**FY 2018 Data Quality Assessment**

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

Report Submitted: October 2, 2018

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# ACRONYMS

ADS Automated Directives System

AMELP Activity Monitoring, Evaluation and Learning Plan

CBO Community Based Organization

CCAPI Child Care and Adult Protection Initiative

CCMW Community Case Management Worker

CENCHIC Center for Children in Crises

CSI Child Status Index

DATIM Data for Accountability, Transparency and Impact

DBI David Bassey Ikpeme Foundation

DEC Data Entry Clerk

DOMSOJ Daughters of Mary Sons of Joseph

DQA Data Quality Assessment

DQA Data Quality Audit

FCT Federal Capital Territory

HES Household Economic Strengthening

HIV Human Immunodeficiency Virus

HIV/AIDS Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

HTYF Heal the Youth Foundation

IKAARUWDEF Ikaaine Akpana Rural Women Development and Empowerment Foundation

IM Implementing Mechanism

IP Implementing Partner

IPGH Initiative for People’s Good Health

LGA Local Government Authority (or Area)

LOPIN 1 Local OVC Partners in Nigeria 1

LOPIN 2 Local OVC Partners in Nigeria 2

LOPIN 3 Local OVC Partners in Nigeria 3

M&E Monitoring and Evaluation

MER Monitoring, Evaluation and Reporting

MEL Monitoring, Evaluation, and Learning

MRDC Manna Resource Development Center

MWASD Ministry of Women’s Affairs and Social Development

NGO Non-Governmental Organization

NOMIS National OVC Management Information System

OGAC Office of the United States Global AIDS Coordinator

OVC Orphans and Vulnerable Children

OVC\_HIVSTAT Percentage of Orphans and vulnerable children (<18 years old) with HIV status reported to implementing partners (including report of no status)

OVC\_SERV Orphans and Vulnerable Children Served (Standard PEPFAR/USAID Indicator)

PEPFAR President’s Emergency Plan for AIDS Relief

PIRS Performance Indicator Reference Sheet

SAPR Semi-Annual Program Results

StC Save the Children

SIDHAS Strengthening Integrated Delivery if HIV/AIDS Services

SMILE Sustainable Mechanism for Improving Livelihoods and Household Empowerment

SOP Standard Operating Procedures

STEER Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families

USAID United States Agency for International Development

VF Verification Factor

VC Vulnerable Children

# 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 it to make management decisions. Program management requires accurate, reliable, complete, and timely data to facilitate evidence-based decision making. Orphan and Vulnerable Children (OVC) programs among 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 (DQA), to review (1) strengths and weaknesses of the data, as determined by applying the five data quality standards (i.e., ***validity, reliability, timeliness, precision and integrity***); and (2) the extent to which the data integrity can be trusted in making management decisions.

The Systems Transformed for Empowered Action and Enabling Responses (STEER) for Vulnerable Children (VC) and families is one of USAID/Nigeria’s OVC Implementing Mechanisms (IM) being implemented by Save the Children (StC). In 2017, USAID and the Monitoring, Evaluation and Learning (MEL) Activity of DevTech Systems, Inc. conducted a joint DQA to validate six months of STEER performance data for the period October 1, 2016 through March 31, 2017. The United States President’s Emergency Plan for AIDS Relief (PEPFAR) indicator reviewed was ***“number of OVCs served (OVC\_SERV),”*** as reported through the National OVC Management Information System (NOMIS). The MEL Activity conducted a follow-up DQA in March 2018 to assess the extent to which recommendations from the Fiscal Year (FY) 2017 DQA were executed and the challenges encountered in implementing the recommendations. Action plans were developed for quick execution of the follow-up DQA recommendations based on the challenges identified.

In June 2018, the MEL Activity conducted another DQA exercise to review performance data submitted by STEER to USAID for the Semi-Annual Program Results (SAPR) period (October 1, 2017 to March 31, 2018) for the PEPFAR Indicator “OVC\_HIVSTAT,” which is the “percentage of OVC less than 18 years old with HIV status reported to the IP (including status not reported), disaggregated by status type.” For this assessment, only the numerator “number of OVC less than 18 years old with HIV status reported to the IP (including status not reported), disaggregated by status type was assessed because the denominator is no longer collected as part of the OVC\_HIVSTAT indicator, it 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 Cross River and Plateau states, the respective STEER state offices, and the STEER central monitoring and evaluation (M&E) unit in Abuja.

The DQA methodology at all levels included: (1) A review of activity M&E documents, materials, and data, including Standard Operating Procedures (SOP), guidelines, Performance Indicator Reference Sheets (PIRS), and other guiding documents for organizational M&E management, data management, and processing; (2) A review of six months of STEER OVC summary reports, and trace and verification of indicator data (including NOMIS data); (3) A review of a subset of source documents (beneficiary forms and household folders), and entries of beneficiaries and households in the NOMIS; (4) Interviews with M&E Officers and personnel; (5) Cross-checks across systems and records; (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 Tool (Routine DQA [RDQA] multi-indicator version[[1]](#footnote-1)), as well as the USAID data quality checklist[[2]](#footnote-2) to assess the data quality standards.

## FINDINGS

**M&E Systems Assessment**

STEER Central M&E Unit: *Strengths*: (1) Availability of trained M&E staff; (2)Training activities are included in the STEER work plan; (3) Availability of a detailed data management SOP; (4) Participation of the central M&E unit staff in quarterly data review meetings at the state level, during which analyzed data are presented and discussed; (4) Use of the nationally approved NOMIS OVC database; (5) Use of multiple backup processes e.g., hard drive and cloud; and (6) Guidance on data use is included in the SOP for data management and data are collated, analyzed and presented in charts, tables etc. and disseminated to different stakeholders for decision making. *Areas for Improvement*: (1) Timeliness and status of completed reports received from state offices are not being tracked or documented; (2) There’s no written policy stating the storage period of source documents. The SOP for data management only states how documents should be stored, not for how long; and (3) The Household Vulnerability Assessment Form, an OVC service form in the NOMIS, has not been updated to match the most updated version of the national tool. *Recommendations*: (1) Date of receipt of reports should be stamped on hard copies and an excel spreadsheet should be developed to track the reporting rate and timeliness; (2) Develop guidelines to inform the storage period of source documents and for inclusion in the data management SOP; and (3) Liaise with the NOMIS software developers to ensure the NOMIS has the most updated version of the OVC tools.

STEER State M&E Units: *Strengths*: (1) All state level M&E Coordinators have received relevant training to carry out their assigned responsibilities; (2) State level M&E Coordinators provide technical support to the supported CBOs; (3) The STEER SOP for data management was available and in use at both state offices; (4) The PIRS for the indicator being assessed was available ; (5) Both states use the NOMIS database for reporting; (6) Multiple data back-up processes are in use in both states e.g., hard drive and cloud; and (7) Data are collated and presented in charts, tables etc. and disseminated to different stakeholders for decision making. *Areas for Improvements:* (1) Absence of guidelines on a Change Management Process (CMP) to address reporting of data updates after the deadline of a reporting period; (2) No written procedure to guide how to address discrepancies in reported data, late and incomplete data reporting; (3) Untimely reporting by CBOs in Plateau state; and (4) Poor understanding of the indicator definition and manipulation steps required to accurately calculate the indicator data from the NOMIS. *Recommendations:* (1) Develop and disseminate to lower levels, CMP guidelines to inform reporting of data updates after the closure of a reporting period; (2) Update data management SOP to include processes that guide how to address discrepancies in reported data, late and incomplete data reporting; (3) Ensure compliance of CBOs in Plateau state to reporting deadlines; and (4) Mentor STEER state office M&E staff to improve their understanding of the indicator definition and method of accurately calculating the OVC\_HIVSTAT indicator.

STEER CBO Level: *Strengths*: (1) CBOs have structures in place to minimize data quality issues and prevent double counting; (2) CBOs have trained M&E staff; (3) Procedures are in place for data compilation and reporting when the responsible staff is not available; (4) The PIRS on the indicator, SOP for data management and national OVC reporting tools are available and in-use; (5) The NOMIS software is in use and password protected; (6) Beneficiary folders are stored under lock and key with limited access; (7) Data are backed up routinely using external drive and the cloud; and (8) Data are analyzed and used for decision making. *Areas for Improvement*: (1) No CMP in place to guide the reporting of data updates; (2) Poor filing system of beneficiary folders observed at Mashiah Foundation (MF), Initiative for People’s Good Health (IPGH), Daughters of Mary Sons of Joseph (DOMSOJ) and David Bassey Foundation (DBF); (3) Disorderly arrangement of service forms within the folders at Heal the Youth Foundation (HTYF) and Center for Children in Crisis (CENCHIC); (4) Guidelines on maintaining confidentiality of beneficiary information were not available at Child Care and Adult Protection Initiative (CAPI); and (5) Written policy on the storage period of source documents was not available at IPGH and DOMSOJ. *Recommendations*: (1) Provide guidelines and technical assistance to CBOs on the proper filing system of beneficiary folders (vertical arrangement) and orderly arrangement of service forms within the folders, to aid quick retrieval of client records; (2) Provide and disseminate guidelines within the data management SOP on CMP and on the storage period of source documents; and (3) Provide CAPI with guidelines on the confidentiality of beneficiary information.

**Data Quality Standards:**

Validity*:* *Strengths:* (1) The data collection process adheres to PIRS requirements; and (2) Data reported is for vulnerable children less than 18 years of age disaggregated by their HIV status, and this remains consistent in all CBOs. *Areas for Improvement:* (1) Transcription errors from incomplete entries into the source documents and into NOMIS led to both under and over-reporting of indicator data as observed during data verification; (2) Errors observed during data verification due to (a) Loss of data following export of data files from the NOMIS and following a NOMIS software update; and (b) Non-utilization of a CMP to properly document changes in data due to data updates occurring after the deadline for reporting; and (3) NOMIS soft copy data is cross checked with a hard copy Excel NOMIS data export for quality assurance in only 29 percent of CBOs visited. *Recommendations:* (1) Develop clear guidelines for the CBOs on data CMP and documentation, to resolve discrepancies in data generated and submitted after the reporting deadline; (2) Improve supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS; (3) Conduct refresher training for DECs on the NOMIS software; (4) Improve communication and collaboration between CBO M&E staff and STEER NOMIS database /Information Technology (IT) personnel to facilitate the resolution of NOMIS issues regarding data loss following NOMIS data exports and software updates; (5) Conduct data quality cross checks between NOMIS soft copy data and hard copy Excel NOMIS data to ensure data quality assurance across all CBOs; (6) Review DEC workload; and (7) Establish a community of practice of NOMIS users to identify effective means of resolving NOMIS software issues and data loss in NOMIS following data export and NOMIS software upgrade.

