DATA QUALITY ASSURANCE STRATEGIES

for the Elizabeth Glaser Pediatric AIDS Foundation and Foundation Ariel Glaser pour la Lutte Contre le SIDA Pediatrique in

CÔTE D'IVOIRE

By Kouadio Marc N'goran, Kouadio Nda Jean-Paul, Adjoba Justine Pango, Aka Gnima Laurence Ebah, Boitini Charles Kouadio, & Shobana Ramachandran

Contents

Introduction

Maintaining high data quality is the cornerstone of the overall monitoring and evaluation (M&E) approach of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Fondation Ariel Glaser pour la Lutte Contre le SIDA Pediatrique (Ariel). Both foundations recognize that data quality is integral to accurately measuring their progress toward the delivery of effective HIV prevention, care, and treatment services as well as capacity- building efforts at the regional, district, site, and community levels. Undoubtedly, high data quality is an essential part of their being able to use the data for program improvement. Consequently, ensuring that the components necessary for producing robust data are in place is an area of primary importance in both programs.

The purpose of this document is to outline the various measures that EGPAF and Ariel will put in place in order to ensure excellent data quality throughout the life cycles of their programs. In specific, this document will lay out the methods by which data quality will be routinely evaluated at each level that the programs work in, the key indicators to be checked over time, and the verification checks themselves.

It is important to note that the data quality assurance activities outlined in this document are in line with and in support of the guidelines put forth by Côte d'Ivoire's Directorate of Informatics and Health Information (DIIS), the Ivoirian Ministry of Health (MoH), Ivoirian Ministry of Social Affairs (MFPES) and the in-country Center for Disease Control and Prevention (CDC/Côte d'Ivoire). Furthermore, EGPAF and Ariel's data verification tools were based on those developed by MEASURE Evaluation, which has been given the responsibility by the Ivoirian MoH to reinforce and improve health information systems in Côte d'Ivoire.

Data Flow

1. In order to ensure the data from EGPAF and Ariel's projects meet high standards of accuracy, completeness, reliability, timeliness, and integrity, it is first critical to understand the flow of the data from their inception to the Foundations' databases and beyond. By tracking the journey of the data and pinpointing the various steps at which errors can potentially be introduced, the EGPAF and Ariel M&E teams will set up data quality checks at specific junctures in the data chain to circumvent and/or catch mistakes.

2. Data flow processes in both the EGPAF and Ariel programs essentially follow the same basic steps, with data originating at the site and community levels. The sites and community based organizations (CBOs) enter the data they collect from patients into the national Ivoirian HIV databases (SIGDEP and/or PNOEV). They also simultaneously enter these data into registers, which are then used to fill out monthly data forms. These monthly forms are then sent to the districts, which then enter the data into another national health database (DHIS2). EGPAF and Ariel are then sent the data from the districts. Additional data are sent by the sites to EGPAF and Ariel. In turn, EGPAF and Ariel compile the data they receive and send them to the various donors (e.g., CDC/Cote d'Ivoire, Unitaid, etc.). Depending on whether or not a site has access to a computer, the process varies slightly. The steps listed below outline the data flow in more specificity:

3. In the course of attending to patients, healthcare workers (e.g., nurses, doctors, lab techs, pharmacists, etc.) and community healthcare workers make notes in patient files/forms and registers.

4. Data managers at the site- and CBO-levels then enter the data from patient files and registers into SIGDEP (the national HIV-specific care and treatment database) and PNOEV (the national orphans and children affected by HIV database). If the site does not have access to a computer, data are simply retained in the registers. It is important to note that data outside of HIV care and treatment is not put in SIGDEP or PNOEV. These data are simply maintained in the registers. Table 1 presents a definition of many of the databases used in Côte d'Ivoire.

5. At the end of the month, the data managers query SIGDEP and PNOEV to derive monthly summary numbers. For paper-based sites, health care workers tally up registers to derive monthly summary numbers. A monthly form is then filled out either electronically or on paper.

