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Data Quality Audit Report for Luanshya Support Group and Action for Social Development Foundation

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1. Introduction

The Communications Support for Health (CSH) project supports the Government of the Republic of Zambia (GRZ) in implementing national health communication campaigns, including Safe Love. In order to roll out the campaign effectively, CSH engaged five civil society organisations (CSOs) at the beginning of 2012 to implement campaign activities at the community level. These five CSOs were awarded 6-month contracts each to implement Safe Love outreach activities in different communities across the country. In 2013, CSH re-engaged the five CSOs to strengthen the health communication amongst community members who are in the target population for the Safe Love campaign.

CSH is required to conduct quarterly data quality assessments (DQAs), an exercise in which all programme performance data presented to the United States Agency for International Development (USAID) are routinely assessed for completeness, timeliness, availability, and accuracy.

This report provides results of the DQAs conducted with two CSOs, Luanshya Support Group (LSG) and Action for Social Development Foundation (ASDF), that are supporting the second-phase rollout of the Safe Love campaign.

2. Objectives of the DQA Exercise

The DQA exercise had these two main objectives:

- I. To assess the quality of the data reported to CSH in terms of the following:
 - Completeness
 - Timeliness
 - Availability
 - Accuracy
- II. To assess the data recording and reporting systems and processes

3. Methodological Approach

3.1 Process for the Audit

The DQA was conducted with two CSOs, LSG and ASDF. ASDF has central offices within Mansa Luapula, although it implements activities in other parts of the Province country, while LSG is located in Copperbelt province and operates within Luanshya districts. The DQA was conducted between 11 and 17 August 2013, and included the following activities:

- Review the overall scope of work for the CSO contracts in order to clarify the set of indicators to be covered by the CSO;
- Perform a preliminary review of the data submitted to CSH over the 3-month implementation period; and
- Conduct a data verification exercise to assess the completeness, timeliness, availability, and accuracy of the data reported to CSH.

3.2 Reference Period for the Audit

The DQA process mainly focused on the months of May through July 2013.

3.3 Selected CSOs for the Audit

By alternating the CSOs and sub-grantees participating in DQAs on a quarterly basis, CSH ensures that each CSO/sub-grantee receives an audit at least once a year. For the quarter covering May through July 2013, CSH audited LSG and ASDF.

3.4 Indicators Selected for the Audit

The seven indicators below provide CSH with data to assess the performance of the CSOs in line with agreed contract deliverables and provide data for reporting on Presidential Emergency Plan for AIDS Relief (PEPFAR) indicators:

Lt 1: Number of community clubs formed

Lt2: Number of community outreach facilitators trained

Lt3: Number of target population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required

Lt4: Number of target population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness and are based on evidence and/or meet the minimum standards required

Lt5: Number of active club members

Lt6: Number of males reached with voluntary medical male circumcision (VMMC) messages as part of demand creation

Lt7: Number of information exchange communication (IEC) materials or condoms distributed

3.5 Definition of Terms

For the DQA exercise, the following terms were defined:

- Availability—reports were physically accessible at the time of the DQA;
- Timeliness—reports were submitted on the date that was agreed upon by the CSO and its remote sites and between the CSO and CSH;
- Completeness—reports covered the reporting period being audited, were submitted in the correct format (using CSH data collection and reporting forms), covered all

relevant indicators as provided by CSH, and have been approved by people submitting reports to the CSO and CSH; and

- Accuracy—the reported numbers on indicators of interest are equal to the verified numbers.

4. Findings of the DQA

4.1 LSG

4.1.1 Staffing Levels and Responsibilities

LSG has two officers, the monitoring and evaluation (M&E) officer and the programme officer at the central level, who help with data verification, aggregation, and reporting. The M&E officer is responsible for entering the data into an electronic database, as well as generating reports for donor reporting and compiling other reports for programme management.

4.1.2 Recording and Reporting Systems and Processes

The facilitators, 50 in total at the time of the audit, are the primary data collectors in the field. In a given month, they collect data on all activities and, using the forms provided by CSH, submit them to the coordinators at the central level on the 25th day of every month. After the coordinators have verified and checked the data for errors, they send the data to the next level—data entry—for inclusion into an electronic database. The findings showed that data verification is mainly done by the programme officers and that the director is the designated person who signs off on the final report that is submitted to CSH.

4.1.3 Data Verification Process for LSG

Table 1 below shows the data that LSG collected, aggregated, and reported to CSH during the period from May through July 2013 (refer to “Reported” column). The last two columns in the table report on the results of the audit, showcasing if the results were verified by records and if there were any differences (referred to as variance) in the numbers reported versus the numbers verified by record.

Table 1: Data Accuracy Results by Indicator—LSG

Code	Indicators	Month	Reported	Verified	Variance
Lt1	Number of community clubs formed	May	30	30	0
		June	16	16	0
		July	4	4	0
Lt2	Number of community outreach facilitators trained	May	50	50	0
		June	0	0	0
		July	0	0	0
Lt3	Number of targeted population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	May	649	649	0
		June	732	732	0
		July	1035	1035	0
Lt4	Number of targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness and are based on evidence and/or meet the minimum standards required	May	317	317	0
		June	498	498	0
		July	464	464	0
Lt5	Number of active club members	May	497	497	0
		June	640	640	0
		July	719	719	0

Lt6	Number of males reached with VMMC messages as part of demand creation	May	152	152	0
		June	222	222	0
		July	224	224	0
Lt7	Number of IEC materials or condoms distributed	May	818	818	0
		June	939	939	0
		July	426	426	0

The table above shows data that were collected from **50** facilitators from different remote sites in Luanshya. As depicted in Table 1, the data verification processes demonstrated that for all the indicators there were no differences between verified results and reported results. The audit established that this was mainly due to fewer activities in the initial stages of phase two, allowing the organisation to work with smaller, manageable numbers. In addition, there has been notable capacity building in the first phase. Results on Availability, Timeliness, and Completeness