Reliability: *Strengths*: (1) Consistent use of National OVC reporting tools during the period under review; (2) All CBO staff have been trained on the use of the updated National OVC tools; and (3) No CBOs experienced stock out of tools during the period under review. *Areas for Improvement*: Use of old service forms by CBOs in Plateau state. *Recommendations*: Ensure adequate supply of updated service forms to all service delivery sites and monitor usage compliance.

Precision*:* *Strengths*: (1) The NOMIS has individual-level data, providing sufficient detail and precision on number of children less than 18 years with HIV status reported by the IP; (2) The level of precision in the data collection tools and in the NOMIS matches the requirements in the PIRS; and (3) Data from service forms are entered in the NOMIS in a consistent manner using all nationally approved data fields. *Areas for* *Improvement:* None. *Recommendations:* There were no specific recommendations in connection with data precision.

Timeliness*:* *Strengths*: (1) Data reporting from CBO level upward is electronic, via NOMIS and is reported to be received in a timely manner at higher levels except for some CBOs in Plateau state: MF, Manna Resource Development Center (MRDC) and CENCHIC, whose reports were untimely only one out of six times within the period under review; and (2) Designated date for reporting data from the CBO level to the state is the seventh day of every new month. *Areas for Improvement:* A tracker is not being used by the central M&E unit to monitor the receipt of data reported via emails from lower reporting levels. *Recommendations:* (1) Develop and use a tracker to monitor receipt of data via emails from lower reporting levels; and (2) Ensure compliance of CBOs to reporting timelines.

Integrity*:* *Strengths:* (1) Data quality assurance and management at the central and state levels are through: the use of the NOMIS software which has password access for confidentiality and built-in error and quality checks; visits to lower levels for supervision and conduct of data quality checks; and the use of email and phone call communication by the M&E staff; (2) Data review meetings are held quarterly during which data quality issues are addressed; and (3) Conduct of periodic internal DQAs. *Areas for Improvement:* None. *Recommendations:* None.

## ACTION PLAN

*Central Level*: (1) Develop an Excel spreadsheet to track the date of receipt of reports from state offices and the reporting rates, and ensure all reporting levels track receipt of reports received from lower reporting levels; (2) Stamp the date of receipt of reports on archived hard copies; (3) Mentor the state office M&E staff to improve their understanding of the definition and method of accurately calculating the OVC\_HIVSTAT indicator; (4) Develop guidelines for inclusion in the data management SOP to inform the storage period of source documents; (5) Develop and disseminate to lower levels, CMP guidelines to inform reporting of data updates after the closure of a reporting period; (6) Update data management SOP to include processes that guide how to address discrepancies in reported data, late and incomplete data reporting; (7) Liaise with the NOMIS software developers to ensure the NOMIS has the most updated version of the OVC tools; and (8) Advocate for a community of practice of NOMIS users to aid the identification of effective means of resolving NOMIS software issues and data loss in NOMIS following data export and NOMIS software upgrade.

*State Level*: (1) Ensure compliance of CBOs to reporting deadlines; (2) Improve supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS; (3) Conduct refresher training for DECs on the NOMIS software; (4) Ensure all CBOs conduct data quality cross checks between NOMIS soft copy data and a hard copy Excel NOMIS data before reporting; (5) Ensure all CBOs make use of the new service form which has been updated to include information on the child’s HIV status and monitors compliance to treatment; and (6) Provide guidelines and technical assistance to CBOs on the proper filing system of beneficiary folders (vertical arrangement) and orderly arrangement of service forms within the folders, to aid quick retrieval of client records.

*CBO Level*: (1) Obtain guidelines on maintaining the confidentiality of beneficiaries’ information from STEER state office; and (2) Improve supervisory efforts to DECs to improve accuracy of data entry into the NOMIS and of reported data to STEER state office.

# Introduction and purpose of the DQA

The technical offices of the United States Agency for International Development (USAID)/Nigeria regularly collect performance data from their Implementing Partners (IPs), and analyze 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 develop 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 activity 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 the Monitoring, Evaluation and Learning (MEL) Activity of DevTech Systems, Inc. and USAID/Nigeria, to validate six months of performance data generated through Systems Transformed for Empowered Action and Enabling Responses (STEER) for Vulnerable Children (VC) and families, one of USAID/Nigeria’s OVC IMs being implemented by Save the Children Nigeria. The DQA was for the “OVC\_ HIVSTAT” PEPFAR indicator, as reported through the National OVC Management Information System (NOMIS) between October 1, 2017 and March 31, 2018 (the Semi-Annual Program Results [SAPR] reporting period). The STEER DQA was conducted at the IP central office, two state offices and nine selected CBOs, five in Cross River state and four in Plateau state, using a purposive sampling methodology, with guidance from USAID.

## 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 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 activity managers to make confident decisions. |
| Integrity | Data that are collected, analyzed and reported should have a mechanism in place to reduce the possibility that data are subject to erroneous or intentional alteration. |

Source: ADS 201. Data Quality Assessment Standards.

## OBJECTIVES OF THE DQA

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

1. To verify that the quality of data reported from October 1, 2017 to March 31, 2018 for the OVC\_HIVSTAT indicator by the STEER IM (section 2.5), are grounded in the components of data quality.
2. To ensure that managers can use data generated to effectively direct available resources, and to evaluate progress toward established goals.
3. To 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. To develop action plans to improve weaknesses and gaps identified in the levels above.

## INDICATOR ASSESSED

The selection of the indicator for assessment was based on technical guidance from USAID/Nigeria and the fact that OVC\_SERV was assessed in 2017 for the IM. The indicator assessed during this round of DQA exercise is the OVC\_HIVSTAT indicator which 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 Performance Indicator Reference Sheet (PIRS) for the indicator defines its dimensions and description (Annex section 8.6). 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 OVC reported under OVC\_SERV (less than 18 years old).

Disaggregation:

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

Data Sources for the indicator include VC enrolment 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 by state is shown in Table 2 below.

*Table 2. Schedule for the STEER DQA*

|  |  |  |
| --- | --- | --- |
| IM | Level | Date of DQA |
| STEER | Central Level DQA | June 12, 2018 |
| Aggregation and service delivery levels in Plateau State | June 11-13, 2018 |
| Aggregation and service delivery levels in Cross River State | June 11-13, 2018 |

## THE STEER ACTIVITY

STEER is a five-year (2013–2018) cooperative agreement between USAID/Nigeria and one of its IPs, Save the Children (StC). The Activity provides grant awards and administrative services that increase USAID/Nigeria Mission’s resources for local organizations. STEER also manages an integrated activity, comprising grants management, targeted technical assistance, capacity building, results reporting, measuring and capturing the effectiveness of the cooperative agreement, and tracking partner performance in meeting activity objectives and data quality standards. The goal of the STEER activity is that all OVC access and utilize comprehensive and coordinated services, realize their full rights, and contribute to achieving USAID’s “investing in people” strategic objective. STEER is currently working with 55 CBOs across seven Nigerian states to achieve this goal: Bauchi, Cross River, Kano, Kaduna, Lagos, Plateau and Sokoto (Figure 1). STEER works with local organizations to implement activities in support of OVCs, toward achievement of activity goals. The STEER CBOs provide enrollees, caregivers, and households with the following targeted services:

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

As of March 2018, 110,484 OVC and caregivers were “served”/provided with services out of which 79,114 were OVC less than age 18 with HIV status reported to STEER.

*Figure 1. STEER Coverage in Nigeria*

Sokoto

Kaduna

Jos

Bauchi

Kano

Calabar

Lagos

# METHODOLOGY

The DQA methodology included the following steps:

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

* The organization’s Standard Operating Procedures (SOP), guidelines, PIRS for the indicator, and other guiding documents for organizational M&E management, data management, and processing;
* Six months (October 1, 2017to March 31, 2018) of STEER performance data for the PEPFAR indicator “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 NOMIS.

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

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

4. Review of the five data quality standards (validity, reliability, integrity, precision 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 DQAs for six OVC IMs were concurrently implemented during the period of the exercise: STEER, SMILE (Sustainable Mechanism for Improving Livelihoods and Household Empowerment), LOPIN 1 (Local OVC Partners in Nigeria 1), LOPIN 2 (Local OVC Partners in Nigeria 2), LOPIN 3 (Local OVC Partners in Nigeria) and SIDHAS (Strengthening Integrated Delivery of HIV/AIDS Services).

The selection criteria used are as follows:

### INCLUSION CRITERIA:

* LGAs where USAID-supported OVC activities are actively being implemented by STEER;
* LGAs which reported results for the OVC\_HIVSTAT indicator 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 STEER DQA exercise for the OVC\_SERV indicator.

### 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, two IP state offices (Cross River and Plateau) and nine CBOs (service delivery sites) were selected based on the criteria outlined above and visited for the DQA exercise. Table 3 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 STEER DQA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No | Level | Name of Office / Site | State/LGA | Date of visit |
| 1 | STEER Central M&E Unit | Save the Children Office | Abuja | 12 June 2018 |
| 2 | Aggregation level | STEER State Office | Plateau | 13 June 2018 |
| 3 | Aggregation level | STEER State Office | Cross River | 11 June 2018 |
| 4 | Service Delivery level | Mashiah Foundation | Plateau/Jos North | 11 June 2018 |
| 5 | Service Delivery level | Heal the Youth Foundation (HTYF) | Plateau/Jos South | 12 June 2018 |
| 6 | Service Delivery level | Centre for Children in Crisis (CENCHIC) | Plateau/Mangu | 12 June 2018 |
| 7 | Service Delivery level | Manna Resource Development Centre (MRDC) | Plateau/Kanam | 13 June 2018 |
| 8 | Service Delivery level | Initiative for Peoples Good Health (IPGH) | Cross River/Calabar Municipal | 13 June 2018 |
| 9 | Service Delivery level | Child Care and Adult Protection Initiative (CCAPI) | Cross River/Calabar Municipal | 12 June 2018 |
| 10 | Service Delivery level | Ikaaine Akpana Rural Women Development and Empowerment Foundation (IKAARUWDEF) | Cross River/Calabar South | 13 June 2018 |
| 11 | Service Delivery level | Daughters of Mary Sons of Joseph Foundation (DOMSOJ) | Cross River/Calabar South | 12 June 2018 |
| 12 | Service Delivery level | David Bassey Foundation (DBI) | Cross River/Calabar South | 13 June 2018 |

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 8.8, Table 15. From the perspective of coverage for data verification, a major strength was that 100 percent of aggregate data records were reviewed at the central, state, and CBO levels (Table 4).

