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**Data Quality Audit Report for STOP Malaria Campaign Civil
Society Organisations: MARCH, Kasama Christian Community
Care, Luapula Families in Distress, and Group Focused
Consultants**

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1. Introduction

The Communications Support for Health (CSH) programme aims to provide support to the Government of the Republic of Zambia (GRZ) to manage and implement effective national health communication interventions. It is expected that enhanced information exchange communication/behaviour change communication (IEC/BCC) management by GRZ will translate into changes in population health-related behaviours. These changes are expected to result in a measurable reduction in the practice of risky behaviours, as well as increased demand for and use of health care services.

The vision of the CSH programme is to empower the Zambian population to make informed health decisions and lifestyle choices. The programme has four objectives, as stated below:

- Strengthen national health communication campaigns,
- Increase GRZ's use of evidence-based health communication approaches,
- Strengthen the local capacity to support sustained implementation of IEC/BCC activities, and
- Increase coordination of IEC/BCC activities amongst United States Agency for International Development (USAID) partners.

For the STOP Malaria campaign, CSH engaged five civil society organisations (CSOs) at the end of 2012 to implement campaign activities at the community level. These five CSOs were each awarded 12-month contracts to implement STOP Malaria activities in the Northern, Eastern, Luapula, and Western Provinces of Zambia. In order to fully engage communities in responding to the burden of malaria and in an effort to increase the uptake of malaria interventions, the STOP Malaria campaign developed a strategy, called Malaria Champion Communities, to mobilise communities to plan, implement, and monitor activities aimed at reducing the incidence of malaria. Essentially, the champion communities are change agents that mobilise other communities to take collective responsibility and action, and create demand for malaria services.

CSH is required to conduct quarterly data quality audits (DQAs), an exercise in which all programme performance data presented to USAID are routinely assessed for completeness, timeliness, availability, and accuracy. This report provides the results of the DQAs conducted with the malaria campaign CSOs: Luapula Families in Distress (LUFAD), MARCH Zambia, Kasama Christian Community Care (KCCC), and Group Focused Consultants (GFC).

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 for 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 four CSOs: MARCH Zambia, LUFAID, GFC, and KCCC. PANOS did not have its contract renewed. CARITAS-Chipata was selected to replace PANOS but was not part of the audit because the CSO delayed the implementation of activities. MARCH Zambia has its headquarters in Livingstone but implements activities in Western Province. GFC has central offices in Mansa and Luapula, and implements activities in other parts of the province, such as in Samfya. LUFAID has offices in Mansa and Luapula. KCCC has central offices in Northern Province and Luapula, and implements activities in other parts of the province, such as in Mbala and Mpulungu. CSH conducted the DQA between 28 May and 4 July 2014, with 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 each CSO;
- Perform a preliminary review of the data submitted to CSH over the 2-month implementation period; and
- Conduct a data verification exercise to assess the completeness, timeliness, availability, validity, reliability, and accuracy of the data reported to CSH.

3.2 Reference Period for the Audit

The DQA process mainly focused on data from March 2014.

3.3 Selected CSOs for the Audit

CSH currently works with five CSOs under the campaign. CSH conducts DQAs with all CSOs on a rotating quarterly basis, ensuring that each CSO receives an audit at least once a year. For this quarter (covering March 2014), CSH selected all the CSOs that were active because their contracts were about to end.

3.4 Indicators Selected for the Audit

The following ten indicators provide CSH with data to assess the performance of the CSOs in line with agreed contract deliverables, as well as data for reporting on the STOP Malaria campaign:

- Proportion of households with at least one insecticide-treated net (ITN),
- Proportion of households with sufficient ITNs to cover all sleeping spaces in the household,
- Proportion of sleeping spaces covered by ITNs,
- Proportion of population who slept under an ITN the night before the survey,
- Proportion of children under 5 years old who slept under an ITN the night before the survey,
- Proportion of pregnant women who slept under an ITN the night before the survey,
- Proportion of pregnant women who attended antenatal care (ANC) last month,
- Proportion of pregnant women who received intermittent preventive treatment (IPT) last month, and
- Proportion of population with a fever in the past 2 weeks who got a malaria test.
- Proportion of population with a fever in the past 2 weeks.

3.5 Definition of Terms

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

- **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, its remote sites, 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 were approved by people submitting the data to the CSO and CSH.
- **Accuracy**—The reported numbers on the indicators of interest were equal to the verified numbers.

4. Findings of the Data Quality Audit

4.1 Staffing Levels and Responsibilities

The CSOs involved in the campaign have engaged 40 community malaria agents (CMAs) in each district. Furthermore, all the CSOs have a monitoring and evaluation (M&E) officer and/or a programme officer at the central level, who helps 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. Only one challenge or gap was noticed in Mansa: There is only the M&E officer who manages data collection, verification, and reporting.

