



**FY 2018 Data Quality Assessment**

IFEYINWA ARINZE, FOR DEVTECH SYSTEMS, INC. / USAID

Local OVC Partners in Nigeria 2 (LOPIN 2)

Widows and Orphans Empowerment Organization (WEWE)

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# ACRONYMS

ACM AIDS Care Managers

ADS Automated Directives System (USAID)

AHDC African Human Development Center

AMELP Activity Monitoring, Evaluation and Learning Plan

CBO Community Based Organization

DATIM Data for Accountability, Transparency, and Impact

DEC Data Entry Clerk

DQA Data Quality Assessment

ELWD Eleme WEWE Direct

FCT Federal Capital Territory

FG Federal Government

FMWASD Federal Ministry of Women Affairs and Social Development

HIV/AIDS Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

HKID PEPFAR budget code for funding to programs supporting orphans and vulnerable children affected by HIV/AIDS

HOG-I Hope Givers Initiative

IP Implementing Partner

KM Knowledge Management

LGA Local Government Authority (or Area)

LOPIN 2 Local OVC Partners in Nigeria 2

LLIN Long Lasting Insecticidal Nets

M&E Monitoring and Evaluation

MEASURE Monitoring and Evaluation to Assess and Use Results

MEL Monitoring, Evaluation, and Learning

MER Monitoring, Evaluation, and Reporting

MWASD Ministry of Women Affairs and Social Development

NGO Non-Governmental Organization

NOMIS National OVC Management Information System

OAWD Obio-Akpor WEWE Direct

OD Organizational Development

OGAC Office of the United States Global AIDS Coordinator

OVC Orphans and Vulnerable Children

OVC\_SERV PEPFAR Indicator: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV

OR Operational Research

PEPFAR President’s Emergency Plan for AIDS Relief

PHWD Port Harcourt WEWE Direct

PIRS Performance Indicator Reference Sheet

PMP Performance Monitoring Plan

SAPR Semi Annual Program Results

SI Strategic Information

SOP Standard Operating Process(es)

SSDO South Saharan Social Development Organization

TWG Technical Working Group

USAID United States Agency for International Development

VC Vulnerable Children

VSLA Village Savings and Loan Association

VICLAF Victorian Clarion Foundation

WASH Water, Sanitation and Hygiene

WOCLIF Women and Community Livelihood Foundation

# EXECUTIVE SUMMARY

## INTRODUCTION, PURPOSE AND METHODOLOGY

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

The Local OVC Partners in Nigeria Region 2 (LOPIN 2) Activity is one of the USAID/Nigeria’s OVC Implementing Mechanisms (IMs) being implemented by the Widows and Orphans Empowerment Organization (WEWE). In June 2018, USAID/Nigeria and the Monitoring, Evaluation, and Learning (MEL) Activity of DevTech Systems, Inc. conducted a joint DQA exercise to review the performance data submitted by WEWE – LOPIN 2 to USAID for the period October 1, 2017, to March 31, 2018 for two President’s Emergency Plan for AIDS Relief (PEPFAR) indicators, “OVC\_SERV” and “OVC\_HIVSTAT.” OVC\_SERV is the “number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV” and OVC\_HIVSTAT is the “percentage of OVC (less than 18 years old) with HIV status reported to IP (including status not reported), disaggregated by status type.” The denominator is no longer collected as part of the OVC\_HIVSTAT indicator. The denominator is collected as part of the OVC\_SERV indicator.

The DQA was implemented using a purposive sampling methodology in nine selected Community Based Organizations (CBOs) in Anambra, Akwa Ibom and Rivers states, the respective LOPIN 2 state offices, and the LOPIN 2 central Monitoring and Evaluation (M&E) unit in Akwa Ibom state. The DQA methodology at all levels included: (1) A review of activity M&E documents, materials, and data, including Standard Operating Procedures (SOP), guidelines, Performance Indicator Reference Sheet (PIRS), and other guiding documents for organizational M&E management, data management, and processing; (2) A review of six months of LOPIN 2 OVC summary reports, and trace and verification of data for the two indicators (including National OVC Management Information System [NOMIS] data); (3) A review of a subset of source documents (beneficiary forms and household folders), and entries of beneficiaries and households data in the NOMIS; (4) Interviews with M&E officers and personnel; (5) Cross-checks across systems and records; (6) A review of the data applying the five data quality standards (i.e., validity, reliability, integrity, precision and timeliness); and (7) A debrief at each site on the preliminary DQA findings using a feedback form. The DQA team utilized the USAID MEASURE Evaluation’s DQA Excel Tool (RDQA multi-indicator version,[[1]](#footnote-1) as well as the USAID DQA checklist[[2]](#footnote-2) to assess the data quality standards.

## FINDINGS

**M&E Systems Assessment**

LOPIN 2 Central M&E Unit. *Strengths*: (1) Availability and use of an M&E SOP at all reporting levels; (2) Presence of a training plan for LOPIN 2 M&E staff; (3) The data are being analyzed and used to inform activity implementation decisions; and (4) The organization has a strong focus on operational research. *Areas for Improvement:* Limited knowledge by LOPIN 2 staff about the use of advanced statistical packages for data analysis, which was reported by the M&E Director. A training has been scheduled for staff to address this. *Recommendations*: Ensure the training on advanced statistical packages for M&E staff takes place as scheduled with regular refresher training to ensure retention of the skill set.

LOPIN 2 State M&E Units: *Strengths*: (1) The LOPIN 2 M&E state team conducts monthly supportive supervisory visits to the CBOs. Documentation of such visits were sighted by the DQA team in Akwa Ibom; (2) Charts containing analyzed data were sighted on display boards at the state offices; (3) Well archived, color-coded folders were sighted at two CBOs in Rivers state, which aided easy retrieval of the folders; and (4) The Anambra state M&E team created a WhatsApp group for information sharing, consisting of focal persons from all supported CBOs. *Areas for Improvement:* (1) The LOPIN 2 state office has no means of tracking the timely (or untimely) submission of reports by CBOs; and (2) Change management forms were not being used by state M&E unit staff to properly document data changes in Anambra and Rivers states. *Recommendations:* (1) Develop a template to track the timely submission of CBO reports; and (2) Ensure compliance and adoption of the LOPIN 2 Change Management Process (CMP) form, for proper documentation of data changes and updates.

LOPIN 2 CBOs: *Strengths*: (1) Guidelines on data management processes including data change management were available at all the CBOs visited by the DQA team; (2) Good filing and retrieval system observed in most of the CBOs. One CBO in Anambra (South Saharan Social Development Organization [SSDO]), two CBOs in Akwa Ibom (African Human Development Centre [AHDC] and AIDS Care Managers [ACM]) and two CBOs in Rivers (Port Harcourt WEWE Direct [PHWD] and Obio-Akpor WEWE Direct [OAWD]) had color-coded folders and files, coded by community to aid easy retrieval; (3) Regular data review meetings are conducted with all LOPIN 2 M&E staff to review and validate the data collected by all CBOs; (4) WEWE conducted training for all CBOs on the updated national reporting tools; (5) The CBOs employ various methods to prevent double counting of OVC beneficiaries such as the use of the NOMIS; (6) A checklist, placed in each household folder is used ensure the accuracy of forms within each folder (at SSDO and Hope Givers Initiative [HOG-I] CBOs); (7) Multiple data backup mechanisms are used including cloud and hard drive; (8) Simultaneous use of the service registers and the NOMIS, which makes data validation and verification easier (at HOG-I CBO); (9) Key community stakeholders are involved in data review meetings to ensure the timely implementation of action plans (at HOG-I CBO). *Areas for Improvement:* (1) Beneficiary folders were filed horizontally instead of vertically, making retrieval difficult (AHDC); (2) Client service forms were not properly arranged in the folders to aid easy retrieval (AHDC); (3) Inconsistent data back-up and limited data backup options in use (Victorian Clarion Foundation [VICLAF] and SSDO); (3) Household folders kept in an open cabinet without any lock (SSDO); (4) Limitations to data following analysis are not properly documented (SSDO); (5) No M&E organogram available at SSDO; and (6) Weak quality control measures during data transfer from paper based forms to the NOMIS (ACM). *Recommendations:* (1) Conduct on-site mentoring for CBO staff on the proper folder filing system to aid easy retrieval of beneficiary records; (2) Conduct on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the beneficiaryfolders, for easy retrieval of source documents; (3) Ensure compliance to the data back-up guidelines in the LOPIN 2 M&E SOP; (4) A template should be created to document the limitations identified in analyzed data; (5) Develop and display an M&E organogram illustrating the M&E staff structure at SSDO; (6) Strengthen data quality checks before and after data entry into the NOMIS to reduce transcription errors.

**Data Quality Standards**

Validity*:* *Strengths:* (1) The data collection process collates the data as stipulated in the PIRS; and (2) Most of the M&E staff at the LOPIN 2 state offices and CBOs had a good understanding of the definition of both indicators and were conversant with the method of calculating them. *Areas for Improvement:* (1) At the CBO level, archived copies of quarterly data summations (with date stamps), reported to the LOPIN 2 state offices were unavailable; (2) Service forms were sighted with multiple cancellations using correction fluid. Dates and services rendered were altered without signatures or change management forms to provide an explanation as to why and who made the changes; (3) Data discrepancies observed following the NOMIS data export at the CBOs; (4) Discrepancies observed during the data verification at central, state and CBO levels due to over-reporting on both indicators by HOG-I; (5) Data transcription errors observed from incomplete entries in the source documents and into the NOMIS. *Recommendations:* (1)The central LOPIN 2 M&E team should liaise with the NOMIS software developer to resolve NOMIS issues; (2) Conduct refresher training for the CBO data entry clerks (DECs) on NOMIS data entry and data analysis; (3) Conduct refresher training for some CBOs on the new definition of the OVC indicators (HOG-I); (4) Strengthen the review process of service forms before data are entered into the NOMIS to avoid post data entry manipulations (ACM); (5) Improve supervision of the community volunteers (CVs), Improvement Officers and DECs by the LOPIN 2 M&E Officers and Quality Improvement Managers to ensure high data quality; (6) Conduct periodic folder audits to ensure that the information in the paper-based service forms are in concordance with the NOMIS; (7) Ensure the use of a CMP for any post data validation reporting or documentation changes; (8) Ensure authorized changes to data, evidenced by the signature of the authorizing officer on the CMP form; (9) Ensure the use of only official laptops for the NOMIS data entry at the CBO level; and (10) Ensure all data submitted to reporting entities are archived with date stamps.

Integrity. *Strengths* (1) Use of NOMIS for data entry, which has inbuilt checks to prevent double entries; (2) Supervisory visits conducted to lower reporting levels i.e., states and CBOs; (3) Periodic internal data quality audits conducted; (4) Conduct of quarterly data review meetings; (5) NOMIS is password protected with limited access to unauthorized persons; (6) Availability of designated staff dedicated to data quality checks; (7) Access to beneficiary information is granted to only to authorized personnel; and (8) On-site validation of indicator data. *Areas for Improvement:* (1) Multiple cancellations on the service forms using correction fluid; and (2) Beneficiary folders were stored in cabinets with no locks, permitting unauthorized access to folders and breaching confidentiality. *Recommendations:* (1) Folders should be kept in cabinets with a lock and key control to ensure both confidentiality and integrity of the data; (2) Build the capacity of CVs on proper filling of service forms to minimize entry errors; and (3) Ensure the use and compliance to the LOPIN 2 CMP template and guidance, to ensure proper documentation of data updates.

Precision. *Strengths*: Data from the service forms are entered in the NOMIS in a consistent manner, including the use of all nationally approved data fields. The NOMIS has individual-level data, providing sufficient detail and precision on the two indicators assessed. *Areas for Improvement:* None. *Recommendations:* There were no specific recommendations in connection with data precision.

Reliability. *Strengths*: (1) National OVC reporting tools were consistently used during the reporting period; (2) No stock-out of OVC reporting tools was reported by LOPIN 2 CBOs; and (3) All CBO staff have been trained on the use of the recently updated OVC tools. *Areas for Improvement:* None; *Recommendations*: There were no specific recommendations regarding the reliability of data.

Timeliness. *Strengths*: (1) Email communication of NOMIS data files exported from lower reporting levels were sighted at the LOPIN 2 state and central offices; and (2) Timely submission of reports by all CBOs in Akwa Ibom state. *Areas for Improvement:* (1) Absence of archived monthly submissions and quarterly data summaries at CBOs and states with date stamps; and (2) The submission time of the reports by CBOs could not be ascertained at some state offices as the reports did not have date stamps. *Recommendations:* (1) Develop a template for tracking reports submitted by CBOs; and (2) Monthly and quarterly data summaries submitted to the LOPIN 2 state offices should be archived with date stamps.

## ACTION PLAN

*Central Level*: The LOPIN 2 central M&E team are recommended to implement the following action points to improve the M&E system and data quality: (1) Ensure training on advanced statistical software takes place as scheduled for M&E staff; and (2) Liaise with the NOMIS software developer and the Federal Ministry of Women Affairs and Social Development (FMWASD) to resolve NOMIS issues.

*State Level:* The LOPIN 2 state M&E team are recommended to implement the following action points to improve the M&E system and data quality: (1) Develop a template to track the time of submission of CBO reports; (2) Ensure CBO reports are archived with date stamps; (3) Adopt the use of and comply with the LOPIN 2 CMP (in the M&E SOP), for reporting data changes and updates; (4) Ensure compliance of CBOs with data back-up guidelines in the LOPIN 2 M&E SOP; (5) Improve supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS; (6) Conduct refresher training for DECs on the NOMIS software; (7) Ensure all CBOs conduct data quality cross checks between the NOMIS soft copy data and a hard copy Excel NOMIS data before reporting; (7) Provide support to CBO M&E Officers to conduct periodic folder audits to resolve discrepancies observed during cross checks; (8) Conduct on-site mentoring and supervision of CBO staff on a proper folder filing system to aid easy retrieval of beneficiary records; (9) Conduct refresher training and on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the beneficiary folders for easy source document retrieval; (10) Conduct refresher training for CBO M&E Officers on the new indicator definitions and guidelines for reporting; and (11) Ensure compliance to CMP guidelines when reporting data updates and during post data validation.

*CBO Level*: The LOPIN 2 CBOs are recommended to implement the following action points to improve the M&E system and data quality: (1) Ensure activity data are archived with date stamps to validate the timeliness of submissions; (2) Improve supervisory efforts with the CVs and DECs to ensure completeness and accurate data entry into the service forms and into the NOMIS; (3) Conduct regular folder audits to resolve discrepancies observed during cross checks; (4) Strengthen data quality checks before and after data entry into the NOMIS to reduce transcription errors; (5) Acquire cabinets with locks and institute key control to ensure the confidentiality and integrity of the data; (6) Develop and display an organogram for the M&E unit; and (7) Ensure the use of only official laptops for data entry.

# Introduction and purpose of the DQA

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

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

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

One of the primary purposes of the DQA presented in this report is to meet the ADS-related requirements of USAID/Washington and the USAID/Nigeria Technical Offices. A DQA also serves to review the Monitoring and Evaluation (M&E) System, supports the identification of best practices, and develops recommendations to improve existing systems, for better reporting of activity-level indicators in subsequent funding cycles.

The President’s Emergency Plan for AIDS Relief (PEPFAR) Nigeria implements its OVC activities through community-based partners and, in some cases, through comprehensive treatment partners who provide some OVC services. Most OVC Implementing Mechanisms (IMs) work through Community-Based Organizations (CBOs) that work directly with the communities although in some cases IPs conduct direct implementation to beneficiaries. Performance results are reported semi-annually based on the Office of the Global AIDS Coordinator (OGAC) requirements, and quarterly based on USAID requirements.

A joint DQA was conducted in the month of June 2018 by USAID/Nigeria and the Monitoring, Evaluation and Learning (MEL) Activity of DevTech Systems, Inc. Nigeria, to validate six months of performance data generated through the Local OVC Partners in Nigeria 2 (LOPIN 2) Activity implemented by the Widows and Orphans Empowerment Organization (WEWE), one of USAID/Nigeria’s OVC IMs. The DQA was for the “OVC\_SERV” and “OVC\_HIVSTAT” PEPFAR indicators, as reported through the National OVC Management Information System (NOMIS) between October 1, 2017 and March 31, 2018. The LOPIN 2 DQA was conducted at the Central IP Office in Akwa Ibo state, three state offices and nine selected CBOs; two in Anambra state, three in Akwa Ibom state and four in Rivers state, with guidance from USAID and using a purposive sampling methodology.

## DATA QUALITY STANDARDS

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

Table 1. Data Quality Standards and Operational Definitions

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

Source: ADS 201. Data Quality Assessment Standards.

