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Data Quality Audit Report for Latkings Outreach Programme, Southern Africa HIV and AIDS Information Dissemination Service, and Pride Community Health Organisation

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1. Introduction

The Communications Support for Health (CSH) project supports the Government of the Republic of Zambia in implementing national health communication campaigns, including a large scale HIV prevention campaign called 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 USAID are routinely assessed for completeness, timeliness, availability, and accuracy.

This report provides results of the DQAs conducted with three CSOs: Latkings Outreach Programme, Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), and Pride Community Health Group, which 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:

- To assess the quality of the data reported to CSH in terms of its accuracy, completeness, timeliness and availability; and
- 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: SAfAIDS, Latkings, and Pride. SAfAIDS has central offices Lusaka, although it implements activities in Central province. Latkings has offices in Lusaka and operates in Lusaka district while Pride is located in Lusaka province and operates in Kafue district. The DQA was conducted between 16 and 23 December 2013.

The DQA involved 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 October, November, and December 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 October through December 2013, CSH audited Pride, Latkings, and SAfAIDS.

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 offer data for reporting on Presidential Emergency Plan for AIDS Relief indicators:

1. Number of community clubs formed
2. Number of community outreach facilitators trained
3. 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
4. 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
5. Number of active club members
6. Number of males reached with voluntary medical male circumcision (VMMC) messages as part of demand creation
7. Number of information exchange communication (IEC) materials or condoms distributed

3.5. Definition of Terms

For the DQA exercise, the following terms were defined:

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

4. Findings of the DQA

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. Also, a data entry officer enters the data into an electronic database, generates reports for donor reporting, and compiles other reports for programme management.

4.1.2 Recording and Reporting Systems and Processes

The facilitators, 25 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 verify and check the data for errors, they send the data to the next level—the data entry office—for inclusion 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 the Executive Director is the designated person who signs off on the final report that is submitted to CSH.

4.1.3 Data Verification Process for Latkings

Table 1: Accuracy of Reporting (Variance Analysis) by Indicator—Latkings

No.	Indicators	Month	Reported	Verified	Variance
1	Number of community clubs formed	Oct	0	0	N/A
		Nov	0	0	N/A
		Dec	0	0	N/A
2	Number of community outreach facilitators trained	Oct	25	25	0
		Nov	0	0	0
		Dec	0	0	0
3	Number of the 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	Oct	4,228	5,712	+1,484
		Nov	5,146	5,146	0
		Dec	2,404	3,188	+784
4	Number of the 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	Oct	1,424	1,424	0
		Nov	2,265	2,265	0
		Dec	784	784	0
5	Number of active club members	Oct	939	939	0
		Nov	915	915	0
		Dec	881	760	-121
6	Number of males reached with VMMC messages as part of demand creation	Oct	1,234	1,234	0
		Nov	1,307	1,307	0

No.	Indicators	Month	Reported	Verified	Variance
		Dec	1,137	1,137	0

Table 1 shows data that were collected from 25 remote sites across Lusaka, aggregated, and reported to CSH. 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. As depicted in Table 1, the data verification processes demonstrated that for indicators 1, 2, 4, 6, and 7, there were no differences between verified results and reported results. However, there were large variances found for the verified versus reported numbers on indicator 3 for October and December, and there was a positive variance of 1,484 in October and 784 in December, which implies that the number of people reached with other preventions and abstinence and/or faithfulness messages was underreported by 1,484 and 784. The audit established that this was mainly due to the CSOs' lack of understanding and paying attention to detail. This meant that figures were not added to the sum that was reported to CSH at the time of reporting. The other reasons for underreporting arose from numerical calculation errors and a misunderstanding of how to count the number of the targeted population reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required.

Indicator 5, for December, showed negative variance, which implies that the number of active club members was overreported by 121 in December. The reasons for overreporting the number of active club members were due to numerical calculation errors of active club members, as well as the fact that the CSO did not take into consideration the fact that about five club facilitators stopped working.

4.1.4 Results on Availability, Timeliness, and Completeness

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

Indicator	Oct	Percent	Nov	Percent	Dec	Percent
Total number of reports expected	25		25		19	
Number of reports available (availability)	25	100	25	100	19	100
Number of reports submitted on time (timeliness)	25	100	25	100	19	100
Number of complete reports (completeness)	25	100	25	100	19	100

Table 2 provides a summary on data availability, timeliness and completeness of reports from Latkings. On a monthly basis, Latkings expects to receive a total of 25 reports from the facilitators implementing activities for the Safe Love campaign. In October and November, all 25 sites submitted their reports. In December, only 19 sites submitted their reports, but those reports were submitted on time and were complete. The reduction in the number of expected reports dropped to 19 because five facilitators have abandoned their clubs.