Table 4. Data Coverage for STEER DQA, by Level

|  |  |  |
| --- | --- | --- |
| Data Coverage for STEER OVC DQA, by Level | | |
| Level / Location | **Data Format(s)** | **Sample Covered for Data Verification** |
| Central M&E unit | Electronic (NOMIS) | All records / 100% |
| Two IP state offices (Plateau, Cross River 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 the 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 the beneficiaries in each of the ten service folders which are less than 18 years 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. Details of the methodology for sampling (including random selection) and cross-checks are provided in section 3.4.4 and Annex section 8.4 (Figure 9).

## DATA COLLECTION FOR VALIDATION OF SELECTED INDICATOR

Three processes were utilized to collect data for validation of the OVC\_HIVSTAT indicator reported by STEER. 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\_HIVSTAT indicator; 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 off-site review of documents provided by STEER, and on-site follow-up assessment at the STEER central M&E unit, two state IP offices and selected CBOs.

### DATA VERFICATION

At the central IP level, documents were reviewed for availability, timeliness, and completeness of 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/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\_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 OVCs less than age 18 with their HIV status reported to STEER were recounted from available source documents (beneficiary forms);
5. The above numbers were compared and verified with the figures for OVC less than age 18 with reported HIV status from 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 was not carried out to verify actual delivery of OVC services to the target population in order to protect the confidentiality of activity beneficiaries.

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

### DEFINITION AND INTERPRETATION OF THE VERIFICATION FACTOR

#### DEFINITION OF 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 (VF) = (Verified count at selected site / Reported count at selected site) x 100

#### INTERPRETATION OF THE VERIFICATION FACTOR

Verification factors greater than 100 percent indicate under-reporting (i.e., the source documents show a higher actual count than the numbers 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, under-reporting leads to under-estimation of the impact of the activity, while systematically high levels of over-reporting not due to errors can lead to questions about the authenticity of the data reporting system.

### METHODOLOGY FOR CROSS-CHECKS AT CBO LEVEL

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

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

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

The DQA team sampled of 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 OVCs 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 OVCs 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 enrolment forms were also reviewed for completeness.

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

## 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 MEASURE Evaluation multi-indicator routine DQA tool (2015) was used instead of the MEASURE Evaluation Single Indicator RDQA Tool (2010) because the multi-indicator tool assesses six components of the M&E system of the indicator while the single indicator DQA tool assesses only five. The DQA team utilized the multi-indicator tool to measure the following:

1. Strength of the data management and reporting system, for the indicator 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 indicator to the reported value) for the indicator "OVC\_HIVSTAT" 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 less than age 18 with HIV status reported at CBO level accurately reported in NOMIS;
   2. Cross-checks: Number of OVCs less than age 18 with HIV status validated from source documents (i.e., enrolment 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 STEER 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 of the data. Information needed to complete the USAID DQA checklist were already contained in the RDQA tool but the DQA team also probed for more information for 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\_HIVSTAT indicator as a whole, including all component parts, among the various partners who collect data for the indicator. 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—was 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 indicator. The team also reviewed key aspects about indicator data quality before site visits. When the DQA team met with the STEER team, the DQA team assessed the PIRS for the indicator contained in the STEER Activity Monitoring, Evaluation and Learning Plan (AMELP). The DQA team obtained information from the STEER team regarding their definition of the indicator, methodology used to collect data for the indicator, and other questions to confirm if the team at STEER understood the indicator as USAID intended it to be understood. The DQA team also asked the STEER team whether they had a PIRS for the indicator and compared it to the USAID Mission’s “master” PIRS (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 STEER and did not alter the consistency of the data. Documentation in the PIRS includes any limitations to the data, a determination of whether the data are deemed to be of sufficient quality to be reported externally, any migration or other plans of action needed (including more frequent DQAs), as well as the expected date of the next DQA.

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 After field-based work, the DQA team debriefed the IP of preliminary DQA findings using a feedback form. Depending on the inconsistencies and/or areas for improvement identified, the team provided feedback and solutions, mitigating actions, and, as appropriate, solicitation of suggestions from the IP and USAID.

## DATA ANALYSIS

Data was 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 a purposive sampling was used for site selection, statistical summaries are presented only in the context of the sampled beneficiaries and may not be fully representative of the beneficiary population. The selected MER indicator, OVC\_HIVSTAT, was scored and measured using all available numbers reported for the indicator, to determine if CBO data was valid as reported in NOMIS. Qualitative reasons for discordance between CBO data and NOMIS (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

### STEER CENTRAL M&E UNIT

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

The STEER central M&E unit reported the existence of an organizational chart which was sighted by the DQA team. During the assessment it was reported that the M&E Director resigned from the organization in March 2018, the Technical Director now works with the Database Officer to coordinate M&E activities at the central M&E unit. At the central IP level, the Database Officer reviews the centrally aggregated STEER data and provides feedback to the states when necessary. The STEER training plan is embedded in the STEER work plan and is not as a separate document. Staff of the STEER central M&E unit conduct quarterly visits to the state offices. The visits are planned to coincide with the state M&E review meetings so as to provide feedback on reported data.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The central M&E unit has a copy of the PIRS on the indicator being assessed, contained in the ‘PEPFAR Nigeria FY18 OVC Indicator Reference sheet.’ The STEER reporting requirements and deadlines are contained in the ‘STEER SOP for Data Management’ which has been distributed to all states and CBOs. However, the STEER central office does not track or document timeliness of reports received from the state offices.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

The central M&E unit utilizes the nationally approved OVC tools and the NOMIS. The NOMIS is a software application utilized for reporting, which aggregates the data on the indicator being assessed, from the CBO level to the IP central M&E unit level. The team observed that the updated version of the Household Vulnerability Assessment Form has not been incorporated into the NOMIS, which still has the outdated version of the form.

#### DATA MANAGEMENT PROCESSES

The central M&E unit had clearly written procedures on data management processes, documented in the STEER SOP for data management. Quality controls for data received from lower reporting levels include built-in checks in the NOMIS to avoid double counting, and the review of collated data by the STEER central-level Database Officer and the M&E Director, before submission to USAID/Nigeria. Confidentiality is maintained in data collation, processing, and storage at the central level through password protected computers and NOMIS software. Data are backed up using both a hard drive and cloud technology. The DQA team did not sight a written policy that states the storage period of source documents. The SOP for data management only states how documents should be stored, but not the storage period or what should be done with the documents after the storage period is over.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

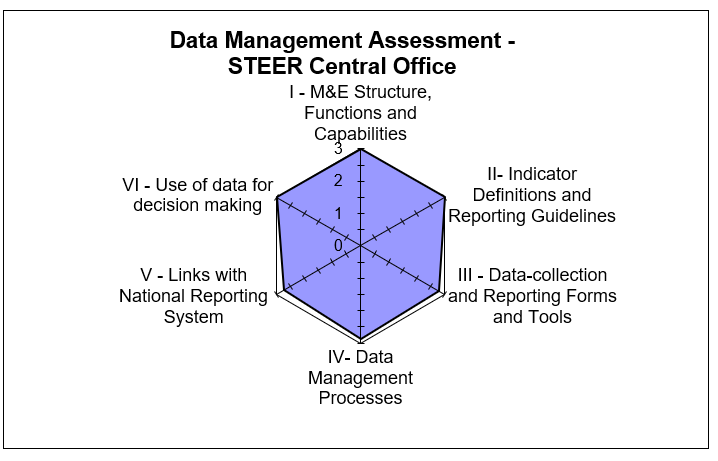
The STEER “OVC\_HIVSTAT” indicator data has links with the national reporting system via NOMIS through the use of national tools. Data are reported to both USAID/Nigeria and the Government of Nigeria.

#### USE OF DATA FOR DECISION MAKING

The STEER central office produces charts and graphs which are shared with all relevant stakeholders. The central level also encourages the state offices and CBOs to disseminate relevant data analysis to stakeholders. The STEER SOP for data management also includes information on the use of data for decision making.

Figure 2 below shows the spider graph of the M&E systems assessment for the STEER central M&E unit. The general areas for improvement for the STEER central office are in data management processes and data collection, reporting forms and tools. This is due to absence of a policy to guide the storage period of source documents, lack of documenting/tracking the timeliness of reports from the state level and the outdated Household Vulnerability Assessment Form on the NOMIS. The section on links with the national reporting system shows some gaps because of parallel reporting channels i.e., to the Government of Nigeria and USAID/Nigeria. However, there are mechanisms in place to harmonize reported data to both reporting entities such as the OVC program Technical Working Group (TWG) meetings with OVC IPs and the Federal Government (FG), during which attempts are made to harmonize OVC data across the board to avoid double-counting of OVC beneficiaries.

*Figure 2. Spider Graph of M&E Systems Assessment, STEER Central M&E Unit*



#### STRENGTHS – STEER CENTRAL M&E UNIT

* Availability of trained M&E staff – Database Officer.
* Training activities are included in the STEER work plan.
* Availability of a detailed SOP for data management.
* Participation of central M&E unit staff in quarterly data review meetings at the state level, during which analyzed data are presented and discussed.
* Use of the nationally approved NOMIS OVC database.
* The use of multiple back-up processes e.g. hard drive and cloud.
* Guidance on data use is included in the SOP for data management and data are collated, analyzed and presented in charts, tables etc. and disseminated to different stakeholders for decision making.