## OBJECTIVES OF THE DQA

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

1. Verify that the quality of data reported from October 1, 2017 to March 31, 2018 for the OVC\_SERV and OVC\_HIVSTAT indicators, by the LOPIN 2 Activity (section 2.5), are grounded in the components of data quality.
2. Ensure that managers can use data generated to effectively direct available resources, and to evaluate progress toward established goals.
3. Assess and identify potential challenges to data quality created by the data management and reporting systems at three levels:

* The Activity’s Central M&E Unit;
* The Intermediary Aggregation level (IP state office); and
* The Service Delivery level (CBO office in the Local Government Area [LGA])

1. Develop action plans to improve weaknesses identified in the levels above.

## INDICATORS ASSESSED

The selection of the indicators for assessment was based on technical guidance from USAID/Nigeria. The indicators assessed during this DQA exercise are the OVC\_SERV and OVC\_HIVSTAT.

### OVC\_SERV

The OVC\_SERV indicator is defined according to the PEPFAR Monitoring, Evaluation and Reporting (MER) 2.0 Indicator Reference Guide Version 2.2 as the **“number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV.”** It was recently revised in the PEPFAR MER Version 2.2 guide to exclude from the calculation, beneficiaries who transferred and exited out of the activity without graduation.

For a specific reporting period, the indicator is generated by totaling the number of active beneficiaries who received at least one service in the past three months and beneficiaries who successfully graduated from the PEPFAR OVC activity.

Active beneficiaries = (Last reporting period’s Active + Newly enrolled in current reporting period)

minus

(Current reporting period’s graduated + Transferred + Exited)

The Performance Indicator Reference Sheet (PIRS) for the indicator defines its dimensions and description (Annex section 8.5, Table 16). This indicator is calculated from data elements in the NOMIS.

Disaggregation: The indicator, by disaggregating “active” and “graduated,” measures how successful the OVC activity is building the resiliency of children and their families.

Data Sources: OVC activity enrollment forms, service forms, registers and activity data that are generated by IPs from the NOMIS. IPs need to record the names of children and caregivers who meet the criteria for “active beneficiary” and “graduated” to generate the number that this indicator foresees.

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

### OVC\_HIVSTAT

The OVC\_HIVSTAT indicator is defined according to the PEPFAR Monitoring, Evaluation and Reporting (MER) 2.0 Indicator Reference Guide Version 2.2. as the **“percentage of orphans and vulnerable children (less than 18 years old) with HIV status reported to implementing partners (including report of no status).”** This indicator formerly called OVC\_ACC (MER1.0) and OVC\_KNOWSTAT (in the original MER 2.0 target setting documentation guidance) was changed to OVC\_HIVSTAT to reflect that HIV is self-reported to the IP by the OVC or OVC caregiver (MER 1.0 to MER 2.0). The PIRS for the indicator defines its dimensions and description (Annex section 8.5, Table 17). This indicator is calculated from data elements in the NOMIS.

Numerator: Number of orphans and vulnerable children (less than 18 years old) with HIV status reported to implementing partner, disaggregated by status type.

Denominator: This is not collected again as part of the indicator but is collected under the indicator OVC\_SERV. It is the number of orphans and vulnerable children reported under OVC\_SERV (less than 18 years old).

Disaggregation:

* Reported as HIV positive to the IP
  + Currently receiving Anti-Retroviral Therapy (ART); and
  + Not currently receiving ART
* Reported as HIV negative to IP; and
* Reported with no HIV infection to the IP
  + HIV test not indicated based on HIV risk assessment; and\
  + Other reasons.

Data Sources for the indicator include the vulnerable children (VC) enrollment form, VC service form, VC follow-up form, HIV test results, registers and activity data generated by IPs. All the forms have the names of children and their HIV status to generate the number included in this indicator.

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

## PERIOD OF THE DQA

The DQA covered the USAID Semi Annual Program Results (SAPR) period, which comprises two quarters—i.e., October 1, 2017 to December 31, 2017, and January 1, 2018 to March 31, 2018. The schedule for the DQA is shown in Table 2 below.

Table 2. Schedule for LOPIN 2 DQA

|  |  |  |
| --- | --- | --- |
| IM | Level | Date of DQA |
| LOPIN 2 | Central Level DQA | 26 June 2018 |
| Aggregation and service delivery levels in Akwa Ibom state | 25 June – 26 June 2018 |
| Aggregation and service delivery levels in Rivers state | 26 June – 27 June 2018 |
| Aggregation and service delivery levels in Anambra state | 26 June – 27 June 2018 |

## THE LOPIN 2 ACTIVITY

Widows and Orphans Empowerment Organization (WEWE) is a Nigerian non-governmental organization (NGO) with a mission to “harness the potentials of widows, orphans, and vulnerable segment to become productive entities in the society through advocacy, capacity building, economic empowerment and human rights program.” WEWE’s main goal is to advocate for, and promote the rights of widows, vulnerable women and orphans in Nigeria and Africa at large. WEWE has been authorized by USAID/Nigeria to implement the Local Partners Initiative for OVC in Nigeria Region 2 (LOPIN 2) Activity.

LOPIN 2 is a five-year USAID-funded activity with an overall objective of improving the quality of life of VCs and their households in Anambra, Akwa Ibom, Imo and Rivers states from 2014 to 2019. The activity’s vision is to make Anambra, Akwa Ibom, Imo and Rivers states the best place for VC to live in Nigeria. The activity’s goal is to increase the number of VC and their households benefiting from integrated quality care, protection and support services in Anambra, Akwa Ibom, Imo and Rivers states. LOPIN 2 works in six LGAs, in two scale-up states (Akwa Ibom and Rivers) and seven LGAs in two sustained states (Anambra and Imo) respectively. WEWE’s LOPIN 2 activities are categorized into four service domains - Healthy, Schooled, Safe and Stable. The type of core activities listed under each domain are as follows:

* **“Healthy:”** HIV counselling, testing and treatment, HIV risk assessment and referral, health awareness campaigns, HIV testing services, escort services, direct nutritional support, immunization awareness/sensitization, personal hygiene, sexual and reproductive health, environmental sanitation, water, sanitation and hygiene (WASH), malaria prevention with special emphasis on proper use of long lasting insecticidal nets (LLIN), handling of minor illnesses and adherence to drug regime for people living with HIV.
* **“Schooled:’** Educational performance assessment and school visits, school block granting, adult education, peer education plus, vocational and life skill training.
* “**Safe:”** Facilitate the issuance of birth certificate for vulnerable children, provision of shelter and care, and child protection.
* **“Stable:”** Home visits,psychosocial support, kids club, adolescent club, caregivers’ forum, village savings and loan association (VSLA) and household economic strengthening.

# METHODOLOGY

The DQA methodology included the following steps:

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

* The organization’s SOP, guidelines, PIRS for the indicator, and other guidance documents for organizational M&E management, data management, and processing;
* Six months (October 1, 2017 to March 31, 2018) of LOPIN 2 performance data for the PEPFAR indicators “OVC\_SERV” and “OVC\_HIVSTAT” as calculated using data elements within the NOMIS;
* State-level summary reports for the reporting period defined above; and
* Entries of beneficiaries and their households in the NOMIS.

2. Key informant interviews (KIIs) and focus group discussions (FGDs) with members of the LOPIN 2 M&E team at all levels. Since only one M&E focal person or staff was usually available in the field, the majority of the M&E systems assessments were conducted as KIIs.

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

4. Review and application of the five data quality standards (validity, reliability, integrity, precision and timeliness).

## SAMPLING METHODOLOGY FOR SITE SELECTION

A purposive sampling technique was used for the selection of DQA sites. This was based on USAID/Nigeria’s guidance and also based on the fact that the DQAs for six OVC IMs were concurrently implemented during the period of the exercise: LOPIN 2, STEER (Systems Transformed for Empowered Action and Enabling Responses), SMILE (Sustainable Mechanism for Improving Livelihoods and Household Empowerment), LOPIN 3 (Local OVC Partners in Nigeria 3), LOPIN 1 (Local OVC Partners in Nigeria 1), and SIDHAS (Strengthening Integrated Delivery of HIV/AIDS Services). All together, these six IMs implement OVC activities in 22 Nigerian states, across 235 LGAs.

The selection criteria used are detailed below:

### INCLUSION CRITERIA:

* LGAs where USAID-supported OVC activities are actively being implemented by LOPIN 2;
* LGAs which reported results for the OVC\_SERV and OVC\_HIVSTAT indicators for FY 2018 SAPR (October 1, 2017-March 31, 2018); and
* LGAs visited or within close proximity to those visited during the USAID/Nigeria FY 2017 DQA exercise for the OVC\_SERV indicator for the STEER, SMILE and LOPIN 3 IMs.

### EXCLUSION CRITERIA:

* Sites located in high security level states, ranked at level four or for which access to the state requires passage through a level four state; and
* Sites located in a difficult, hard to reach terrain.

## SAMPLE SIZE

The IP’s central office, three IP state offices (Akwa Ibom, Anambra and Rivers) and nine CBOs (service delivery sites) were selected based on the criteria outlined above and visited for the DQA exercise. Table 3 below provides the complete list of sites selected and visited for the DQA exercise.

Table 3. List of Central, State, and CBO Offices/Sites Visited for the LOPIN 2 DQA

| S/N | TYPE OF LEVEL | NAME OF LEVEL | STATE/LGA | DATE OF VISIT |
| --- | --- | --- | --- | --- |
| 1 | Central M&E Unit | WEWE LOPIN 2 HQ Office | Akwa Ibom | 25-Jun-18 |
| 2 | State level | WEWE state office | Akwa Ibom | 25-Jun-18 |
| 3 | CBO | AIDS Care Managers (ACM) | Akwa Ibom/Uyo | 25-Jun-18 |
| 4 | CBO | African Human Development Centre (AHDC) | Akwa Ibom/Etinan | 26-Jun-18 |
| 5 | CBO | Women and Community Livelihood Foundation (WOCLIF) | Akwa Ibom/Ikot Ekpene | 26-Jun-18 |
| 6 | State level | WEWE state office | Anambra | 27-Jun-18 |
| 7 | CBO | South Saharan Social Development Organisation (SSDO) | Anambra/Ayamelum | 27-Jun-18 |
| 8 | CBO | Hope Givers Initiative (HOG-I) | Anambra/Anambra East | 28-Jun-18 |
| 9 | State level | WEWE state office | Rivers | 26-Jun-18 |
| 10 | CBO | Obio-Akpor WEWE Direct (OAWD) | Rivers/Obio Akpor | 26-Jun-18 |
| 11 | CBO | Victorian Clarion Foundation (VICLAF) | Rivers/Obio Akpor | 27-Jun-18 |
| 12 | CBO | Eleme WEWE Direct (ELWD) | Rivers/Eleme | 27-Jun-18 |
| 13 | CBO | Port Harcourt Direct (PHWD) | Rivers/Port Harcourt | 27-Jun-18 |

Staff with OVC M&E responsibilities were interviewed for the M&E systems assessment across the three levels. A complete list of personnel interviewed at various levels is provided in Annex section 8.7, Table 18. From the perspective of DQA coverage for data verification, a major strength was that 100% of aggregate data records were reviewed at the central, state, and CBO levels (Table 4).

Table 4. Data Coverage for LOPIN 2 DQA, by Level

|  |  |  |
| --- | --- | --- |
| Data Coverage for LOPIN 2 OVC DQA, by Level | | |
| Level / Location | **Data Format(s)** | **Sample Covered for Data Verification** |
| Central M&E Unit | Electronic (NOMIS) | All records / 100% |
| Three IP State Offices (Akwa Ibom, Anambra and Rivers states) | Electronic (NOMIS) | All records / 100% |
| Service Delivery Level / CBO | Electronic (NOMIS) | All records / 100% |
| Service Delivery Level (cross-checks on source documents) | Electronic (NOMIS) and paper (beneficiary forms and folders) | 20 per CBO:  10 forward cross-checks – folder/form to the NOMIS, and  10 reverse cross-checks – the NOMIS to folder/form.  The average number of eligible forms reviewed per folder was about 5. |

## SELECTION OF BENEFICIARY FOLDERS AND FORMS FOR OVC INDICATOR REVIEW AT SITES

To ensure adequate time for the DQA team to complete all aspects of the DQA—including the M&E systems assessment, review of the data quality standards, data verifications, and cross-checks—the DQA team reviewed at least ten beneficiary folders (randomly selected, where feasible) for the service period between October 1, 2017 to March 31, 2018. All of the beneficiaries in each of the ten service folders which are less than 18 years of age were selected for cross-checks between the beneficiary service forms and the NOMIS. It must be noted that an OVC beneficiary household folder often contains more than one beneficiary service form. A beneficiary can be served multiple times in a span of six months, and there may be more than one eligible beneficiary per household. An additional ten unique beneficiary records from the NOMIS were traced back to the beneficiary folders for further cross-verification.

Indicator 1: all the beneficiaries (OVC and family members) in each beneficiary folder are selected for the cross-checks between beneficiary forms and the NOMIS.

Indicator 2: all the beneficiaries in each beneficiary folder that are less than 18 years are selected for cross-checks between the beneficiary forms and the NOMIS.

Details of the methodology for sampling (including random selection) and cross-checks are provided in Section 3.4.2 and Annex section 8.4 (Figure 9).

## DATA COLLECTION FOR VALIDATION OF THE SELECTED INDICATORS

Three processes were utilized to collect data for validation of the OVC\_SERV and OVC\_HIVSTAT indicators reported by LOPIN 2. They include:

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

### M&E SYSTEMS ASSESSMENT

The M&E systems assessment evaluated the data management and reporting system, including an off-site review of documents provided by LOPIN 2, and an on-site follow-up assessment at the LOPIN 2 central M&E unit, three state IP offices and selected CBOs.

### DATA VERIFICATION

At the central IP level, the DQA team reviewed documents for availability, timeliness, and the completeness of the expected reports from the aggregate levels/IP state offices for the selected reporting period.

At the intermediate/IP state offices, the DQA team carried out the following steps to verify the data:

1. Document review: The DQA team reviewed availability, timeliness, and completeness of expected reports from service delivery sites for the selected reporting period.
2. Verifying reported numbers: To verify reported numbers, the DQA team:
   1. Re-aggregated the numbers submitted by the service delivery sites;
   2. Compared the verified counts to the numbers submitted to the next level (central IP M&E unit); and
   3. Identified reasons for any differences.

The data verification at the service delivery level/CBO sites involved the following processes:

1. Observation and description: This process involved the DQA team’s observation and description of the connection between the delivery of OVC services and the completion of the source document (beneficiary form) to record the HIV status of beneficiaries.
2. Review of source documents: The DQA team reviewed the availability and completeness of the OVC\_SERV and OVC\_HIVSTAT indicator source documents. At least 20 beneficiary records (randomly selected where feasible) for the selected reporting period were reviewed for the record of their HIV status.
3. Recounting reported results: This involved:
4. Reported numbers of OVC served and OVC less than age 18 with their HIV status reported to LOPIN 2 were recounted from available source documents (beneficiary forms);
5. The above numbers were compared and verified with the figures for OVC served and OVC less than age 18 with reported HIV status from the NOMIS for the period of review (October 1, 2017 to March 31, 2018); and
6. Reasons for any differences were identified and probed to determine if the differences were related to or impacted data quality standards.
7. Cross-checks were performed from beneficiary forms to the corresponding NOMIS entries, and vice versa. Spot checks were not carried out to verify the actual delivery of OVC services to the target population in order to protect beneficiary confidentiality.

During the data verification, LOPIN 2-reported results on the NOMIS for OVC\_SERV and OVC\_HIVSTAT indicators for each CBO from October 1, 2017 to March 31, 2018 were captured using a Microsoft Excel template. At each CBO, DQA assessors reviewed relevant registers, folders and summary forms to verify the quality of data and to generate actual achievement for the indicator.

### DEFINITION AND INTERPRETATION OF THE VERIFICATION FACTOR

#### Definition of THE Verification Factor

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

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

#### INTERPRETATION OF THE Verification Factor

Verification factors greater than 100 percent indicate underreporting (i.e., the source documents show a higher actual count than the numbers reported in the site summary), while verification factors less than 100 percent indicate over reporting (i.e., the source documents show a lower actual count than the numbers reported in the summary). Both of these scenarios indicate a validity issue for data quality. A variance of less than ten percent in either direction is usually considered a minor issue. However, from the donor/funding perspective, underreporting leads to underestimation of the impact of the activity, while systematically high levels of over reporting not due to errors can lead to questions about the accuracy of the data reporting system.

### METHODOLOGY FOR CROSS-CHECKS AT THE CBO LEVEL

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

Cross-check A: From beneficiary folders and corresponding beneficiary service forms to the NOMIS; and

Cross-check B: From the NOMIS to beneficiary folders and corresponding beneficiary service forms.