4.1.5 Recommendations

The greatest weaknesses that CSH observed with Latkings were the lack of paying attention to detail 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. For example, the facilitators thought the indicators were the same indicators that were being collected as in the first phase.

It is therefore recommended that:

- Coordinators and monitoring and evaluation (M&E) facilitators should understand the definitions of indicators clearly and pay attention to detail. The CSOs should take stock of all the active clubs and update CSH appropriately 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 information for facilitators before engaging them in order to avoid a situation where facilitators fall off along the way because of misunderstandings of what they expect from Latkings.
- The Latkings M&E unit should be using the manual provided by CSH.

4.2. Pride Community Health Organisation

4.2.1 Staffing Levels and Responsibilities

Pride has one person (monitoring, evaluation, and planning manager) who monitors and evaluates at the central level. This person oversees data verification, aggregation, and reporting. The programme manager and two other coordinators also provide support to the monitoring, evaluation, and planning manager in verifying the data.

4.2.2 Recording and Reporting systems and processes

Pride has 25 facilitators who collect data 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. The coordinators then submit the reports 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, which is still in the pilot stage, with the view of speeding up the data management process for the organization. Pride has also recruited a data entry person who will be responsible for entering data into the new electronic database.

4.2.3 Data Verification Process for Pride

Table 3: Accuracy of Reporting (Variance Analysis) by Indicator—Pride

No.	Indicators	Month	Reported	Verified	Variance
1	Number of community clubs formed	Oct	0	0	N/A
		Nov	0	0	N/A

No.	Indicators	Month	Reported	Verified	Variance
		Dec	0	0	N/A
2	Number of community outreach facilitators trained	Oct	0	0	N/A
		Nov	0	0	N/A
		Dec	0	0	N/A
3	Number of the 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	Oct	4,084	4,838	+754
		Nov	3,236	4,388	+1,152
		Dec	1,719	3,130	+1,411
4	Number of the 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	Oct	645	645	0
		Nov	956	956	0
		Dec	1,291	1,291	0
5	Number of active club members	Oct	254	254	0
		Nov	281	281	0
		Dec	282	282	0
6	Number of males reached with VMMC messages as part of demand creation	Oct	109	109	0
		Nov	196	196	0
		Dec	120	120	0
7	Number of IEC materials or	Oct	0	0	0

No.	Indicators	Month	Reported	Verified	Variance
	condoms distributed	Nov	12	12	0
		Dec	50	50	0

Table 3 shows data that were collected from 25 remote sites served by Pride; the data were then aggregated and reported to CSH. Table 3 presents indicator values for the months of October, November, and December. For indicator 1, clubs were formed once in May 2013; no additional clubs were formed in October, November, and December; therefore, no data were reported. Similarly, for Indicator 2, no trainings for community facilitators were held during the three months. However, in November and December, the data verification process revealed that out of the 25 trained, only 20 were active as five dropped out of the programme.

There was a large positive variance in Indicator 3. It shows that 4,084 people were reported to have been reached in October, but the audit established that 4,838 were actually reached. Therefore, indicator 3 was underreported by 754 individuals during October. In November, 3,236 individuals were reported to have been reached, but the audit further established that 4,388 individuals were actually reached. Therefore, indicator 3 was underreported by 1,152 individuals during November. In December, 1,719 people were reported to have been reached; however, the audit revealed that 3,130 was the number reached, meaning the indicator was underreported by 1,411. For all the three months in question, the observed variances were mainly due to numerical calculation errors and a misunderstanding of how to calculate the indicators coupled with the coordinators' lack of attention to detail.

Indicators 4, 5, 6, and 7 did not show any significant difference between the reported and verified.

4.2.4 Results on Availability, Timeliness, and Completeness

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

Indicator	Oct	Percent	Nov	Percent	Dec	Percent
Total number of reports expected	25		25		25	

Indicator	Oct	Percent	Nov	Percent	Dec	Percent
Number of reports available (availability)	25	100	25	100	20	80
Number of reports submitted on time (timeliness)	25	100	25	100	20	80
Number of complete reports (completeness)	25	100	25	100	20	80

Table 4 provides a summary on data availability, timeliness and completeness of reports from Pride. In a given month, Pride is expected to receive a total of 25 reports. The 25 reports were available for both October and November at the time of the audit. However, for December, there were only 20 reports available out of the 25 expected, and there were no hard copies of the reports that Pride submits to CSH.

4.2.5 Recommendations

The current practice in Pride calls for the three coordinators to forward the data collected from the facilitators to the monitoring, evaluation, and planning manager, and then on to the programme manager.