#### areas for improvement – STEER CENTRAL M&E UNIT

* Timeliness and status of completion of reports received from state offices are not being tracked or documented.
* There’s no written policy stating the storage period of source documents. The SOP for data management only states how documents should be stored.
* The Household Vulnerability Assessment Form, an OVC service form in the NOMIS, has not been updated to match the most updated version of the national tool.

#### RECOMMENDATIONS – STEER CENTRAL M&E UNIT

* Date of receipt of reports should be stamped on hard copies and an excel spreadsheet should be developed to track reporting rate.
* Develop guidelines to inform the storage period of source documents and for inclusion in the data management SOP.
* Liaise with the NOMIS software developers to ensure the NOMIS has the most updated version of the OVC tools.

### STEER STATE-LEVEL M&E UNIT

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

The STEER state level M&E unit is operated by one M&E Coordinator in Plateau state and two in Cross River state. The coordinators are responsible for the following:

* Supervisory visits;
* State-level data aggregation;
* Monthly data quality reviews;
* DQAs; and
* Providing feedback to the CBOs on data reporting.

All state-level M&E Coordinators reported to have received relevant training to carry out their assigned responsibilities. STEER staff in Plateau state reported that the last training received was in November 2017. There were no major differences in the findings from the M&E structure, functions, and capabilities between the two states visited.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The two STEER state offices make use of the PEPFAR MER indicator guide that defines the indicator and its method of calculation. However, it was observed that the STEER state office staff had a poor understanding of the indicator definition and manipulation steps were required to accurately calculate the indicator from the NOMIS. M&E activities of the state offices are guided by the STEER data management SOP which include details on reporting requirements and timelines.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

The states aggregate data from NOMIS export files received from the CBOs. The states also ensure the availability and consistent use of the national OVC tools by the CBOs. At the time of the DQA exercise, there was no stock out of reporting tools at the state offices. Instructions were provided to the states on the utilization of the tools through the data management SOP and also during training and supervisory visits by central level staff members. The states also step-down instructions on the utilization of the tools to the CBOs

#### DATA MANAGEMENT PROCESSES

Both states conduct data verification checks on CBO data through DQA visits, quarterly review meetings, and e-mail and telephone communications, before submission to the central level. The Plateau state M&E unit did not have written guidelines on the processes and procedures to address late and incomplete reports, and discrepancies in reported data.

Both states back-up their data using cloud technology and hard drive. Cross River state conducts daily system back-up and monthly backup on hard drive and the cloud while Plateau state backs-up data on a quarterly basis. Both states are aware that source documents and reporting tools are expected to be stored for five years as contained in the contract agreement between STEER and the CBOs. Both states also have written documentation on how activity documents should be archived, contained in the STEER SOP for data management.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

Indicator data generated at the two state offices have links with the National reporting system through data reported to both state Ministries of Women’s Affairs and Social Development (MWASD). Data are also reported by both state offices to the STEER central office.

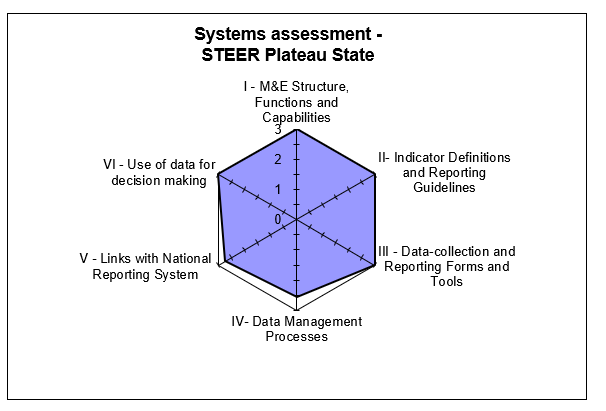
#### USE OF DATA FOR DECISION MAKING

The capacity of state M&E staff have been built to analyze data using charts and to disseminate same to various stakeholders for decision making during quarterly stakeholder meetings. Data was used by the Plateau STEER state office to develop and implement interventions that led to an increase in school enrolment by OVC when the data revealed a large number of out-of-school children in supported communities.

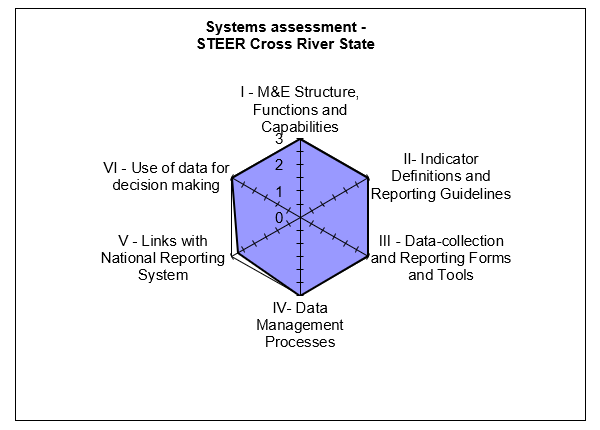
Both states have gaps on links with the national reporting system as a result of the parallel reporting channels i.e., to government and USAID/Nigeria. However, there are mechanisms in place to harmonize reported data to both reporting entities such as data harmonization meetings at the state level.

Figure 3 and Figure 4 show the spider graphs that display the M&E systems assessment for Plateau state and Cross River state respectively. It can be observed that there are more deficiencies in the spider graph for Plateau state as compared to Cross River state. The gap in data management processes in Plateau state is due to the untimely reporting of data by the CBOs in Plateau state. Both states have gaps on links with the national reporting system as a result of the parallel reporting channels i.e., to government and USAID/Nigeria. However, there are mechanisms in place to harmonize reported data to both reporting entities such as data harmonization meetings at the state level.

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



*Figure 4. Spider Graph of M&E Systems Assessment: STEER Cross River*



#### STRENGTHS – STEER STATE LEVEL

* All state level M&E Coordinators have received relevant training to carry out their assigned responsibilities.
* State level M&E Coordinators provide technical support to the supported CBOs.
* The STEER SOP for data management was available and in use at both state offices.
* The PIRS for the indicator being assessed was available.
* Both states use the NOMIS database for reporting.
* Multiple data back-up processes are in use in both states e.g., hard drive and cloud.
* Data are collated and presented in charts, tables etc. and disseminated to different stakeholders for decision making.

#### 

#### AREAS FOR IMPROVEMENT – STEER STATE LEVEL

* Absence of guidelines on a Change Management Process (CMP) to address reporting of data updates after the deadline of a reporting period.
* No written procedure to guide how to address discrepancies in reported data, late and incomplete data reporting.
* Untimely reporting by CBOs in Plateau state.
* Poor understanding of the indicator definition and manipulation steps required to accurately calculate the indicator data from the NOMIS.

#### RECOMMENDATIONS – STEER STATE LEVEL

* Develop and disseminate to lower levels, CMP guidelines to inform reporting of data updates after the closure of a reporting period.
* Update data management SOP to include processes that guide how to address discrepancies in reported data, late and incomplete data reporting.
* Ensure compliance of CBOs in Plateau state to reporting deadlines.
* Mentor state office M&E staff to improve their understanding of the indicator definition and method of accurately calculating the OVC\_HIVSTAT indicator.

### STEER SERVICE DELIVERY LEVEL (CBOs)

A comparative M&E systems assessment for seven of the nine selected CBOs is presented below with details of the specific functional areas. The DQA team did not conduct M&E system assessment at two CBOs in Plateau state.[[5]](#footnote-5)

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

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

All relevant staff within the CBOs of the two states have received training on data management, completion of tools and data storage system. During the DQA exercise, training manuals were sighted at three CBOs while training reports were sighted at two CBOs as evidence. At one of the CBOs in Plateau State (Mashiah Foundation), the last M&E training was received on October 25, 2017, on data management.

There were varying staff assigned to check for data quality in most of the CBOs visited. The CCMW Supervisor reviews data quality of the CCMWs on the paper forms, while various CBO staff including the DEC, CBO M&E Officers and OVC Program Technical Officers are assigned to review data quality at the CBOs.

Whenever the M&E Officer is unavailable, the DECs and the OVC Program Technical Officers fill the gap. Three CBOs in Cross River state mentioned that the M&E Officer is over worked because he is solely responsible for data entry, data review and data reporting. Four CBOs reported receipt of regular feedback on data submitted to the STEER state team during monthly data review meetings while two CBOs reported receipt of feedback via e-mails and phone calls.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The OVC\_HIVSTAT indicator is clearly understood by all relevant staff of the CBOs in both states and the FY18 indicator reference sheet provided by the central M&E unit was sighted in all the CBOs visited. STEER has also issued guidelines to its CBOs on reporting requirements and deadlines for submission of reports which are contained in the SOP on data management. Some CBOs went further to paste the guidelines on the walls of their offices for ease of reference.

#### DATA COLLECTION AND REPORTING FORMS AND TOOLS

Data collection tools and forms which include enrolment, OVC service and follow up forms with clear instructions on use, were available at the CBO offices. The M&E Officers at the CBOs also received adequate and clear instructions during training sessions on their usage. National paper-based tools and the NOMIS database were consistently utilized during the period under review. Clear instruction on how to complete the tools were included in the STEER SOP on data management which was available at the CBOs visited. All the CBOs had adequate supply of data collection tools and Manna Resource Development Centre (MRDC) had already placed a request for additional tools to avoid stock out of tools.

#### DATA MANAGEMENT PROCESSES

Diverse methods were 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 a built-in NOMIS function that identifies and removes duplicate values (100 percent of CBOs).
2. M&E staff review data and conduct spots checks (86 percent of CBOs).
3. Exporting NOMIS data to Excel for sorting and filtering, to detect data entry errors (Childcare and Adult Protective Initiative (CAPI) and David Bassey Foundation (DBF).
4. CBO management team conducts final review of the data before submission to the next level.
5. Review of data quality during data review meetings.
6. Conduct of internal DQA on the data before submission.

All the CBOs have written document on data back-up which is contained in the STEER SOP. Both Cross River and Plateau state offices back-up data using cloud technology and using the hard drive. Complete details of back-up methods in use by the CBOs in Cross River and Plateau states are provided in Table 13 and Table 14 in the Annex section.