The DQA team sampled beneficiary folders (randomly selected where feasible) to ensure adequate representation of the complete data available, with a minimum of ten folders selected, and adifferent set of beneficiary folders for each direction of cross-checks. Depending on the total number of folders at the CBO, at a minimum every **n**th folder was selected (where n=total number of folders divided by ten). The details of the cross-check methodology are provided below.

#### Cross-check A: From beneficiary folders (and beneficiary service forms) to NOMIS

* Using the selection methodology described above, the DQA team selected at least ten beneficiary folders containing five or more corresponding beneficiary service forms with unique identifiers and enrollment numbers for an OVC service provided in the reporting period.
* The team confirmed that each of the five or more service forms were complete in the ten folders, indicating HIV status of the OVC served in the reporting period and the OVC service provided**.** If any of the forms were incomplete, the relevant details were noted.
* Using the identifying enrollment number/unique identifier on the service form, the beneficiary was traced in the NOMIS to confirm if the corresponding entry existed, and if the basic details (ID, age, sex, etc.) were correct.

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

* Using the sampling methodology described earlier (including random selection where feasible), the DQA team selected a different set of at least ten unique identifiers and enrollment numbers for OVC less than age 18 served in the NOMIS for the reporting period.
* Using the identifying enrollment number/unique identifier in the NOMIS, the team traced and verified the beneficiary on the service form in the corresponding folder to confirm if the details were correct. The enrollment forms were also reviewed for completeness.

A diagrammatic depiction of cross-checks is provided in Annex section 8.4 (Figure 9).

## DQA TOOL

The MEASURE Evaluation multi-indicator routine DQA tool (2015)[[3]](#footnote-3) guided the M&E system assessment and data verification processes. The DQA team utilized the multi-indicator tool to measure the following:

1. Strength of the data management and reporting system, for the indicators based on a review of the activity’s data collection and reporting system, including responses to questions on how well the system is designed and implemented.
2. Accuracy of reported data through the calculation of verification factors (i.e., the ratio of the recounted value of the indicators to the reported value) for the two indicators, from October 1, 2017 to March 31, 2018, based on data verification performed at each level of the reporting system. This included:
   1. Number of OVC served and OVC less than age 18 with HIV status reported at CBO level accurately reported in the NOMIS;
   2. Cross-checks: Number of OVC served and OVC less than age 18 with HIV status validated from source documents (i.e., enrollment forms, service form and follow up form);
   3. Percentage of data reports from all participating CBOs in a state accurately reported at the state level; and
   4. Percentage of data reports from all participating LOPIN 2 states in Nigeria accurately reported at the central level.
3. Availability, completeness, and timeliness of reports through percentages calculated at the CBO, the state, and the central M&E unit.

The DQA team used the ADS 201 USAID-recommended DQA checklist[[4]](#footnote-4) to review of the five data quality standards - validity, reliability, timeliness, precision and integrity. Information needed to complete the USAID DQA checklist were already contained in the RDQA tool but the DQA team also probed for more information of areas that were not adequately covered by the RDQA tool.

## OTHER OPERATIONAL CONSIDERATIONS FOR DQAS

In conducting DQAs, the focus is on the indicator, not on the IP or the IM. For this DQA exercise, the DQA team assessed the OVC\_SERV and OVC\_HIVSTAT indicators as a whole, including all component parts, among the various partners who collect data for the indicators. The numerator disaggregates of the OVC\_HIVSTAT indicator were also assessed. The level of consistency —whether different IPs collect and report the same indicator data when compared to one another—is a key finding.

During desk review and training, the DQA team examined the PEPFAR MER 2.0 indicator reference guide which contains the PIRS for the indicators. The team also reviewed key aspects about indicator data quality before site visits. When the DQA team met with the LOPIN 2 team, the DQA team assessed the PIRS for both indicators contained in the LOPIN 2 Activity Monitoring, Evaluation and Learning Plan (AMELP). The DQA team obtained information from the LOPIN 2 team regarding their definition of the indicators, methodology used to collect data for the indicators, and other questions to confirm if the team at LOPIN 2 understood the indicators as USAID intended it to be understood. The DQA team also asked the LOPIN 2 team whether they had a PIRS for the indicators and compared it to the USAID Mission’s “master” PIRS (PEPFAR MER 2.0 indicator reference guide). This was to ensure a match, and to determine if customizations might affect the data, or were just specifications to add clarity and detail pertaining to LOPIN 2 and did not alter the consistency of the data. Documentation in the PIRS includes any limitations to the data, a determination of whether the data are deemed to be of sufficient quality to be reported externally, any migration or other plans of action needed (including more frequent DQAs), as well as the expected date of the next DQA.

During the field work, in order to allay initial apprehensions of the IP and their staff, the DQA team emphasized to the IP that a Data Quality Assessment differs from a Data Quality Audit, although both are abbreviated in the same manner (through the acronym DQA). The team also highlighted the intention to use the DQA results as a ‘learning tool’ for USAID and the IP to work together to resolve any data quality issues or limitations that are uncovered during the exercise.

When the site visits and the analysis are aggregated and completed, the DQA team can report on indicator strengths and areas that require improvement. In addition to determining whether the system as a whole is producing accurate data, the team can also comment on whether the indicator is yielding the expected data, and what limitations USAID should recognize when using or reporting on the indicator. Importantly, after field-based work, the DQA team debriefs the IP regarding any inconsistencies. Depending on the inconsistencies and/or areas for improvement, the team provided feedback and solutions, mitigating actions, and, as appropriate, solicitation of suggestions from the IP and USAID.

## DATA ANALYSIS

Data were entered, processed, and analyzed using the MEASURE Evaluation tool and Microsoft Excel. Information were presented using charts, maps, tables, and spider graphs (cobweb). Descriptive statistics such as range, frequencies, mean, and percentages were used to describe and summarize DQA data verification findings. Since purposive sampling was used for site selection, statistical summaries were presented only in the context of the sampled beneficiaries and may not be fully representative of the beneficiary population. The selected MER indicators, OVC\_SERV and OVC\_HIVSTAT, were scored and measured using all of the available numbers reported for the indicators, to determine if CBO data was valid as reported in NOMIS. Qualitative reasons for discordance between CBO data and NOMIS (over-reporting/under-reporting) or concordance (validated) as reported in NOMIS were summarized. As per the guidelines incorporated in the Measure RDQA tool, verification factors of +/- ten percent were considered to be marginal when reporting on the validity of IP reported data.

# FINDINGS

## M&E SYSTEMS ASSESSMENT – SIX FUNCTIONAL AREAS

### LOPIN 2 CENTRAL M&E UNIT

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

The LOPIN 2 M&E unit has a documented organogram comprising of an M&E Director and Senior M&E Advisor at the central level; M&E Advisor, Senior M&E Officer, M&E Officer and M&E Associate at the state; and M&E Specialist/Officer, Data Entry Officers, Documentation Officers, Case Managers and Community Volunteers (CVs) at the CBOs. The CBOs also have Improvement Officers and Improvement Managers which are not documented in the organogram. The WEWE LOPIN 2 M&E department is structured into three sub-units: Operations Research (OR), Strategic Information (SI) and Knowledge Management (KM). The OR unit is responsible for implementation research and evaluations. The SI unit focuses on routine monitoring and technical supervision of Implementing Agencies (IA), Data for Accountability, Transparency, and Impact (DATIM), NOMIS and DQAs. The KM unit is responsible for data management and data use, dissemination of policy and technical reviews produced by the OR unit, publications and production of fact sheets as well as collation and production of success stories. The M&E Director oversees all three sub-units.

The Senior M&E Advisor at the central M&E unit aggregates and reviews the data received from the different states. After this review, the data is sent to the WEWE M&E Director who reviews and approves the aggregated data before it is reported to USAID. All of the relevant staff have been trained on data management, and the training certificates of the M&E Director were sighted. The DQA team sighted the FY 2018 LOPIN 2 training plan. Feedback to the subnational levels is provided through emails, during monthly or quarterly data review meetings and during supportive supervisory visits. Documents which show these supervisory visits to the lower reporting levels were also sighted and the last visit was conducted between May 16 – 25, 2018.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The M&E unit has a copy of the PIRS (PEPFAR MER Indicator Reference Sheet) for the assessed indicators and has shared the same with all relevant levels in its reporting system. The MER indicator sheet contains a detailed description of the services related to each indicator. In addition, the central unit has an Activity MEL Plan (AMELP), with details of the indicators to be reported, which has been shared with the field-based CBOs.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

The M&E unit utilizes standard source documents, which are the nationally-approved OVC tools and the NOMIS. The NOMIS is a software for reporting which aggregates the data on the indicator being assessed at the CBO/service delivery level, aggregation/IP state office level, and the central IP M&E unit level. In addition, the LOPIN 2 M&E unit developed organization-specific instructions for completing the tools that are provided in the WEWE LOPIN 2 M&E SOP. The M&E SOP also contains data aggregation and manipulation steps performed at each level of the reporting system.

#### DATA MANAGEMENT PROCESSES

The WEWE LOPIN 2 has an M&E SOP document that provides information on data collection and management processes, including steps towards the review of inaccurate or incomplete data, backup procedures, timelines, and processes to ensure confidentiality of activity records according to national guidelines. This M&E SOP has been made available to all its CBO partners.

The M&E SOP also contains guidelines on processes that prevent double-counting of data. Other WEWE LOPIN 2 processes to prevent double-counting of data include built-in checks in the NOMIS, the review of collated figures by its Senior M&E Advisor and M&E Director before it is reported to USAID/Nigeria. In addition, at the OVC program Technical Working Group (TWG) meetings with other OVC IP organizations and the Federal Government (FG), OVC data are harmonized across board to avoid double-counting of OVC beneficiaries.

Back up of activity data is done weekly and via external hard drives. The M&E SOP has a policy, which states that source documents should be kept until ten years after the close out of the activity. The SOP also describes in detail how activity documents should be archived at the CBOs and state offices.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

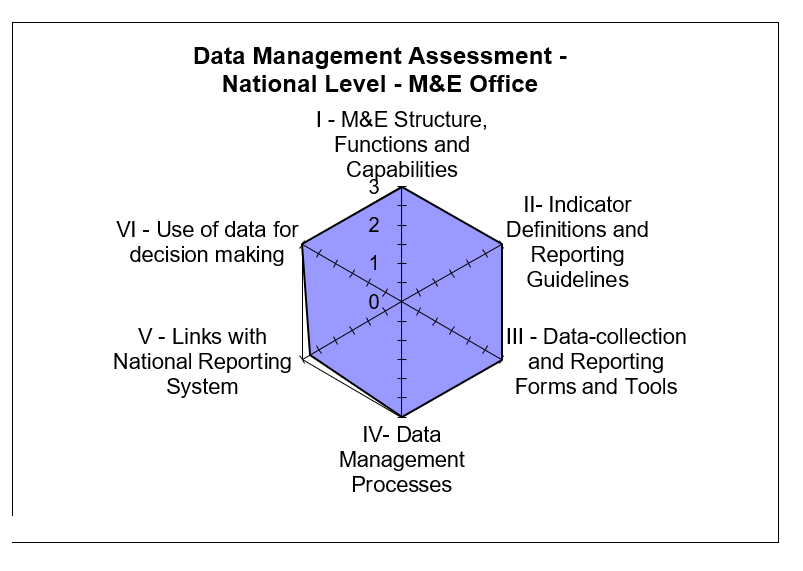
The data on the OVC indicator generated from LOPIN 2 have links with the national reporting system via the NOMIS, including harmonized tools and delivery platforms. The links with the national reporting system is at the LGA and state levels, rather than the central level. The M&E team at WEWE LOPIN 2 headquarters attempts to harmonize and update findings at the National OVC TWG meetings. Figure 1 shows the spider chart of WEWE – LOPIN 2 central M&E system assessment with deficits in the links with the national reporting system.

#### Use of Data for decision making

The Senior M&E Advisor at the central M&E unit develops and interprets charts to depict analyzed data. These charts are disseminated to the subnational reporting levels and stakeholders during weekly review meetings, quarterly learning sessions and quarterly activity management sessions. Analyzed data are also disseminated to social health workers and desk officers for OVC at the states Ministry of Women Affairs and Social Development (MWASD).

Analyzed data are being used to inform activity implementation decisions. Following the review of analyzed activity data, the central M&E unit observed that a large number of beneficiaries (VC) did not have birth certificates. This prompted the M&E Director to liaise with the National Population Council to train CVs in order to expediate the collection of birth certificates by the VC. Another instance is the grouping of adolescents and teenagers in focused groups during activity implementation based on findings from analyzed data.

Figure 1. Spider Graph of M&E Systems Assessment: LOPIN 2 Central M&E Unit



#### STRENGTHS – LOPIN 2 CENTRAL M&E UNIT

* Availability and use of an M&E SOP at all reporting levels.
* Presence of a training plan for LOPIN 2 M&E staff.
* Data are being analyzed and used to inform activity implementation.
* The team has a strong focus on operational research. For instance, a small-scale cost-effectiveness analysis was conducted in Rivers and Akwa Ibom states at the onset of the OVC activity.

#### AREA FOR IMRPOVEMENT - LOPIN 2 CENTRAL M&E UNIT

* The M&E Director reported that some of the M&E staff had limited knowledge on the use of certain advanced statistical packages (for example SPSS and STATA) for analyzing activity data. However, a training has been scheduled to address this in July 2018.

#### RECOMMEDATIONS - LOPIN 2 CENTRAL M&E UNIT

* Ensure scheduled training on advanced statistical packages is conducted for LOPIN 2 M&E staff.

### LOPIN 2 STATE LEVEL M&E UNIT

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

The WEWE LOPIN 2 state offices have designated M&E staff, who have all received relevant training to carry out their assigned responsibilities. Training certificates were seen in Akwa Ibom. In all three states, the M&E Officer at the state office reviews and approves the quality of the data from CBOs prior to submission to the central IP level. The M&E Associate also reviews data from the CBOs, prior to the M&E Officer’s review. The M&E Associate stands in for the M&E Officer when the officer is unavailable.

The states’ M&E teams conduct monthly supervisory visits to the CBOs while the central level carries out quarterly supervisory visits to the states. Reports of these visits were sighted by the DQA team in Akwa Ibom.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The PEPFAR MER 2.0 indicator reference guide version 2.2 and the National FY18 OVC indicator reference guide were seen at all the three states. The DQA team also sighted and reviewed a well-documented M&E SOP on data reporting at the LOPIN 2 state offices.

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

The state-level data collection forms and reporting tools which were provided aligned with the national tools and are consistently used at this level. Instructions were provided to the state on the utilization of the tools during training and supervisory visits from central level. The states also provide instructions to the CBOs on the utilization of the tool. The M&E SOP also contained guidelines on data collection and reporting, data aggregation and analysis to be performed at sub-national levels.

#### DATA MANAGEMENT PROCESSES

Data management processes are present in the WEWE LOPIN 2 M&E SOP. Data quality checks in place at this level include utilizing the built-in automatic error-checking feature available within the NOMIS and data validation by the M&E officers at the state offices.

The backup and storage of data is done using external hard drives on a weekly basis in Akwa Ibom and Rivers and on a monthly basis in Anambra. There are written down procedures to address missing, incomplete and inaccurate reports on page 12 of the M&E SOP as well as procedures for addressing data quality issues in both direct implementation sites and IA. Page 10 of the WEWE LOPIN 2 M&E SOP contains a policy which states that source documents and reporting forms should be retained for ten years after the close out of the activity.

At the Rivers state office, folders are well archived using color coded file jackets to identify the wards and LGAs where services are provided. The DQA team reported that while the M&E SOP has a policy on change management process (CMP), there were no change management forms to support data changes made at the Anambra state office.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

Data on the OVC indicators that are generated from the LOPIN 2 state office are reported to the central IP office and to the Nigerian government through the desk officer at the state MWASD.

#### use of data for decision making

The state M&E Officers develop and interpret charts from analyzed data with support from the M&E Associate in all the state offices. The DQA team sighted these charts in Akwa Ibom state. The analyzed data are then presented to CBOs and other stakeholders during monthly data review meetings and programmatic decisions are taken based on findings from the data. In Akwa Ibom, reports on performance data review meetings conducted during FY 18 quarter one (Q1) were sighted. It was observed that data reported for OVC attending school regularly at FY18 Q1 was 19 percent but as of FY18 Q2, this figure had increased to 62 percent due to activity implementation decisions that were made using analyzed data.

Figure 2, Figure 3 and Figure 4 show the spider graph of the M&E systems assessments that the DQA team conducted at the IP state offices in Anambra, Akwa Ibom and Rivers, respectively. All three states have gaps on links with the national reporting system which occurred because of parallel reporting channels i.e., to government and donor agencies. However, there are mechanisms in place to harmonize reported data to both reporting entities such as the OVC program TWG meetings with OVC IPs and the FG, during which attempts are made to harmonize OVC data across board to avoid double-counting of OVC beneficiaries.