6. The monthly totals are then sent to the chief medical officer of the site for validation. Validation by the chief medical officer remains a challenge, inasmuch as persons in this position are often pressed for time and thus often validate the data without properly checking them. EGPAF and Ariel are working to improve validation at this juncture.

7. After being validated, the monthly form is then sent to the data managers at the district health office and/or social centers, depending on the nature of the data. The data are sent either by e-mail or via hard copy.

8. District and social center data managers verify the numbers that they receive from their set of sites.

9. District data managers then input the data received into DHIS2 (the national database for key health areas, including HIV).

10. Once the data are in DHIS2, they are accessible to the regional and national levels. District data mangers send either an Excel file or a hard copy of the data to EGPAF/Ariel.

It is worth mentioning that EGPAF and Ariel also get additional, supplementary data directly from the sites and CBOs, which are also compiled and reported to the donors.

Table 1: A closer look at the various databases used by the sites, districts, regions, and EGPAF/Ariel programs in Côte d'Ivoire

DESCRIPTIONS OF DATABASES CURRENTLY BEING USED
Web-based PNOEV: PNOEV stands for Programme Nationale de Prise En Charge des Orphelins et Enfants Vulnerables du Fait du VIH/SIDA. Web-based PNOEV is a database used to store and retrieve community-level data of children and families infected and/or affected by HIV. Data are entered by the data managers of CBOs and social centers. It was a developed by the Ivoirian MOH in collaboration with MEASURE Evaluation.
DHIS2: DHIS2 stands for the second version of the District Health Information System. It is an electronic database developed by the Ivoirian MoH in collaboration with MEASURE Evaluation to be used at the community, site, district, regional, and national levels for aggregate data storage and retrieval. Data entered into DHIS2 are not HIV-specific. That is, data for TB, malaria, and other health information are all entered and stored within DHIS2.
SIGDEP: SIGDEP stands for Système d'Information et de Gestion du Dossier Electronique du Patient. It is an electronic database developed by the Ivoirian MoH with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) used at the site level for entering HIV care and treatment data specifically. Sites use the data entered in SIGDEP to derive the figures for the HIV care and treatment monthly reports, which they subsequently send to the district office. The Ivoirian MOH is in the process of improving SIGDEP and potentially looking at upgrading the system to the next version of the database.

Data Quality Assurance at All Levels

With data originating from the sites and CBOs, moving to the districts, and then on to EGPAF/Ariel and beyond, the EGPAF and Ariel M&E teams have set up various systematic data quality control measures at each level (community, site, district, and EGPAF/Ariel) of the data chain to assess the quality of data received and trace data back to their roots in cases of discrepancies.

