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Data Quality Audit Report for Latkings Outreach Program, SAFAIDS, and PRIDE Community Health Group

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1. Introduction

The Communications Support for Health project (CSH) supports the Government of the Republic of Zambia (GRZ) to implement national health communication campaigns. One of the campaigns being implemented is Safe Love. In order to roll out the campaign effectively, CSH engaged civil society organisations (CSOs) to implement campaign activities at the community level. Five CSOs were engaged at the beginning of 2012 and were awarded 6-month contracts each to implement Safe Love outreach activities in different communities across the country.

CSH is required to conduct quarterly data quality assessments (DQA), 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 DQA conducted with three CSOs that are supporting the roll-out of the Safe Love campaign.

2. Objectives of the DQA Exercise

The DQA exercise had two main objectives, namely:

- 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 three CSOs, Latkings Outreach Program, South Africa HIV/AIDS Information Dissemination Service (SAFAIDS), and PRIDE Community Health Organization. Latkings and SAFAIDS have central offices within Lusaka, although they implement activities in other parts of the country, while PRIDE is located outside of Lusaka. The DQA was conducted between 20 and 30 October 2012, 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 6-month implementation period; and
- Conduct a data verification exercise in terms of 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 and June 2012. However, in instances when data were not available for a particular indicator in a given month, either the preceding month or the following month was selected to replace that particular month, provided the selected month had sufficient data on indicators of interest.

3.3 Selected CSOs for the Audit

CSH currently works with five CSOs and two sub-grantees. For this first audit, three CSOs were selected to participate. These three CSOs were selected based on the fact that they collect large volumes of data and cover a wider geographical area. Another reason for their selection is due to the amount of work involved in conducting the actual audit. The 10-day period allocated to the DQA was only sufficient to cover the three CSOs, and not all five. The next phase of the DQA will include the remaining two CSOs, CHAMP and Afya Mzuri, as the period for the DQA will be longer.

The DQA focused on the following CSOs:

- Latkings Outreach Programs
- PRIDE Community Health Organisation
- SAFAIDS

3.4 Indicators Selected for the Audit

The indicators below provide CSH with data to assess the performance of CSOs in line with agreed contract deliverables and at the same time provide data for reporting on Presidential Emergency Plan for AIDS Relief (PEPFAR) indicators. The following five reportable indicators were therefore selected:

- Lt 1: Number of community clubs formed
- Lt2: Number of community outreach facilitators trained
- Lt3: Number of individuals reached with behaviour change communication (BCC) outreach activities
- Lt4: Number of active club members
- Lt5: Number of information exchange communication (IEC)/BCC materials distributed

3.5 Definition of Terms

For the DQA exercise, the terms availability, timeliness, completeness, and accuracy were defined as the following:

- 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 their 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 signed off by people submitting to the CSO and CSH; and
- Accuracy—the reported numbers on indicators of interest are equal to the verified numbers.

4. Findings of the Data Quality Audit

4.1 Latkings

4.1.1 Staffing Levels and Responsibilities

Latkings has four coordinators at central level who help with data verification, aggregation, and reporting. There is also a data entry officer who 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, 54 in total, are the primary data collectors in the field. In a given month, they collect data on all activities using the forms provided by CSH and 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—the data entry office—for entry into an electronic database. The findings showed that data verification is mainly done by the coordinators; however, the database also does validation checks to further assess the data for errors and inconsistencies.

The findings showed that there is no designated person who signs off on the final report that is submitted to CSH.