Figure 2. Spider Graph of M&E Systems Assessment: LOPIN 2, Anambra State

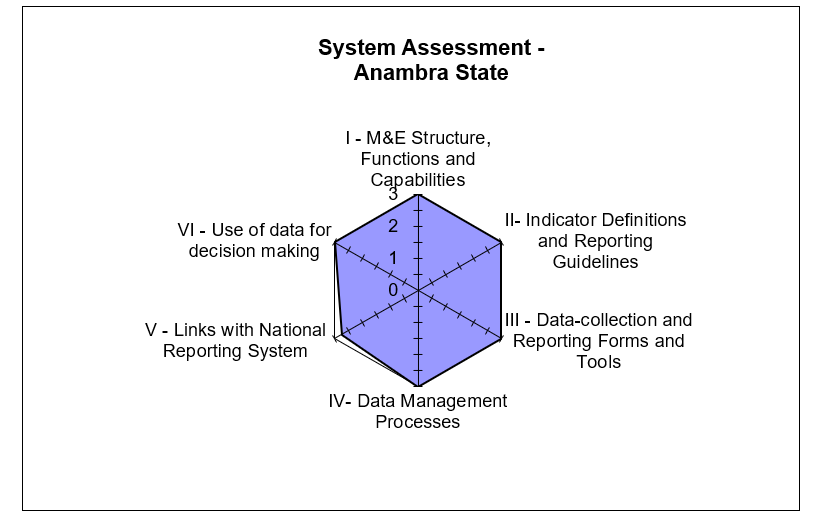


Figure 3. Spider Graph of M&E Systems Assessment: LOPIN 2, Akwa Ibom State

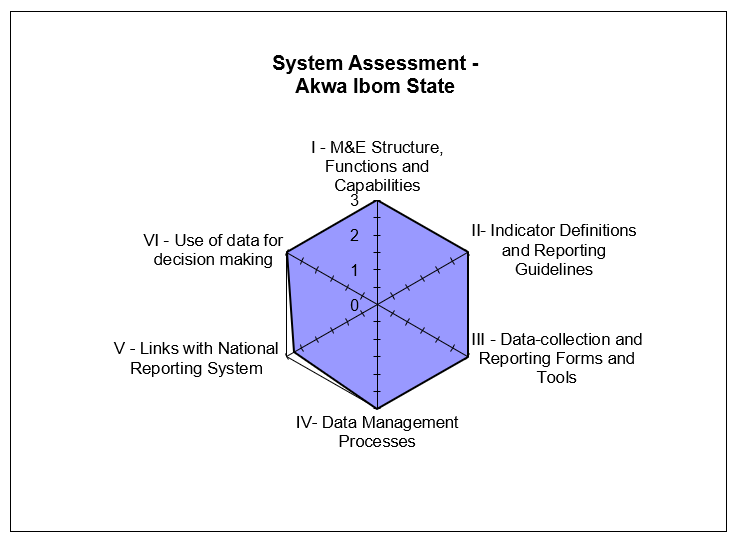
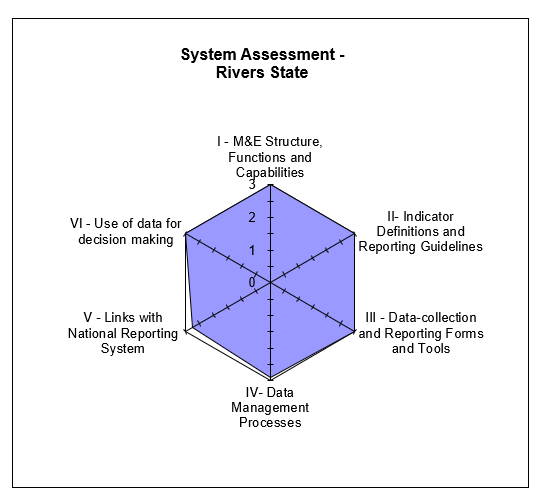


Figure 4. Spider Graph of M&E Systems Assessment: LOPIN 2, Rivers State



#### STRENGTHS – LOPIN 2 STATE LEVEL

* Well archived color-coded folders were sighted at two CBOs in Rivers state office which aided easy retrieval of folders.
* The M&E team at the state conducts monthly supportive supervisory visits to the CBOs. Documentation of the visits were seen in Akwa Ibom.
* Charts of analyzed data were sighted on display boards at the state offices and are being used as reference documents for LOPIN 2 staff.
* In Anambra State, the M&E staff created a WhatsApp group consisting of all focal persons from all thematic areas of supported CBOs, for information sharing.

#### AREAS FOR IMPROVEMENT – LOPIN 2 STATE LEVEL

* The DQA team observed that Anambra state office did not have a means of tracking timely submission of reports by CBOs and as such the timeliness of these reports could not be properly ascertained.
* Change management forms were not being used to properly document data changes in Anambra and Rivers states.

#### RECOMMEDATIONS – LOPIN 2 STATE LEVEL

* Develop a template to track timely submission of CBO reports.
* Ensure compliance and adoption of the LOPIN 2 CMP form, for proper documentation of data changes and updates.

### LOPIN 2 SERVICE DELIVERY LEVEL (CBO)

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

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

WEWE LOPIN 2 is implemented in two ways; Direct Implementation (DI) by WEWE CBOs and through other CBOs known as Implementing Agencies (IA). All the M&E staff of the LOPIN 2 CBOs visited by the DQA team have been appropriately trained on data management processes and tools. Training certificates of the M&E team were sighted in all the states. The last training on data management processes was conducted between May 16 -25, 2018.

CVs enter beneficiaries’ information into the service delivery forms. The CBO Improvement Officers and Documentation Officers collect all service delivery forms and review them for completeness before onward transmission to the CBO M&E Officer and the Data Entry Clerk (DEC), whose task is to enter the data into the NOMIS platform. At CBOs where there are no Improvement Officers, the CBO M&E Officers check and validate the service delivery forms before the DEC enters them into the NOMIS.

In Obio-Akpor WEWE direct, Eleme WEWE direct and Port Harcourt WEWE direct, where WEWE carries out direct implementation, the Improvement Managers are directly responsible for reviewing the reports before submission to the LOPIN 2 state office. In the other six CBOs, the M&E Officers are responsible for the review of data. All the CBOs reported that the State M&E teams conduct regular monthly supportive supervisory visits to the CBOs. Documentation and attendance sheets corroborating this fact were sighted at Obio-Akpor WEWE direct.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

All the nine CBOs had a copy of the current MER indicator reference guide. The WEWE LOPIN 2 M&E SOP, which includes data management guidelines were also available at all these CBOs. The guidelines cover aspects of data management, including data change management, data processing, and storage, among other topics. All CBOs are expected to submit their reports before the fifth day of a new month as outlined on page 17 of the LOPIN 2 M&E SOP. The staff of the CBOs stated the same date for reporting to the state IP office, as documented in the M&E SOP.

The OVC indicators are clearly understood by all relevant staff in most of the CBOs in the three states. In HOG\_I, the initial data submitted for the OVC indicators for the reporting period under review included the VC who exited without graduation. This indicated an initial limitation in the understanding of how to report on the indicators by the CBO. LOPIN 2 has also issued guidelines to its CBOs on how to report, arrange source documents in client folders, back up data, and implement the data change management guidelines.

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

Standardized national reporting OVC M&E tools were used, across all WEWE LOPIN 2 supported CBOs. Some customized tools developed by LOPIN 2 are used to capture data more efficiently for easy analysis. The same national harmonized tools are used by both WEWE DI and IAs. These reporting tools and forms have instructions on them and were consistently provided for use at the CBO level, in order to avoid stock out of tools.

#### DATA MANAGEMENT PROCESSES

Diverse methods are employed to ensure data quality and prevent double counting at the CBOs. In this regard, the findings at the CBOs visited include:

1. Utilization of an in-built NOMIS function that identifies and removes duplicate values.
2. Unique beneficiary identification generated by the NOMIS prevents double counting.
3. Designated staff to assess data quality before transmission to the next level.
4. Data validation exercise during supervisory visits to CVs within the community.
5. Use of a password in the NOMIS.
6. Denoting VC who have been served more than once with codes to prevent double counting.

The DQA team however noticed that in AHDC and ACM in Akwa Ibom, despite the multiple data quality checks reportedly implemented by the CBOs, there were still a lot of transcription errors in the data observed on the service forms and NOMIS during the cross checks. In all four CBOs in Rivers state: Port Harcourt WEWE direct, Obio-Akpor WEWE direct, Eleme WEWE direct and VICLAF, multiple cancellations were seen on the paper-based forms without any signatures or change management forms to provide explanations for the changes.

The DQA team observed that all the CBOs had a written procedure for data backup, which was contained in the M&E SOP. Data backup was backed up by the CBO M&E Officer after working on the NOMIS (which automatically backs up after every use), and by using cloud technology and a hard drive. Three CBOs back up data weekly while four CBOs back up their data monthly. One CBO (VICLAF) did not indicate any data backup frequency. The DQA also observed that although the M&E staff at ACM reported that backup was done weekly, the last backup as at the time of the DQA in June was dated January 25, 2018.

All the CBOs had cabinets with lock and key for storing the household folders of beneficiaries. The NOMIS is also password encoded to ensure confidentiality. It was however observed that in one CBO (SSDO) in Anambra state, there was a significant amount of household folder out of the cabinet which could easily be accessed by anyone in the office.

#### LINKS WITH NATIONAL REPORTING SYSTEM

All nine CBOs use the national harmonized OVC tools. The system clearly records information about where the services are rendered, using standardized naming conventions (e.g., the state, LGA, ward, and the unique ID code). The reporting channel for the data is to the supporting IP and to the respective LGAs.

#### USE OF DATA FOR DECISION MAKING

The LOPIN 2 CBOs all had charts of analyzed data. These charts were sighted on display boards at the four Rivers state CBOs. Data review meetings are conducted every month by the CBOs during which analyzed data are discussed to review activity performance against target. The meetings are attended by the LOPIN 2 state office staff and also by community improvement team members. During the meetings, programmatic decisions are taken based on analyzed data, e.g. at PHWD, following review of data, the capacity of the CVs was built to fill birth certificate forms, to facilitate the issuance of birth certificates to activity beneficiaries within a particular LGA.

#### STRENGTHS – LOPIN 2 SERVICE DELIVERY LEVEL/CBO

* Guidelines on data management processes, including data change management were available at all the CBOs visited.
* Good filing and retrieval system were observed at most of the CBOs. One CBO in Anambra (SSDO), two CBOs in Akwa Ibom (AHDC and ACM) and two CBOs (PHWD and OAWD) in Rivers had color-coded folders and files, coded by community to aid easy retrieval.
* Regular data review meetings are conducted with all LOPIN 2 M&E staff to review and validate the data collected by all CBOs.
* Training conducted for all CBOs on the updated national OVC reporting tools.
* The CBOs employ various methods to prevent double counting of OVC beneficiaries.
* Use of multiple data backup mechanisms.
* The use of a checklist in each household folder to ensure the accuracy of forms within each folder (SSDO and HOP\_I).
* Simultaneous use of the service registers and NOMIS, which makes the validation and verification easier (HOP\_I).
* Involving community stakeholders in the data review meetings. This ensures timely implementation of meeting action plans (HOG\_I).

#### AREAS FOR IMPROVEMENT - LOPIN 2 SERVICE DELIVERY LEVEL/CBO

* Beneficiary folders were filed horizontally instead of vertically, making retrieval difficult (AHDC).
* Client service forms were not properly arranged in the folders to aid easy retrieval (AHDC)
* Inconsistent data back-up and limited data back-up options in use (VCF and SSDO).
* Household folders kept in an open cabinet with no locks (SSDO).
* Limitations to the data following analysis are not fully documented (SSDO).
* No M&E organogram was available at SSDO.
* Weak quality control measures during data transfer from paper-based to the NOMIS (ACM).
* Initial inclusion of VC who exited without graduation in reported data for both indicators to the state office, indicating a partial understanding of how to report on both indicators.

#### RECOMMENDATIONS - LOPIN 2 SERVICE DELIVERY LEVEL/CBO

* All CBOs should adopt the use of change management forms when post data validation changes are made.
* Ensure compliance to guidelines on data back-up in the LOPIN 2 M&E SOP.
* Conduct on-site mentoring and supervision of CBO staff on a proper folder filing system to aid easy retrieval of client records.
* Conduct refresher training and on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the client folders for easy retrieval of source documents
* Develop and display M&E organograms illustrating the M&E staff structure at SSDO.
* Strengthen data quality checks before and after data entry into the NOMIS to reduce transcription errors.
* Create a template to document limitations in the analyzed data.
* Acquire a filing cabinet with a lock and institute key control procedures to store the household folders (SSDO).
* Conduct refresher training for CBO M&E Officers on the new indicator definitions and guidelines for reporting.

## DATA QUALITY STANDARDS

### VALIDITY

Validity is the extent to which a measurement is well-founded and corresponds accurately to the real world. It pertains to measuring what is intended to be measured. Details of the DQA team’s review of data quality in the context of the OVC indicators are provided below.

#### DATA COLLECTION

*Indicator 1: OVC\_SERV:* The data are collected during provision of services and follow up visits by CVs to OVC and caregivers using the “Vulnerable Children Service Form,” “Caregiver/Household Head Service Form,” and graduation forms/checklist/plans.

*Indicator 2: OVC\_HIVSTAT:* The data, including HIV status are collected at the point of registration into the OVC activity, during provision of service and follow up visits using the “Vulnerable Children Enrollment Form,” “Vulnerable Children Service Form,” and “Vulnerable Children Follow-up Child Status Index (CSI) Form.” In addition, other tools such as the HIV test results, the HIV risk assessment results and other confidential, case management and monitoring tools are used to document the HIV status of beneficiaries.

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

*Indicator 1: OVC\_SERV:*

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

* Total number of VC who are served (age 0-17) i.e., OVC that actually received services in the past three months;
* Total number of OVC caregivers (age 18 and above); and
* Total number of OVC that graduated.

The indicator matches the PIRS and is a direct measurement as per the standard indicator definition. This corresponds to what is needed or intended for an OVC IM collecting OVC\_SERV data.

*Indicator 2: OVC\_HIVSTAT:*

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

* Total number of OVC less than 18 years with HIV status reported to IPs (including report of no status).

The OVC\_HIVSTAT indicator matches the PIRS and is a direct measurement according to the standard indicator definition. The data collected by the IM measures the total number of OVC less than 18 years who reported their HIV status including report of no status to LOPIN 2. Data for this indicator are also collected as disaggregates to make up the whole: ‘Reported HIV positive to IP,’ ‘Reported HIV negative to IP,’ and ‘No HIV status reported to the IP.’

#### UNDERSTANDING THE INDICATOR DEFINITION

Written copies of the PIRS were available at all the levels assessed by the DQA team. Staff at all levels understood the indicator definition. There were initial challenges in understanding how to report on the OVC indicators, as observed at HOG\_I CBO, where the initial data submitted for the OVC indicators for the reporting period under review included the VC who exited without graduation. LOPIN 2 has since issued guidelines to its CBOs on how to properly report on these indicators.

#### DATA REPORTING

Indicator 1: OVC\_SERV

At the WEWE LOPIN 2 central IP office, the re-aggregated OVC\_SERV data reported by the state offices were available but did not completely match the data submitted to USAID. There was slight over-reporting with a verification factor of 99 percent. All the reports from the states for the reporting period were available, timely and complete.

The DQA team was able to access all reports collected from CBOs for the reporting period in Anambra, Akwa Ibom and Rivers states. All the reports were complete in all three states but timely only in Akwa Ibom and Rivers. The time of submission could not be ascertained for 25 percent of the CBO reports in Anambra. Re-aggregated figures at the CBOs matched the figures submitted to the states in Akwa Ibom and Rivers states. There was, however, some over-reporting in Anambra state with a verification factor of 91 percent (Figure 6). Recounted figures in eight of the nine CBOs visited matched the figures submitted to the state offices. At HOG\_I in Anambra, there was over-reporting with a verification factor of 80 percent (Figure 7).

Indicator 2: OVC\_HIVSTAT

The re-aggregated OVC\_HIVSTAT data at the central IP office, which was reported by the state offices were available but did not completely match the data submitted to USAID. There was slight over-reporting with a verification factor of 99 percent. On further analysis of the indicator disaggregates, this could be attributed to over-reported data for only the ‘Reported HIV negative to the IP’ disaggregate, which has a verification factor of 99 percent. The other two disaggregates: ‘Reported HIV positive to the IP’ and ‘No HIV status reported to the IP’ having verification factors of 100 percent.

