DATA QUALITY ASSESSMENT, NIGERIA   
Local OVC Partners In Nigeria 3 (LOPIN 3) - Health Initiatives for Safety and Stability in Africa (HIFASS).

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# Acronyms

|  |  |
| --- | --- |
| ADS | Automated Directives System (USAID) |
| CAACA | Calabar Archdiocesan Committee on AIDS |
| CBO | Community-Based Organization |
| COP | Chief of Party |
| CSO | Civil Society Organization |
| DATIM | Data for Accountability, Transparency, and Impact |
| DEC | Data Entry Clerk |
| DEDAN | Destiny Daughters of Nigeria Initiative |
| DQA | Data Quality Assessment (or Data Quality Audit) \* |
| FCT | Federal Capital Territory |
| FMWASD | Federal Ministry of Women’s Affairs and Social Development |
| GoN | Government of Nigeria |
| HES | Household Economic Strengthening |
| HEVA | Household Economic and Vulnerability Assessment |
| HH | Households |
| HHVA | Household Vulnerability Assessment |
| HIFASS | Health Initiatives for Safety and Stability in Africa |
| HIV | Human Immunodeficiency Virus |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| HKID | PEPFAR budget code for funding to programs supporting orphans and vulnerable children affected by HIV/AIDS |
| IM | Implementing Mechanism |
| INGO | International NGOs |
| IP | Implementing Partner |
| LGA | Local Government Authority (or Area) |
| LOP | Life of Project |
| LOPIN 3 | Local OVC Partners in Nigeria 3 |
| M&E | Monitoring and Evaluation |
| MER | Monitoring, Evaluation, and Reference |
| NCF | Neighborhood Care-well Foundation |
| NGO | Nongovernmental Organization |
| NOMIS | National OVC Management Information System |
| OD | Organizational Development |
| OGAC | Office of the United States Global AIDS Coordinator |
| OIF | Oten Ita Foundation |
| OJT | On-the-job Training |
| OVC | Orphans and Vulnerable Children |
| OVC\_SERV | Orphans and Vulnerable Children Served (Standard PEPFAR / USAID Indicator) |
| PCV | Project Community Volunteers |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PIRS | Performance Indicator Reference Sheet |
| PLWHA | People Living with HIV and AIDS |
| PMP | Performance Monitoring Plan |
| PMT | Program Management Team |
| PPR | Performance Plan and Report |
| QI | Quality Improvement |
| RF | Results Framework |
| RSO | Regional Security Officer |
| SACA | State Agency for the Control of AIDS |
| SAPR | Semi-Annual Progress Report |
| 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 |
| MEL | The Monitoring, Evaluation, and Learning Program (DevTech Systems, Inc. Nigeria) |
| USAID | United States Agency for International Development |
| VC | Vulnerable Children |
| WOCHAD | Women, Children Health Development Initiative |

# Executive Summary

## INTRODUCTION, PURPOSE, METHODOLOGY

The United States Agency for International Development (USAID)/Nigeria technical offices regularly collect performance data from their implementing partners (IPs) and analyze them to make management decisions. Program management requires accurate, reliable, complete, and timely data to facilitate evidence-based decision making. Orphan and Vulnerable Children (OVC) programs among HIV/AIDS affected populations provide need-based and age-appropriate socioeconomic interventions, and require data that ensure the provision of high-quality services. Since poor-quality data affect conclusions about performance and lead to incorrect decisions, the 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 integrity of the data can be trusted to influence management decisions.

The HIFASS LOPIN 3 in Africa is one of the USAID/Nigeria’s OVC implementing mechanisms (IMs) for OVC services. In August and September 2017, The MEL Program of DevTech Systems, Inc. Nigeria and USAID conducted a joint DQA to validate six months of HIFASS LOPIN 3 performance data, for the period October 1, 2016, to March 31, 2017. As PEPFAR[[1]](#footnote-1) indicator, the DQA team reviewed the number of OVCs served, as they reported through the National OVC Management Information System (NOMIS). The team implemented the DQA using a purposive sampling methodology in six selected community-based organizations (CBOs) in Cross River and Ebonyi states, the respective HIFASS LOPIN 3 State Offices, and the HIFASS LOPIN 3 Central M&E Unit in Abuja.

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

## FINDINGS

M&E Systems Assessment - HIFASS LOPIN 3 Central M&E Unit. *Strengths*: Clear responsibilities for the review of data at the national level have been assigned among the M&E team and all M&E positions have been filled. *Weaknesses*: (1) Lack of guidelines on Data Change Management Processes, including how long files should be kept to subnational reporting levels; (2) no guidelines on change management for data and processes to follow. *Recommendations*: (1) Steps should be taken to document the M&E processes at HIFASS LOPIN 3, with guidelines developed and disseminated to all levels, including tools on change management.

M&E Systems Assessment - HIFASS LOPIN 3 State M&E Units. *Strengths:* Well-defined guidelines on what to report and how to report, including data management SOP. *Weaknesses:* (1) No clearly documented organogram to show roles and responsibilities at the state level; (2) position of DEC in Ebonyi state CBO is temporarily occupied; (3) poor systems to ensure no stock-out of tools.

*Recommendations:* (1) HIFASS state office to document its organogram with M&E roles and responsibilities defined; (2) data entry clerk (DEC) in Ebonyi State to be a full-time position to enable continuity of knowledge gained to the task assigned and the individual benefit from trainings; (3) state-level offices to develop mechanisms to prevent stock-out of tools at CBO level.

M&E Systems Assessment - HIFASS LOPIN 3 CBOs. *Strengths*: (1) A guideline for data management is available. (2) *Weaknesses:* (1) No specified direction to CBOs are available for change management and quality control; (2) stock-out of tools at CBO with no approval for reprinting; (3) different methods are utilized for the backup of data (including one CBO using hard drives only); (4) CBOs rely mostly on inbuilt NOMIS checks and dedicated staff as mechanisms to prevent double counting.

*Recommendations:* (1)Document and improve communication channels for change management; (2) harmonize data backup processes in HIFASS-LOPIN 3 CBOs; (3) expand CBO awareness of mechanisms aimed at preventing double counting.

Data Quality Standards

Validity. *Strengths*: (1) The data collection process collates the data as the PIRS requests (i.e., total VC served, total caregivers served; (2) as per the defined beneficiaries for which data is collected, there is little possibility of measurement error. Graduation for VC, as it was reported to the USAID, is pegged at the age of 18 years, and this remains consistent in all CBOs in the HIFASS LOPIN 3 states that the DQA team visited. *Validity issues identified*:(1) Missing service forms and missing entries in the NOMIS; (2) errors in data verification; (3) improper naming convention in filing system. *Recommendations:* (1) Develop clear guidelines for CBOs on data change management process and documentation; (2) improve supervisory efforts with CBOs to ensure accurate data entry and proper use of the NOMIS; (3) refresher training for DECs on the NOMIS software, for CVs on data entry into the service forms, and for CBO staff on data storage and filing system.

Integrity. *Strengths*: (1) Data quality assurance and management is through the NOMIS (which has password access for confidentiality, inbuilt error, and quality checks), as well as quality checks and supervision; (2) Quarterly Review Meetings are held and include a discussion of data quality issues; (3) periodic internal DQAs are conducted; (4) use of Excel printouts to verify NOMIS data; (5) CBOs limit access to filing cabinets to authorized personnel only. *Integrity issues identified:* (1) Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp. *Recommendations:* Ensure archiving of monthly and quarterly submissions of OVC data by CBOs to state with date stamps.

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

Reliability. *Strengths*: National OVC reporting tools (including an updated January 2017 version) were consistently used during the report period. All CBO staff were trained on the updated tools. *Reliability Issues identified:* 50 percent of CBOs reported a stock-out of the new tool. *Recommendations:* Prevention of stock-outs of the reporting tools used in the project, by efficiently managing the inventory and distribution of new tools to the CBOs.

Timeliness. *Strengths:* Most of the reporting from CBO level and upwards are electronic and through the NOMIS, and are reported to be received in a timely manner at the higher levels. *Timeliness Issues identified*: (1) Date stamp on archived data was unavailable to validate the claims. *Recommendations*: (1) HIFASS LOPIN 3 should ensure that CBOs archive quarterly summary data.

Action Points. *National Level*: (1) Tools and guidelines on change management to be developed. *State level*: (1) Develop an Organogram at the state level; (2) provide adequate forms to prevent stock out at the CBO level; (3) improved supervisory visits to check on NOMIS entry. *CBO level*: (1) Unavailability of date stamps to verify all reports submitted; (2) incomplete and inconsistent filling of the service forms; (3) incomplete entry of data into the NOMIS; (4) poor filing system; (5) poor communication on changes to data between state and the CBO.