4.2 Recording and Reporting Systems and Processes

The CMAs, 40 in total per district for each CSO at the time of the audit, are the primary data collectors in the field. They collect data on all activities using the forms provided by CSH and submit the data to the coordinators at the central level every month. After the coordinators have verified and checked the data for errors, they send the data for entry into an electronic database. The findings showed that data verification is mainly done by the programme officers. After data entry is completed, the data are sent to CSH, where the M&E officer cleans them further and verifies the numbers with coordinators from the CSOs.

The findings showed that at all CSOs, the director is the designated person who signs off on the final report that is submitted to CSH.

4.2.1 Data Verification Process for All Indicators

Table 1: Variance Analysis of Proportion of Households With at Least One ITN

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of households with at least one ITN	KCCC	Kasama	84%	84%	0%
	MARCH	Kaoma	96%	96%	0%
	LUFAID	Mansa	32%	32%	0%
	MARCH	Mongu	99%	99%	0%
	KCCC	Mpulungu	77%	77%	0%
	GFC	Samfya	73%	73%	0%

Table 1 shows data that were collected from four CSOs in six districts, aggregated, and reported to CSH. The last two columns in the table report on the results of the audit, showcasing whether 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 this indicator, the proportion of households with at least one ITN, there were no differences between verified results and reported results.

Table 2: Variance Analysis of Proportion of Households With Sufficient ITNs To Cover All Sleeping Spaces in the Household

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of households with sufficient ITNs to cover all sleeping spaces in the household	KCCC	Kasama	49%	49%	0%
	MARCH	Kaoma	79%	79%	0%
	LUFAID	Mansa	24%	24%	0%
	MARCH	Mongu	97%	97%	0%
	KCCC	Mpulungu	55%	55%	0%
	GFC	Samfya	34%	34%	0%

As depicted in Table 2, the data verification processes demonstrated that for this indicator, the proportion of households with sufficient ITNs to cover all sleeping spaces in the household, there were no differences between verified results and reported results.

Table 3: Variance Analysis of Proportion of All Sleeping Spaces Covered by ITNs

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of all sleeping spaces covered by ITNs	KCCC	Kasama	66%	66%	0%
	MARCH	Kaoma	88%	88%	0%
	LUFAID	Mansa	18%	18%	0%
	MARCH	Mongu	96%	96%	0%
	KCCC	Mpulungu	59%	59%	0%
	GFC	Samfya	48%	48%	0%

As depicted in Table 3, the data verification processes demonstrated that for this indicator, the proportion of all sleeping spaces covered by ITNs, there were no differences between verified results and reported results.

Table 4: Variance Analysis of Proportion of Population Who Slept Under an ITN the Night Before the Survey

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of population who slept under an ITN the night before the survey	KCCC	Kasama	67%	67%	0%
	MARCH	Kaoma	88%	88%	0%
	LUFAID	Mansa	24%	24%	0%
	MARCH	Mongu	95%	95%	0%
	KCCC	Mpulungu	66%	66%	0%
	GFC	Samfya	53%	53%	0%

As depicted in Table 4, the data verification processes demonstrated that for this indicator, the proportion of the population who slept under an ITN the night before the survey, there were no differences between verified results and reported results.

Table 5: Variance Analysis of Proportion of Children Under 5 Years Old Who Slept Under an ITN the Night Before the Survey

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of children under 5 years old who slept under an ITN the night before the survey	KCCC	Kasama	84%	84%	0%
	MARCH	Kaoma	93%	93%	0%
	LUFAID	Mansa	36%	36%	0%
	MARCH	Mongu	98%	98%	0%
	KCCC	Mpulungu	75%	75%	0%
	GFC	Samfya	71%	71%	0%

As depicted in Table 5, the data verification processes demonstrated that for this indicator, the proportion of children under 5 years old who slept under an ITN the night before the survey, there were no differences between verified results and reported results.

Table 6: Variance Analysis of Proportion of Pregnant Women Who Slept Under an ITN the Night Before the Survey

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of pregnant women who slept under an ITN the night before the survey	KCCC	Kasama	71%	71%	0%
	MARCH	Kaoma	78%	78%	0%
	LUFAID	Mansa	42%	42%	0%
	MARCH	Mongu	90%	90%	0%
	KCCC	Mpulungu	66%	66%	0%
	GFC	Samfya	68%	68%	0%

As depicted in Table 6, the data verification processes demonstrated that for this indicator, the proportion of pregnant women who slept under an ITN the night before the survey, there were no differences between verified results and reported results.

Table 7: Variance Analysis of Proportion of Pregnant Women Who Attended ANC Last Month

Indicator	CSO	District	March 2014		
			Report	Verified	Variance
Proportion of pregnant women who attended ANC last month	KCCC	Kasama	100%	100%	0%
	MARCH	Kaoma	96%	96%	0%
	LUFAID	Mansa	75%	75%	0%
	MARCH	Mongu	94%	94%	0%
	KCCC	Mpulungu	93%	93%	0%
	GFC	Samfya	100%	100%	0%

As depicted in Table 7, the data verification processes demonstrated that for this indicator, proportion of pregnant women who attended ANC last month, there were no differences between verified results and reported results.