Figure 1 provides an overview of the data quality assurance measures put in place by the EGPAF/Ariel M&E teams. Measures at each level will be discussed in the sections that follow. Because data originate at the sites and communities, the EGPAF/Ariel M&E teams have focused heavily on ensuring accurate data are generated at this level, which will be key to ensuring overall high data quality in the programs.
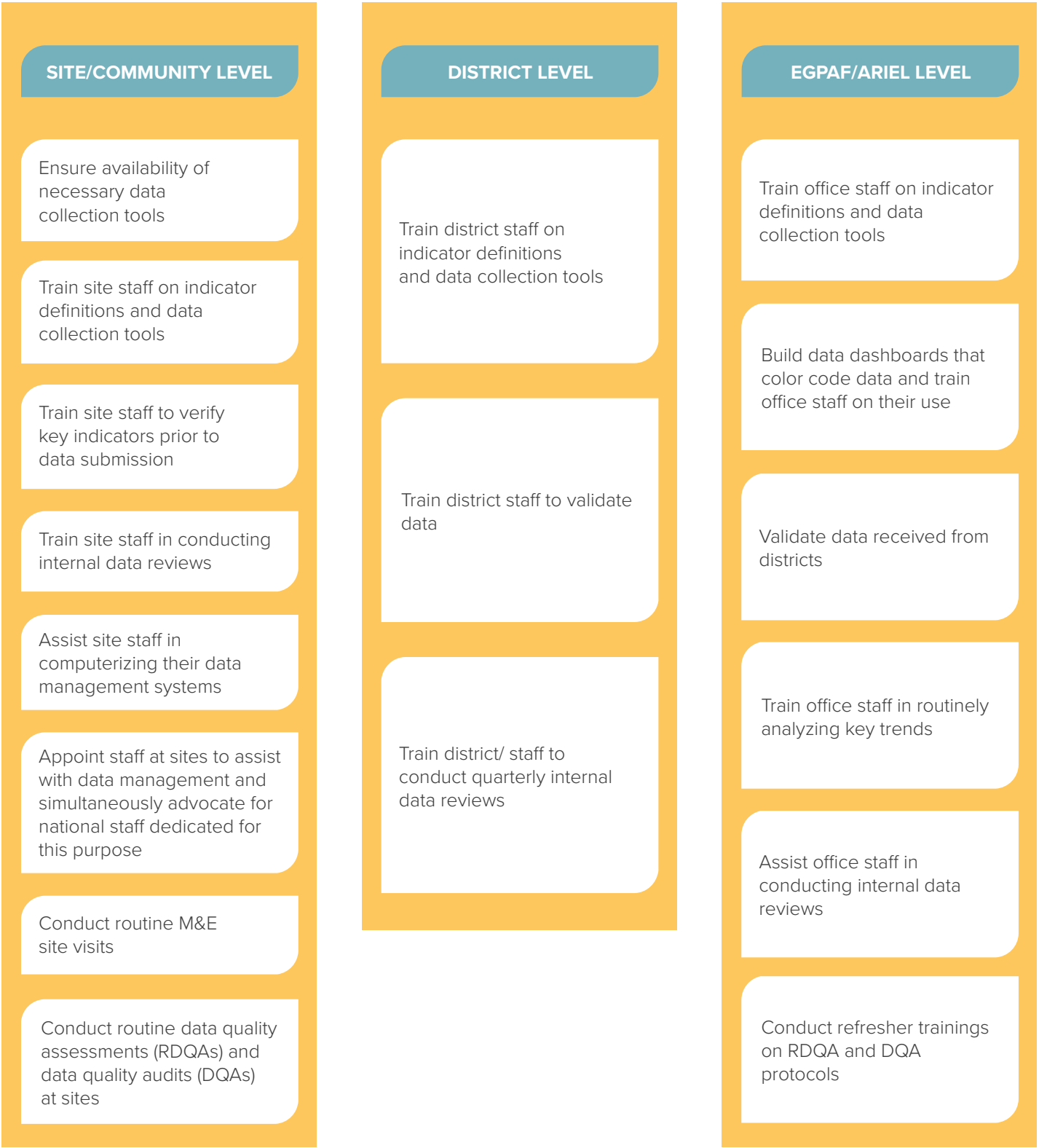
SITE/COMMUNITY LEVEL

Ensure availability of necessary data collection tools

Train site staff on indicator definitions and data collection tools

Train site staff to verify key indicators prior to data submission

Train site staff in conducting internal data reviews

Assist site staff in computerizing their data management systems

Appoint staff at sites to assist with data management and simultaneously advocate for national staff dedicated for this purpose

Conduct routine M&E site visits

Conduct routine data quality assessments (RDQAs) and data quality audits (DQAs) at sites

DISTRICT LEVEL

Train district staff on indicator definitions and data collection tools

Train district staff to validate data

Train district/ staff to conduct quarterly internal data reviews

EGPAF/ARIEL LEVEL

Train office staff on indicator definitions and data collection tools

Build data dashboards that color code data and train office staff on their use

Validate data received from districts

Train office staff in routinely analyzing key trends

Assist office staff in conducting internal data reviews

Conduct refresher trainings on RDQA and DQA protocols

Figure 1: Data quality assurance measures at each level of the data chain that the EGPAF/Ariel M&E teams have put in place

Site/Community Level Data Quality Assurance Strategies

At the site and community levels, the EGPAF/Ariel M&E teams will undertake the following activities in an effort to maintain accurate data:

ENSURE AVAILABILITY OF NECESSARY DATA COLLECTION TOOLS: Not having proper tools to capture data can lead to poor data quality. This can occur in two ways. Either the tools may be outdated or may not contain enough space (columns, rows, etc.) to capture data for specific indicators, or the tools themselves may not be present at the site-level due to shortages/stock-outs of registers and monthly reporting forms. In these cases, health care workers and data capturers at the site level may resort to using notebooks or loose sheets of paper as makeshift registers, which may be lost easily. In an effort to prevent errors from being introduced via these pathways, the site-level staff will assess on a quarterly basis whether or not the sites have up-to-date registers and monthly forms (which have been approved by DIIS). If quantities of tools are running low, site-level staff will immediately alert EGPAF/Ariel staff and ask them to provide a stock of these tools. EGPAF/Ariel staff will immediately produce the registers and deliver them to the sites. In cases where the tools themselves are outdated or do not capture the necessary indicators, site-level staff and EGPAF/Ariel M&E staff will collaborate with DIIS, PNOEV, and Programme Nationale de Lutte Contre le SIDA (PNLS) staff to develop stopgap tools for the sites until the indicators can be incorporated into the national registers. By ensuring that sites never run out of adequate data collection tools, the EGPAF/Ariel M&E teams hope to bypass any errors that would have been introduced into the data due to the unavailability of these tools.

TRAIN SITE STAFF ON INDICATOR DEFINITIONS AND DATA COLLECTION TOOLS: EEGPAF's previous experience working at the site level both in Côte d'Ivoire and in other countries has highlighted the fact that thorough comprehension of the ways in which indicators are defined and the protocols to be used to fill out data collection tools is vital to ensuring accurate data. Therefore the EGPAF/Ariel M&E teams, in partnership with district staff, will coach/mentor site staff on how to fill out the data collection tools in small groups or individually. During these coaching/mentoring sessions, site staff will learn how to calculate various indicators in the monthly forms and what proxies should be used if any indicator cannot be derived directly from the primary sources. They will also conduct refresher trainings at the site from time to time to take into account staff turnover or any ambiguities in the definitions that may arise for staff. Every site supported by the EGPAF/Ariel program will receive a copy of standard operating procedures (SOPs) clearly outlining all indicator definitions and protocols for filling in databases and other data collection tools. If there is a need, larger

M&E workshops in collaboration with the DIIS and/or PNLS or PNOEV will be held.

TRAIN SITE STAFF TO VERIFY KEY INDICATORS PRIOR TO DATA SUBMISSION: Even when proper tools to capture data are available and site staff understand how to calculate indicators, mistakes can happen in the transcription and tabulation of data, and thus data quality may be compromised. Therefore, the EGPAF/Ariel M&E teams, in collaboration with the district data managers, will train site staff to conduct checks on key indicators. Below are some checks that are used by staff at the site level on key indicators:

- **Completeness check:** As a first step, site staff will be trained to assess whether or not all cells in the monthly forms have been filled in completely. Site staff will receive a checklist that details all the sections on the form that need to be checked. They will be trained on how to use this checklist to ensure that the monthly forms are thoroughly completed prior to data submission. Sites that have SIGDEP can take advantage of automatic checks within the database that are triggered when certain indicators are not filled in. EGPAF/ Ariel staff then assist site staff in completing the missing data.

- **Coherence check:** In addition, site staff will assess a key set of indicators for coherence. That is, site staff will first check the data for a particular indicator against the data for another related indicator to see if the data follow a logical order. For example, site staff will check the figures for the number of women counseled and tested for HIV against the number of women counseled about HIV—the number of women counseled and tested should be either equal to or less than the number of women counseled since theoretically only a subset of the women counseled about HIV can receive an HIV test.