# Introduction and purpose of the DQA

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

The Automated Directives System (ADS) contains the organization and functions of the USAID, along with the policies and procedures that guide the Agency's programs and operations (1). Chapter 201 of the ADS (2) provides detailed guidelines for the Program Cycle Operational Policy, including the monitoring of data quality. As per ADS 201, the purpose of a DQA is to ensure that USAID Missions are aware of the:

1. Strengths and weaknesses of the data, as determined by applying the five data quality standards (Table 1, p. 5).
2. Extent to which the data integrity can be trusted to influence management decisions (ADS 201.3.5.8).

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

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

In the months of August and September 2017 The MEL Program of DevTech Systems, Inc. Nigeria and USAID conducted a joint DQA to validate six months of performance data that were generated through HIFASS LOPIN 3, one of USAID/Nigeria’s OVC implementing mechanisms. The DQA was on the OVC SERV PEPFAR indicator, as reported through the NOMIS between October 1, 2016, and March 31, 2017. With guidance from the USAID and using a purposive sampling methodology, the HIFASS LOPIN 3 OVC DQA was implemented in six selected CBOs in Cross River and Ebonyi states, along with coverage of the two-state level M&E Units and the central M&E Unit in Cross River state.

## DATA QUALITY STANDARDS

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

Table 1 Data Quality Standards and Operational Definitions

|  |  |
| --- | --- |
| DATA QUALITY STANDARD | OPERATIONAL DEFINITION |
| Validity | Data are valid to the extent that they clearly, directly, and adequately represent the result that was intended to be measured. Measurement errors, unrepresentative sampling, and simple transcription errors may adversely affect data validity. Data should be periodically tested to ensure that no error creates significant bias. |
| Reliability | Data reflect stable and consistent data collection processes and analysis methods over time. Activity/Project managers are confident that progress toward performance targets reflects real changes, rather than variations in data collection methods. Reliability can be affected by questionable validity as well as by changes in data collection processes. |
| Timeliness | Data are available with enough frequency and should be sufficiently current to inform management decision-making. Effective management decisions depend upon regular collection of up-to-date performance information. |
| Precision | Data should be sufficiently accurate to present a fair picture of performance and enable project managers to make confident decisions. |
| Integrity | Data that are collected, analyzed, and reported should have a mechanism in place to reduce the possibility that 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 that ADS 201 mentions, the specific objectives of the DQA are:

1. To verify that the quality of data reported from October 1, 2016, to March 31, 2017, for the number of OVCs served in the HIFASS LOPIN 3 project (see section ‎3.6, p. 7) are grounded in the components of data quality, and to ensure that managers can use data generated to effectively direct available resources and to evaluate progress toward established goals.
2. To assess and identify potential challenges to data quality created by the data management and reporting systems at three levels:

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

1. To develop action plans to improve weaknesses and gaps that were identified above.

## INDICATOR ASSESSED

The selection of the single indicator for OVC was based on guidance from the USAID Nigeria. The indicator that the DQA team assessed was “The number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV.**”** The review of the Program Indicator Reference Sheet (PIRS) for the indicator defines its dimensions and description (see Annex section ‎11.5). The indicator is generated by totaling the number of:

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

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

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

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

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

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

## PERIOD OF THE DQA

The DQA covered the USAID semi-annual reporting period, which comprises two quarters:

* October 1, 2016- December 31, 2016.
* January 1, 2017 - March 31, 2017.

Table 2 shows the schedule for the DQA by state.

Table 2. Schedule for HIFASS-LOPIN 3 OVC DQA, by State

|  |  |  |
| --- | --- | --- |
| IP | LEVEL | DATE OF DQA |
| HIFASS-LOPIN 3 | National/Central Level DQA | Aug 30, 2017 |
| Cross River | Sept 9 – 13, 2017 |
| Ebonyi | Sept 14 – 15, 2017 |

## OTHER OPERATIONAL CONSIDERATIONS FOR DQAs

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

The PIRS is an important source document. During desk review and training, the DQA team examined the PIRS, and reviewed key aspects about indicator data quality before site visits. When the DQA team met with the HIFASS LOPIN 3 Central M&E Unit staff, the teams reviewed the PIRS for the OVC indicator. The team discussed the definition of the indicator with the HIFASS LOPIN 3 team, what methodology they use to collect data for the indicator, and other questions to confirm if the team at HIFASS LOPIN 3 understood the indicator the way the USAID intended it to be understood. The DQA team also asked the HIFASS LOPIN 3 team whether they had a PIRS for the indicator. Then, they compared it to the USAID Mission’s “master” PIRS to ensure a match and to determine if (a) customizations might affect the data, or (b) whether any modifications are just specifications that add clarity and detail pertaining to HIFASS LOPIN 3 and do not alter the consistency of the data. Documentation in the PIRS includes any limitations to the data, a determination of whether the data are deemed to be of sufficient quality to be reported externally, any migration or other plans of action needed, including more frequent DQAs, as well as the expected date of the next DQA.

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

## THE HIFASS LOPIN 3 PROJECT

The HIFASS Local OVC Partners in Nigeria (LOPIN 3) project, which started in August 2014, is a five-year, PEPFAR/USAID funded project implemented in Cross River and Ebonyi states, in Nigeria. The project works with LGAs, communities, and households and families where children are orphaned or made vulnerable due to HIV/AIDS and other disabilities.

LOPIN 3 works within the context of overall goal of “Mitigating the Impact of HIV/AIDS on Children and Households”. The project is implemented by a consortium of local organizations with HIFASS as the lead partner. LOPIN 3 works with 23 CBOs in the country.

The HIFASS CBOs provide enrollees, caregivers, and households with the following services:

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

# METHODOLOGY

The DQA methodology included the following steps:

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

* The organization’s SOP, guidelines, PIRS, and other guiding documents for organizational M&E management, data management, and processing,
* Six months (October 1, 2016-March 31, 2017) of HIFASS LOPIN 3 performance data for the PEPFAR indicator “number of OVCs served”, as it was reported through the NOMIS.
* State-level summary reports for the abovementioned reporting period.
* Entries of beneficiaries and their households which are in the NOMIS.

1. Key Informant Interviews and Focus Groups discussions with members of the M&E team at all levels. Since only one M&E Focal Person or staff was usually available in the field, the majority of M&E systems assessments were conducted as Key Informant Interviews and followed the methodology of the MEASURE Evaluation DQA tool.
2. Trace and verification of data received with cross-checks across systems and records, including review of beneficiary folders and service forms.
3. Review of the five data quality standards (validity, reliability, integrity, precision, and timeliness).

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

## SAMPLE SIZE

Table 3. Data Coverage for HIFASS DQA, by Level

|  |  |  |
| --- | --- | --- |
| DATA COVERAGE FOR HIFASS OVC DQA, BY LEVEL | | |
| Level/Location | **Data Format(s)** | **Sample Covered for Data Verification** |
| Central M&E Unit | Electronic (NOMIS) | All records/100 percent |
| Two IP State Offices (Plateau, Cross River) | Electronic (NOMIS) | All records/100 percent |
| Service Delivery Level/CBO | Electronic (NOMIS) | All records/100 percent |
| Service Delivery Level (Cross-Checks on Source Documents) | Electronic (NOMIS) & Paper (Beneficiary Forms & Folders) | ≥20 per CBO: ≥10 forward cross-checks – folder to NOMIS, ≥10 reverse cross-checks – NOMIS to folder/form. The average number of eligible forms reviewed per folder varied from 3.5 to 4.5 for different CBOs. |

The USAID and The MEL Program implemented concurrent DQAs for three OVC IPs (HIFASS LOPIN 3, SMILE, and STEER). Of the total beneficiaries served by all IPs (n=573,944), 37,475 or 6.53 percent of the beneficiaries were excluded from the sample, due to security concerns. For HIFASS LOPIN 3, one National Office, two IP State Offices (Cross River and Ebonyi), and six CBOs (service delivery level) were visited for the DQA. From the perspective of DQA coverage for data verification, a major strength was that a 100 percent sample of aggregate data records were reviewed at the national, state, and CBO level (Table 3).

Table 4 provides the complete list of national, state, and CBO-level sites the DQA team visited for HIFASS LOPIN 3. The team interviewed staff with OVC M&E responsibilities for the M&E systems assessment across all locations (national, state, and CBO). A complete list of personnel interviewed at various levels is provided in Annex section ‎11.11, Table 13.