All of the indicator data reports from the states for the reporting period were available, timely and complete. The DQA team was able to access all reports aggregated from CBOs for the reporting period in all the three states visited. All the reports were complete in all three states and timely only in Akwa Ibom and Rivers states. The time of submission could not be ascertained for 25 percent of the CBO reports in Anambra. The re-aggregated total OVC\_HIVSTAT and disaggregate data at the CBOs matched the data reported to the states in Akwa Ibom and Rivers. There was, however, some over-reporting in Anambra state with a verification factor of 95 percent (Figure 6), accounted for by a difference in the re-aggregated and submitted data for the ‘Reported HIV negative to the IP’ disaggregate, which has a verification factor of 95 percent.

The recounted total OVC\_HIVSTAT and disaggregate figures in eight of the nine CBOs visited matched the figures submitted to the state offices, with each having a verification factor of 100 percent (Figure 7). With the only exception, HOG-I, Anambra state, there was over-reporting of data with a verification factor of 85 percent, which was as a result of the ‘Reported HIV negative to the IP’ disaggregate figure being overreported (Table 15).

Figure 5 shows the global average of the verification factor for each OVC indicator. The global average for the OVC\_SERV and OVC\_HIVSTAT is 98 and 99 percent respectively. This falls between the allowed reporting variance of +/- ten percent (according to the MEASURE Evaluation RDQA tool), demonstrating that the data reported for both indicators by LOPIN 2 are valid for decision making.

Figure 5. Data Verification Factors by Level of the Reporting System (OVC\_SERV and OVC\_HIVSTAT)

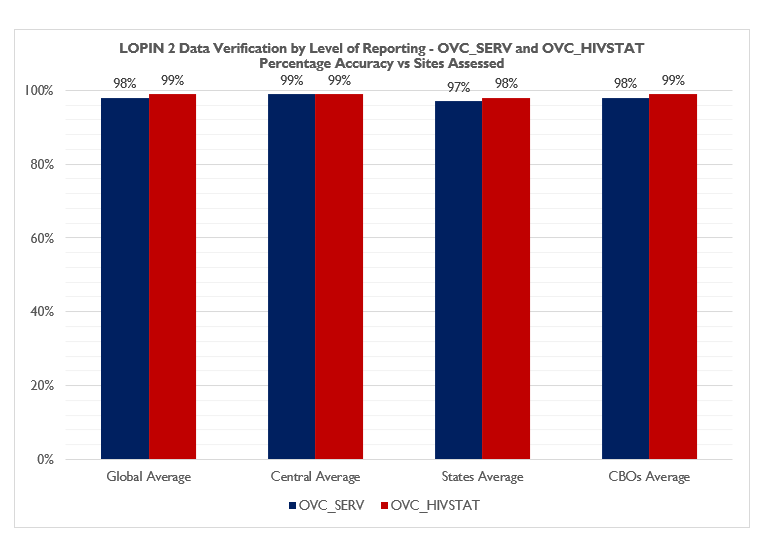
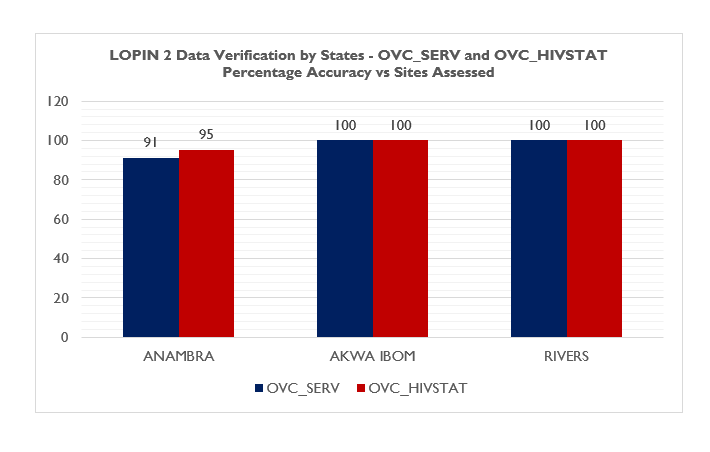


Figure 6. Data Verification Factors for LOPIN 2 States (OVC\_SERV and OVC\_HIVSTAT)



#### STRENGTHS

* In most of the LOPIN 2 CBOs, the DQA team observed the good practice of good filing and retrieval systems for the OVC beneficiary folders.
* The data collection processes in place collate the data as stipulated in the PIRS.
* M&E staff had a good understanding of the indicator definitions and were conversant with it at the IP state offices and most of the CBOs that the DQA team visited.

#### VALIDITIY ISSUES IDENTIFIED

Validity Issue 1: There were some issues with the use the NOMIS software, which could affect the validity of the data collected for *both* indicators. They include:

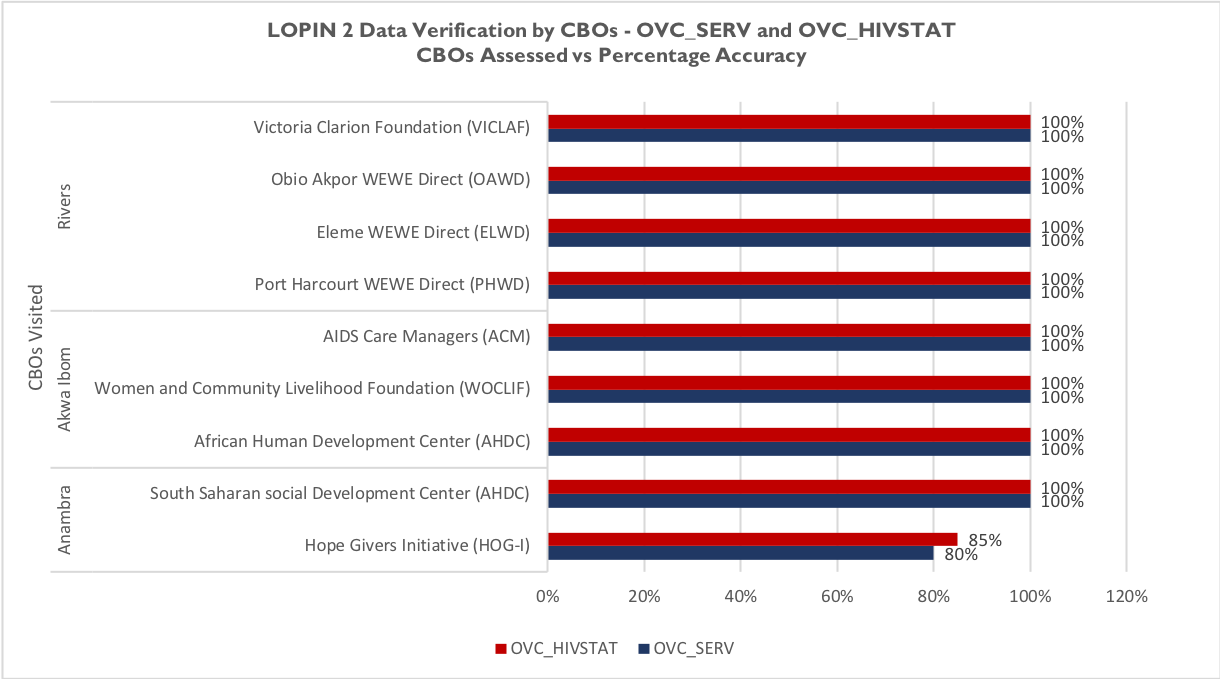
* Some forms on the NOMIS do not match their paper-based counterparts, which have been updated. One such example is the HIV risk assessment checklist. Information in the forms may lose their meaning when being transferred from the paper-based form to the NOMIS.
* When attempts were made to generate the NOMIS export files repeatedly, the NOMIS produced different figures in the export files, for the same indicators and same reporting period (LOPIN 2 Akwa Ibom state office);
* Data loss following export of data from the NOMIS to the next level of the reporting system (WOCLIF); and
* The NOMIS does not have a memory function to store a beneficiary’s previous HIV status at the point of updating the information.

Validity Issue 2**:** The DQA team noted errors during the data verification as detailed in the data reporting section above 4.2.1.4 and in this section below:

* At all of the CBOs except one, the recounted numbers for the indicators matched the figure submitted to the state offices for the two OVC indicators. There was over-reporting by 92 beneficiaries (80 percent) for OVC-SERV and 46 beneficiaries (85 percent) for OVC\_HIVSTAT at HOG\_I CBO. The M&E staff of the CBO explained that the variance was discovered during data clean up after the FY 18 reporting period. VCs who exited without graduation were initially added to the figure reported for the indicator. The CBO used the LOPIN 2 CMP to report the updated indicator data. The completed change management form was sighted by the DQA team.
* Discrepancies were noted between the SAPR FY 18 data sighted at the WEWE central IP office and the data reported to USAID. Data cleaning was conducted by LOPIN 2 staff on their FY 2018 SAPR report and updated data was reported to USAID on June 12, 2018, during the period of the DQA.

Figure 7 shows the verification factors for the nine LOPIN 2 CBOs. Table 5 and Table 6 show the cross-check findings for OVC\_SERV and OVC\_HIVSTAT respectively.

Figure 7. Data Verification Factors for LOPIN 2 CBOs (OVC\_SERV and OVC\_HIVSTAT)



Validity Issue 3:Errors noted during cross-checks from source documents to the NOMIS and vice versa.

* In six out of the nine CBOs visited (66.7 percent) by the DQA team, wrong entries were identified during the cross-checks from the source documents to the NOMIS. During the cross-checks from the NOMIS to the source documents, wrong entries were identified in five of the nine (55.6 percent) CBOs visited.
* The most common observed reasons for the discrepancies discovered during the cross-checks in decreasing order of priority were:
* Incomplete or wrong entries in the NOMIS.
* Missing entries in the NOMIS.
* Incomplete or wrong entries in the beneficiary service forms.
* Different dates in the paper-based forms and the NOMIS for the same beneficiaries.
* Discrepancies in HIV status for the same beneficiaries on the service forms and the NOMIS.
* Some HIV positive beneficiaries did not have any source document as proof of reported status (ACM).
* When the DQA team probed for the reasons for the discrepancies, the CBOs gave the following reasons:
  + The DEC did not have an in-depth knowledge on the NOMIS, particularly as regards generating data summary reports;
  + Poor supervision of DEC by CBO M&E Officers;
  + Weak data review processes;
  + Challenges in the use of the NOMIS software by the DEC. The CBO staff mentioned that after submission of data on the NOMIS and subsequent refreshing and cleaning of data, it was observed that the NOMIS platform did not retain information; and
  + Some CVs did not have the requisite knowledge to appropriately fill out the service forms.

Table 5 and Table 6 show the results of the cross-checks between OVC beneficiary forms (source documents) and the NOMIS, at LOPIN 2 CBOs for OVC\_SERV and OVC\_HIVSTAT respectively. Quality checks of the entries in the NOMIS are said to be conducted by the CBO M&E Officers and M&E Managers (where available).

Table 5. Cross Check Findings from LOPIN 2 CBOs in Anambra, Akwa Ibom and Rivers States for OVC\_SERV

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATE | ANAMBRA | | AKWA IBOM | | | RIVERS | | | | TOTAL | |
| CBOs | HOG-I | SSDO | AHDC | WOCLIF | ACM | PHWD | ELWD | OAWD | VICLAF | No | % |
| Total cross-checks: NOMIS to beneficiary folders and vice versa | 20 | 30 | 28 | 20 | 20 | 20 | 20 | 20 | 20 | 198 |  |
| Total cross-checks by beneficiary forms | 100 | 200 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1000 |  |
| Number of beneficiary forms with incomplete, missing or wrong entries | 12 | 3 | 29 | 15 | 18 | 0 | 0 | 0 | 3 | 80 | 8% |
| Number of NOMIS entries that are incomplete, missing or wrong | 20 | 4 | 26 | 16 | 11 | 0 | 0 | 0 | 0 | 77 | 39% |

Table 6. Cross Check Findings from LOPIN 2 CBOs in Anambra, Akwa Ibom and Rivers for OVC\_HIVSTAT

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATE | ANAMBRA | | AKWA IBOM | | | RIVERS | | | | TOTAL | |
| CBOs | HOG-I | SSDO | AHDC | WOCLIF | ACM | PHWD | ELWD | OAWD | VICLAF | NO | % |
| Total cross-checks: NOMIS to beneficiary folders and vice versa | 20 | 30 | 25 | 20 | 20 | 20 | 20 | 20 | 20 | 195 |  |
| Total cross-checks by beneficiary forms | 100 | 200 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1000 |  |
| Number of beneficiary forms with incomplete, missing or wrong entries | 5 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 2 | 10 | 1% |
| Number of NOMIS entries that are incomplete, missing or wrong | 5 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 8 | 4% |

Validity Issue 4: Cancellations and post-data validation changes made with correction fluids in multiple places on the paper-based forms without any signatures or change management forms in all the CBOs in Rivers state and in AHCD and WOCLIF in Akwa Ibom State

Validity Issue 5: Discrepancies when exporting the NOMIS data from the CBOs. The M&E Director suggested that the reason for this was the use of personal laptops for the NOMIS data entry by M&E staff in the CBOs, instead of the designated official desktop made available for data entry.

#### RECOMMENDATIONS FOR IMPROVING DATA VALIDITY

* The state M&E team should liaise with the NOMIS software developer to resolve NOMIS issues.
* Conduct refresher training for the DECs on entering data and generating data reports from the NOMIS.
* Conduct refresher training for the CBO M&E staff on the new definitions of the OVC indicators (HOG-I).
* Strengthen the review process of service forms before data entry into the NOMIS to avoid post-data entry manipulations (ACM).
* Improve supervision of the CVs, Improvement Officers and DECs by the CBO M&E Officers and Improvement Managers to ensure high data quality.
* Conduct periodic folder audits to ensure that the data contained in paper-based service forms are the same as the data reported in the NOMIS.
* Ensure compliance with the use of the CMP for all post-data validation reporting.
* Ensure authorized changes to data, evidenced by the signature of the authorizing officer on the CMP form.
* Ensure the use of only official laptops for the NOMIS data entry at CBO level.
* Ensure all data submitted to reporting entities are archived with date stamps.

### INTEGRITY

LOPIN 2 data collection and management processes at the central IP level take place through the NOMIS. Data validation processes by its M&E team ensures that the data collated by the LOPIN 2 CBOs undergo data quality checks. The Senior M&E Advisor at the central LOPIN 2 office is in charge of reviewing the data received from the state level. The M&E Director then reviews data for accuracy and completeness before reporting the data to USAID. The Senior M&E Advisor is supervised by the M&E Director. Other mechanisms in place at central level to ensure the integrity of the data include:

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

At state level, LOPIN 2 M&E Officers conduct quality checks on data in the NOMIS platform. The pass-word protected NOMIS at the state level ensures confidentiality. Further mechanisms to ensure data integrity include supervisory visits. At the state level, the OVC activity data review meeting involves the state government and the OVC IPs to provide an avenue for additional data validation. At these meetings, data are harmonized through the NOMIS platform across IPs and across LGAs in the state. This prevents double counting across organizations. Additionally, at these meetings, the LOPIN 2 activity data are harmonized with the overall state level OVC data.

At the CBO level, beneficiary folders are stored in a filing cabinet under lock and key, utilizing an alphanumeric system to ensure easy retrieval. The DQA team noted that all LOPIN 2 CBOs with the exception of SSDO, had good alphanumeric filing and retrieval system. SSDO stored client folders horizontally, making it difficult to retrieve folders from the cabinet. All of the assessed CBOs back up data by diverse methods, including:

* Built-in back up features of the NOMIS.
* Cloud-based storage (e.g., Google Drive).
* External hard drive.
* Flash drive.

The following LOPIN 2 mechanisms ensured data integrity at CBO level:

* The use of a password in the NOMIS;
* NOMIS built-in checks that remove double entries;
* Dedicated staff to conduct data quality checks;
* Limiting access to the filing cabinet to authorized personnel only;
* Supervisory visits to CBOs; and
* On-site data validation.

However, the DQA team noted that in six of the CBOs visited (AHCD, WOCLIF, PHWD, OAWD, ELWD and VICLAF), there were multiple cancellations with the use of correction fluid on the service forms. These cancellations were made to dates and services rendered to the VCs. There were no signatures or change management forms to validate these cancellations. This process poses a threat to the integrity of the data. At SSDO, the folders were kept in a cabinet, which had no lock although the cabinet was in a locked room. Everyone who enters the room, however, has full access to the folders given that the cabinet itself did not have a lock. This negatively impacts confidentiality and the integrity of the data collected for these indicators. Table 7 depicts the various mechanisms that ensure data integrity at all levels of WEWE – LOPIN 2.

