessment |
| Lagos Island OSS- Virtual | HAN KP CARE 1 | 498 | 31 | 31 | 6.2% | 100% |  |
| Ojo KP OSS | HAN KP CARE 1 | 394 | 8 | 8 | 2.0% | 100% |  |
| Ikorodu KP OSS | HAN KP CARE 1 | 208 | 18 | 18 | 8.7% | 100% |  |
| Badagry KP OSS- Virtual | HAN KP CARE 1 | 482 | 14 | 14 | 2.9% | 100% |  |
| Niger | Minna OSS | FHI 360 KPIF/EpiC | 1,322 | 40 | 28 | 3.0% | 70% |  |
| General Hospital Chanchaga | Chemonics SHARP TO1 | 543 | 4 | 4 | 0.7% | 100% |  |
| General Hospital Suleja | Chemonics SHARP TO1 | 279 | 5 | 5 | 1.8% | 100% |  |

| Appendix G. Facility-level M&E System Assessment Score | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Implementing Partner** | **Facility name** | **I - M&E Structure, Functions, and Capabilities**  **(Max # of items to be scored=9)** | **II- Indicator Definitions and Reporting Guidelines**  **(Max # of items to be scored=10)** | **III - Data-Collection and Reporting Forms and Tools**  **(Max # of items to be scored=8)** | **IV- Data Management Processes**  **(Max # of items to be scored=35)** | **V - Links with National Reporting System**  **(Max # of items to be scored=4)** | **VI - Use of Data for Decision Making**  **(Max # of items to be scored=20)** |
| Adamawa | Chemonics SHARP TO3 | Ganye General Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Adamawa | Chemonics SHARP TO3 | Yola Specialist Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Adamawa | SFH KP CARE 2 | Yola KP OSS | 100% | 100% | 100% | 97% | 100% | 100% |
| Adamawa | Jhpiego RISE | Numan General Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | FHI 360 EpiC-Bridge | Enwang PHC | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | FHI 360 EpiC-Bridge | Ibeno Cottage Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | FHI 360 EpiC-Bridge | Ikot Okoro General Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | FHI 360 EpiC-Bridge | Okopedi PHC | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | HAN KP CARE 1 | Eket KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | HAN KP CARE 1 | Ikot Ekpene KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | HAN KP CARE 1 | Oron KP OSS | 100% | 100% | 100% | 100% | 100% | 95% |
| Akwa Ibom | HAN KP CARE 1 | Uyo KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | Jhpiego RISE | Ibiono Handmaid Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Akwa Ibom | Jhpiego RISE | Ukana Cottage Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Bauchi | Chemonics SHARP TO3 | Azare General Hospital | 100% | 100% | 88% | 97% | 100% | 100% |
| Bauchi | Chemonics SHARP TO3 | Bayara Infectious | 100% | 100% | 88% | 97% | 100% | 100% |
| Bauchi | Chemonics SHARP TO3 | Misau General Hospital | 100% | 100% | 88% | 97% | 100% | 100% |
| Bauchi | SFH KP CARE 2 | Bauchi OSS | 100% | 90% | 100% | 97% | 100% | 85% |
| Bayelsa | FHI 360 KPIF/EpiC | Yenagoa KP OSS | 100% | 90% | 100% | 100% | 100% | 100% |
| Bayelsa | FHI 360 SHARP TO2 | Yenagoa Federal Medical Center | 100% | 90% | 100% | 100% | 100% | 100% |
| Cross River | FHI 360 EpiC-Bridge | Holy Family Catholic Hospital/GH | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | FHI 360 EpiC-Bridge | University of Calabar Teaching Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | HAN KP CARE 1 | Bakassi KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | HAN KP CARE 1 | Calabar Municipal KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | HAN KP CARE 1 | Ikom KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | HAN KP CARE 1 | Ogoja KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | HAN KP CARE 1 | Yakurr KP OSS | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | Jhpiego RISE | Sacred Heart Catholic Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Cross River | Jhpiego RISE | Ogoja Catholic Maternity Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Lagos | FHI 360 SHARP TO2 | Ikorodu General Hospital | 100% | 100% | 100% | 100% | 100% | 100% |
| Lagos | FHI 360 SHARP TO2 | Nigeria Institute of Medical Research | 100% | 100% | 100% | 100% | 100% | 100% |
| Lagos | HAN KP CARE 1 | Agege KP OSS | 100% | 100% | 100% | 100% | 100% | 90% |
| Lagos | HAN KP CARE 1 | Badagry KP OSS | 78% | 80% | 100% | 100% | 100% | 80% |
| Lagos | HAN KP CARE 1 | Ikorodu KP OSS | 100% | 100% | 100% | 100% | 100% | 70% |
| Lagos | HAN KP CARE 1 | Lagos Island KP OSS | 78% | 90% | 100% | 100% | 100% | 90% |
| Lagos | HAN KP CARE 1 | Ojo KP OSS | 78% | 90% | 100% | 100% | 100% | 90% |
| Niger | Chemonics SHARP TO1 | Chachanga General Hospital | 100% | 100% | 100% | 97% | 100% | 100% |
| Niger | Chemonics SHARP TO1 | Suleja General Hospital | 100% | 90% | 100% | 97% | 100% | 85% |
| Niger | FHI 360 EpiC-Bridge | Minna KP OSS | 100% | 100% | 88% | 100% | 100% | 90% |