## SAMPLING METHODOLOGY FOR SITE SELECTION

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

Inclusion Criteria:

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

Exclusion Criteria:

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

Table 4. List of National, State and CBO Offices / Sites visited for the HIFASS LOPIN 3 OVC DQA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. NO | LEVEL | NAME OF OFFICE/SITE | LOCATION | DATE OF VISIT |
|  | HIFASS LOPIN 3 National / Central M&E Unit | HIFASS LOPIN 3 National IP M&E Office | Cross River | September 11, 2017 |
|  | Aggregation level | HIFASS LOPIN 3 State Office | Cross River | September 11, 2017 |
|  | Aggregation level | HIFASS LOPIN 3 State Office | Ebonyi | September 15, 2017 |
|  | Service Delivery level | Rhema Care Center | Cross River | September 11, 2017 |
|  | Service Delivery level | Neighborhood Care-well Foundation (NCF) | Cross River | September 1,2, 2017 |
|  | Service Delivery level | Oten Ita Foundation (OIF) | Cross River | September 12 2017 |
|  | Service Delivery level | Calabar Archdiosecean Committee on AIDS (CAACA) | Cross River | September 13, 2017 |
|  | Service Delivery level | Destiny Daughters of Nigeria Initiative (DEDAN) | Ebonyi | September 14, 2017 |
|  | Service Delivery level | Women, Children Health Development Initiative (WOCHAD) | Ebonyi | September 15, 2017 |

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

In order to ensure adequate time for the DQA teams in the field to complete all aspects of the DQA, including the M&E systems assessment, review of the data quality standards, data verifications, and cross-checks, the teams were instructed to review at least 10 randomly selected beneficiary forms/folders for the service period from October 1, 2016, to March 31, 2017, for cross-checks between the beneficiary forms and the NOMIS. The team traced back additional 10 unique beneficiary records from the NOMIS to the beneficiary folders for further cross-verification. Section ‎4.4.2 and Annex section ‎11.4 (Figure 6) provide details of the methodology for systematic random sampling and cross-checks. During the DQA training, it was emphasized to the DQA teams that they must only review beneficiary records pertaining to the reporting period.

## DATA COLLECTION FOR VALIDATION OF SELECT INDICATOR

Three processes occur in data collection for the DQA:

* An M&E systems assessment, which was administered at each level of the data collection and reporting system (i.e., central M&E Unit, state level, and CBOs) (service delivery level).
* Data verification of reported data for the OVCs served indicator.
* Review of the five data quality standards (validity, reliability, integrity, precision, and timeliness).

The M&E systems assessment evaluated the data management and reporting system, including offsite review of documents provided by HIFASS LOPIN 3, and on-site follow-up assessment at the HIFASS LOPIN 3 Central M&E Unit, selected CBOs, and the two-state levels (state IP offices). Data verification of the OVCs served indicator determined whether the sample of six CBO sites accurately reported and recorded data. This process comprised two steps:

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

Four types of data verification were conducted: Description, document review, trace and verify, and cross-checking.

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

1. Description of the connection between the delivery of OVC services and the completion of the source document (beneficiary form) to record that delivery. Data verification was implemented by using an appropriately adapted version of the MEASURE Evaluation DQA Tool and framework (see Annex section ‎11.7), supplemented with information from the HIFASS LOPIN 3 and national OVC M&E guidelines, to measure the services for OVCs.
2. In the document review, the DQA team reviewed the availability and completeness of a randomly selected subset of indicator source documents (20 beneficiary forms and folders) for the selected reporting period for the services provided (e.g., health, education, shelter, protection, nutrition, economic strengthening, and psychosocial services).
3. As to trace and verification, the DQA team traced and verified the data on the reported indicator using the adapted MEASURE Evaluation DQA tool:
   1. They recounted the reported numbers of OVCs served from available source documents (beneficiary forms).
   2. They compared and verified the abovementioned numbers with the figures for OVCs served from the NOMIS for the period of review (October 1, 2016-March 31, 2017).
   3. They identified and probed reasons for any differences to determine issues relating to data quality standards.
4. Cross-checks were performed between beneficiary forms and the corresponding NOMIS entries and vice versa.

During the data verification, the DQA team captured HIFASS LOPIN 3-reported results on the NOMIS for OVCs served for each CBO from October 1, 2016, to March 31, 2017, using a Microsoft Excel template. At each CBO, the assessors reviewed relevant registers folders and summary forms to verify the quality of data, to generate actual achievement for the indicators, and to capture data in the standardized DQA reporting template.

### DEFINITION AND INTERPRETATION OF THE VERIFICATION FACTOR

#### DEFINITION OF VERIFICATION FACTOR

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

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

#### INTERPRETATION OF THE VERIFICATION FACTOR

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

### METHODOLOGY FOR CROSS-CHECKS AT CBO LEVEL

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

1. Cross-check A, from beneficiary folders and corresponding beneficiary service forms to the NOMIS.
2. Cross-check B, from the NOMIS to beneficiary folders and corresponding beneficiary service forms.

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

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

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

Cross Check B: NOMIS to beneficiary service form

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

A diagrammatic depiction of cross checks is provided in Figure 6 (Annex section ‎11.4).

## DQA TOOL

The DQA team utilized adapted versions of MEASURE Evaluation’s Data Quality tool, with three key quantitative figures to measure data quality for HIFASS LOPIN 3:

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

## DATA ANALYSIS

The DQA team entered, processed and analyzed the data using the MEASURE Evaluation Tool and Microsoft Excel. The assessors presented the information using charts, maps, tables, and spider graphs (cobweb). They used descriptive statistics (e.g., range, frequencies, mean, and percentages) to describe and summarize DQA data verification findings. It is important to note again that, as the DQA team used a purposive sampling approach, the statistical summaries that they presented are only in the context of the sampled beneficiaries (and are not representative of the beneficiary population). The team scored and measured the selected Monitoring, Evaluation and Reference (MER) indicator, OVCs served, using all the available numbers which they reported for the indicator to determine if CBO data were valid as the NOMIS reported them. The team summarized qualitative reasons for discordance between CBO data and NOMIS data (over-reported/under-reported) or concordance (validated) as reported in the NOMIS.

# FINDINGS

## M&E SYSTEMS ASSESSMENT – FIVE FUNCTIONAL AREAS

### HIFASS LOPIN 3 CENTRAL M&E UNIT

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

The HIFASS LOPIN 3 M&E Unit has a documented organogram comprising, one M&E Director and one M&E Advisor at National IP M&E Unit. They work closely on Operations Research, Knowledge Management, and Learning. All M&E positions at the central IP office are said to be filled. A training plan is developed for the project at the central IP level as a component of the annual work plan. Training is formalized in HIFASS LOPIN 3 and follows a “three-tiered approach”, which is explained as:

* All HIFASS M&E staff are trained at the national level.
* Trained HIFASS M&E staff train the staff at the CBOs.
* CBO staff step down training to community volunteers.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The M&E Unit has a copy of the PIRS (section ‎11.5) on the indicator assessed and has shared it with all relevant levels in its reporting system. It is known to all and used at all levels. The PIRS has the description of the data sources and services that are related to the indicator.

The reporting guideline is known to all, reporting timeline was stated by the national IP unit as the 10th day of each new month, this is clearly document in the contract agreement with the CBOs.

When reported data need to be changed, the process is communicated verbally or via email across the various M&E levels; no written guideline on data change management is available. Also, no guidelines on how long the files are to be kept are available, but all know that they should be kept for “three years”.

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

The Central M&E Unit utilizes standard source documents, which are the nationally approved OVC tools. There were clear instructions on the revised national OVC tools in use by the HIFASS LOPIN 3 team since January 2017. The Central M&E Unit also utilizes the NOMIS. The NOMIS is a software for reporting which aggregates the data on the indicator been assessed, starting from the CBO level to the national M&E Unit level.

#### DATA MANAGEMENT PROCESSES

The organization has a data management SOP. Quality controls are in place at the national level, which includes:

* Built-in checks in the NOMIS that avoid double counting.
* The review of collated figures by its National Level M&E Director before submission to the USAID.
* The state-level team also meet monthly with the national team to review data discrepancies.
* Supervisory visits and DQAs are conducted by the national IP M&E Unit and feedback is provided monthly to the CSOs at state level in review meetings that occur monthly. The supportive supervision was noted to have a mentoring component to it.

The HIFASS team has also developed an internal monitoring dashboard. When data errors are identified, it is reviewed with staff at the IP state office and CBOs for a consensus on the source of the error. The summary forms are refilled and marked for resubmission. This is documented in an email, where applicable, by the M&E Advisor.

Confidentiality is maintained in data collation, processing, and storage at all levels.

#### LINKS WITH THE NATIONAL REPORTING SYSTEM

The data which were generated from HIFASS LOPIN 3 on this indicator have links with the national reporting system, including harmonized tools and delivery platforms. The reporting deadlines also coincide with the National cut-off for reporting.

The HIFASS LOPIN 3 national team observed discrepancies in its data and national FG OVC program data. However, they attempt to harmonize and update findings at quarterly OVC program review meetings, which involve OVC program implementers and the staff of the national (FG) OVC program. Figure 2 shows the spider graph/cobweb of M&E systems assessment for the HIFASS LOPIN 3 Central level M&E system.

Figure 1. Spider Graph of HIFASS LOPIN 3 Central-Level M&E Systems Assessment

## STRENGTHS – HIFASS LOPIN 3 CENTRAL M&E UNIT

* Clear responsibilities for the review of data at the national level have been assigned among the M&E Team.
* All M&E positions have been filled.
* Training plan available and in use at Central IP level.
* Utilization of various data quality control checks.