- **Recount:** The third method to be used by site staff to check data involves the recounting/recalculation of selected indicators using the primary data source. In this methodology, site staff are asked to choose at least one key indicator and perform a manual recount of the data using the primary data source. The figure derived from the recount should then be compared with the figure listed in the monthly report for the current month to identify any discrepancies. This will happen on a monthly basis and again at the end of each quarter. The indicators will be rotated on a quarterly basis.

TRAIN STAFF IN CONDUCTING INTERNAL DATA REVIEWS: The regular review and utilization of data can undoubtedly help in the identification of errors, thereby having a direct impact on data quality. EGPAF and Ariel therefore strongly

believe that holding routine data reviews is a critical data quality assurance measure. The EGPAF/Ariel M&E teams have drafted a series of SOPs on how to conduct data reviews at the site level. Site staff will be trained in using these SOPs in an effort to assist them in using the data they collect. These SOPs will provide suggestions on the format of the reviews, personnel that need to be involved, frequency of the reviews, how to follow up on the discussions held at the data reviews, layout of slides, and so on. In addition, EGPAF/ Ariel M&E teams have made available to all sites an advanced Excel document with tables that automatically generate graphical displays (trend lines, bar graphs, etc.) of the data entered in them. Graphics from this document can be used to display the data at the data reviews.

ASSIST SITES IN COMPUTERIZING THEIR DATA MANAGEMENT SYSTEMS: In high-volume sites (defined by the Ivoirian MoH as serving more than 200 patients), paper-based registers are inadequate for the longitudinal follow-up required for the care of HIV-positive patients. Thus the EGPAF/Ariel M&E teams have mandated that all high-volume sites have computerized data management systems in place. In fact, the EGPAF/Ariel M&E teams use a more rigorous set of criteria than the national standard, requiring that all sites serving more than 100 patients, as well as all sites that are hospitals / urban centers (regardless of the number of patients they serve), be computerized because these have multiple departments that serve HIV-positive patients and need to triangulate data. For these sites, the EGPAF/Ariel M&E teams purchase computers and install the national HIV database software on them. Data managers at the site level receive training and on-site coaching on how to utilize SIGDEP. Internet access is also given at the sites when the database software is installed so as to allow transmission of the data to the districts and EGPAF/Ariel.

APPOINT STAFF AT SITES TO ASSIST WITH DATA MANAGEMENT AND SIMULTANEOUSLY ADVOCATE FOR NATIONAL STAFF DEDICATED FOR THIS PURPOSE: With health care workers at sites overwhelmed by the patient load, a dedicated data manager is key for ensuring that data are collected in the appropriate tools, inputted into databases that allow easy retrieval, and used for improvement of service quality at the sites.

Therefore in sites without extant data managers, EGPAF/ Ariel M&E teams appoint their own staff to be data managers. The data managers are trained on indicator definitions, data collection tools, and the databases used. Although not paid by the site, the data mangers act as members of the site staff and report to the head doctor of the site. With assistance from EGPAF/ Ariel, the data managers oversee all M&E-related aspects at the site. Because the EGPAF/Ariel M&E teams realize that dedicated data managers need to be permanently stationed at the site level, the M&E teams advocate to the Ivoirian MoH and DIIS to designate data management positions as key positions such that sites are mandated to have data managers if they are to function. This mandate is what will eventually make data management at the site level sustainable.

CONDUCT ROUTINE M&E SITE VISITS: Upon receiving the data each month, EGPAF/Ariel M&E officers examine the data and identify any issues. The identification of these issues triggers routine site visits by EGPAF/Ariel M&E staff. Site staff can also request site-supportive visits from EGPAF/Ariel to address various data-related problems that they may have identified themselves. At the site, EGPAF/Ariel M&E staff will explore the causes for the issues that were identified and find ways to address them. In addition, EGPAF/Ariel M&E staff will utilize an M&E checklist to check various routine issues: completeness of reports, availability and use of tools, and so on.