Table 8: Variance Analysis of Proportion of Pregnant Women Who Received IPT Last Month

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of pregnant women who received IPT last month	KCCC	Kasama	96%	96%	0%
	MARCH	Kaoma	101%	99%	2%
	LUFAID	Mansa	86%	86%	0%
	MARCH	Mongu	97%	97%	0%
	KCCC	Mpulungu	94%	94%	0%
	GFC	Samfya	100%	100%	0%

As depicted in Table 8, the data verification processes demonstrated that for this indicator, the proportion of pregnant women who received IPT last month, one district exhibited a variance. MARCH Zambia in the Kaoma District showed a difference of 2 percent between verified results and reported results. This was a typographic error by the person who was performing data entry.

Table 9: Variance Analysis of Proportion of Population With Fever in the Past 2 Weeks

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of population with fever in the past 2 weeks	KCCC	Kasama	96%	96%	0%
	MARCH	Kaoma	100%	100%	0%
	LUFAlD	Mansa	86%	86%	0%
	MARCH	Mongu	91%	91%	0%
	KCCC	Mpulungu	91%	91%	0%
	GFC	Samfya	95%	95%	0%

As depicted in Table 9, the data verification processes demonstrated that for this indicator, the proportion of the population with fever in the past 2 weeks, there were no differences between verified results and reported results.

Table 10: Variance Analysis of Proportion of Population With Fever in the Past 2 Weeks Who Got a Malaria Test

Indicator	CSO	District	March 2014		
			Reported	Verified	Variance
Proportion of population with fever in the past 2 weeks who got a malaria test	KCCC	Kasama	97%	97%	0%
	MARCH	Kaoma	86%	86%	0%
	LUFAID	Mansa	96%	96%	0%
	MARCH	Mongu	87%	87%	0%
	KCCC	Mpulungu	99%	99%	0%
	GFC	Samfya	100%	100%	0%

As depicted in Table 10, the data verification processes demonstrated that for this indicator, the proportion of the population with a fever in the past 2 weeks who got a malaria test, there were no differences between verified results and reported results.

4.2.2 Results on Availability, Timeliness, and Completeness

Table 11: Summary of Data Availability, Timeliness, and Completeness of Reports

Indicator	CSO	District	March 2014	Percent
Total number of reports expected	KCCC	Kasama	1,200	
	MARCH	Kaoma	1,200	
	LUFAlD	Mansa	1,200	
	MARCH	Mongu	1,200	
	KCCC	Mpulungu	1,200	
	GFC	Samfya	1,200	
Number of reports available (availability)	KCCC	Kasama	1,200	100%
	MARCH	Kaoma	1,160	96%
	LUFAlD	Mansa	1,218	101.5%
	MARCH	Mongu	1,155	96%
	KCCC	Mpulungu	1,291	108%
	GFC	Samfya	1,187	98%
Number of reports submitted on time (timeliness)	KCCC	Kasama	1,200	100%
	MARCH	Kaoma	1,160	100%
	LUFAlD	Mansa	1,218	100%
	MARCH	Mongu	1,155	100%
	KCCC	Mpulungu	1,291	100%
	GFC	Samfya	1,187	100%
Number of complete reports (completeness)	KCCC	Kasama	1,200	100%
	MARCH	Kaoma	1,160	100%
	LUFAlD	Mansa	1,218	100%
	MARCH	Mongu	1,155	100%
	KCCC	Mpulungu	1,291	100%
	GFC	Samfya	1,187	100%

Table 11 summarizes the data availability, timeliness, and completeness of reports from all the CSOs. On a monthly basis, each CSO is expected to receive a total of 1,200 (100 percent) reports from the CMAs implementing activities for the STOP Malaria campaign. In March, all CMAs submitted more than 90 percent of the expected total number of reports. Given 1,200 reports as a minimum, some CMAs submitted more than 1,200 reports. All the CSOs submitted their reports on time and in complete form. The CSOs that submitted less than 100 percent claimed that some communities had fewer households than anticipated because some people may have relocated after the CSOs had completed the mapping.

The only weakness noted during the DQA exercise was the poor data management by the CSOs, as all the CSOs are piling the questionnaires in unsecure boxes.

5 Recommendations

The only weakness observed with most of the CSOs is the data management. The CSOs' data management filing, in particular, is still very poor. Therefore, the following is recommended:

- LUFAID, KCCC, and MARCH Zambia should put in place a proper data management system and ensure that all questionnaires for each community are bundled in order, starting with the first household.
- LUFAID and MARCH Zambia should ensure that each household questionnaire has a unique identifier.
- All the CSOs should properly store data using filing cabinets.
- MARCH Zambia should identify a system to ensure that data are rigorously verified before they are aggregated and reported to the next level. This will help to prevent typographical errors, which were noted during the audit.

6 Conclusion

The DQA provided insight into the MARCH Zambia, KCCC, LUFAID, and GFC M&E systems that are used to collect the processes and report data to CSH. The DQA also served as a capacity-building exercise, since exit feedback was given to all 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.

7 Way Forward

In view of the above-mentioned issues, CSH will ensure that the CSOs develop rigorous data management systems.