## WEAKNESSES – HIFASS LOPIN 3 CENTRAL M&E UNIT

* Lack of written guidelines on data change management processes.
* No written guideline on how long files (source documents) should be kept at subnational reporting levels.

## RECOMMENDATIONS – HIFASS-LOPIN 3 CENTRAL M&E UNIT

* Update IP data management guidelines to include sections on data change management processes and the timeline for storage of source documents at subnational reporting levels.

### ASSESSMENT OF THE HIFASS LOPIN 3 STATE LEVEL M&E SYSTEM

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

The HIFASS Central IP office collates with the HIFASS Cross River State office in Calabar, Cross River state. An organogram was not sighted in the two HIFASS LOPIN 3 state offices that the DQA team visited. However, at the Cross-River State office the M&E staff are one M&E Officer and an M&E Assistant. At the Ebonyi State office, is the staff includes also an M&E Officer and a DEC (a temporary staff, noted to be a National Youth Service Corps member who has not been trained adequately).

State level data are collated at state level and sent to the central Cross River HIFASS LOPIN 3 office, where the M&E Officer and M&E Advisor review and consolidate the before submission to the M&E Director.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

A well-documented, sighted, and reviewed guideline/SOP on data reporting is available at the two HIFASS LOPIN 3 state offices. In addition, guidelines on data management including back up of data and graduation of beneficiaries exist, while no guidelines for documenting data change management are available.

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

Standardized National Reporting OVC M&E tools are used alongside customized HIFASS LOPIN 3 tools across all supported facility/CSO. These reporting tools and forms are consistently provided for use at the CSO level.

#### DATA MANAGEMENT PROCESSES

The two IP state offices have in use SOPs covering data management, data backup, client data confidentiality, graduation of OVC beneficiaries, and the process that is involved in making negative adjustments to program data (dead and lost to follow up).

The state IP offices also ensure confidentiality of beneficiary records by handling OVC data in accordance with the National Confidentiality Guidelines, making sure beneficiary records are locked in filing cabinets with limited access and ensuring that a letter of consent is filled before data retrievals are made.

#### LINKS WITH the NATIONAL REPORTING SYSTEM

Data that are generated from the two HIFASS LOPIN 3 state offices on the OVC indicator have links with the state Government by reporting to the State Ministry of Women Affairs and Social Development. Figure 2 and Figure 3 show the spider graph/cobweb of M&E systems assessment for Ebonyi state and Cross River states respectively.

Figure 2 Spider Graph of HIFASS LOPIN 3 State-Level M&E Systems Assessment: Ebonyi State

Figure 3. Spider Graph of HIFASS LOPIN 3 State-Level M& E Systems Assessment: Cross River State

## STRENGTHS - HIFASS-LOPIN 3 STATE LEVEL

* Well-documented guidelines for data management.

## WEAKNESSES - HIFASS-LOPIN 3 STATE LEVEL

* No clearly documented organogram to show roles and responsibilities.
* The staff member recruited as DEC in Ebonyi state is on a temporary basis and not well trained.
* Weak system in place to ensure no stock-out of reporting tools.

## RECOMMENDATIONS

* Documented organogram with defined M&E roles and responsibilities should be made available at the IP state offices.
* The position of DEC at the Ebonyi State office should be filled by a trained full-time staff.
* The M&E system should be strengthened to prevent stock-out of reporting tools.

### M&E SYSTEMS ASSESSMENT FOR HIFASS LOPIN 3: SERVICE DELIVERY LEVEL (CBOS)

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

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

In all the HIFASS-LOPIN 3 CBOs that the DQA team visited, the Community Volunteers (CV) enter the beneficiaries’ information into the service delivery form. A CV Supervisor collects all service delivery forms and reviews them for completeness before onward transmission to the CBO M&E Officer and the DEC, the latter whose task is to enter the data into the NOMIS platform.

The CBO M&E Officers review, validate, and back up data on the service delivery forms before the DEC enters them into the NOMIS. In all the CBOs that the DQA team visited, this function (validation and collation of data that were received from the CV Supervisor) is done by the M&E Officer. In a few CBOs this officer is supported by the CBO Program Officers and the CBO Executive Director.

All relevant staff have received training on data management and tools in all the CBOs. All staff have also been trained on the new national OVC tools, the latest training being at the third quarter meeting with all HIFASS -LOPIN 3 CBOs in August 2017.

#### INDICATOR DEFINITION AND REPORTING GUIDELINES

The OVC indicator is clearly understood by all relevant staff of the CBOs in both states. HIFASS-LOPIN 3 State Offices also have issued guidelines to its CBOs on what, how, and when to report program data.

No written guidelines regarding documentation of data change management were available at the CBOs in both states.

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

Four out of six CBOs (DEADAN and WOOCHAD in Ebonyi state, and OIF and CAACA in Cross River state) reported a stock-out of reporting tools (Vulnerable Children Service Forms) during the period under review. Another service form, Caregivers’ Service Assessment form, was used in place of the Service form within the reporting period.

Table 5. Most Common Methods of Data Backup at CBOs in HIFASS-LOPIN 3 States

|  |  |
| --- | --- |
| CROSS RIVER STATE | EBONYI STATE |
| * Hard Drive * CD-ROM * Google Drive * Email * One drive | * Hard Drive * Email * Google Drive * CD-ROM |

In order to ensure data quality and prevent double counting, the CBOs that the DQA team visited relied mostly on:

* Built-in checks that in the NOMIS identify and remove duplicate values (100 percent of CBOs).
* Designated staff to assess data quality (100 percent of CBOs).
* “Tracker that helps check post-data entry errors and double counting before entries into the NOMIS”, as the M&E office and Program Officer of one DEADAN CBO in Ebonyi state reports.

All HIFASS-LOPIN 3 CBOs noted there was a written procedure for data backup, which is done automatically (after every use) as part of the NOMIS and various other mechanisms in the CBOs that the assessors visited (Table 5, in order of decreasing frequency of visit). Rhema Care Center is the only CBO that backs up data using only an external hard drive; other CBOs among those the assessors visited back up data using more than one other method.

HIFASS-LOPIN 3 CBOs have no documentation for data change management processes, or recording of missing data, or incomplete data. There is also no defined communication process known to all to address data change when it arises.

#### LINKS WITH NATIONAL REPORTING SYSTEM

The systems clearly record information about where the services are rendered using standardized naming conventions (e.g., the State, LGA, Ward, and the unique ID code). The reporting channel is to the supporting IP and to the LGA.

The M&E systems assessment spider graphs/cobwebs of the six CBOs that the DQA team visited are contained in the annex.

#### STRENGTHS

* Availability of Data Management SOP at the CBOs.
* Utilization of several data quality check mechanisms to prevent double counting.

#### WEAKNESSES

* No specified directive/documentation to CBOs on data change management is available.
* Stock out of reporting tools at four CBOs during the period under review with no approval from the IP to make photocopies of the tool for use.
* Varying data back-up processes across CBOs.

#### RECOMMENDATIONS

* Update the Data Management SOP/guidelines to include sections on data change management processes.
* Strengthen logistics system to ensure no stock outs of reporting tools occur.
* Harmonization of data backup processes across HIFASS-LOPIN 3 CBOs.

# DATA QUALITY STANDARDS - HIFASS LOPIN 3

Data Quality Standards for HIFASS LOPIN 3 are discussed below.

## VALIDITY

From a data quality perspective, validity is the extent to which a measurement is well-founded and corresponds accurately to the real world; it pertains to measuring what is intended to be measured. Details of the review of data quality in the context of the OVC indicator are provided in the following.

### DATA COLLECTION

The data on OVC services are collected at the point of service, using the service forms for the VC and caregivers. An average of five (5) CVs are coordinated by a CV Supervisor at the CBO Level. The CV Supervisor reviews the data the CVs collect on the service forms, for accuracy and completeness. The CVs enter the service that they provided in the approved national tools. Then, the CV Supervisor collates these data for submission to the CBO DEC. Finally, the DEC enters the data into the NOMIS.

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

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

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

The OVC indicator for HIFASS LOPIN 3 matches the PIRS and is a direct measurement as per the definition. The data collected in the HIFASS LOPIN 3 project measures the total number of beneficiaries, including the VCs served and caregivers in the household. This corresponds to what is needed or intended for an OVC project, and also aligns with the national indicator and the corresponding USAID indicator.

### UNDERSTANDING THE INDICATOR DEFINITION

The PIRS is available at all the assessed levels. Staff are conversant with it at both State Offices (aggregation level) and Ebonyi State CBOs. However, although the staff of the Cross River State CBOs had a good understanding of the indicator definition, they had written copies of the PIRS.

### STORAGE OF DATA

Following entry in the NOMIS, client folders are expected to be stored in a filing cabinet under lock and key, utilizing alphanumeric system to ensure easy retrieval. In most of the HIFASS-LOPIN 3 CBOs, storage is done in cabinets which are under lock and key with limited access.