4.1.3 Data Verification Process for Latkings

Table 1: Variance Analysis by Indicator—Latkings

Code	Indicators	Month	Reported	Verified	Variance
Lt1	Number of community clubs formed	May	3	2	(1)
		June	0	0	0
Lt2	Number of community outreach facilitators trained	May	60	60	0
		June	0	0	0
Lt3	Number of individuals reached with BCC outreach activities	May	0	0	0
		June	1,995	4,644	2,649
Lt4	Number of active club members	May	212	1,481	1,269
		June	0	1,605	1,605
Lt5	Number of IEC materials distributed	May	1,883	1,088	(795)
		June	2,540	3,137	597

The table above shows data that was collected from 54 remotes sites across the country, aggregated and reported to CSH. As depicted in Table 1, the data verification processes demonstrated that for indicators Lt1 and Lt2, there were insignificant differences between verified results and reported results. However, there were large variances found for the verified-against reported numbers on indicators Lt3, Lt4, and Lt5. On indicator Lt3, for June, there was a positive variance of 2,649, which implies that the number of people reached with BCC outreach activities was underreported by 2,649. The audit established that this was mainly due to delays by one site in submitting its June report on time. This meant that figures for that site were not added to the figure that was reported to CSH at the time of reporting.

On indicator Lt4, for both May and June, there were positive variances, which implies that the number of active club members was underreported by 1,269 in May and by 1,605 in June. The reasons for underreporting the number of active club members were due to a misunderstanding of how to count the number of “active” club members, as well as numerical calculation errors. Indicator Lt5 shows a different picture for May. There was a

negative variance of 795, which shows that the number of IEC materials distributed was overreported by 795 in May. In June, conversely, the table shows that the number of IEC materials distributed was underreported by 597. The variances on the number of IEC materials distributed were mainly due to numerical calculation errors.

4.1.4 Results on Availability, Timeliness, and Completeness

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

Indicator	May	Percent	June	Percent
Total number of reports expected	54		54	
Number of reports available (Availability)	54	100	54	100
Number of reports submitted on time (Timeliness)	53	98	54	100
Number of complete reports (Completeness)	53	98	54	100

On a monthly basis, Latkings expects to receive a total of 54 reports from the facilitators implementing activities for the Safe Love campaign. In May, all 54 sites submitted their reports. However, only 53 out of the 54 sites submitted their reports on time, and 53 out of 54 sites submitted complete reports. In June, all 54 sites submitted their reports, and all reports were submitted on time and were complete.

4.1.5 Recommendations

The greatest weaknesses observed with Latkings are the lack of a rigorous data verification system and misunderstanding of the indicators by the coordinators. The audit established that, although coordinators are the first point of contact for the reports that are submitted by facilitators, they do not allocate ample time to verify the reports they receive and do not have a full understanding of the indicators on which data are being collected.

It is therefore recommended that

- Coordinators, together with the data entry person, allow ample time to verify the reports before the data are entered into the electronic database and reported to CSH.
- CSH should revise the club registers so that they clearly capture the number of “active” club members. This will make it easy for the CSOs to collect and report accurate data on the number of active club members.

- Latkings should ensure that it provides enough logistical and technical support to the facilitators to ensure that all reports are submitted on time.
- CSH should provide an indicator dictionary as a reference material for the CSOs.

4.2 PRIDE Community Health Organisation

4.2.1 Staffing Levels and Responsibilities

PRIDE has one person (a monitoring, evaluation, and planning manager) responsible for monitoring and evaluation at the central level. This person is responsible for data verification, aggregation, and reporting. The programme manager and three other coordinators also provide support to the monitoring, evaluation, and planning manager on an ad hoc basis, particularly when there is an increase in the workload.

4.2.2 Recording and Reporting systems and processes

PRIDE has 50 facilitators who are responsible for data collection on a daily basis. These facilitators collect data 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 monitoring, evaluation, and planning manager for data collation and reporting to CSH 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. However, the organisation has engaged a consultant to develop an electronic database, with the view of speeding up the data management process for the organisation. With this development, recruitment of a data entry person is also in the pipeline.