## Appendix H. Facility-level TX\_NEW Validation Results for Phone Calls and Home Visits

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Facility** | **Implementing Partners** | **TX\_NEW as at FY21Q4** | **# of TX\_NEW client folders reviewed** | **# with phone number documented in the client folder** | **# of clients living in close proximity of facility** | **# of clients reachable by phone** | **# of clients not reachable by phone** | **# of clients eligible for home visits** | **# of clients visited** | **# of clients visited and seen during home visit** | **# informed consent obtained and Annex 7.14 filled at start of home visit?** | **# of patients visited but not seen during HH visit (Col J-Col K)** |
| Bayelsa | Yenagoa One-Stop Shop | FHI 360 KPIF/EPIC | 117 | 117 | 111 | 0 | 97 | 20 | 10 | 10 | 10 | 10 | 0 |
| Yenagoa Federal Medical Centre | FHI 360 - SHARP TO2 | 60 | 60 | 53 | 0 | 42 | 18 | 5 | 0 | 0 | 0 | 0 |
| Adamawa | Yola KP OSS | SFH - KP CARE 2 | 117 | 117 | 117 | 0 | 102 | 15 | 4 | 1 | 1 | 1 | 0 |
| Yola Specialist Hospital | Chemonics - SHARP TO3 | 109 | 109 | 101 | 62 | 69 | 40 | 10 | 3 | 3 | 3 | 0 |
| Numan General Hospital | TMEC-RISE | 113 | 113 | 111 | 6 | 58 | 55 | 14 | 2 | 0 | 0 | 2 |
| Ganye General Hospital | Chemonics - SHARP TO3 | 49 | 49 | 25 | 0 | 22 | 27 | 7 | 6 | 6 | 6 | 0 |
| Akwa Ibom | Enwang Primary Health Centre | FHI 360 - EpiC-Bridge | 967 | 967 | 47 | 468 | 44 | 923 | 231 | 231 | 177 | 177 | 54 |
| Ibeno Cottage Hospital | FHI 360 - EpiC-Bridge | 764 | 763 | 61 | 167 | 20 | 743 | 209 | 209 | 161 | 161 | 48 |
| Ikot Okoro General Hospital | FHI 360 - EpiC-Bridge | 336 | 335 | 198 | 75 | 143 | 192 | 48 | 38 | 38 | 38 | 0 |
| Okopedi Primary Health Centre | FHI 360 - EpiC-Bridge | 544 | 544 | 62 | 331 | 58 | 486 | 165 | 165 | 156 | 156 | 9 |
| Uyo KP One Stop Shop | HAN - KP CARE 1 | 393 | 393 | 358 | 171 | 331 | 62 | 16 | 15 | 13 | 13 | 2 |
| Ukana Cottage Hospital | TMEC-RISE | 219 | 219 | 171 | 0 | 135 | 84 | 21 | 21 | 20 | 20 | 1 |
| Ibiono Handmaids Hospital | TMEC-RISE | 108 | 108 | 85 | 27 | 38 | 70 | 18 | 18 | 15 | 15 | 3 |
| Ikot Epkene KP One Stop Shop | HAN - KP CARE 1 | 179 | 175 | 172 | 30 | 156 | 19 | 5 | 0 | 0 | 0 | 0 |
| Eket KP One Stop Shop | HAN - KP CARE 1 | 343 | 344 | 308 | 46 | 198 | 146 | 39 | 39 | 38 | 38 | 1 |
| Oron KP One Stop Shop | HAN - KP CARE 1 | 148 | 148 | 138 | 90 | 125 | 23 | 7 | 7 | 7 | 7 | 0 |
| Niger | Minna OSS | FHI 360 KPIF/EPIC | 278 | 278 | 257 | 218 | 255 | 23 | 6 | 0 | 0 | 0 | 0 |
| GEN.HOSPITAL Chanchaga | Chemonics - SHARP TO1 | 109 | 109 | 109 | 94 | 103 | 6 | 2 | 0 | 0 | 0 | 0 |
| GENERAL HOSP SULEJA | Chemonics - SHARP TO1 | 99 | 99 | 96 | 86 | 96 | 3 | 1 | 0 | 0 | 0 | 0 |
| Bauchi | Bauchi KP OSS | SFH - KP CARE 2 | 115 | 115 | 115 | 0 | 95 | 20 | 5 | 3 | 3 | 3 | 0 |