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

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

Reports aggregated from CBOs for the reporting period were all available at the IP state office for Ebonyi state, and 79 percent available for Cross River state because some CBO reports were not properly stored following receipt, which is either done via email or through a flash drive.

### DATA REPORTING

The data, including OVC services provided, are collected at the point of service, using the service forms for the VC and caregivers. CVs enter the service provided in the approved national tools, which are then the CV supervisor collates and reviews for accuracy and completeness before submission to the CBO M&E officer. The CBO M&E officer reviews and validates the data before the DEC enters them into the NOMIS. The CBO M&E Officer and CBO Program Manager conduct quality checks of the entries in the NOMIS.

### STRENGTHS

* The data collection process collates the data as the PIRS requests (i.e., total VC served and total caregivers served).
* As per the defined beneficiaries for which data is collected, there is little possibility of measurement error. Graduation for vulnerable children reported to the USAID is pegged at age 18 years, and this remains consistent in all CBOs in the HIFASS LOPIN 3 states that the DQA team visited.

### VALIDITY ISSUES IDENTIFIED

Validity Issue 1: Missing entries in the source documents, but available in the NOMIS, and missing entries in the NOMIS, but available in the source documents.

* Of the six CBOs the DQA team visited, during the cross-checks they identified no issues only in NCF CBO.
* In four out of six (67 percent) CBOs, entries in the NOMIS were missing in the source documents.
* In three out of six (50 percent) CBOs, entries made in the source documents were missing in the NOMIS.

When the DQA team probed for the reasons for the missing entries, the CBOs explained that:

* The DECs did not enter the data from the source document into the NOMIS as at when due.
* Difficulty in identifying the source documents, due to difficulty in pulling folders as a result of poor filling systems.

Table 6. Cross Check Findings from HIFASS-LOPIN 3 CBOs in Ebonyi and Cross River State

|  |  |  |
| --- | --- | --- |
| Cross Check Findings | No. | % |
| Total cross checks: NOMIS to beneficiary folders and vice versa | 109 | - |
| Total cross checks by beneficiary forms | 371 | - |
| Incomplete, missing or wrong entries in either NOMIS or beneficiary folder (total)\* | 26 | 23.9 |
| Missing entries in the forms within the beneficiary folders | 9 | 7.5 |
| Missing entry in NOMIS (corresponding to beneficiary form) | 8 | 6.6 |
| Incomplete or wrong entries in beneficiary folders | 0 | 0 |
| Incomplete or wrong entry in NOMIS | 9 | 7.5 |

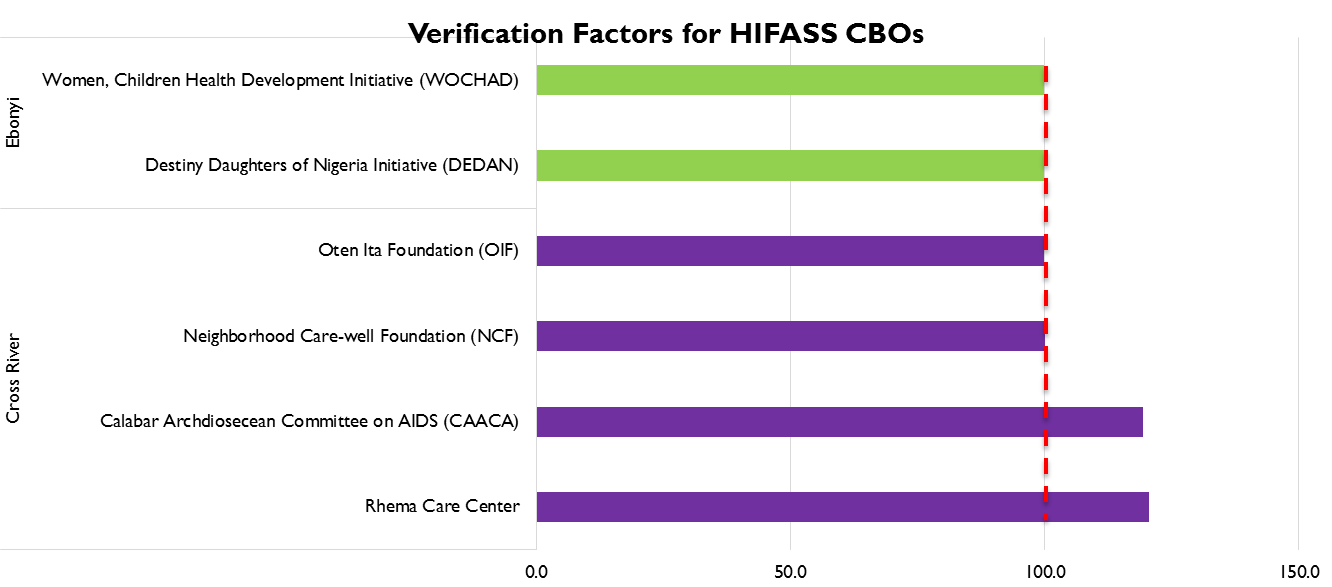
\*Responses not mutually exclusive.

Validity Issue 2: Errors noted during Data Verification

Note: Verification factors for CBOs in the two states are shown graphically in Figure 4 and all numeric values for the national, state, and CBO level are shown in Annex section ‎11.3 (Table 12).

* Findings of recounting of data aggregated at the CBOs and reported to the State IP office during the reporting period identified errors in three out of six CBOs visited, all three CBOs were in Cross River State. Findings were accurate for the two CBOs in Ebonyi state.
* Details of the variances noted in the three CBOs in Cross River include:
* Rhema Care Center under-reported to the state office by 105 beneficiaries. Reasons stated include “system errors in the NOMIS and data entry errors by the Data Entry Clerk.”
* NCF also under-reported to the state office because “data reported for two caregivers/beneficiaries was removed from the CBO aggregate at the IP state office for the reporting period”. However, the NOMIS data at the CBO was not updated to reflect this deduction.
* CAACA under-reported by 392 due to late submission of reports by CVs to CAACA. Reports were submitted late because of the “long travel distance between the service delivery sites and the CBO administration office”. Another reason given was the “high workload on the CBO M&E Officer and DEC resulting in a back log of entries from the source document into the NOMIS.”

Figure 4. Verification Factors for Ebonyi State and Cross River CBOs



Validity Issue 3: Improper naming convention in filing system leading to challenges in retrieving beneficiary folders:

* This was reported in three out of the six CBOs visited (WOOCHAD, DEDAN and NCF). The following were noted in these three CBOs:

- Use of Community Volunteer's name as a filing convention instead of unique IDs.

- None use of a naming convention or unique IDs for filling.

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

* The challenges with communication of data changes to the state office may not be unrelated to the absence of a guideline on data change management process from the HIFASS LOPIN 3 national and state office to the CBOs. As such, there is no clear direction for the CBOs to follow should such a scenario arise. This occurs quite often, as the cross-check findings highlighted.

#### RECOMMENDATIONS FOR IMPROVING DATA VALIDITY

* Develop clear guidelines for the CBOs on data change management process and documentation to resolve discrepancies in the data that are reported to the IP state office after the submission deadline.
* Improved supervisory efforts with the CBOs to ensure accurate data entry and proper use of the NOMIS.
* Refresher training of the DECs on the NOMIS Software.
* Refresher training of the CV on data entry into the service forms and folders.
* Refresher training for the CBO staff on data storage and filing system.

## INTEGRITY

### MECHANISMS TO ENSURE INTEGRITY OF DATA

At national level, HIFASS LOPIN 3 ensures data integrity by utilizing inbuilt checks that in the NOMIS remove double entries, conduct periodic supervisory visits to the state levels, periodic DQA, and review of data at the quality review meetings.

At the state level, there are dedicated staff for data quality checks, the use of the inbuilt checks that in the NOMIS remove double entries, and the use of cross-checks on NOMIS entries with exported Excel data.

The following HIFASS-LOPIN 3 mechanisms ensured integrity of data at CBO level, in decreasing order of frequency:

* The use of a password for the NOMIS (100 percent).
* In the NOMIS, inbuilt checks that remove double entries (100 percent).
* Dedicated staff to check for data quality (100 percent).
* Limiting access to the filing cabinet to authorized personnel only (100 percent).
* Cross-check of NOMIS entries using a hardcopy Excel NOMIS export (14.2 percent).