4.2.3 Data Verification Process for PRIDE

Table 3: Variance Analysis by Indicator—PRIDE

Code	Indicators	Month	Reported	Verified	Variance
Lt1	Number of community clubs formed	April	0	0	0
		May	0	0	0
Lt2	Number of community outreach facilitators trained	April	50	48	(2)
		May	0	0	0

Lt3	Number of individuals reached with BCC outreach activities	April	2,347	2,145	(202)
		May	2,424	2,382	(42)
Lt4	Number of active club members	April	1,832	0	N/A
		May	1,960	0	N/A
Lt5	Number of IEC materials distributed	April	117	0	(117)
		May	0	0	0

The table above shows data that were collected from 50 remote sites served by PRIDE Community Health Organisation; the data were then aggregated and reported to CSH. Table 3 shows indicator values for the months of April and May, as there were no major activities conducted in June. For indicator Lt1, no clubs were formed in April and May, and therefore no data were reported. Indicator Lt2 shows that 50 community outreach facilitators were trained in April. However, the data verification processes demonstrated that only 48 individuals were actually trained.

Indicator Lt3 shows that 2,347 people were reported to have been reached in April, but the audit established that 2,145 were actually reached. Therefore, indicator Lt3 was overreported by 202 individuals during April. In May, 2,424 individuals were reported to have been reached, but the audit further established that only 2,382 individuals were actually reached. Therefore, indicator Lt3 was overreported by 42 individuals during May. For both April and May, the observed variances were mainly due to numerical calculation errors.

For indicator Lt4, it was difficult to establish the true value for the number of active club members because the club registers were not arranged by month. The audit also established that the club registers have no provision for date, which makes it virtually impossible to arrange the record by month, especially if the records are moved from the original files, as was the case when PRIDE was asked to carry all of their records to a feedback meeting held at CSH in September 2012.

Lastly, with respect to the number of IEC materials distributed (indicator Lt5), 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 117.

4.2.4 Report on Availability, Timeliness, and Completeness

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

Indicator	April	Percent	May	Percent
Total number of reports expected	54		54	
Number of reports available (Availability)	54	100	54	100
Number of reports submitted on time (Timeliness)	36	67	50	92
Number of complete reports (Completeness)	36	67	54	100

In a given month, PRIDE is expected to receive a total of 54 reports. The 54 reports were the available reports for both April and May at the time of the audit. However, during April only 36 out of 54 reports, or 67 percent, were received on time and were complete. On the other hand, during May, 92 percent of the reports were submitted on time and all reports were complete.

4.2.5 Recommendations

The current practice in PRIDE is such that the data collected from the facilitators are forwarded directly to the monitoring, evaluation, and planning manager without the three coordinators rigorously verifying the reports.

It is therefore recommended that

- Coordinators at the central level also verify the reports before forwarding them to the monitoring, evaluation, and planning manager for further verification and reporting to CSH.
- CSH should revise the club registers so that they clearly capture the number of “active” club members. This will make it easy for the CSOs to collect and report accurate data on the number of active club members.
- With CSH support, PRIDE should develop a system for documenting the number and type of materials received and distributed.
- CSH should provide an indicator dictionary as a reference material for the CSOs.

4.3 SAFAIDS

4.3.1 Staffing Levels and Responsibilities

SAFAIDS has three programme officers at the central level who help with data verification aggregation and reporting. A part-time data entry 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.

4.3.2 Recording and Reporting Systems and Processes

SAFAIDS has the largest pool of facilitators, totaling 135. These operate in three provinces, including Copperbelt, Central, and Lusaka. These are the primary data collectors on activities under the Safe Love campaign. Once the facilitators collect the data, it is forwarded to the district coordinators, who in turn photocopy all the reports, keep a copy for the site, and send a photocopy to SAFAIDS central level for data aggregation and reporting to CSH.

After the data have been verified and checked for errors by the programme officers, it is sent to the next level for entry into an electronic database. This database is well developed and helps to supplement the data verification process by way of a built-in validation system used to trace errors and inconsistencies in the data.

The findings showed that the executive director and the senior programme officer sign off on the final report that is submitted to CSH on a monthly basis.