The guideline on maintaining confidentiality of client records is contained in the data management SOP. All beneficiary records were under lock and key to maintain the confidentiality of beneficiary data. Computer systems containing the NOMIS are password protected. Guidance on the storage period of source documents is contained in the contract document between the CBOs and StC. Four CBOs, Mashiah Foundation, IPGH, DOMSOJ and DBF, had poor filing system ranging from not staking folders in proper positions to ensure durability and ease of access, to not arranging the service forms properly within the beneficiary folders. The Initiative for People Good Health (IPGH) did not have any documentation to guide the storage and archiving of beneficiary folders.

#### LINKS WITH NATIONAL REPORTING SYSTEM

Indicator data generated at the CBOs have links with the National reporting system through data reported to respective LGA OVC focal persons, who in turn report to the State MWASD. Data are also reported by the CBOs within both states to the respective STEER state offices.

The NOMIS system clearly records information about where the services are rendered, using standardized naming conventions (e.g., the State, LGA, Ward) and the unique identification code.

#### USE OF DATA FOR DECISION MAKING

All the CBOs reported that the M&E Officer or sometimes the DEC analyzes data to develop charts, tables etc. for dissemination to various stakeholders. DOMSOJ and DBF stated that analyzed data are shared with their respective LGAs and State MWASD. CAPI and IKAARUWDEF reported that analyzed data are shared with the CBO quality improvement team who review the data, identify issues and proffer solutions. Data limitations are usually discussed during the monthly data review meetings attended by STEER state office staff.

#### STRENGTHS – steer cbo level

* CBOs have trained M&E staff.
* Procedures are in place for data compilation and reporting when the responsible staff is not available.
* The PIRS on the indicator, SOP for data management and national OVC reporting tools are available and in-use.
* The NOMIS software is in use and password protected.
* Beneficiary folders are stored under lock and key with limited access.
* Data are backed up routinely using external drive and the cloud.
* Data are analyzed and used for decision making.

#### AREAS FOR IMPROVEMENT – steer cbo level

* Poor filing system of beneficiary folders observed at Mashiah Foundation, IPGH, DOMSOJ and DBF.
* Disorderly arrangement of service forms within the folders at HTYF and CENCHIC.
* Guideline on maintaining confidentiality of beneficiary information not available in CAPI.
* Written policy on storage period of source documents was not available at IPGH and DOMSOJ.

#### RECOMMENDATIONS – steer cbo level

* Provide guidelines and technical assistance to CBOs on the proper filing system of beneficiary folders (vertical arrangement) and orderly arrangement of service forms within the folders, to aid quick retrieval of client records.
* Provide and disseminate guidelines within the data management SOP on CMP and on the storage period of source documents.
* Provide CAPI with guidelines on confidentiality of beneficiary information.

## 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 indicator are provided below.

#### DATA COLLECTION

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 Enrolment Form’, ‘Vulnerable Children Service Form’ and ‘Vulnerable Children Follow-up Child Status Index (CSI) form’. In addition, other tools for HIV test results, HIV risk assessment results and other confidential, case management and monitoring tools are used to document the HIV status of beneficiaries. The CCMWs enter services provided in the approved national tools, which are then collated and reviewed for accuracy and completeness by the CCMW Supervisor, before submission to the CBO M&E Officer. The CBO M&E Officer reviews and validates the data, before entry is made into the NOMIS by the DEC. Quality checks of data entries in the NOMIS are conducted by the CBO M&E Officer and the CBO Program Manager. Data aggregation at the State IP level is carried out by the M&E Coordinator (Senior M&E Officer), all of whom have received relevant training; hence the IP has instituted measures to ensure validity of reported data.

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

As part of the OVC\_HIVSTAT indicator, data collected include ‘total number of OVC less than 18 years with HIV status reported to IPs (including report of no status)’. The OVC\_HIVSTAT indicator for STEER matches the PIRS and is a direct measurement by definition. The data collected by the activity measures total number of OVC less than 18 years who reported their HIV status including report of no status to STEER.

#### UNDERSTANDING THE INDICATOR DEFINITION

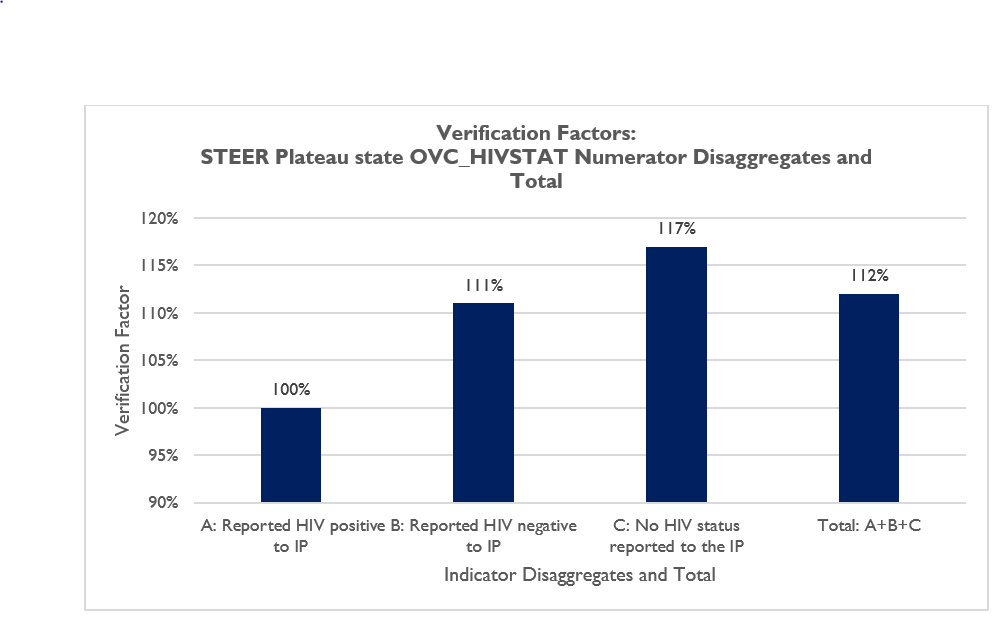
The PIRS for the indicator was available and in use at all the levels assessed. However, staff at the state offices had a poor understanding of how to aggregate data elements to accurately calculate the indicator.

#### DATA REPORTING

At the central level, a 100 percent of the total OVC\_HIVSTAT data and its disaggregates: ‘Reported HIV positive to the IP’, ‘Reported HIV negative to the IP’ and ‘No HIV status reported to the IP’; reported by the two states to the central level were available for assessment, and matched the data submitted to USAID (Table 11 and Table 12 in the Annex section).

At the state level, data reported by CBOs to the states were verified and found to be 100 percent accurate for the total OVC\_HIVSTAT data and its disaggregates in Cross River State. The verification factor (VF) for the total OVC\_HIVSTAT data reported by Plateau state 112 percent, which indicates under-reporting of data for the period under assessment. Further analysis of the Plateau state OVC\_HIVSTAT indicator data revealed under-reporting of two of the three indicator disaggregates: ‘Reported HIV negative to the IP’ (VF of 111 percent) and ‘No HIV status reported to the IP’ (VF of 117 percent) – Figure 5.

Figure 5. Verification Factors: STEER Plateau state OVC\_HIVSTAT Numerator Disaggregates and Total



At the CBO level, As shown in Figure 6, seven of the nine CBOs under-reported the total OVC\_HIVSTAT data, with the remaining two over-reported on the total OVC\_HIVSTAT indicator data. Similar trends in CBO verification factors were noted across two OVC\_HIVSTAT disaggregates- ‘Reported HIV negative to the IP’ and ‘No HIV status reported to the IP’; while the VF for the ‘Reported HIV positive to the IP’ disaggregate data were 100 percent accurate for all CBOs (Table 11 and Table 12 in the Annex section).

With consideration of the +/- ten percent acceptable variance for determining the accuracy of verified data, 67 percent of reported CBO data verified were within the acceptable range, while 33 percent were above the acceptable range. Furthermore, only Cross River state’s reported data fell within the acceptable range for data accuracy of the two states. Overall average accuracy of verified data across all IP levels visited (central, state and CBO levels) was 103 percent which is within the acceptable range for data validity (Figure 7).

Figure 6.Verification Factors: OVC\_HIVSTAT Numerator Total for STEER CBOs

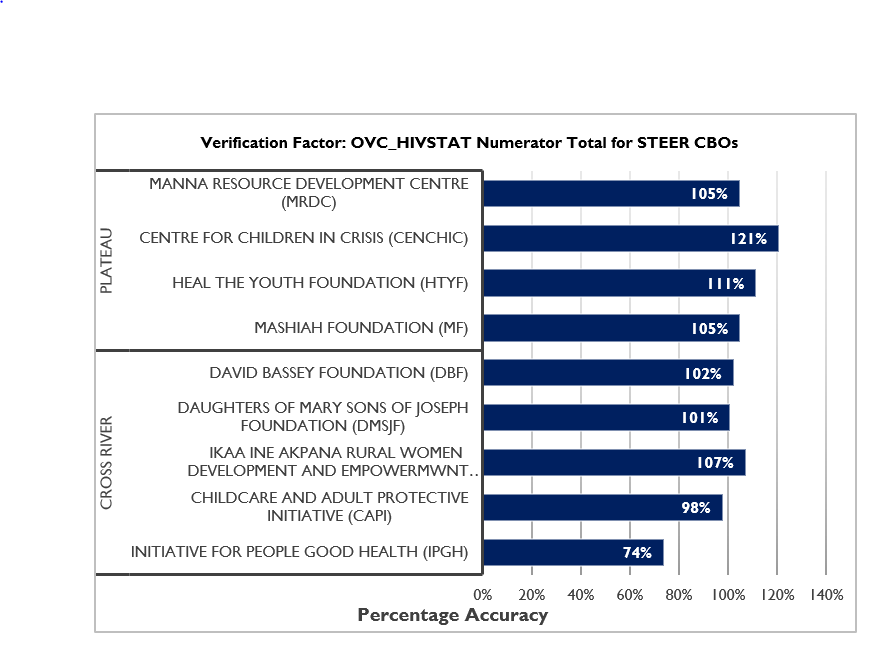
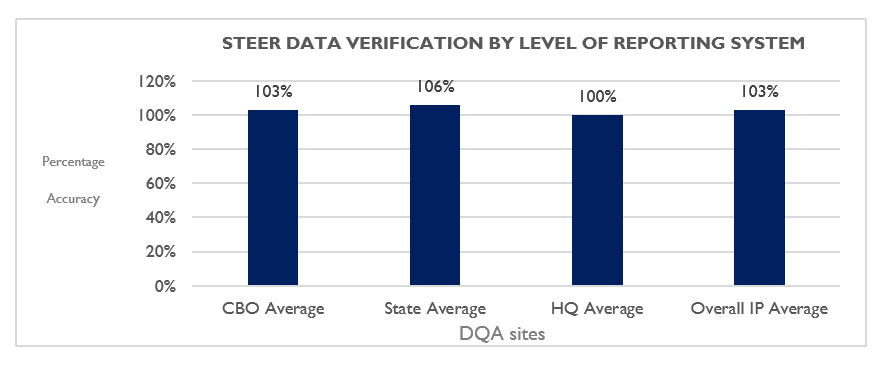


Figure 7. Average Data Verification Factor by Level of the STEER Reporting System



#### STRENGTHS

* Data for the OVC\_HIVSTAT indicator is collected as stipulated by the indicator reference guide using national approved tools.
* The “HIV status update form” on the NOMIS is used to input and update the HIV status of the beneficiaries for accurate reporting.