Table 7. Mechanisms of Ensuring Integrity in the HIFASS-LOPIN 3 Project at All Levels

Table 8. HIFASS-LOPIN 3 State IP Office Mechanisms for Ensuring Data Integrity

|  |  |  |  |
| --- | --- | --- | --- |
| SN | DATA MANAGEMENT PROCESS | CROSS RIVER | EBONYI |
| 1 | Quality control to avoid double counting | Case file requires photograph, community volunteers are assigned catchment area and each serve 20 to 25 households. | No CVs are assigned to one household, they ensure no more than one CSO is operating in one LGA. |
| 2 | Confidentiality | Password on the NOMIS | Password on the NOMIS |
| 3 | Backup procedure | CD-ROM  Google Drive  Email  External hard disk | External hard disk  Email  Google Drive |
| 4 | Method of providing feedback | Data review meeting | Data review meeting  Supervisory visits  Phone calls |

### STRENGTHS

All the mechanisms that section ‎6.2.1 outlined are strengths in the M&E system of HIFASS LOPIN 3, to ensure the integrity of the OVC indicator is assessed. The conduct of periodic data quality audits at national level is a major strength.

### INTEGRITY ISSUES IDENTIFIED

* Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp.

#### RECOMMENDATIONS FOR IMPROVING DATA INTEGRITY

* Ensure archiving of monthly and quarterly submissions of OVC data by CBOs to state with date stamps.

## PRECISION

### MECHANISMS TO ENSURE DATA PRECISION

The data that are collected in the service forms are entered in the NOMIS in a consistent manner. All nationally approved data fields in the forms are entered into the NOMIS. Since the NOMIS has household-level and individual-level data, it has sufficient detail and precision for the OVC indicator whilst ensuring that confidentiality of the beneficiaries is protected. Data elements on the Vulnerable Children Service Form and Caregiver Household Service Form has information fields, such as date, sex, age, child follow-up information (withdrawn from program, known death, migrated, loss to follow-up, age > 18), and service provided, which also have corresponding fields in the NOMIS. The level of precision in the two service forms and the NOMIS matches the requirements in the PIRS.

## RELIABILITY

### MECHANISMS TO ENSURE DATA RELIABILITY

The HIFASS LOPIN 3 project utilized national OVC reporting tools consistently during the report period. It retrieved data on the indicator from the NOMIS and reported only data on the number of OVC served with graduation pegged at 18 years.

With the review of national tools during the reporting period (January 2017), the HIFASS LOPIN 3 national level ensured the field level teams were trained to ensure reliability of the collated data. The methodology of the new tool still remained consistent with the prior tools ensuring reliability of collected data with the new tools.

However, four out of six CBOs (DEADAN and WOOCHAD in Ebonyi state, and OIF and CAACA in Cross River state) reported a stock-out of reporting tools (Vulnerable Children Service Forms) during the period under review. Another service form, Caregivers’ Service Assessment Form, was used in place of the Service form within the reporting period. Hence, there was inconsistency in use of reporting tools during the reporting period under review.

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

### STRENGTHS

* Use of newly revised national reporting OVC tools.
* Training of CBO staff on the newly modified tools.

### RELIABILITY ISSUES IDENTIFIED

* Stock out of new tools at CBO-level.

#### RECOMMENDATIONS FOR IMPROVING DATA RELIABILITY

* Prevention of stock-outs of the reporting tools used in the project, by efficiently managing the inventory and distribution of new tools to the CBOs.

## TIMELINESS

### MECHANISMS TO ENSURE TIMELINESS

The IP staff at the HIFASS LOPIN 3 National M&E Unit stated that data are reported to the USAID in a timely manner, and that its state-level data is received in a timely manner through the use of NOMIS export files. However, date stamp on archived data was unavailable to validate the claims.

Data are reported from the CBO level to the state on the fifth of every following month. All the CBOs were noted not to report timely to the IP State office.

Data is also reported to the state Government by the CBOs to the LGAs and by the IP state office to the state Government through the OVC desk officer of the LGAs and State Ministry of Women Affairs and Social Development. However, the timeline of submission to the LGA and state Government appears not to be harmonized for all CBOs and IP state offices.

### WEAKNESSES

* No enforcement of reporting timeline for submission to the LGA and state Government.

#### RECOMMENDATIONS TO ENSURE TIMELINESS

* HIFASS LOPIN 3 should ensure compliance of its CBOs to reporting timelines to the IP state office.
* Reporting timeline to LGA and state Government should be developed and shared with CBOs and IP state offices.

# Action plan for HIFASS LOPIN 3

A suggested action plan for the various levels is outlined below (National Level Action Plan – section ‎7.1 and Table 9, State Level Action Plan – section ‎7.1 and Table 10, and CBO Level Action Plan – section 7.1 and Table 11).

## NATIONAL LEVEL ACTION PLAN

Table 9. National Level Action Plan HIFASS

|  |  |  |
| --- | --- | --- |
| IDENTIFIED WEAKNESSES | DESCRIPTION OF ACTION POINT | RESPONSIBLE |
| No guidelines on change to data, and processes that should follow any changes to data. | Tools and guidelines on change management to be developed. | M&E Director HIFASS LOPIN 3 |

## IP STATE OFFICE LEVEL ACTION PLAN (FOR CROSS RIVER AND EBONYI STATE LEVELS)

Table 10. IP State Office Action Plan HIFASS

|  |  |  |
| --- | --- | --- |
| IDENTIFIED WEAKNESSES | DESCRIPTION OF ACTION POINT | RESPONSIBLE |
| No clearly documented organogram to show roles and responsibilities at National level. | Develop an organogram at State level. | M&E Coordinator |
| Stock out of instruments at CBO level. | Provide adequate forms and systems to prevent stock out at the CBO level. | M&E Coordinator |
| Poor entry of data into the NOMIS at State level. | Improved supervisory visits to check on NOMIS entry. | M&E Coordinator |

## COMMUNITY-BASED ORGANIZATION (CBO) LEVEL ACTION PLAN

Table 11. CBO-Level Action Plan: HIFASS

|  |  |  |
| --- | --- | --- |
| IDENTIFIED WEAKNESSES | DESCRIPTION OF ACTION POINT | RESPONSIBLE |
| Unavailability of date stamps to verify all reports submitted. | Archiving project data with date stamps to demonstrate timeliness. | CBO M&E Officer |
| Incomplete and inconsistent filling of the service forms. | Improved supervision of CV by CV Supervisor and thematic leads. | CBO M&E Officer |
| Incomplete entry of data into the NOMIS. | Improved supervision of DEC by CBO M&E Supervisor. | CBO M&E Officer |
| Poor filing system. | Refresher training of the CBOs on proper filing/storage system. | CBO M&E Officer |
| Poor communication between State and the CBO on changes to data. | Improved communication process and channels between the State and the CBOs on data generated and changes made. | CBO Program Manager |

# Limitations and Constraints

1. DQA at a country-level are a complex exercise, and require significant resources and effort on the part of the commissioning agency, the agency conducting the DQA, IPs, and government functionaries in the relevant sectors. As the USAID’s “How-To Note: Conduct a Data Quality Assessment” (4) mentions, the notification of an impending DQA can also cause stress for the implementing partner, given the ramifications of program performance and the potential uncertainty of the USAID’s expectations. Although the DevTech DQA team tried to allay initial apprehensions of the implementing partner and their staff about the outcomes from the DQA, there might be residual concerns that could not be fully addressed. Subsequent to the completion and dissemination of the final report, the DQA team hopes to communicate with and emphasize to the IP that the DQA results are intended as a tool for the USAID and the IP to work together, and resolve any data quality issues or limitations that were uncovered during the exercise.

2. The sampling of the two states (Cross River and Ebonyi), as well as the CBO sites that the team visited in the states, were based on purposive methods, security and feasibility issues, and were also guided by USAID. The ideal sampling methodology would have been to use one of the statistically valid scientific methods that the MEASURE Evaluation DQA guidelines (5) describe. The implementation of a statistically valid method was constrained by security and other eligibility considerations, as section ‎4.2 outlined. The lack of a statistical methodology for site selection is compensated in part by the large number of CBOs the team covered in the DQA, and the high volume of the indicator in the CBOs and states they visited.

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

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

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

# Conclusions

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

M&E Systems Assessment

The joint DQA team from The MEL Program / DevTech and USAID identified a number of strengths and weaknesses for the HIFASS LOPIN 3 OVC data management and reporting system. The *strengths* for the M&E systems assessment included the following: Clear responsibilities for the review of data at the national level have been assigned among the M&E team, all M&E positions have been filled, and well-defined guidelines on what to report and how to report, including data management SOP, have been provided. *Weaknesses* included: Lack of guidelines on Data Change Management Processes, including how long files should be kept to subnational reporting levels, and lack of guidelines on change management for data and processes to follow. No clearly documented organogram to show roles and responsibilities at state level. Poor systems to prevent stock out of tools.

A number of *recommendations* are suggested: Steps to document the M&E processes at HIFASS LOPIN 3, with development and dissemination of updated guidelines to all levels, including tools on change management, quality control, and reporting timelines to the LGA. The IP (HIFASS LOPIN 3) should update its organogram to reflect all M&E roles and responsibilities, and strengthen internal mechanisms to prevent stock-out of reporting tools.