Table 7. Mechanisms for Ensuring Data Integrity Across LOPIN 2 Sites

|  |  |  |
| --- | --- | --- |
| CENTRAL | STATE | CBO |
| * Built-in checks in NOMIS that remove double entries * Supervisory visits * DQA * Quarterly review meetings | * Dedicated staff for quality checks * Inbuilt checks in NOMIS that remove double entries * Data review meetings * Supervisory visits to CBOs | * The use of a password in the NOMIS. * Built-in checks in NOMIS that remove double entries * Review meetings with CV who collect data * Dedicated staff to check for data quality * Limited access to the filing cabinet * On-site data validation |

#### STRENGTHS

Most of the above-mentioned mechanisms for ensuring data integrity (Table 7) are strengths in the LOPIN 2 M&E system to ensure the integrity of the indicators being assessed.

#### AREAS FOR IMPROVEMENT

* Multiple cancellations on the service forms using correction fluid.
* Storage of beneficiary folders in open cabinets, permitting unauthorized access to folders and breaching confidentiality.

#### RECOMMENDATIONS

* Ensure storage of all beneficiary folders in cabinets with locks to guarantee both the confidentiality and the integrity of the data.
* Conduct capacity building for CVs on the proper way to complete the service forms to minimize data entry errors.
* Ensure the use of and compliance with the LOPIN 2 CMP template and guidance, to ensure proper documentation of data updates.

### PRECISION

#### MECHANISMS TO ENSURE DATA PRECISION

The data collected in the enrollment, service and follow-up forms are entered in the NOMIS in a consistent manner, including providing a detailed level of information on beneficiaries served and the status of OVC less than 18 years. The nationally approved data fields in the forms are entered into the NOMIS. Since the NOMIS has household-level and individual-level data, it has sufficient details and precision to provide information on beneficiaries served and HIV status of OVC less than 18 years, while ensuring that beneficiary confidentiality is protected. Data elements on the forms have information fields such as date, sex, age, child HIV status, and services provided, which also have corresponding fields in the NOMIS. In addition, the NOMIS has data entry page that enables update of the HIV status of beneficiaries. The level of precision in the data collection forms and the NOMIS matches the requirements in the PIRS.

### RELIABILITY

#### MECHANISMS TO ENSURE DATA RELIABILITY

The WEWE LOPIN 2 activity utilized national OVC reporting tools during the period covered by this DQA. With the review of national tools in January 2017, the LOPIN 2 national level ensured the LOPIN 2 state offices and CBO staff were trained to ensure data reliability. The methodology of the new tool remained consistent with the prior tools, ensuring the reliability of data with the new tools. No stock out of OVC reporting tools was noted at the CBOs visited.

At the state level, there is consistent use of the aggregation and reporting platforms NOMIS and DATIM. Data, which the CBOs report monthly, are aggregated and exported quarterly on both platforms. The data that are aggregated in the NOMIS are exported into the DATIM for utilization, where applicable. This ensures consistency and reliability in the aggregation of data at state level.

#### STRENGTHS

* Consistent use of National harmonized OVC tools.
* No stock out of OVC reporting tools was reported by WEWE LOPIN 2 CBOs.
* Training of CBO staff on the newly modified OVC tools.

### TIMELINESS

The IP staff at the central M&E unit noted that data are reported to USAID in a timely manner, and that its state-level data are received in a timely manner through the NOMIS. The CBOs visited by the DQA team noted a reporting deadline to the state office of the fifth day of a new month. The DQA team sighted email communication of received NOMIS exports at the IP state and central offices. However, the time stamps were not present in 25 percent of the reports from CBOs in Anambra state. Data submission also occurs by CBOs to the OVC Desk Officer at the LGA office of the FMWASD. However, the timeline of submission to the LGA appears not to be defined and harmonized for all the CBOs visited.

#### STRENGTHS

* WEWE Akwa Ibom reported that all the CBOs in the state submitted their reports before the stipulated timeline which is the fifth of the new month.
* Email communication of received NOMIS exports were sighted at the IP state and central offices.

#### AREAS FOR IMPROVEMENT

* Absence of archived monthly submissions and quarterly data summaries at CBOs and states with date stamps.
* Time of submission of the reports by the CBOs could not be ascertained in some state offices as the reports did not have date stamps.

#### RECOMMENDATIONS

* Archive with date stamps, monthly and quarterly data summaries submitted to the IP state and central offices.
* Develop a template for tracking report submission by CBOs.

# ACTION PLAN FOR LOPIN 2

A suggested action plan for the various levels is outlined below, Table 8 - central level action plan, Table 9 - state level action plan, and Table 10 - CBO level action plan.

## ACTION PLAN FOR LOPIN 2 CENTRAL LEVEL

Table 8. Action Plan for LOPIN 2 Central Level

|  |  |  |  |
| --- | --- | --- | --- |
| AREAS FOR IMPROVEMENT | DESCRIPTION OF ACTION POINT | RESPONSIBLE | TIMELINE |
| * Limited knowledge on the use of advanced statistical packages by the M&E staff | * Ensure training on advanced statistical software takes place as scheduled | LOPIN 2 M&E Director | September 2018 |
| NOMIS issues:   * The NOMIS produced different figures in export files generated for the same indicators and same reporting period when repeated attempts were made to generate export files (LOPIN 2 Akwa Ibom State Office). * Service forms on the NOMIS do not match their paper-based counterparts. (HIV risk assessment checklist). * Data loss following export of data from the NOMIS. * NOMIS has no memory function to store previous HIV status of beneficiaries. | * Liaise with the NOMIS software developer and the FMWASD staff to resolve NOMIS issues. | LOPIN 2 NOMIS Database Manager and M&E Director | September 2018 |

## ACTION PLAN FOR LOPIN 2 STATE LEVEL

Table 9. Action Plan for LOPIN 2 State Level

|  |  |  |  |
| --- | --- | --- | --- |
| AREAS FOR IMPROVEMENT | DESCRIPTION OF ACTION POINT | RESPONSIBLE | TIMELINE |
| * The time of submission of some CBO reports could not be ascertained. | * Develop a template to track the time of submission of CBO reports. * Ensure CBO reports are archived with date stamps. | LOPIN 2 state M&E Officers | September 2018 |
| * Change management forms were not being used to properly document data changes in Anambra and Rivers states. | * Adopt the use of and comply with the LOPIN 2 CMP (in the M&E SOP), for reporting data changes and updates. | LOPIN 2 state M&E Officers | September 2018 |
| * Inconsistent data back-up and limited data back-up options in use (VCF and SSDO). | * Ensure compliance of CBOs with data back-up guidelines in the LOPIN 2 M&E SOP. | LOPIN 2 state M&E Officers | September 2018 |
| * Errors observed in reported data during data verification. | * Improve supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS. * Conduct refresher training for DECs on the NOMIS software. * Ensure all CBOs conduct data quality cross checks between NOMIS soft copy data and a hard copy Excel NOMIS data before reporting. * Provide support to CBO M&E Officers to conduct periodic folder audits to resolve discrepancies observed during cross checks. | LOPIN 2 M&E state Officers | September 2018 |
| * Beneficiary folders arranged horizontally instead of vertically, making retrieval difficult (AHDC). * Client service forms were not properly arranged in the folders to aid easy retrieval (AHDC). | * Conduct on-site mentoring and supervision of CBO staff on a proper folder filing system to aid easy retrieval of client records. * Conduct refresher training and on-site mentoring and supervision of CBO staff regarding an organized arrangement of service forms in the client folders for easy retrieval of source documents. | LOPIN 2 state M&E Officers | September 2018 |
| * Inclusion of VC who exited without graduation in reported data for both indicators, indicating a poor understanding of how to report on both indicators. | * Conduct refresher training for CBO M&E Officers on the new indicator definitions and guidelines for reporting. | LOPIN 2 state M&E Officers | September 2018 |
| * Change management forms not used for post data validation and for reporting data updates. | * Ensure compliance with the CMP guidelines when reporting data updates and during post data validation. | LOPIN 2 state M&E Officers | September 2018 |

## ACTION PLAN FOR LOPIN 2 CBO LEVEL

Table 10. Action Plan for LOPIN 2 CBO Level

|  |  |  |  |
| --- | --- | --- | --- |
| AREAS FOR IMPROVEMENT | DESCRIPTION OF ACTION POINT | RESPONSIBLE | TIMELINE |
| * Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp. | * Ensure activity data are archived with date stamps to validate timeliness of submissions. | CBO M&E Officer | September 2018 |
| * Data transcription and entry errors. | * Improve supervisory efforts with the CVs and DECs to ensure completeness and accurate data entry into the service forms and into the NOMIS. * Conduct regular folder audits to resolve discrepancies observed during cross checks. | CBO M&E Officers | September 2018 |
| * Weak quality control measures during data transfer from paper based to the NOMIS (ACM). | * Strengthen data quality checks before and after data entry into the NOMIS to reduce transcription errors. | CBO M&E Officers | September 2018 |
| * Beneficiary folders stored in open cabinets with no locks (SSDO). | * Acquire cabinets with locks and institute key control to ensure the confidentiality and integrity of data. | Executive Director SSDO | September 2018 |
| * No M&E organogram (SSDO) | * Develop and display an organogram for the M&E unit. | Executive Director SSDO | September 2018 |
| * Several personal laptops are being used to enter OVC data leading to discrepancies when data is exported from NOMIS to the next reporting level. | * Ensure the use of only official laptops for data entry | CBO Executive Directors | September 2018 |

# Limitations and Constraints

1. DQAs at a country level are complex exercises and require significant resources and effort on the part of the commissioning agency, the agency conducting the DQA, IPs, and government functionaries in the relevant sectors. As mentioned in USAID’s “How-To Note: Conduct a DQA,”[[5]](#footnote-5) notification of an impending DQA can also cause stress for the IP, given the ramifications of activity performance and the potential uncertainty of USAID’s expectations. Although the MEL Activity DQA team tried to allay initial apprehensions of the IP and its staff about the outcomes from the DQA, there may have been residual concerns that could not be fully addressed. The DQA team emphasized to the IP that subsequent to completion and dissemination of the final report, the DQA results are intended to be a tool for USAID and the IP to work together, to resolve any data quality issues or limitations discovered during the exercise.

2. The sampling of the three LOPIN 2 states (Akwa Ibom, Anambra and Rivers), as well as the CBO sites visited in the states, was based on a purposive methodology, with consideration to security and feasibility issues, and was also guided by USAID. The ideal sampling methodology would have been to use a statistically valid scientific method, as described in the MEASURE Evaluation DQA guidelines.[[6]](#footnote-6) Implementation of a statistically valid method was constrained by security and other eligibility considerations outlined in Section 3.1. This was partially compensated for by the number of CBOs covered during the DQA.

3. To ensure adequate time for the DQA teams in the field to complete all aspects of the DQA, including the M&E systems assessment, review of the data quality standards, data verifications, and cross-checks, a limited number of cross-checks were performed at each CBO (service delivery level). At most CBOs, at least twenty beneficiary folders were reviewed during the cross-checks. As described in detail in section 3.4.2, this limitation was partially addressed by using random selection of beneficiary folders (where feasible) from all household folders for the two reported quarters. Also, cross-checks were attempted in two directions—i.e., ten records were traced from the beneficiary forms/household folders to the NOMIS, and an additional ten unique beneficiary records were traced from the NOMIS back to the beneficiary folders for cross-verification.

# CONCLUSION

From the USAID/Nigeria and PEPFAR perspective, the DQA for OVC indicators serves to meet the operational policy requirements of 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 program indicators in subsequent funding cycles.

The M&E systems areas of strength across the three LOPIN 2 levels assessed include the availability of trained M&E staff with clearly assigned responsibilities, availability of a data management SOP that guides M&E processes and the availability and use of the PEPFAR indicator reference guide. Other areas of strength include the use of analyzed data to inform program implementation and the use of color-coded folders and files, coded by community to aid easy retrieval of beneficiary folders. The areas for improvement across the levels assessed include the need to ensure compliance to the CMP at service delivery levels, developing a template to track the reports received from lower reporting levels and ensuring that reports received from lower levels are properly archived with time stamps.

With reference to the ADS 201 definition of data quality standards (Table 1), the OVC\_SERV and OVC\_HIVSTAT indicator data reported by LOPIN 2 can be judged valid. The average data verification factors across the three levels were within the +/- ten percent acceptable variance for determining the accuracy of verified data (Figure 5). Data was also found to be reliable, timely and precise. The integrity of reported data can be strengthened by providing storage cabinets with locks for all client records, ensuring compliance to the LOPIN 2 CMP when data updates are made and providing refresher training to CVs on guidelines for appropriately filing the service forms.

USAID/Nigeria is recommended to establish a community of practice of NOMIS users to facilitate the identification of effective approaches to resolving the NOMIS software issues and data loss in NOMIS following data export and NOMIS software upgrade.

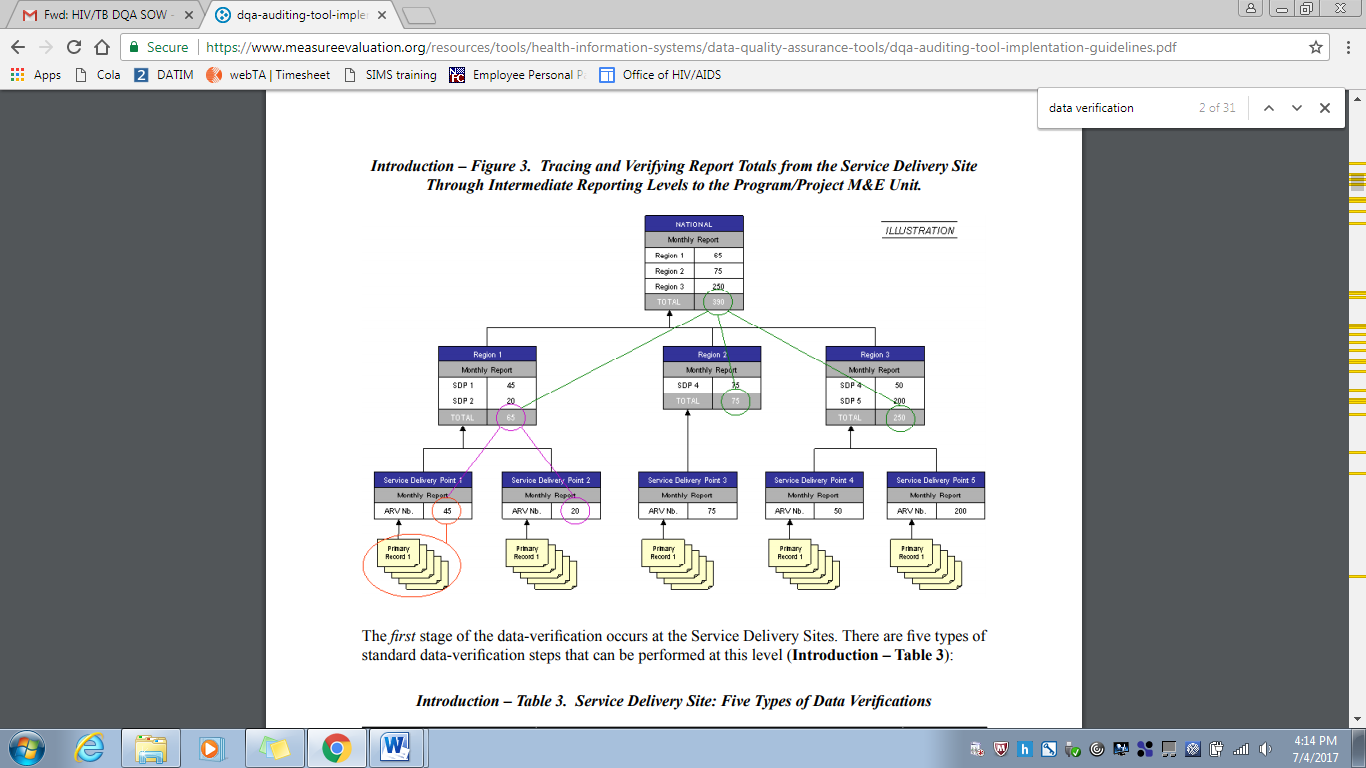
# Annexes

## LIST OF SITES VISITED AND LOCATIONS

Table 3 (p. 11) provides a complete list of the sites and locations that were visited for the WEWE LOPIN 2 DQA.