#### VALIDITY ISSUES IDENTIFIED

Validity Issue 1:Transcription errors due to incomplete entries from the source documents to the NOMIS (Table 5).

* In six out of nine CBOs visited (66.7 percent), transcription errors were identified during cross-checks from the source documents to the NOMIS. During cross-checks from the NOMIS to source documents, transcription errors were identified in four out of nine (44.4 percent) CBOs visited.
* Commonly observed reasons for mismatch in the cross-checks include:
  1. Incomplete or wrong entries into the NOMIS;
  2. Missing entries in the NOMIS; and
  3. Incomplete or wrong entries into the enrolment form, client service form and follow up form.

Table 5. Cross-Check Findings from STEER CBOs in Plateau and Cross River States

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cross Check Findings | Cross River | | | | | Plateau | | | | Total | |
| **CAPI** | **IPGH** | **DOMSOJ** | Ikaaruwdef | **DBF** | **Mashiah Foundation** | **HTYF** | **Manna Resources** | **CENCHC** | **No.** | **%** |
| Total cross checks: NOMIS to beneficiary folders and vice versa | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 180 |  |
| Total cross checks by beneficiary forms | 100 | 100 | 100 | 100 | 75 | 100 | 110 | 100 | 117 | 902 |  |
| Number of beneficiary forms with incomplete, missing or wrong entries | 0 | 1 | 4 | 0 | 0 | 1 | 1 | 1 | 4 | 12 | 1% |
| Number of NOMIS entries that are incomplete, missing or wrong | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 3 | 9 | 1% |

Validity Issue 2**:** Errors in data verification

The DQA team noted errors during the data verification as detailed in the data reporting section 4.2.1.4 above. Findings from recounted data aggregated at the CBOs varied from state to state as shown in Figure 6 above. The numeric values for the verification factors at the state and CBO levels are shown in Table 11and Table 12 in the Annex section. Reasons given for the errors identified during data verification include:

* Loss of data following export of data files from the NOMIS and following a NOMIS software update; and
* Non-utilization of a CMP to properly document changes in data due to data updates occurring after the deadline for reporting.

#### RECOMMENDATIONS FOR IMPROVING DATA VALIDITY

* Develop clear guidelines for the CBOs on data CMP and documentation, to resolve discrepancies in data generated and submitted after the reporting deadline.
* 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.
* Improve communication and collaboration between CBO M&E staff and STEER NOMIS database /Information Technology (IT) personnel to facilitate the resolution of NOMIS issues regarding data loss following NOMIS data exports and software updates.

### RELIABILITY

#### MECHANISMS TO ENSURE DATA RELIABILITY

The STEER IM utilized the National OVC reporting tools consistently during the report period. Data was retrieved on the indicator from the NOMIS and reported only as the number of OVC less than 18 years with HIV status reported to the IP. All STEER CBO and state-level reports for the period under assessment were available for review and complete along the same reporting format.

None of the CBOs experienced stock out of reporting tools within the period under assessment. Outdated service forms were in use in Plateau state despite the availability of updated OVC service forms. Use of the outdated forms however has no effect on the quality of indicator data reported as data for the OVC\_HIVSTAT indicator is also collated from other forms i.e. enrollment form and follow-up form.

At the state level, there is consistent use of the NOMIS aggregation and reporting platform. The NOMIS data export received monthly from CBOs are aggregated at the state level and exported quarterly to the STEER central office, using the NOMIS database. At the central level, data are extracted from NOMIS for reporting on the Data for Accountability, Transparency and Impact (DATIM) platform every SAPR period.

#### STRENGTHS

* Consistent and uniform use of National reporting OVC tools.

#### AREAS FOR IMPROVEMENT

* Use of outdated service forms at service delivery sites.

#### RECOMMENDATION

* Ensure adequate supply of updated service forms to all service delivery sites and monitor usage compliance.

### 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, and detailed level of information on the HIV status of the OVC less than 18 years are reported. 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 detail and precision to provide information on HIV status of OVC less than 18 years, while ensuring that beneficiary confidentiality is protected. Data elements on the three 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 a 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.

### TIMELINESS

#### MECHANISMS TO ENSURE TIMELINESS

The IP staff at the STEER central M&E unit reported that data are reported to USAID in a timely manner, and that the state-level data are received in a timely manner through the NOMIS. However, date stamps on archived data were unavailable to validate the claims.

Data are reported from the CBO level to the state on the seventh day of a new month and was reported to have been reported timely for Cross River state (100 percent reporting rate) but not for Plateau state (93 percent reporting rate).

#### AREAS FOR IMPROVEMENT

* Lateness in submission of reports by CBOs in Plateau state.

#### RECOMMENDATION

* Ensure compliance of CBOs in Plateau state to reporting timelines.

### INTEGRITY

#### MECHANISMS TO ENSURE INTEGRITY OF DATA

STEER data collection and management process at the central IP level is through the NOMIS. Data validation processes executed by its M&E team (Database Officer and former M&E Director) ensure that the data collated by STEER undergoes data quality checks.

At the state level, STEER M&E Coordinators conduct data quality checks on data in the NOMIS platform. The password-protected NOMIS at all levels ensures confidentiality. Table 6 below presents the mechanisms in use by STEER to ensure data integrity.

Table 6. Mechanisms for Ensuring Data Integrity Across STEER Reporting Levels

|  |  |  |
| --- | --- | --- |
| Central | State Level | CBO Level |
| * Built-in checks in the NOMIS that remove double entries * Supervisory visits * Data Quality Audits * Quarterly data review meetings | * Dedicated staff conducting quality checks * Built-in checks in the NOMIS that remove double entries * Cross-check of NOMIS entries using a hardcopy Excel NOMIS export * Data review meetings * Supervisory visits to CBOs * Follow-up emails and phone calls to CBOs * Periodic Data Quality Audits (Plateau State) * Assigned staff signing off on corrections made on the data collection tools | * The use of the password-protected NOMIS (100%) * Built-in checks in NOMIS that remove double entries (100%) * Dedicated staff to check for data quality (100%) * Limited access to the filing cabinet where source documents are kept (100%) * Cross-check of NOMIS entries by exporting to Excel and using sort and filter application to check for errors in data before exporting to next level (29%) |

Table 7. Mechanisms for Ensuring Data Integrity Across STEER States

|  |  |  |
| --- | --- | --- |
| Data Management Process | Cross River | Plateau |
| Quality Control to Avoid Double Counting | * Relies on built-in cross-checks in NOMIS * CBO data reviewed by State Coordinator | * Relies on built-in cross-checks in NOMIS * Cross check of NOMIS data using an Excel template * Quarterly data audit |
| Confidentiality | * Password on NOMIS with limited access | * Password on NOMIS with limited access * Official emails for communication |
| Backup Procedure | * SharePoint, OneDrive | * External Drive, Cloud |
| Providing Feedback | * Data review meeting * Supervisory visits | * Phone Calls * Supervisory visits * Emails |

#### STRENGTHS

All the mechanisms outlined above are strengths in the M&E system of STEER, to ensure data integrity. The conduct of periodic DQAs at the central level and in Plateau state is a major strength.

# Action plan for STEER

A suggested action plan for the various levels is outlined below (Central Level Action Plan – Table 8; State Level Action Plan – Table 9; and CBO Level Action Plan – Table 10.

## ACTION PLAN FOR STEER CENTRAL LEVEL

*Table 8. Action Plan for STEER Central Level*

|  |  |  |  |
| --- | --- | --- | --- |
| Areas for Improvement | Description of Action Point | Responsible | Timeline |
| Timeliness and status of completion of reports received from state offices are not being tracked or documented. | * Develop an Excel spreadsheet to track the date of receipt of reports from state offices and the reporting rate. * Stamp the date of receipt of reports on archived hard copies. * Ensure all reporting levels track receipt of reports received from lower reporting levels. | STEER central M&E unit staff | October 2018 |
| Poor understanding of the indicator definition and manipulation steps required to accurately calculate the indicator from the NOMIS by the State M&E staff. | * Mentor the state office M&E staff to improve their understanding of the definition and method of accurately calculating the OVC\_HIVSTAT indicator. | STEER central M&E unit staff | October 2018 |
| No written policy stating the storage period of source documents. | * Develop guidelines for inclusion in the data management SOP to inform the storage period of source documents. | STEER central M&E unit staff | October 2018 |
| Absence of guidelines on a Change Management Process (CMP) to address reporting of data updates after the deadline of a reporting period. | * Develop and disseminate to lower levels, CMP guidelines to inform reporting of data updates after the closure of a reporting period. | STEER central M&E unit staff | October 2018 |
| No written procedure to guide how to address discrepancies in reported data, late and incomplete data reporting. | * Update data management SOP to include processes that guide how to address discrepancies in reported data, late and incomplete data reporting. | STEER central M&E unit staff | October 2018 |
| The Household Vulnerability Assessment Form in the NOMIS is yet to be updated to match the most updated version of the national tool. | * Liaise with the NOMIS software developers to ensure the NOMIS has the most updated version of the OVC tools. | STEER central M&E unit staff | October 2018 |
| Missing data in NOMIS following data export and NOMIS software upgrade. | * Advocate for a community of practice of NOMIS users to aid the identification of effective means of resolving NOMIS software issues and data loss in NOMIS following data export and NOMIS software upgrade. | STEER central M&E unit staff | October 2018 |