4.3.3 Data Verification Process for SAFAIDS

Table 5: Variance Analysis by Indicator—SAFAIDS

Code	Indicators	Month	Reported	Verified	Variance
Lt1	Number of community clubs formed	May	0	0	0
		June	0	0	0
Lt2	Number of community outreach facilitators trained	May	0	0	0
		June	0	0	0
Lt3	Number of individuals reached with BCC outreach activities	May	21,090	34,918	13,828
		June	25,718	32,285	6,576

Lt4	Number of active club members	May	4,050	1,997	(2,053)
		June	4,050	1,886	(2,164)
Lt5	Number of IEC materials distributed	May	4,837	23,304	18,467
		June	14,833	28,515	13,682

The table above shows data that were collected from 135 remotes sites under SAFAIDS, aggregated and reported to CSH. Table 5 shows indicator values for May and June. For indicator Lt1, no clubs were formed in May and June, and therefore no data were reported. The same applies to indicator Lt2: No community outreach facilitators were trained. Conversely, the number of people with BCC outreach activities (indicator Lt3) had positive variances of 13,828 and 6,576 for May and June, respectively. This is a reflection that, for both months, the number of individuals reached with BCC outreach activities was underreported. The underreporting was mainly attributed to two sites that did not submit their reports on time due to logistical problems and errors emanating from lost records during the process of data aggregation.

With respect to the number of active club members (indicator Lt4), the audit established that during May there was a negative variance of 2,053, which means that the May figures were overreported—a reported figure of 4,050 against a verified figure of 1,997. The same pattern followed in June; a negative variance of (2,164) was established, a reported figure of 4,050 against a verified figure of 1,886. Underreporting, which was noted in May and June on the number of active club members, (indicator LT4), was attributed mainly to a misunderstanding of the aspect of “active” as it relates to club membership.

With respect to the number of IEC materials distributed (indicator Lt5), the audit established that for both May and June, there were positive variances, which indicated that the number of IEC materials distributed were underreported by 18,467 and 13,682 in May and June, respectively. This is because, for both May and June, the sites did not add condom wallets as part of IEC materials and the two sites that did not submit their reports on time were not included in the reported number.

4.3.4 Report on Availability, Timeliness, and Completeness

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

Indicator	May	Percent	June	Percent
Total number of reports expected	25		25	
Number of reports available (Availability)	25	100	25	100
Number of reports submitted on time (Timeliness)	23	92	24	96
Number of complete reports complete (Completeness)	23	92	24	96

The table above shows the findings in terms of data availability, completeness, and timeliness. In a given month, SAFAIDS is expected to receive a total of 25 reports from nine districts. At the time of the audit, 25 reports were available. However, during May only 23 out of 25 reports, or 96 percent of the reports, were received on time.

4.3.5 Recommendations

The audit showed that data verification and aggregation takes place at the central level and that all reports from the 25 district coordinators are photocopied and sent to SAFAIDS central office. No summary reports on indicators are available at the district level except photocopies of the raw data.

It is therefore strongly recommended that

- District coordinators compile summary reports in line with CSH reporting requirements and send copies to the central level, instead of forwarding all the raw data to the central office.
- SAFAIDS should come up with a system of ensuring that data are rigorously verified before it is aggregated and reported to the next level. This will help to reduce numerical calculation errors, which were noted during the audit.
- SAFAIDS should provide sufficient logistical support to the sites to ensure that all site reports are received on time.
- CSH should revise the club registers so that they clearly capture the number of “active” club members. This will make it easy for the CSOs to collect and report accurate data on the number of active club members.

5. Conclusion

The DQA provided an insight into the partners' monitoring and evaluation systems that are used to collect, process, and report data to CSH. The DQA also acted as a capacity-building exercise, since exit feedback was given to the CSOs immediately after the exercise was completed. In addition, the DQA provided an opportunity for CSH to understand where the CSOs are 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 completed before the next grants are awarded to the CSOs:

- Revise the club registers so that the forms are able to capture active club members;
- Develop forms that can be used by CSOs to capture IEC/BCC materials received and distributed;
- Develop an indicator dictionary that can be used as a reference document by the CSOs; and
- Train the CSOs in the new data collection tools and data aggregation and reporting mechanisms that will help to ensure that the data that are reported are available, accurate, complete, and on time for every reporting period.