## STEPS FOR DATA VERIFICATION USING THE MEASURE EVALUATION TOOL

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



Source: MEASURE Evaluation (2008

## VERIFICATION FACTORS – OVC\_SERV AT LOPIN 2 CENTRAL, STATE AND CBO LEVELS

Table 11. Verification Factors – OVC\_SERV at LOPIN 2 Central Level

|  |  |
| --- | --- |
| Level / Name | WEWE LOPIN 2 Central M&E Unit |
| OVC\_SERV |  |
| Verified Data | 64,184 |
| Reported Data | 65,017 |
| Verification Factor (%) | 99% |

Table 12. Verification Factors - OVC\_SERV at LOPIN 2 State Level

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LEVEL | NAME OF STATE | VERIFIED DATA | REPORTED DATA | VERIFICATION FACTOR (PERCENTAGE) |
| IP State Office | Anambra | 1165 | 1278 | 91.2 |
| Akwa Ibom | 39845 | 39845 | 100.0 |
| Rivers | 21422 | 21386 | 100.2 |

Table 13. Verification Factors - OVC\_SERV at LOPIN 2 CBO Level

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LEVEL | STATE/LGA | NAME OF CBO | VERIFIED DATA | REPORTED DATA | VERIFICATION FACTOR (PERCENTAGE) |
| Service Delivery Level (CBO) | Anambra/Anambra East | HOG-I | 374 | 466 | 80.3 |
| Anambra/Ayamelum | SSDO | 459 | 459 | 100.0 |
| Akwa Ibom/Etinan | AHDC | 2024 | 2024 | 100.0 |
| Akwa Ibom/Ikot Ekpene | WOCLIF | 2818 | 2818 | 100.0 |
| Akwa Ibom/Uyo | ACM | 3835 | 3835 | 100.0 |
| Rivers/Port Harcourt | PHWD | 5530 | 5530 | 100.0 |
| Rivers /Eleme | ELWD | 7596 | 7596 | 100.0 |
| Rivers /Obio Akpor | OAWD | 3178 | 3178 | 100.0 |
| Rivers /Obio Akpor | VICLAF | 2873 | 2873 | 100.0 |

Table 14 OVC\_HIVSTAT Numerator Disaggregates at the Central, State and CBO Levels

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | VERIFIED DATA | | | | REPORTED DATA | | | |
| SITE NAME | **STATE/ LGA** | **A: Reported HIV positive to IP** | **B: Reported HIV negative to IP** | **C: No HIV status reported to the IP** | **Total: A+B+C** | **A: Reported HIV positive to IP** | **B: Reported HIV negative to IP** | **C: No HIV status reported to the IP** | **Total: A+B+C** |
| WEWE LOPIN 2 HQ Office | Lagos | 228 | 36,824 | 10466 | 47518 | 228 | 37,280 | 10,466 | 47,974 |
| Anambra IP State Office | Akwa Ibom | 0 | 793 | 0 | 793 | 0 | 839 | 0 | 839 |
| Akwa-ibom IP State Office | Lagos | 149 | 23,492 | 6,039 | 29,680 | 149 | 23,492 | 6,039 | 29,680 |
| Rivers IP State Office | Rivers | 71 | 11,302 | 4,427 | 15,800 | 71 | 11,302 | 4,427 | 15,800 |
| Hope Givers Initiative (HOG-I) | Anambra/Anambra East | 0 | 256 | 0 | 256 | 0 | 302 | 0 | 302 |
| South Saharan Social Development Organisation (SSDO) | Anambra/Ayamelum | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 |
| African Human Development Center (AHDC) | Akwa Ibom/Etinan | 0 | 1111 | 451 | 1,562 | 0 | 1,111 | 451 | 1,562 |
| Women and Community Livelihood Foundation (WOCLIF) | Akwa Ibom/Ikot Ekpene | 25 | 2,059 | 0 | 2,084 | 25 | 2,059 | 0 | 2,084 |
| Aids Care Managers (ACM) | Akwa Ibom/Uyo | 12 | 2,259 | 652 | 2,923 | 12 | 2,259 | 652 | 2,923 |
| Port Harcourt WEWE Direct (PHWD) | Rivers/Port Harcourt | 3 | 2,685 | 1,507 | 4,195 | 3 | 2,685 | 1,507 | 4,195 |
| Eleme WEWE Direct (ELWD) | Rivers/Eleme | 27 | 5,586 | 0 | 5,613 | 27 | 5,586 | 0 | 5,613 |
| Obio-Akpor WEWE Direct (OAWD) | Rivers/Obio Akpor | 5 | 2,284 | 98 | 2,387 | 5 | 2,284 | 98 | 2,387 |
| Victorian Clarion Foundation (VICLAF) | Rivers/Obio Akpor | 34 | 564 | 1,440 | 2,038 | 34 | 564 | 1,440 | 2,038 |

Table 15. Verification Factors of OVC\_HIVSTAT Numerator Disaggregates at the Central, State and CBO Levels

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | VERIFICATION FACTORS | | | |
| SITE NAME | **STATE/ LGA** | **A: Reported HIV positive to IP** | **B: Reported HIV negative to IP** | **C: No HIV status reported to the IP** | **Total** |
| WEWE LOPIN 2 HQ Office | Lagos | 100% | 99% | 100% | 99% |
| Anambra IP State Office | Akwa Ibom | 100% | 95% | 100% | 95% |
| Akwa-ibom IP State Office | Lagos | 100% | 100% | 100% | 100% |
| Rivers IP State Office | Rivers | 100% | 100% | 100% | 100% |
| Hope Givers Initiative (HOG-I) | Anambra/Anambra East | 100% | 85% | 100% | 85% |
| South Saharan Social Development Organisation (SSDO) | Anambra/Ayamelum | 100% | 100% | 100% | 100% |
| African Human Development Center (AHDC) | Akwa Ibom/Etinan | 100% | 100% | 100% | 100% |
| Women and Community Livelihood Foundation (WOCLIF) | Akwa Ibom/Ikot Ekpene | 100% | 100% | 100% | 100% |
| Aids Care Managers (ACM) | Akwa Ibom/Uyo | 100% | 100% | 100% | 100% |
| Port Harcourt WEWE Direct (PHWD) | Rivers/Port Harcourt | 100% | 100% | 100% | 100% |
| Eleme WEWE Direct (ELWD) | Rivers/Eleme | 100% | 100% | 100% | 100% |
| Obio-Akpor WEWE Direct (OAWD) | Rivers/Obio Akpor | 100% | 100% | 100% | 100% |
| Victorian Clarion Foundation (VICLAF) | Rivers/Obio Akpor | 100% | 100% | 100% | 100% |

## DIAGRAMMATIC REPRESENTATION OF CROSS-CHECKS AT CBO LEVEL

Figure 9. Methodology for Cross-Checks at CBO Level

**OVC CROSS CHECK AT CBO**

CROSS CHECK 1

CROSS CHECK 2

Select 10 Enrollment numbers and unique identifiers within the Reporting Period from NOMIS

Select 10 Beneficiary Service Forms (randomly where feasible) within the Reporting Period from 10 Folders (Using Enrollment Number and Unique Identifiers)

Confirm enrollees in NOMIS have 10 corresponding service forms

Confirm 10 enrollees are present on the NOMIS

Trace and Find Corresponding Entries and Compare in the NOMIS

Trace and Find Corresponding Entries and Compare in the Service Forms

## PERFORMANCE INDICATOR REFERENCE SHEET (PIRS)

Table 16: Performance Indicator Reference Sheet for OVC\_SERV

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | **OVC\_SERV** | | | | | |
| Description: | Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV | | | |
| Numerator: | Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV | | The numerator is the sum of the following Program participation disaggregation:  1. Active beneficiaries  2. Graduated beneficiaries | |
| |  | | --- | | Denominator: | | N/A | | | |
| Changes in indicator: | Clarifying language added to this indicator reference sheet. Only OVC that actually received services in the past three months should be counted in this indicator. OVC that have registered for the program but have not yet received any services should not be counted in the results (MER 2.0 v2.1 to v2.2).  The disaggregation for program participation status has been clarified to capture types of beneficiaries: (1) active beneficiaries and (2) graduated beneficiaries, (MER 2.0 v2.2 Revised Release).  Beneficiaries that transferred or exited without graduation should no longer be reported in the numerator (MER 2.0 v2.2 Revised Release). However, these data will still be collected as disaggregates.  All indicator changes will be reflected in the data entry screens in DATIM beginning in FY 18 Q2 (MER 2.0 v2.2 Revised Release).  The transferred disaggregation was split into two separate disaggregation’s: transferred out to a PEPFAR-supported partner and transferred out to non-PEPFAR supported partner (MER 2.0 v2.2 Revised Release).  Indicator calculation is updated. Indicator returns to being a snapshot indicator again for FY 18 reporting. Results should not be summed across reporting periods (MER 2.0 v 2.2 Revised Release). | | | |
| How to use: | PEPFAR is mandated to care for children orphaned or made vulnerable by HIV. Mitigating the impact that HIV is having on children and the families that support them is integral to a comprehensive HIV response. It is important to note that the definition of “affected” children includes, but is not limited to, children infected with HIV. PEPFAR recognizes that individuals, families, and communities are affected by HIV in ways that may hinder the medical outcomes of HIV-positive persons as well as the emotional and physical development of children orphaned or made vulnerable by HIV/AIDS. A variety of services (per Technical Considerations 2017) are supported through PEPFAR to mitigate these effects in order to improve health and well-being outcomes of adults and children. The goal of OVC programs is to build stability and resiliency in children and families-exposed, living with or affected by HIV/AIDS through rigorous case management and provision and access to health and socio-economic interventions. This indicator, by disaggregating “active” and “graduated” in the numerator and collecting additional disaggregates for “transferred out to a PEPFAR-supported partner”, “transferred out to a non-PEPFAR supported partner”, and “exited without graduation” measures how successful the OVC program is in building children and their families’ resiliency. | | | |
| How to collect: | The data sources are the PEPFAR OVC program registers and program data generated by implementing partners. Implementing partners’ registers need to record names of children and caregivers who meet the criteria for “active beneficiary” or “graduated” to generate the numerator total included in this indicator. In addition, implementing partners should record whether children or caregivers “transferred out to a PEPFAR-supported partner”, “transferred out to a non-PEPFAR supported partner”, and “exited without graduation.”  All agencies receiving HKID funding are required to report on this indicator.  This indicator is a direct (output) measure of the number of individuals receiving PEPFAR OVC program services for children and families affected by HIV/AIDS and tracks progress on the number of OVC graduating from PEPFAR OVC programs and tracks “exited without graduation” (such as loss-to-follow up, aging out without transition plan, moved, or died). Transferred to existing host-country programs, where the host-country program provides a sustainable response to OVC needs. Transferred to existing PEPFAR-supported programs to track movement of children and caregivers between PEPFAR-supported partners. Graduation will vary based on local criteria for achieving stability in the household. | | | |
| Reporting level: | Facility & Community | | | |
| How often to report: | Semi-Annual | | | |
| How to review for data quality: | Reviewing PEPFAR OVC implementing partners’ results to ensure that there is no double counting and changes by Program Completion Status do not show high deviations from program targets and/or SNU prioritization (scale up, sustained, centrally supported, sustained commodities.  To ensure completeness, check that OVC\_SERV total numerator (auto calculated based on participation status disaggregates) equals OVC\_SERV results by age/sex disaggregates:  • OVC\_SERV total numerator should equal OVC\_SERV <1 + 1-9 + 10-14F + 10-14M + 15-17F + 15-17M + 18-24F + 18-24 M + 25+F + 25+M  • OVC\_SERV total numerator should equal OVC\_SERV<18 + OVC\_SERV 18+  • OVC\_SERV<18 = OVC\_SERV <1 + 1-9 + 10-14F + 10-14M + 15-17F + 15-17M  • OVC\_SERV 18+ = OVC\_SERV 18-24F + 18-24 M + 25+F + 25+M | | | |
| How to calculate annual total: | To calculate data for annual results for OVC\_SERV:  Sum Active (children and caregivers received services in the past three months) + Graduated (OVC that graduated from the OVC program in the past 12 months).  This indicator should be reported as a snapshot (i.e., report data as of the last day of the reporting period) in DATIM. | | | |
| Data elements (components of indicator): | Numerator:  Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV. | Disaggregate Groups | | Disaggregates |
| Program Participation Status  [Required] | | * Active (Received at least one service in the past 3 months) * Graduated (At Q2: Report children and parents/ caregivers that graduated from the OVC program in the past 6 months. At Q4: Report children and parents/ caregivers that graduated from the OVC program in the past 12 months.) |
| Age/Sex (For Active and Graduated)  [Required]  Exited or Transferred [Required] Disaggregate should be reported for exited or transferred, even if no numerator (active + graduated) values are reported. | | * <1, 1-9, 10-14 M, 10-14 F, 15-17 M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F * Transferred out to a PEPFAR-supported partner (At Q2: Report children and parents/caregivers that transferred out to a PEPFAR-supported partner in the past 6 months. At Q4: Report children and parents/caregivers that transferred out to a PEPFAR supported partner in the past 12 months.) * Transferred out to a non-PEPFAR supported partner (At Q2: Report children and parents/caregivers that transferred out to a non-PEPFAR-supported partner in the past 6 months. At Q4: Report children and parents/caregivers that transferred out to a non-PEPFAR supported partner in the past 12 months.) * Exited without graduation (At Q2: Report children and parents/caregivers that exited in the past 6 months. At Q4: Report children and parents/caregivers that exited in the past 12 months.) |
|  |  | Age/Sex/OVC Service Area  [DREAMS Conditional] | | * Education Support: <1, 1-9, 10-14 M, 10-14 F, 15-17 M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F * Parenting/Caregiver Support: <1, 1-9, 10-14 M, 10-14 F, 15-17 M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F * Social Protection: <1, 1-9, 10-14 M, 10-14 F, 15-17 M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F * Economic Strengthening: <1, 1-9, 10-14 M, 10-14 F, 15-17 M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F * Other Service Areas: <1, 1-9, 10-14 M, 10-14 F, 15-17 M, 15-17 F, 18-24 M, 18-24 F, 25+ M, 25+ F |
|  | Disaggregate Descriptions & Definitions | | | |
|  | Program Participation Status Definitions:   * “Active beneficiary” is an individual, a child, or parent/caregiver who has received at least one PEPFAR OVC program service in the last three months. New beneficiaries registered during the reporting period can be counted as active only if they have received at least one service in the last three months. Assessment, enrolment, case plan development, and case plan monitoring are not considered services. Please refer to the forthcoming OVC Reporting FAQ clarification on what activities constitute a service for more information. * “Graduation” is defined as:   1. Graduation is defined as happens when children and parent/caregivers enrolled in PEPFAR OVC programs are deemed stable and no longer in urgent need of externally supported services. Criteria for achieving stability in the household vary and should be defined at the OU-level to be consistent across IPs.  Or  2. Aging out: This only includes children who have reached the age of 18 and who have a transition plan for successful exiting from the PEPFAR OVC Program. This does not apply to children > 18 years old enrolled in secondary education.  Exited or Transferred Disaggregate Definitions:   * “Transferred out to a non-PEPFAR-supported partner” happens when children and families have transitioned to other forms of support programs other than PEPFAR funded OVC programs. These could include country-led programs or other donor funded programs. * “Transferred out to a PEPFAR-supported partner” happens when children and families have transitioned from the support of one PEPFAR partner to another PEPFAR-partner. * “Exited without graduation” This includes children and caregivers who are lost-to-follow up, re-located, or died and children who aged-out without a graduation plan from PEPFAR OVC program. | | | |
| PEPFAR-support definition: | Standard definition of DSD and TA-SDI used.  Provision of key staff or commodities for OVC beneficiaries receiving care and support services in the community include: For beneficiaries of OVC services, this can include funding of salaries (partial or full) for staff of the organization delivering the individual, small group or community level activity (e.g., psychosocial support, child protection services, education, etc.) or procurement of critical commodities essential for ongoing service delivery. Partial salary support may include stipends or incentives for volunteers or paying for transportation of those staff to the point of service delivery.  For care and support services, ongoing support for OVC service delivery for improvement includes: the development of activity-related curricula, education materials, etc., supportive supervision of volunteers, support for setting quality standards and/or ethical guidelines, and monitoring visits to assess the quality of the activity, including a home visit, a visit to a school to verify a child’s attendance and progress in school or observation of a child’s participation in kids clubs. | | | |
| Guiding narrative questions: | 1. What is the total achievement of OVC\_SERV for <18 years and total numerator? Please explain partners with highest/lowest performance.  2. Please explain results by participation status disaggregate:  a. What criteria do beneficiaries need to achieve in order to graduate? Is that standard across partners in your OU?  b. How many beneficiaries exited without graduation? Please explain the reasons for exiting without graduation and try to quantify with percentages if possible. Are there certain partners with higher rates of exiting without graduation? How are you managing this with the partner(s)?  c. How many beneficiaries were transitioned? To whom (e.g., other NGOs, government support, etc.). Where were beneficiaries transferred? Please provide disaggregates for beneficiaries transferred to specific sources of support.  d. Of those who are reported to be active, what percentage is newly enrolled? Any re-enrollments of those LTFU? If yes, how many? Are any partners especially good at finding and re-enrolling those LTFU? | | | |