## ACTION PLAN FOR STEER STATE LEVEL

*Table 9. Action Plan for STEER State Level*

|  |  |  |  |
| --- | --- | --- | --- |
| Areas for Improvement | Description of Action Point | Responsible | Timeline |
| Untimely reporting by CBOs in Plateau State. | Ensure compliance of CBOs to reporting deadlines. | STEER M&E Coordinator (Plateau) | October 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. | STEER State Office M&E Team | October 2018 |
| Use of outdated OVC service forms by CBOs in Plateau state despite availability of updated forms. | * Ensure all CBOs make use of the new service form which has been updated to include information on the child’s HIV status and monitors compliance to treatment. | M&E Coordinator (Plateau) | October 2018 |
| Poor filing system of beneficiary folders at CBO offices. Plateau State: Mashiah foundation; Cross River State: IPGH, DBF, DOMSOJ.  Disorderly arrangement of service forms within the folders; Plateau State: HTYF, CENCHIC. | * Provide guidelines and technical assistance to CBOs on the proper filing system of beneficiary folders (vertical arrangement) and orderly arrangement of service forms within the folders, to aid quick retrieval of client records. | STEER State Office M&E Team | October 2018 |

## ACTION PLAN FOR STEER CBO LEVEL

*Table 10. Action Plan for STEER CBO-Level*

|  |  |  |  |
| --- | --- | --- | --- |
| Areas for Improvement | Description of Action Point | Responsible | Timeline |
| Unavailability of guidelines on maintaining confidentiality of beneficiaries’ information at CAPI. | Obtain guidelines on maintaining confidentiality of beneficiaries’ information from STEER state office. | CBO M&E Officer (CAPI) | October 2018 |
| Errors observed during data verification. | Improve supervisory efforts to DECs to improve accuracy of data entry into the NOMIS and of reported data to STEER state office. | CBO M&E Officers | October 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,”[[6]](#footnote-6) 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 two STEER states (Plateau and Cross River), 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[[7]](#footnote-7). 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 was 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 3.4.4, 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.

4. During the field work for the DQA, the DQA team in Plateau State was informed by the STEER state office staff that the four CBOs selected for the exercise were disengaged in December 2017, in preparation for the closure of the IM. Based on this information, only data verification of the indicator was conducted at two of the CBOs because of the non-availability of staff for the M&E systems assessment interviews. At the other two CBOs, both data verification and an M&E systems assessment were conducted because staff were retained.

# Conclusions

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 activity indicators in subsequent funding cycles.

The STEER IM has implemented some of the recommendations from the FY 2017 on the OVC\_SERV indicator, which has improved its M&E system e.g., the SOP on data management processes has been updated to include the timelines for data reporting and data back-up procedures. However, some of the areas noted for improvement during the FY 2017 DQA were still found to be a challenge during this FY 2018 DQA exercise e.g., CMP guidelines are yet to be disseminated and fully implemented at all reporting levels, to properly inform data reporting after the closure of a reporting period.

The M&E system’s areas of strength across the three 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. The areas for improvement across the levels assessed include the need to adhere to CMP guidelines to ensure changes made to data after closure of a reporting period are effectively communicated to the next reporting level. Others include the need to mentor state office M&E staff to improve their understanding of the definition and method of accurately calculating the OVC\_HIVSTAT indicator.

With reference to the ADS 201 definition of data quality standards (Table 1), the OVC\_HIVSTAT indicator data reported by STEER can be judged valid. Though data verification errors were observed at the service delivery and state office levels for both the OVC\_HIVSTAT numerator total data and its disaggregates, the overall IP verification factor average was 103 percent (Figure 7), which falls within the +/- ten percent acceptable variance for determining the accuracy of verified data. The validity of the STEER indicator data can be improved by improving supervisory efforts at the state office and CBO levels. Data was also found to be reliable, precise, was reported timely for the SAPR period and had integrity.

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.

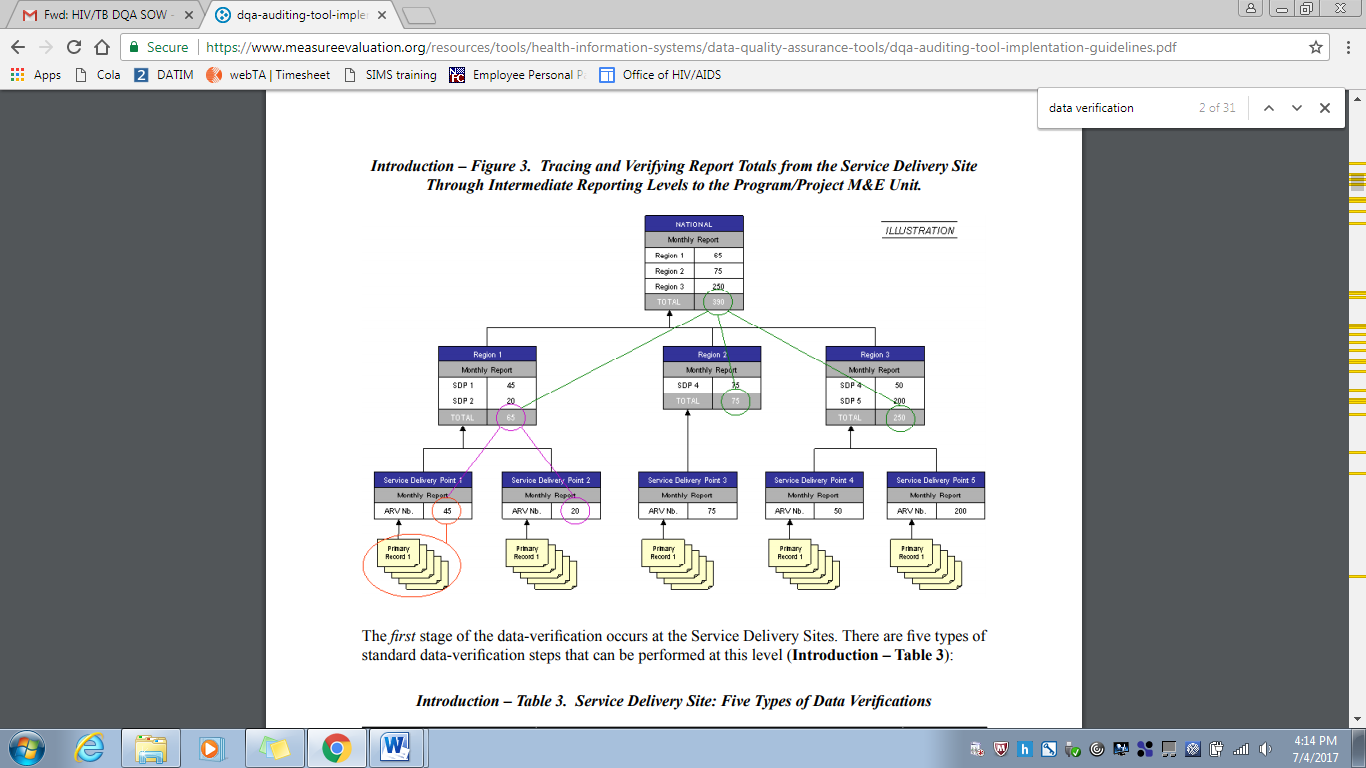
# Annexes

## LIST OF SITES VISITED AND LOCATIONS: STEER DQA

A complete list of sites and locations visited is provided in Table 3 of this report.

## STEPS FOR DATA VERIFICATION USING THE MEASURE EVALUATION TOOL

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



Source: MEASURE Evaluation (2008).

## VERIFICATION FACTORS – STEER CENTRAL, STATE AND CBO LEVELS

Table 11. OVC\_HIVSTAT Numerator Disaggregates for the STEER 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** |
| Save the Children HQ office | Federal Capital Territory (FCT) | 742 | 68123 | 10249 | 79,114 | 742 | 68123 | 10249 | 79,114 |
| Plateau IP State Office | Plateau | 14 | 11352 | 1846 | 13,212 | 14 | 10202 | 1583 | 11799 |
| Cross River IP State Office | Cross River | 120 | 3556 | 1262 | 4,938 | 120 | 3556 | 1262 | 4,938 |
| Mashiah Foundation | Plateau/Jos North | 0 | 1368 | 749 | 2,117 | 0 | 1368 | 650 | 2,018 |
| Heal the Youth Foundation (HTYF) | Plateau/Jos South | 3 | 1687 | 87 | 1,777 | 3 | 1567 | 24 | 1,594 |
| Centre for Children in Crisis (CENCHIC) | Plateau/Mangu | 0 | 2176 | 910 | 3,086 | 0 | 1811 | 745 | 2,556 |
| Manna Resource Development Centre (MRDC) | Plateau/Kanam | 0 | 2084 | 61 | 2,145 | 0 | 2017 | 31 | 2,048 |
| Initiative for Peoples Good Health | Cross River/Calabar Municipal | 22 | 463 | 56 | 541 | 22 | 655 | 56 | 733 |
| Child Care and Adult Protection Initiative | Cross River/Calabar Municipal | 32 | 435 | 138 | 605 | 32 | 449 | 138 | 619 |
| Ikaa Ine Akpana Rural Women Development and Empowerment Foundation | Cross River/Calabar South | 11 | 870 | 79 | 960 | 11 | 820 | 64 | 895 |
| Daughters of Mary Sons of Joseph Foundation | Cross River/Calabar South | 20 | 574 | 407 | 1001 | 20 | 574 | 398 | 992 |
| David Bassey Foundation | Cross River/Calabar South | 22 | 546 | 399 | 967 | 22 | 546 | 378 | 946 |

