Society for Family Health (SFH) is implementing the Global Fund HIV/AIDS project amongst Key Population (KP) in ten states in Nigeria. As part of the components of a functional HIV Monitoring and Evaluation (M&E) System, it is recommended to monitor data quality periodically and address any obstacles to producing high-quality data. Data quality assessment is part of the internal efforts to validate data at all levels. It involves a routine data quality verification exercise at the end of each semester period (6 months).

The exercise was carried out from the 27th of January to the 8th of February, 2020 in all the 10 Optimizing HIV Investment Impact (OHII) extension implementing states where interventions were implemented during the period under review (July to December 2019). The states are: Abia, Anambra, Edo, Enugu, Gombe, Imo, Kaduna, Kano, Oyo, and Taraba.



For the semester under review, we validated the quality of data generated at the community, state and Community Based Organisation (CBO) level against reported data; assessed the reporting systems producing the data generated at community, state and CBO levels; developed action plans to improve documentation, data quality, and data reporting systems; and verified patient level data at the OSS and KP friendly facilities using the adherence tracking tool.

Fig 2: Steps in Conducting a DQA



The exercise was conducted by SFH M & E and program staff, and recruited DQA assistants. Personnel were assigned to the various implementing states based on the client load from reported data and the DQA was conducted simultaneously. The DQA involved counting and comparing KP-HIV Counselling and Testing (HCT) data from the various source documents. These source documents include HIV Testing Services (HTS) Client Intake Forms, HTS Registers, Community Facilitator Daily Tracking Tools, Supervisor Tracking Forms, Referral Forms, Referral Registers, and Enrolment Registers. The indicators assessed include number of KPs that received a HIV test during the reporting period and know their results, number of KP reached with prevention intervention, number of KP that tested positive, number of positive KP enrolled to care/treatment, number of KP referred for PrEP, and number of commodities (male/female condoms, lubricants) distributed. After verification of data at the CBO level, visits were conducted to all referral facilities in each of the states (GF-supported, and non-GF supported sites) to confirm enrolled clients and their treatment status as at December 2019. All data were disaggregated by sex, age, target group and sero-status and quality was assessed especially for data availability, accuracy, integrity, and completeness. All discrepancies and errors were corrected.

S/N	Indicator	Data Source
1	# of KP that have received an HIV test during the reporting period and know their results	HTS client intake form, HTS registers
2	<i>#</i> of KP reached with prevention intervention	Community Facilitator Daily Tracking Tool and Supervisor Tracking Form
3	# of KP that tested HIV positive	HTS client intake form, HTS registers
4	# of positive KP enrolled to care/treatment	Referral forms, referral registers & enrollment register
5	# of KP referred for PrEP	Referral forms & referral registers
6	# of male condoms distributed (MSM, FSW & PWID)	Community Facilitator Daily Tracking Tool and Supervisor Tracking Form
7	# of female condoms distributed (MSM, FSW & PWID)	Community Facilitator Daily Tracking Tool and Supervisor Tracking Form
8	# of lubricants distributed (MSM, FSW & PWID)	Community Facilitator Daily Tracking Tool and Supervisor Tracking Form

At the end of the verification exercise, all verified data/templates were duly signed by the appropriate personnel (CBO facilitators, OWs, CFs and SR staff). Also, action points with timing and responsible persons were developed as part of the report. This allowed for appropriate feedback to be provided to the state team (SR and CBOs). Each SFH DQA state team conducted an exit meeting to debrief the state level team before concluding the exercise.



The data generated from the DQA was used to populate programme reports including the Progress Update and Disbursement Request (PUDR), Country Coordinating Mechanism (CCM), Dashboard, and Government of Nigeria (GoN).

In conclusion, this DQA was successfully completed. As observed, the process of providing quality data is a difficult task; but one that must be embarked on to protect the integrity of an intervention. The exercise provided SFH with an in-depth understanding of the different components and functionality of the M&E system of the various implementing SRs and CBOs and what needs to be re-worked for further improvement of the data systems.

The DQA findings uncovered the need for continuous support of the CBOs through capacity building, supervision, and mentorship. There is also a need for better collaboration between the SRs and CBOs.