Table 17. Performance Indicator Reference Sheet for OVC\_HIVSTAT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OVC\_HIVSTAT** | | | | |
| Description: | Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including report of no status). | | | |
| Numerator: | Number of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner, disaggregated by status type. | | Data sources for this indicator include HIV test results that are self-reported by OVC (or their caregivers), results of HIV Risk Assessments conducted by implementing partners, registers, referral forms, client records, or other confidential case management and program monitoring tools that track those in treatment and care. | |
| Denominator: | Number of orphans and vulnerable children reported under OVC\_SERV (<18 years old) | | Denominator is not collected again, as part of this indicator but is collected under the indicator OVC\_SERV. | |
| Changes in indicator: | • This indicator formerly called OVC\_ACC (MER 1.0) and OVC\_KNOWNSTAT (in the original MER 2.0 target setting documentation guidance) was changed to OVC\_HIVSTAT to reflect that HIV status is self- reported to the implementing partner by the OVC or OVC caregiver (MER 1.0 to MER 2.0). | | | |
| How to use: | |  | | --- | | This indicator will be tracked through routine program monitoring semi-annually through the POART process.  Given the elevated risk of HIV infection among children affected by and vulnerable to HIV, it is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries, and to facilitate access and retention in ART treatment for those who are HIV positive. When the implementing partner knows the HIV status, the program can contribute to ensuring that the children are linked to appropriate care and treatment services, all essential elements of quality case management. OVC programs can also play an important role in family-centered disclosure, for those who are HIV positive.  • This indicator is NOT intended to be an indicator of HIV tests performed or receipt of testing results, as these are measured elsewhere and test results are frequently unavailable to community organizations due to health facility concerns about patient confidentiality.  • This indicator is NOT intended to imply that all OVC beneficiaries require an HIV test. OVC with known positive or negative status do not need to be tested. Only OVC with no HIV status or children reported to be negative and recently experiencing sexual violence and/or other risk factors in the reporting period should be assessed for HIV risk. For older children who the IP thinks may be sexually active, they should be assessed every reporting period.  • Status disclosure to the implementing partner is NOT a prerequisite for enrollment or continuation in an OVC program. OVC programs serve persons of positive, negative, and unknown HIV status appropriate to their needs and vulnerability to HIV. This indicator ensures that IPs are regularly providing outreach to caregivers to identify children’s HIV status, encourage family disclosure and linkage to care and treatment as needed.  • This indicator captures if implementing partners are tracking the self-reported HIV status of the orphans and vulnerable children they serve and enrollment in ART for those who are positive. Testing results for OVC who are referred for testing should be reported under HTS\_TST based on the service delivery point where they were tested  This indicator also captures if implementing partners are tracking if the orphans and vulnerable children they serve who report to be HIV positive are successfully linked to and retained in treatment and care.  • This indicator is a subset from OVC\_SERV. Only OVC who were reported under OVC\_SERV <18 should be included in the denominator for this indicator.  • Since this is not a testing indicator, HIV positivity yield should NOT be calculated based on this indicator. Yield calculations should only be made by testing partners. | | | | |
| How to collect: | Data sources for this indicator include HIV test results that are self-reported by OVC (or their caregivers), results of HIV Risk Assessments conducted by implementing partners, registers, referral forms, client records, or other confidential case management and program monitoring tools that track those in treatment and care.  Implementation of the HIV risk assessment should be integrated into case management and on-going case monitoring and should not be conducted separately, if possible. This will vary by partner and project. The partners should work out a timeline based on their experience of how long referral completion and status disclosure usually takes and factor that into their case management processes.  Implementing partners will record the OVC beneficiary’s self-reported HIV status –semi-annually. | | | |
| Reporting level: | Facility & Community | | | |
| How often to report: | Semi-Annual | | | |
| How to review for data quality: | The OVC\_HIVSTAT total numerator should ideally equal OVC\_SERV<18 results. In some cases, there may be missing data for the following reasons: 1) IP was not able to collect this information from all caregivers of OVC\_SERV<18 within the reporting period, 2) IP was not able to locate all the caregivers of OVC\_SERV<18 (e.g., relocated, migrant work), 3) data entry error and/or 4) Peace Corps is currently not reporting on this indicator so OVC served <18 under PC would be missing.  Review any site with the following reporting issues: 1) numerator greater than 100% of OVC\_SERV <age 18, 2) very low coverage of OVC\_HIVSTAT, 3) sum of “Currently on ART” and “Not currently on ART” do no equal the “Reported HIV positive to IP” results and 5) sum of “Test not indicated” and “Other reasons” do not equal “Reported No Status to IP”. | | | |
| How to calculate annual total: | Use result reported at Q4. | | | |
| Data elements (components of indicator): | Numerator:  Number of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner, disaggregated by status type. | Disaggregate Groups | | Disaggregates |
| Status Type  [Required] | | • Reported HIV positive to implementing partner  o Currently receiving ART  o Not currently receiving ART  • Reported HIV negative to implementing partner  • No HIV status reported to the implementing partner  o Test not indicated based on HIV risk assessment  o Other reasons |
| Disaggregate Descriptions & Definitions | | | |
| Status Type Disaggregate Definitions:  “Reported HIV Positive to IP”: includes beneficiaries <age 18 who report to the IP that they are HIV positive based on an HIV test conducted during or prior to the reporting period (regardless of where the test occurred). All entries for “reported HIV positive to IP” should be further disaggregated as “currently receiving ART” or “not currently receiving ART.” This also includes beneficiaries <age 18 who report that they are HIV positive based on an HIV test conducted during previous project reporting periods. OVC entered as “Reported HIV positive to IP” in the previous reporting period, should continue to be reported as positive during the current reporting period and their enrollment in ART noted.  • “Reported HIV negative to IP” includes beneficiaries <age 18 who report that they are HIV negative to the IP based on an HIV test conducted during the reporting period (regardless of where the test occurred). For a child who reports multiple tests within the current period, use most recent test. For beneficiaries entered as “Reported HIV negative to IP” in a previous reporting period—if the IP believes the child’s risk has not changed in the last six months, they should continue to report the child as negative during the current reporting period. However, if the IP believes that the child has recently been exposed to risk of HIV infection (e.g., sexual violence) or if an adolescent has become sexually active, then the IP should conduct the HIV risk assessment. Potential outcomes reported after the HIV risk assessment include 1) the child is tested and reported as HIV positive and either currently receiving ART or not receiving ART, or 2) the child is tested and reported as HIV negative, or 3) the child is reported as “No Status” and under one of its disaggregates (“Test not indicated” or “Other reasons”).  • “No HIV status reported to the IP” includes beneficiaries who fall into one of the below described categories:  • “Test not indicated” – includes beneficiaries (OVC\_SERV<age 18) who based on a risk assessment made by the implementing partner do not require a test during the reporting period. (Consensus Conference Technical Report on the Role of OVC Programs Supported by PEPFAR in Extending Access to HTS includes further information on determining whether a test is indicated)  • “Other reasons” – includes all beneficiaries (OVC\_SERV <age 18) not entered in above categories. Potential scenarios included in other reasons include:  i. Caregiver refuses to disclose whether the child has been tested and his/her current HIV status in the reporting period  ii. Caregiver refuses to let the IP conduct a risk assessment on the child in the reporting period.  iii. Caregiver recommended by IP to have child tested base on risk assessment, but refuses to test the child in the reporting period OR does take child to test but doesn't report results to IP in the reporting period.  iv. The IP is still in the process of convincing the caregiver to get the child assessed, tested and/or disclosure of status. Since this is a new indicator and takes time, IPs may not be positioned to report within the reporting period and would be captured under – Undisclosed to IP - Other Reasons. The IP should monitor these children and provide services to encourage referral completion and disclosure in the next reporting period.  • Children entered as “No HIV status reported to the IP” with the disaggregate “Other reasons” in the previous reporting period should receive follow-up services to encourage referral completion/disclosure of status to the IP. Children reported as “No HIV Status to the IP” with the disaggregate “Test not indicated” with no changes in their risk situation for past six months, don’t need to be reassessed. If the IP believes the child’s risk situation has changed in the last six months, then the child should be reassessed by the implementing partner to determine whether testing is indicated and the results entered as outline above, and the child should receive appropriate follow-up | | | |
| PEPFAR-support definition: | Standard definition of DSD and TA-SDI used.  Provision of key staff or commodities for OVC beneficiaries receiving care and support services in the community include: For beneficiaries of OVC services, this can include funding of salaries (partial or full) for staff of the organization delivering the individual, small group or community level activity (e.g., psychosocial support, child protection services, education, etc.) or procurement of critical commodities essential for ongoing service delivery. Partial salary support may include stipends or incentives for volunteers, or paying for transportation of those staff to the point of service delivery.  For care and support services, ongoing support for OVC service delivery for improvement includes: the development of activity-related curricula, education materials, etc., supportive supervision of volunteers, support for setting quality standards and/or ethical guidelines, and monitoring visits to assess the quality of the activity, including a home visit, a visit to a school to verify a child’s attendance and progress in school or observation of a child’s participation in kids clubs. | | | |
| Guiding narrative questions: | For OVC\_HIVSTAT, if less than 100% of caregivers have reported their child's status, please explain the percentage that have not reported to the IP their child's status and the plan to get closer to 100% coverage. Are there certain partners that are struggling and how the Mission is responding?  2. For children reported as not currently on ART, what are efforts are being undertaken in response? Are there certain partners with low ART coverage, why?  3. Please explain the breakdown of those reported under No Status. What percentage were: 1) risk assessed and reported as test not indicated and 2) test indicated, 3) caregivers unwilling to disclose status; 4) incomplete referrals for testing; 5) Other reasons (please specify). | | | |

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

### LIST OF LOPIN 2 DATA DOCUMENTS REVIEWED

1. LOPIN 2 CBO data submissions
2. LOPIN 2 state report submissions
3. FY18 SAPR data: October 2017-March 2018

### LIST OF LOPIN 2 REPORTING TOOLS REVIEWED

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

### LIST OF LOPIN 2 SOP/GUIDELINES AND OTHER DOCUMENTS REVIEWED

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

## LIST OF INDIVIDUALS INTERVIEWED DURING THE WEWE LOPIN 2 DQA

Table 18. List of Individuals Interviewed during the WEWE LOPIN 2 DQA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. NO. | NAME | ORGANIZATION | TITLE | STATE | LEVEL |
| 1 | Okeke Francis | SSDO | M&E Officer | Anambra | CBO |
| 2 | Ofoegbu Peace | SSDO | DEC | Anambra | CBO |
| 3 | Efobi Obianuju | SSDO | State Program Officer | Anambra | CBO |
| 4 | Chukwuemeka Jude | SSDO | Finance Officer | Anambra | CBO |
| 5 | Nebo Franklin | WEWE | Senior M&E Officer | Anambra | State |
| 6 | Onyinye Nwachuckwu | SSDO | Program Manager | Anambra | CBO |
| 7 | Mmadibueze Christian | SSDO | Improvement Manager | Anambra | CBO |
| 8 | Ferdinand O. Omoja | HOG-I | Improvement Manager | Anambra | CBO |
| 9 | Ofochuobe Ugochukwu | HOG-I | Improvement Officer | Anambra | CBO |
| 10 | Kwusu Ifeoma | HOG-I | M&E Officer | Anambra | CBO |
| 11 | Okoye Prudence | HOG-I | Data Entry Officer | Anambra | CBO |
| 12 | Nebo Franklin | HOG-I | M&E Officer | Anambra | CBO |
| 13 | Ferdinand O. Omoja | HOG-I | Improvement Manager | Anambra | CBO |
| 14 | Orame Ngozi | WEWE | DCOP/Program Director | Anambra | State Office |
| 15 | Efobi Obianuju | WEWE | State Program Officer | Anambra | State Office |
| 16 | Okoye Chidinma | WEWE | Senior M&E Officer | Rivers | State Office |
| 17 | Everistus Aneke | WEWE | Senior M&E Officer | Rivers | State Office |
| 18 | Thompson Salvation | WEWE | Senior M&E Associate | Rivers | State Office |
| 19 | Umeokafor Ejikeme | OAWD | M&E Officer | Rivers | CBO |
| 20 | Ojei Clement | OAWD | DEO | Rivers | CBO |
| 21 | Egbunine Nancy | OAWD | M&E Associate Volunteer | Rivers | CBO |
| 22 | Iloghalu Nkechi | OAWD | Senior Improvement Manager | Rivers | CBO |
| 23 | Nwangwu Awareness | OAWD | Improvement Officer | Rivers | CBO |
| 24 | Nwosu Chinemelum | PHWD | Improvement Manager | Rivers | CBO |
| 25 | Okuefuna Chuka | PHWD | Improvement Officer | Rivers | CBO |
| 26 | Elemuo Amaka | PHWD | Documentation Officer | Rivers | CBO |
| 27 | Iboy Helen T. | PHWD | M&E Volunteer | Rivers | CBO |
| 28 | Diribe Hilaru | PHWD | Program Support | Rivers | CBO |
| 29 | Ebi Temple | PHWD | M&E Officer | Rivers | CBO |
| 30 | Collins Gipson Koko | PHWD | Data Entry Officer | Rivers | CBO |
| 31 | Onyendilefu Lovet Uju | VICLAF | Exec. Director | Rivers | CBO |
| 32 | Nnabude Cosmas C. | VICLAF | Improvement Officer | Rivers | CBO |
| 33 | Maduike Chidinma | VICLAF | M&E Officer | Rivers | CBO |
| 34 | Kelvin K. Emenike | VICLAF | Improvement Manager | Rivers | CBO |
| 35 | Upoh Deborah K. | VICLAF | Data Entry Officer | Rivers | CBO |
| 36 | Udom Unyime | VICLAF | Documentation & Comm. Officer | Rivers | CBO |
| 37 | Nwafor Okechukwu | ELWD | Improvement Manager | Rivers | CBO |
| 38 | Onwere Annette | ELWD | M&E Officer | Rivers | CBO |
| 39 | Bassey Joel | ELWD | Improvement Officer | Rivers | CBO |
| 40 | Okereh Kevin Ugochukwu | ELWD | Data Entry Officer | Rivers | CBO |
| 41 | Rowland Helen Nabere | ELWD | M&E Volunteer | Rivers | CBO |
| 42 | Nneka Chijioke | WEWE | Senior State Coordinator | Akwa Ibom | State level |
| 43 | Ibor Juliet | WEWE | State M&E Officer | Akwa Ibom | State level |
| 44 | Charles Uzondu | WEWE | M&E Director | Akwa Ibom | HQ |
| 45 | John Etim Edet | WEWE | State M&E Assistant | Akwa Ibom | State level |
| 46 | James Uduakobong | ACM | Data Entry Officer | Akwa Ibom | CBO |
| 47 | Adeleke Anthony | ACM | M&E Volunteer | Akwa Ibom | CBO |
| 48 | Mboho Margaret | ACM | Executive Director | Akwa Ibom | CBO |
| 49 | Eni Gladys | ACM | Improvement Manager | Akwa Ibom | CBO |
| 50 | Udom Edidiong | ACM | Documentation Officer | Akwa Ibom | CBO |
| 51 | Edikan Samuel | ACM | M&E Officer | Akwa Ibom | CBO |
| 52 | Bewong Joyce | ACM | Improvement Officer | Akwa Ibom | CBO |
| 53 | Akpan Archibong Ntiense | AHDC | M&E Officer | Akwa Ibom | CBO |
| 54 | Ekarika Victoria Sunday | AHDC | Documentation Officer | Akwa Ibom | CBO |
| 55 | Aniefiok Jackson | AHDC | Improvement Manager | Akwa Ibom | CBO |
| 56 | Ekerate Sunday | AHDC | Improvement Officer | Akwa Ibom | CBO |
| 57 | Mikop Edikan Enyene | AHDC | Data Entry Officer | Akwa Ibom | CBO |
| 58 | Edidiong Akpanudo | WOCLIF | Data Officer | Akwa Ibom | CBO |
| 59 | Nelson Ubong | WOCLIF | Improvement Officer | Akwa Ibom | CBO |
| 60 | Itohowo Abasifreke | WOCLIF | Documentation/Admin. Officer | Akwa Ibom | CBO |
| 61 | Okon David | WOCLIF | Improvement Manager | Akwa Ibom | CBO |
| 62 | Aniekeme Sunday | WOCLIF | Safety Manager | Akwa Ibom | CBO |
| 63 | Abara Chioma | WOCLIF | Finance Officer | Akwa Ibom | CBO |
| 64 | Micheal Micheal | WOCLIF | M&E Officer | Akwa Ibom | CBO |

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