Data Quality Standards

Validity. *Strengths*: (1) The data collection process collates the data as by the PIRS requests (i.e., total VC served and total caregivers served); (2) as per the defined beneficiaries for which data are collected, there is little possibility of measurement error. The graduation for VC that is reported to the USAID is pegged at the age of 18 years, and this remains consistent in all CBOs in the HIFASS LOPIN 3 States visited. *Validity issues identified*:(1) Missing service forms and missing entries in the NOMIS; (2) errors in data verification; (3) improper naming convention in the filing system. *Recommendations:* (1) Develop clear guidelines for CBOs on data change management process and documentation; (2) improve supervisory efforts with CBOs to ensure accurate data entry and proper use of the NOMIS; (3) refresher training for DECs on the NOMIS software, for CVs on data entry into the service forms, and for CBO staff on data storage and filing system.

Integrity. *Strengths*: (1) Data quality assurance and management is through the NOMIS (which has password access for confidentiality, inbuilt error, and quality checks), as well as quality checks and supervision; (2) Quarterly Review Meetings are held and include a discussion of data quality issues; (3) periodic internal DQAs are conducted; (4) use of Excel printouts to verify NOMIS data; (5) CBOs limit access to filing cabinets to authorized personnel only, *Integrity issues identified:* (1) Absence of archived monthly submissions and quarterly summaries at CBOs with date stamp. *Recommendations:* Ensure archiving of monthly and quarterly submissions of OVC data by CBOs to state with date stamps.

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

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

Timeliness. *Strengths:* Most of the reporting from CBO level upwards is electronic and through the NOMIS, and is reported to be received in a timely manner at the higher levels. *Timeliness issues identified*: (1) Date stamp on archived data was unavailable to validate the claims. *Recommendations*: (1) HIFASS LOPIN 3 should ensure that CBOs archive quarterly summary data.

A number of action points have been suggested, based on the recommendations above; these have been fully described in sections ‎7; Table 9, Table 10, and Table 11.

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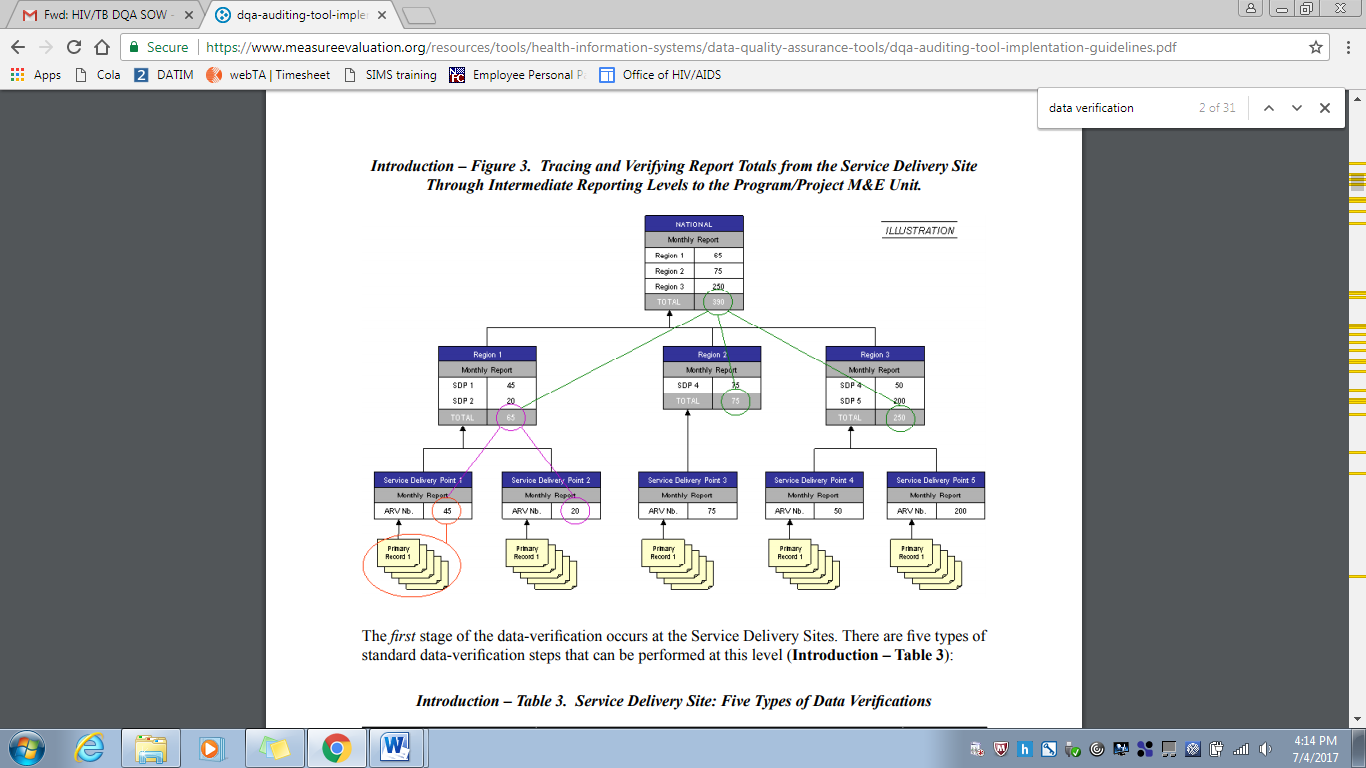
# Annexes

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

A complete list of sites and locations visited is provided in Table 4 (p. 10).

## STEPS FOR DATA VERIFICATION USING THE MEASURE EVALUATION TOOL

Figure 5. Tracing & Verifying Reported Totals: CBO via State to Program M&E Unit\*



Source: MEASURE Evaluation (2008)

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

## OVC VERIFICATION FACTOR – CENTRAL, STATE AND CBO LEVELS, HIFASS DQA

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LEVEL / NAME | HIFASS CENTRAL M&E UNIT | | | | | |
| Verified Data | 48601 | | | | | |
| Reported Data | 48601 | | | | | |
| Verification Factor (percentage) | 100.0 | | | | | |
| Level | IP State Offices | | | | | |
| Name of State | Cross River State | | | | Ebonyi State | |
| Verified Data | 5103 | | | | 8669 | |
| Reported Data | 4844 | | | | 8669 | |
| Verification Factor (percentage) | 105.3 | | | | 100.0 | |
| Level | Service Delivery Point/Level – Community Based Organizations (CBOs) | | | | | |
| Facility (CBO) Name | Rhema Care Office | Neighborhood Care Well Foundation Office | Oten Ita Foundation | Calabar Action Committee on AIDS | DEADAN | WOOCHAD |
| Verified Data | 617 | 1160 | 1019 | 2412 | 1660 | 7039 |
| Reported Data | 512 | 1158 | 1019 | 2020 | 1660 | 7039 |
| Verification Factor (percentage) | 120.5 | 100.2 | 100.0 | 119.4 | 100.0 | 100.0 |

## DIAGRAMMATIC REPRESENTATION OF CROSS-CHECKS AT CBO LEVEL

Figure 6. Methodology for Cross-Checks at Facility (CBO/CSO) Level

**OVC CROSS CHECK AT CBO**

CROSS-CHECK A

CROSS-CHECK B

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

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

CONFIRM BENEFICIARIES ARE PRESENT IN THE NOMIS

CROSS-CHECK CORRESPONDING ENTRIES IN THE NOMIS

CROSS-CHECK CORRESPONDING ENTRIES IN BENEFICIARY FOLDER

CONFIRM ENROLLEES IN THE NOMIS HAVE CORRESPONDING SERVICE FORMS IN BENEFICIARY FOLDER

## PERFORMANCE INDICATOR REFERENCE SHEET (PIRS)

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

## HIFASS DATA FOR STATES

Note: The available data for the period of review for HIFASS states is provided below as embedded pdf files. Please double-click the relevant file icon below to open the Adobe pdf file; it will open in a separate window in the default program associated with the file (e.g., Adobe Reader, Adobe Acrobat, Internet Explorer, Microsoft Word, etc.).



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

Note: The MEASURE Evaluation DQA Excel tool for HIFASS OVC National Level (Central M&E Unit), Cross River State (including associated CBOs within Cross River State), and Ebonyi State (including all CBOs within Ebonyi State) is provided below as an embedded Excel file. Please double-click the file icon below to open it (in a separate window in Microsoft Excel).



## DQA TOOL – STATE LEVEL – CROSS RIVER STATE IP M&E UNIT

Note: The embedded MEASURE Evaluation DQA Excel tool in section ‎11.7 above includes data for Cross River State (including associated CBOs).

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

The embedded MEASURE Evaluation DQA Excel tool in section ‎11.7 above includes data for Ebonyi State level (including all CBOs within Ebonyi State).

## SPIDER GRAPHS/COBWEBS M&E SYSTEMS ASSESSMENT, HIFASS OVC, CBO LEVEL

All spider graphs for CBO level are included in the MEASURE Evaluation Excel Tools for the respective states (Cross River and Ebonyi), which are embedded in section ‎11.7.