| Bayara Infectious Diseases Hospital | Chemonics - SHARP TO3 | 290 | 290 | 235 | 0 | 144 | 146 | 37 | 3 | 3 | 3 | 0 |
| Misau General Hospital | Chemonics - SHARP TO3 | 58 | 58 | 58 | 0 | 51 | 7 | 2 | 2 | 0 | 0 | 2 |
| Azare General Hospital | Chemonics - SHARP TO3 | 19 | 19 | 19 | 0 | 9 | 10 | 3 | 3 | 3 | 3 | 0 |
| Cross River | Calabar Municipal KP OSS | HAN - KP CARE 1 | 248 | 248 | 240 | 8 | 125 | 123 | 31 | 31 | 17 | 17 | 14 |
| Ogoja Catholic Maternity Hospital | TMEC-RISE | 38 | 38 | 35 | 12 | 26 | 12 | 3 | 1 | 1 | 1 | 0 |
| Bakassi KP One Stop Shop | HAN - KP CARE 1 | 42 | 42 | 42 | 31 | 25 | 17 | 4 | 3 | 3 | 3 | 0 |
| University of Calabar Teaching Hospital | FHI 360 - EpiC-Bridge | 92 | 92 | 85 | 33 | 47 | 45 | 11 | 11 | 5 | 5 | 6 |
| Holy Family Catholic Hospital | FHI 360 - EpiC-Bridge | 132 | 132 | 106 | 92 | 56 | 76 | 19 | 19 | 12 | 12 | 7 |
| Sacred Heart Catholic Hospital | TMEC-RISE | 62 | 62 | 61 | 12 | 59 | 3 | 1 | 1 | 1 | 1 | 0 |
| Yakurr KP One Stop Shop | HAN - KP CARE 1 | 105 | 105 | 101 | 28 | 87 | 18 | 5 | 4 | 4 | 4 | 0 |
| Ogoja KP OSS | HAN - KP CARE 1 | 105 | 105 | 105 | 6 | 93 | 12 | 3 | 1 | 1 | 0 | 0 |
| Ikom KP OSS- Virtual | HAN - KP CARE 1 | 80 | 80 | 74 | 55 | 62 | 18 | 5 | 4 | 4 | 4 | 0 |
| Lagos | Nigerian Institute of Medical Research (NIMR) | FHI 360 - SHARP TO2 | 34 | 45 | 45 | 6 | 28 | 17 | 4 | 0 | 0 | 0 | 0 |
| Agege KP One Stop Shop | HAN - KP CARE 1 | 467 | 467 | 466 | 167 | 351 | 116 | 29 | 20 | 12 | 12 | 8 |
| General Hospital Ikorodu | FHI 360 - SHARP TO2 | 143 | 143 | 143 | 44 | 101 | 42 | 11 | 6 | 4 | 4 | 2 |
| Lagos Island OSS- Virtual | HAN - KP CARE 1 | 359 | 359 | 359 | 94 | 353 | 6 | 6 | 6 | 6 | 6 | 0 |
| Ojo KP OSS | HAN - KP CARE 1 | 251 | 251 | 251 | 129 | 234 | 17 | 12 | 12 | 9 | 9 | 3 |
| Ikorodu KP OSS | HAN - KP CARE 1 | 427 | 427 | 427 | 102 | 295 | 132 | 44 | 44 | 36 | 36 | 8 |
| Badagry KP OSS- Virtual | HAN - KP CARE 1 | 192 | 192 | 192 | 52 | 184 | 8 | 4 | 4 | 2 | 2 | 2 |
|  | **Overal outcome** |  | **8,311** | 8,317 | 5,739 | 2,742 | 4,517 | 3,800 | 1,051 | 943 | 771 | 770 | 172 |

## Appendix I. Sample Size, by State

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State** | **Number of facilities** | | **Sample size** | | **Total clients** |
| **GP** | **KP** | **GP** | **KP** |
| Adamawa | 3 | 1 | 10,267 | 5,361 | 15,628 |
| Akwa Ibom | 6 | 4 | 55,000 | 22,812 | 77,812 |
| Bauchi | 3 | 1 | 6,463 | 5,479 | 11,942 |
| Bayelsa | 1 | 1 | 2,695 | 4,853 | 7,548 |
| Cross River | 4 | 5 | 12,001 | 16,485 | 28,486 |
| Lagos | 2 | 5 | 11,218 | 16,538 | 27,756 |
| Niger | 2 | 1 | 9,213 | 6,623 | 15,836 |
| Total | 21 | 18 | 106,857 | 78,151 | 185,008 |

A screenshot of a cell phone

Description automatically generated

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**FOR MORE INFORMATION**

**TR-22-28**