It is, therefore, recommended that:

- The programme manager verify the data rigorously before forwarding it to the executive director for further verification and reporting to CSH.
- Coordinators and M&E should understand the definitions of indicators clearly and pay attention to detail.
- Pride should take stock of all the active clubs and update CSH appropriately so that they clearly capture the number of active club members. Some club members were being marked “active” when only attending one meeting. This will make it easy for the CSOs to collect and report accurate data on the number of active club members.
- The CSO should ensure that it provides enough information for facilitators before engaging them in order to avoid a situation where facilitators fall off along the way because of misunderstandings of what they expect from Pride.
- Pride should ensure that they file hard copies of the reports they send to CSH.
- The Pride M&E unit should be using the manual provided by CSH.

4.3. SAfAIDS

4.3.1 Staffing Levels and Responsibilities

SAfAIDS has two programme officers at the central level who help with data verification aggregation and reporting. Two part-time data entry officers enter the data into an electronic database, as well as generate 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 30. They operate in Central province. They 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: Accuracy of Reporting (Variance Analysis) by Indicator—SAfAIDS

No.	Indicators	Month	Reported	Verified	Variance
1	Number of community clubs formed	Oct	0	0	N/A
		Nov	0	0	N/A
		Dec	0	0	N/A
2	Number of community outreach facilitators trained	Oct	30	30	0
		Nov	30	30	0
		Dec	30	27	-3

No.	Indicators	Month	Reported	Verified	Variance
3	Number of the 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	Oct	6,802	6,957	+155
		Nov	7,223	7,257	+34
		Dec	7,848	8,255	+407
4	Number of the 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	Oct	0	0	0
		Nov	0	0	0
		Dec	0	0	0
5	Number of active club members	Oct	561	561	0
		Nov	471	471	0
		Dec	833	833	0
6	Number of males reached with VMMC messages as part of demand creation	Oct	155	155	0
		Nov	34	34	0
		Dec	407	407	0
7	Number of IEC materials or condoms distributed	Oct	0	0	0
		Nov	0	0	0
		Dec	23	23	0

Table 5 shows data that were collected from 30 remote sites under SAFAIDS, aggregated, and reported to CSH. The table shows indicator values for October, November, and

December. For indicator 1, no clubs were formed in October, November, and December; therefore, no data were reported. The same applies to indicator 2 in October and November: No community outreach facilitators were trained. The table indicates 27 in December because, out of the 30 who were initially trained, three dropped out of the programme. Conversely, the number of people with behaviour change communication (BCC) outreach activities (indicator 3) had positive variances of 155, 34, and 407 for October, November, and December, respectively. This is a reflection that, for all three months, the number of individuals reached with BCC outreach activities was underreported. The underreporting was mainly attributed to misunderstanding how to calculate the indicator, and some sites did not submit their reports on time due to logistical problems and errors emanating from lost records during the process of data aggregation. The other problem could be that the 30 remote sites are run by subcontracted community-based organisations (CBOs) with little ownership of the data. Furthermore, the CSO did seem to know the specific details on the indicator number 3.

With respect to the number of targeted population members reached with small group-level prevention interventions (indicator 4), there was no variance, just as for indicators 5, 6, and 7. Rather, the CSO did not collect data on indicator 4.

4.3.4 Results on Availability, Timeliness, and Completeness

Table 6: Summary on Availability, Timeliness, and Completeness of Reports—SAfAIDS

Indicator	Oct	Percent	Nov	Percent	Dec	Percent
Total number of reports expected	60		60		60	
Number of reports available (availability)	60	100	60	100	60	100
Number of reports submitted on time (timeliness)	18	30	18	30	18	30
Number of complete reports (completeness)	60	100	60	100	60	100

Table 6 provides a summary on data availability, timeliness and completeness of reports from SafAIDS. In a given month, SAfAIDS expects to receive a total of 60 reports from three districts. At the time of the audit, 60 reports were available. However, during the same

period, October to December, only 30 percent, or 18 out of the 60 reports, were received on time.

4.3.5 Recommendations

The audit showed that data from the 30 district coordinators are compiled and sent to the SAfAIDS central office. However, local persons who are employed by the CBOs do not take ownership of the data; hence, they don't seem to worry so much about sending the data late.

It is, therefore, strongly recommended that:

- SAfAIDS should employ district coordinators to compile summary reports in line with CSH reporting requirements.
- SAfAIDS should come up with a system of ensuring that data are rigorously reviewed and align with the indicator definitions before they are aggregated and reported to the next level. This will help to reduce numerical calculation errors, which were noted during the audit and misunderstanding.
- SAfAIDS should provide sufficient logistical support to the sites to ensure that all site reports are received on time.

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. 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:

- Work with the respective CSOs and have them resubmit the data;
- Go through the indicator dictionary with CSOs; and
- Retrain 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.