Table 2: Summary of Data Availability, Timeliness, and Completeness of Reports—LSG

Indicator	May	Percent	June	Percent	July	Percent
Total number of reports expected	30		46		50	
Number of reports available (Availability)	30	100	46	100	50	100
Number of reports submitted on time (Timeliness)	30	100	46	100	50	100
Number of complete reports (Completeness)	30	100	46	100	50	100

In May, 30 out of 30 facilitators submitted their reports. In June, 46 out of 46 facilitators submitted reports, and in July, 50 out of 50 facilitators submitted reports. It is worth noting that the number continued to increase because the CSO had just started operating, and forming clubs was ongoing until the CSO met the required number of facilitators. The only weakness noted was that the CSO did not know when the clubs had planned to meet. All reports were submitted on time and were complete.

4.1.4 Recommendations

The only weakness that CSH observed with LSG was that the CSO has no schedule for the club meetings. It is therefore recommended that the CSO make a schedule of club meetings and list who is responsible for each club.

4.2 ASDF

4.2.1 Staffing Levels and Responsibilities

ASDF has one person (an M&E officer) responsible for M&E at the central level. This person oversees data verification, aggregation, and reporting. The executive director and four other coordinators also provide support to the M&E officer. Each of the coordinators have been allocated an area for which he or she is responsible, particularly for field work.

4.2.2 Recording and Reporting Systems and Processes

ASDF has 45 club facilitators who are responsible for daily data collection on all activities under the Safe Love campaign. On a monthly basis, the facilitators submit their reports to the coordinators at the central level for further verification and onward transmission to the M&E officer. The M&E officer handles data collection and CSH reports using reporting templates provided by CSH. The final report is checked and endorsed by the executive director before being sent to CSH.

Data processing, including reporting, currently is done manually, as the organisation does not have an electronic database in place.

4.2.3 Data Verification Process for ASDF

Table 3 below shows the data that were collected, aggregated, and reported to CSH by ASDF during the period from May through July 2013 (refer to “Reported” column). The last two columns in the table report on the results of the audit, showcasing if the results were verified by records and if there were any differences (referred to as variance) in the numbers reported versus the numbers verified by record.

Table 3: Data Accuracy Results by Indicator—ASDF

Code	Indicators	Month	Reported	Verified	Variance
Lt1	Number of community clubs formed	May	90	90	0
		June	0	0	0
		July	0	0	0
Lt2	Number of community outreach facilitators trained	May	45	45	0
		June	0	0	0
		July	0	0	0
Lt3	Number of targeted population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	May	0	0	0
		June	1,131	1,131	0
		July	765	765	0
Lt4	Number of targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness and are based on evidence and/or meet the minimum standards required	May	0	0	0
		June	178	178	0
		July	413	413	0
Lt5	Number of active club members	May	0	0	0
		June	1,137	1,137	0
		July	401	401	0

Lt6	Number of males reached with VMMC messages as part of demand creation	May	0	0	0
		June	60	60	0
		July	228	228	0
Lt7	Number of IEC materials or condoms distributed	May	888	0	888
		June	0	0	0
		July	0	0	0

Table 3 shows data that were collected from 90 remote sites served by ASDF; the data were then aggregated and reported to CSH. For indicator Lt1, no clubs were formed in June and July. Since clubs were formed once in May, no data were reported. Indicator Lt2 shows that 45 community outreach facilitators were trained in May.

As depicted in Table 3, there were no differences between verified results and reported results for most of the indicators.

Lastly, with respect to the number of IEC materials distributed (indicator Lt7), the audit established that no records on distribution of materials are kept by the CSO. There were no records to show both the number of IEC materials received from CSH and the IEC materials distributed to the community. As a result of these findings, the number of IEC materials distributed could not be verified, hence the variance of 888. The data for June and July were zero because of the same challenge.

Report on Availability, Timeliness, and Completeness

Table 4: Summary on Availability, Timeliness, and Completeness of Reports

Indicator	May	Percent	June	Percent	July	Percent
Total number of reports expected	NA		90		90	
Number of reports available (Availability)	NA	0	90	100	90	100
Number of reports submitted on time (Timeliness)	NA	0	45	50	90	100
Number of complete reports (Completeness)	NA	0	45	50	90	100

In a given month, ASDF is expected to receive a total of 90 reports. The 90 reports were the available reports for both June and July at the time of the audit. However, during the same period, only 45 out of 90 reports, or 50 percent, were received on time and were complete. On the other hand, during July, 100 percent of the reports were submitted on time and all reports were complete.

4.2.4 Recommendations

ASDF's current practice is to forward the data collected from the facilitators directly to the M&E officer without the four coordinators rigorously verifying the reports. At the time of reporting, ASDF had no schedule as to when the clubs meet.

It is therefore recommended that

- Coordinators at the central level also verify the reports before forwarding them to the M&E officer for further verification and reporting to CSH, and
- The CSO make a schedule detailing when the clubs meet and a list showing who is responsible for each club.

5. Conclusion

The DQA provided insight into the M&E system that LSG and ASDF use to collect, process and report data to CSH. The DQA also served as a capacity-building exercise, since exit feedback was given to LSG and ASDF immediately after the exercise was completed. In addition, the DQA provided an opportunity for CSH to understand where the CSO is finding difficulties in providing data in the forms that are required by CSH.

6. Way Forward

In view of the above-mentioned issues, CSH will ensure that the following are accomplished:

- The CSOs will make a schedule detailing when the clubs meet and a list showing who is responsible for each club.
- The CSOs will use more rigorous data verification systems and schedule for report completion at ASDF.