Table 12. Verification Factors: OVC\_HIVSTAT Numerator Disaggregates for the STEER 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: A+B+C** |
| Save the Children HQ office | FCT | 100% | 100% | 100% | 100% |
| Plateau IP State Office | Plateau | 100% | 111% | 117% | 112% |
| Cross River IP State Office | Cross River | 100% | 100% | 100% | 100% |
| Mashiah Foundation | Plateau/Jos North | 100% | 100% | 115% | 105% |
| Heal the Youth Foundation (HTYF) | Plateau/Jos South | 100% | 108% | 363% | 111% |
| Centre for Children in Crisis (CENCHIC) | Plateau/Mangu | 100% | 120% | 122% | 121% |
| Manna Resource Development Centre (MRDC) | Plateau/Kanam | 100% | 103% | 197% | 105% |
| Initiative for Peoples Good Health | Cross River/Calabar Municipal | 100% | 71% | 100% | 74% |
| Child Care and Adult Protection Initiative | Cross River/Calabar Municipal | 100% | 97% | 100% | 98% |
| Ikaa Ine Akpana Rural Women Development and Empowerment Foundation | Cross River/Calabar South | 100% | 106% | 123% | 107% |
| Daughters of Mary Sons of Joseph Foundation | Cross River/Calabar South | 100% | 100% | 102% | 101% |
| David Bassey Foundation | Cross River/Calabar South | 100% | 100% | 106% | 102% |

## 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 Enrolment 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 Enrolment 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

## DATA BACKUP MECHANISMS AT STEER STATE AND CBO LEVELS

*Table 13.Data Backup Mechanisms Utilized at the CBOs in Cross River State*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of CBO (Cross River State) | Backup Mechanism Utilized | | | | | | | |  | Timeline |
| Cloud Based | | | | Hard Drive | Flash Drive | Official Laptops | Personal devices | C. drive |  |
| Unspecified | OneDrive | Google Drive | Drop Box |  |  |  |  |  |  |
| Daughters of Mary Sons of Joseph (DOMSOJ) |  |  | √ |  | √ |  |  |  |  | On routine basis after every data entry |
| David Bassey Ikpeme Foundation (DBI) | √ |  |  |  | √ |  |  |  |  | Monthly |
| Ikaaine Akpana Rural Women Development and Empowerment Foundation | √ |  |  |  | √ |  |  |  |  | After every NOMIS export |
| Initiative for People’s Good Health (IPGH) |  |  | √ |  | √ |  |  |  | √ | Weekly and Monthly |
| Child Care and Adult Protection Initiative (CCAPI) |  |  | √ |  | √ |  |  |  |  | Monthly |

*Table 14. Data Backup Mechanisms Utilized at CBOs in Plateau State*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of CBO | Backup Mechanism Utilized | | | | | | | | Timeline |
| Cloud Based | | | | Hard Drive | Flash Drive | Official Laptops | Personal devices |  |
| Unspecified | One Drive | Google Drive | Drop Box |  |  |  |  |  |
| Mashiah Foundation | √ |  |  |  | √ |  |  |  | Monthly |
| Heal the Youth Foundation (HTYF) | M&E Systems Assessment not conducted |  |  |  |  |  |  |  |  |
| Center for Children in Crises (CENCHIC) | M&E Systems Assessment not conducted |  |  |  |  |  |  |  |  |
| Manna Resource Development Center (MRDC) | √ |  |  |  | √ |  |  |  | Quarterly |

## PERFORMANCE INDICATOR REFERENCE SHEET (PIRS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 enrolment 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 enrolment 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 enrolment 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 STEER DATA REVIEWED

1. STEER CBO FY 18 SAPR reports.
2. STEER state office FY 18 SAPR reports.
3. STEER central office FY 18 SAPR report.
4. FY18 SAPR report submitted to USAID via DATIM.

### LIST OF STEER REPORTING TOOLS REVIEWED

1. VC enrollment register.
2. VC enrollment form.
3. OVC service form.
4. Child follow-up assessment form.
5. HIV risk assessment form.
6. HIV test results form.

### STEER SOP/GUIDELINES AND OTHER DOCUMENTS REVIEWED

1. Performance Indicator Reference Sheet (PIRS) – PEPFAR MER 2.0 V 2.2.
2. M&E training reports.
3. STEER SOP for data management.
4. STEER SOP and checklist for DQA.
5. Protocol for FY18 HIV OVC DQA.
6. STEER FY 2017 DQA report.
7. STEER FY 2017 follow-up DQA report.

## LIST OF INDIVIDUALS INTERVIEWED DURING THE STEER DQA

Note: For full form of CBO acronyms, please refer to the acronym list on page 1.

*Table 15. List of Individuals Interviewed During the STEER DQA*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Name | Location | Title | State | Level |
| 1 | Dr Micheal Dibor | StC\_STEER Office | Technical Director | FCT | Central |
| 2 | Micheal Olufadi | StC\_STEER Office | Database Officer | FCT | Central |
| 3 | Teleh Mustapha | STEER | State Team Coordinator | Plateau | State |
| 4 | Innocent Pius Banks | STEER | M &E Officer | Plateau | State |
| 5 | Fatima Uniya Maji | STEER | HES Coordinator | Plateau | State |
| 6 | Morgan Ode | Mashiah Foundation | Project Manager | Plateau | CBO |
| 7 | Iwajomo Eyitayo | Mashiah Foundation | M &E Officer | Plateau | CBO |
| 8 | Onmonya Jacob | Mashiah Foundation | Program Officer | Plateau | CBO |
| 9 | Obekpa Daniel | Masiah Foundation | HES Officer | Plateau | CBO |
| 10 | Tunde Aina | HTYF | State Coordinator | Plateau | CBO |
| 11 | Bitrus Musa | HTYF | Data Entry Clerk (Volunteer) | Plateau | CBO |
| 12 | Abraham Lakale | HTYF | Data Entry Clerk (Volunteer) | Plateau | CBO |
| 13 | Edward Banyula Subi | Manna Resource Development Centre | M&E Officer | Plateau | CBO |
| 14 | Manmina Musa | Manna Resource Development Centre | Social Work Officer | Plateau | CBO |
| 15 | Tongshak Rabo Yakwal | Manna Resource Development Centre | Data Clerk | Plateau | CBO |
| 16 | Aniefiok Dominic | Save the children | M&E Coordinator | Cross River | CBO |
| 17 | Ime Samuel Etukudoh | Save the children | State Program Manager | Cross River | CBO |
| 18 | Azih Adaobi | Save the children | HES Coordinator | Cross River | CBO |
| 19 | Aruku Christopher | Save the children | M&E Coordinator | Cross River | CBO |
| 20 | Eventus Olumese | Save the children | SW Coordinator | Cross River | CBO |
| 21 | Arit Ekpenyong | Save the children | HIV/TB Coordinator | Cross River | CBO |
| 22 | Maurice Joel Ugbe | Child Care and Adult Protection Initiative | Technical Officer HIV | Cross River | CBO |
| 23 | Akpana Betiang | Child Care and Adult Protection Initiative | Data Entry Clerk | Cross River | CBO |
| 24 | Esther Ereh | Child Care and Adult Protection Initiative | Technical Officer | Cross River | CBO |
| 25 | Idiege Regina | Child Care and Adult Protection Initiative | Technical Officer Household Economy | Cross River | CBO |
| 26 | Evenstue Olumese | Save the Children | DEC Officer | Cross River | CBO |
| 27 | Sunday Onen | DOMSOJ | M&E Officer | Cross River | CBO |
| 28 | Aruku Christopher | Save the Children | M&E Coordinator | Cross River | CBO |
| 29 | Bisong Finiain | DOMSOJ | Technical Officer | Cross River | CBO |
| 30 | Blessing Simon | David Bassey ikpeme | Data Entry Clerk | Cross River | CBO |
| 31 | Effiongg Catherine | David Bassey Ikpeme | Technical Officer | Cross River | CBO |
| 32 | Effiong Emmanuel | David Bassey Ikpeme | Finance officer | Cross River | CBO |
| 33 | Odah Bernard | IKAARUWDEF | Technical officer | Cross River | CBO |
| 34 | Joseph Agbaragba | IKAARUWDEF | M&E Officer | Cross River | CBO |
| 35 | Aaron Ukam | IKAARUWDEF | Data Clerk | Cross River | CBO |
| 36 | Edmond Okoiokw | IPGH | Program manager | Cross River | CBO |
| 37 | Obasi Takon | IPGH | Data entry clerk | Cross River | CBO |
| 38 | Godwin Ubi | IPGH | M&E officer | Cross River | CBO |

1. MEASURE Evaluation. Data Quality Assurance Tools: DQA and RDQA Toolkit (Internet). Available from: <https://www.measureevaluation.org/resources/tools/health-information-systems/data-quality-assurance-tools> [↑](#footnote-ref-1)
2. ADS 201 Additional Help. USAID Recommended Data Quality Assessment (DQA) Checklist. Available from: <https://www.usaid.gov/sites/default/files/documents/1865/201sae.pdf> [↑](#footnote-ref-2)
3. MEASURE Evaluation. Data Quality Assurance Tools: DQA and RDQA Toolkit (Internet). Available from: https://www.measureevaluation.org/resources/tools/health-information-systems/data-quality-assurance-tools [↑](#footnote-ref-3)
4. ADS 201 Additional Help. USAID Recommended Data Quality Assessment (DQA) Checklist. Available from: <https://www.usaid.gov/sites/default/files/documents/1865/201sae.pdf> [↑](#footnote-ref-4)
5. The four CBOs selected to be visited by the DQA team in Plateau state were discovered to be disengaged by STEER on December 17, 2017. Two of the four CBOs retained their staff and were available to answer the M&E system assessment questions during the DQA exercise. The remaining two CBOs - Heal the Youth foundation (HTYF) and Center for Children in Crisis (CENCHIC) had disengaged all the key staff who worked on the STEER activity, hence staff were not available to answer the M&E systems assessment questions. [↑](#footnote-ref-5)
6. USAID. How-To Note: Conduct a Data Quality Assessment [Internet]. 2017. Available from: https://usaidlearninglab.org/sites/default/files/resource/files/cleared\_-\_how-to\_note\_-\_conduct\_a\_dqa.pdf [↑](#footnote-ref-6)
7. MEASURE Evaluation. Data Quality Audit Tool: Guidelines for Implementation [Internet]. 2008. Available from: <https://www.measureevaluation.org/resources/publications/ms-08-29> [↑](#footnote-ref-7)