## LIST OF INDIVIDUALS INTERVIEWED DURING THE HIFASS OVC DQA

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

Table 13. List of Individuals Interviewed during the HIFASS OVC DQA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. NO. | NAME | LOCATION | TITLE | STATE | LEVEL |
| 1 | Dr. Usman Abdulrashid | HIFASS LOPIN 3 | DCOP | Ebonyi | State |
| 2 | Agu Joy Chidinma | HIFASS LOPIN 3 | CORPER M&E UNIT | Ebonyi | State |
| 3 | Otu Eze Kingsley | HIFASS LOPIN 3 | M&E OFFICER | Ebonyi | State |
| 4 | Stalin Ewoigbokhan | HIFASS LOPIN 3 | DIRECTOR M&E | Ebonyi | State |
| 5 | Ojukwu Gilbert O. | HIFASS LOPIN 3 | OVC OFFICER | Ebonyi | State |
| 6 | Nwogu Oluchi Chialukam | HIFASS LOPIN 3 | CODA | Ebonyi | State |
| 7 | Adedayo Jamis | HIFASS LOPIN 3 | DAF | Ebonyi | State |
| 8 | Usman Abdulkerin | HIFASS LOPIN 3 | FAAM | Ebonyi | State |
| 9 | Sis. Chibuzor Iloh | HIFASS LOPIN 3 | ADMIN ASSISTANT | Ebonyi | State |
| 10 | Ademola Adetunji | HIFASS LOPIN 3 | COP | Ebonyi | State |
| 11 | Tolu Alamu | HIFASS LOPIN 3 | M&E ADVISOR | Ebonyi | State |
| 12 | Obasi Iren | WOCHAD INITIATIVE | DEC | Ebonyi | CBO |
| 13 | Oti Samuel | WOCHAD INITIATIVE | FINANCE OFFICER | Ebonyi | CBO |
| 14 | Uduma Michael | WOCHAD INITIATIVE | FINANCE OFFICER | Ebonyi | CBO |
| 15 | Isiaka Saheed Nno | WOCHAD INITIATIVE | VOLUNTEER | Ebonyi | CBO |
| 16 | Eseigbe Sunny | HIFASS LOPIN 3 | PROGRAM ASSISTANT | Ebonyi | CBO |
| 17 | Arisi Kenneth | HIFASS LOPIN 3 | CMPPPA | Ebonyi | CBO |
| 18 | Ogbedo Arinze | WOCHAD INITIATIVE | M&E OFFICER | Ebonyi | CBO |
| 19 | Aneh Francis Chika | WOCHAD INITIATIVE | PROGRAM MANAGER | Ebonyi | CBO |
| 20 | Orji Maria Uduma | WOCHAD INITIATIVE | ED | Ebonyi | CBO |
| 21 | Ezeh Otuomasinichi | DEADAN | ADMIN OFFICER | Ebonyi | CBO |
| 22 | Igwe Esther N. | DEADAN | OFFICE ATTENDANT | Ebonyi | CBO |
| 23 | Ikechukwu Ogbonna | DEADAN | PROGRAM OFFICER | Ebonyi | CBO |
| 24 | Stella Okwi-Eze | DEADAN | ED | Ebonyi | CBO |
| 25 | Ossi Samuel | DEADAN | M&E OFFICER | Ebonyi | CBO |
| 26 | Chukwu Favour | DEADAN | PROGRAM OFFICER | Ebonyi | CBO |
| 27 | Naomi William | CAACA | DATA CLERK | Cross River | CBO |
| 28 | Nnabuchi Ejike R. | CAACA | CORP MEMBER | Cross River | CBO |
| 29 | Iyam Ibiang | CAACA | OVC ASSISTANT | Cross River | CBO |
| 30 | Emmanuel Johnson | CAACA | VOLUNTEER | Cross River | CBO |
| 31 | Edem Cyril.E. | CAACA | VOLUNTEER | Cross River | CBO |
| 32 | Marlene Patrick | CAACA | VOLUNTEER | Cross River | CBO |
| 33 | Adarerhi Efe Judith | CAACA | CORP VOLUNTEER | Cross River | CBO |
| 34 | Nnah Jennifer.C. | CAACA | CORP VOLUNTEER | Cross River | CBO |
| 35 | Oghenovo Atarle | CAACA | CORP VOLUNTEER | Cross River | CBO |
| 36 | Daniel Ekpo | CAACA | WELFARE OFFICER | Cross River | CBO |
| 37 | William Itorok | CAACA | TECHNICAL LEAD | Cross River | CBO |
| 38 | Esther Dennis Osas | CAACA | ADMIN ASSISTANT | Cross River | CBO |
| 39 | Peter Offiong | CAACA | INTERNAL CONTROL | Cross River | CBO |
| 40 | Margaret Effiom | CAACA | ACCOUNT OFFICER | Cross River | CBO |
| 41 | Francis Esuk | CAACA | PROGRAM OFFICER | Cross River | CBO |
| 42 | Ilodinke Sharon | CAACA | VOLUNTEER | Cross River | CBO |
| 43 | Winifred Honesty | CAACA | VOLUNTEER | Cross River | CBO |
| 44 | Apebende Justin | OTF | M&E OFFICER | Cross River | CBO |
| 45 | Asi Archibong | OTF | M&E ASSISTANT | Cross River | CBO |
| 46 | Eme Item Osim | OTF | FINANCE VOLUNTEER | Cross River | CBO |
| 47 | Ita Oten (Jr.) | OTF | VOLUNTEER STAFF | Cross River | CBO |
| 48 | Victoria Enoch | OTF | FINANCE OFFICER | Cross River | CBO |
| 49 | Ajayi Emmanuel | OTF | FINANCE OFFICER | Cross River | CBO |
| 50 | Johnson Ekikere-Abasi | OTF | OFFICE ASSISTANT | Cross River | CBO |
| 51 | Obaseokanke Ofem.W. | LOPIN-3 | M&E OFFICER | Cross River | CBO |
| 52 | Dominion Bassey | OTF | PROGRAM MANAGER | Cross River | CBO |
| 53 | Eld.(Mrs.) Oten Eyo Ita | OTF | ED | Cross River | CBO |
| 54 | Justina Joseph | OTF | DATA CLERK | Cross River | CBO |
| 55 | Justice Eyo E. Ita | OTF | CHAIRMAN BOD | Cross River | CBO |
| 56 | Victoria Edet | LOPIN-3 | CASE MONITOR | Cross River | CBO |
| 57 | Ellis Bing-Etim | LOPIN-3 | CASE MONITOR | Cross River | CBO |
| 58 | Omede Ojimofe.S. | HIFASS | CASE MONITOR | Cross River | CBO |
| 59 | Asuquo Emmanuel.O. | NCF | FO | Cross River | CBO |
| 60 | Adams Theresa | NCF | COMMUNITY VOLUNTEER | Cross River | CBO |
| 61 | Cletus Bassey | NCF | PM | Cross River | CBO |
| 62 | Donald Omang | HIFASS | CASE MONITOR | Cross River | CBO |
| 63 | Vickie Emah-Emah | NCF | ED | Cross River | CBO |
| 64 | Esther Ekpengyong | NCF | COMMUNITY VOLUNTEER | Cross River | CBO |
| 65 | Lucky Ajazie | RHEMACARE | PM/STATE COORDINAYOR | Cross River | CBO |
| 66 | Uduak Akpan | RHEMACARE | M&E OFFICER | Cross River | CBO |
| 67 | Victor Aleje | LOPIN-3 | CASE MONITOR | Cross River | CBO |
| 68 | Njuatsap Shalla Ndop | RHEMACARE | FINANCE & ADMIN OFFICER | Cross River | CBO |
| 69 | Imaobong Umoren | RHEMACARE | PROGRAM OFFICER | Cross River | CBO |
| 70 | Felicitas Ekere | RHEMACARE | OFFICE VOLUNTEER | Cross River | CBO |
| 71 | Umoh Imoh Stephen | RHEMACARE | DATA CLERK | Cross River | CBO |
| 72 | Sharon Simpa | LOPIN-3 | CAPACITY & OD ADVISOR | Cross River | State |
| 73 | Agholor Okoh | LOPIN-3 | OVCA | Cross River | State |
| 74 | Helen Michael | LOPIN-3 | OVCA | Cross River | State |
| 75 | Onyeama Austyn | LOPIN-3 | GRANTS MANAGER | Cross River | State |
| 76 | Mary Umoh | LOPIN-3 | GENDER & HIV PREV ADVISER | Cross River | State |
| 77 | Etuk Blessing | LOPIN-3 | M&E ASSISTANT | Cross River | State |

1. President’s Emergency Plan for AIDS Relief [↑](#footnote-ref-1)
2. HKID is a PEPFAR budget code for funding to programs supporting orphans and vulnerable children affected by HIV/AIDS. [↑](#footnote-ref-2)