CONDUCT RDQAs AND DQAs: RDQAs are an integral part of any data quality assurance strategy. Therefore, the EGPAF/Ariel M&E teams will undertake RDQAs every six months. Based on a tool developed by MEASURE Evaluation and guidance/protocol documents developed by the EGPAF/Ariel M&E teams, the RDQAs are primarily conducted at high-volume sites. RDQAs consist of identifying two key indicators and recounting them, while comparing data from multiple sources and evaluating site staff's comprehension of indicator definitions and knowledge of data flow. It is important to note that EGPAF's RDQAs will include the verification of patient file details, not the mere checking of registers against other secondary data sources. Indicators chosen for the RDQAs are periodically rotated to ensure that a variety of indicators are checked over the course of the programs' lifecycle.

District Level
Data Quality Assurance Strategies

At the district level, the EGPAF/Ariel M&E teams will undertake the following activities in an effort to maintain accurate data:

TRAIN DISTRICT STAFF ON INDICATOR DEFINITIONS AND DATA COLLECTION TOOLS: Just as with site staff, the EGPAF/Ariel M&E teams believe that district staff need a thorough comprehension of the ways in which indicators are defined and the protocols that are being used to fill out the monthly data collection forms. Therefore, the EGPAF/Ariel M&E teams will organize routine trainings for district staff on indicator definitions and the methodology that should have been employed by site staff in filling out the monthly forms. As a part of these trainings, district staff will learn about the calculations involved in deriving various indicators and what proxies, if any, are being used. In addition to these trainings, EGPAF/Ariel M&E staff may actually offer on-site coaching to district staff individually or in small groups in filling out the monthly form. Each district office supported by the EGPAF/Ariel programs will receive a copy of the data collection SOPs clearly outlining all indicator definitions and protocols for filling in registers and monthly reports.

TRAIN DISTRICT/REGIONAL STAFF TO VALIDATE DATA: Similar to the approach used for site staff, the EGPAF/Ariel M&E teams will train district staff to conduct checks of particular indicators as part of their monthly data submission process. First and foremost, district staff must check the reports for completeness and ensure that forms are filled out. Second, district staff are to check key indicators in the reports received, and EGPAF/Ariel M&E teams have provided district staff a guidance document to help with this checking. It is important to note that unlike site-level staff, district staff do not have direct access to primary data sources. Therefore the checks they will perform will consist of simply monitoring the data for unusual trends. This will involve comparing the data for the current quarter with data for the three previous quarters. By looking over the data for the past three quarters, district staff will be able to notice any unusual trends and

immediately flag peaks/troughs for further examination. District staff will also perform coherence checks (as described above in the site-level section).

TRAIN DISTRICT STAFF TO CONDUCT QUARTERLY INTERNAL DATA REVIEWS: Just as EGPAF/ Ariel M&E teams assist sites in conducting internal data reviews, the M&E teams also help district staff in conducting data reviews at their levels. SOPs drafted by the EGPAF/Ariel M&E teams on how to conduct data reviews will help district staff undertake these reviews and utilize the data that sites send to them. As mentioned above, the SOPs provide suggestions on the format of the reviews, personnel that need to be involved, frequency of the reviews, how to follow up on the discussions held at the data reviews, layout of slides, and the like. As well, EGPAF/Ariel M&E teams have developed customized Excel documents for district staff that have built-in graph templates, which will display visuals of the data as soon as data are populated in the adjacent tables.

TRAIN DISTRICT STAFF TO CONDUCT RDQAs: While conducting the RDQAs, EGPAF/Ariel M&E teams will train district staff on how to undertake these site-level assessments. From the selection of sites to the choice of indicators to be recalculated, district staff will be trained on the logistical and technical steps necessary for performing RDQAs. In addition to tracing and verifying the data submitted in the monthly reports, district staff will assess the data collection and reporting systems established at the site level. A sample of patient files will also be chosen to ensure the information in the files is complete and matches information contained in the registers. District staff will be trained to write out the preliminary findings and conclusions of each RDQA, and these results will be discussed with site staff. Together, district and site staff will formulate recommendations to address any gaps identified and develop a plan to implement these recommendations.

EGPAF/Ariel Level Data Quality Assurance Strategies

At the EGPAF/Ariel country office level, the EGPAF/Ariel M&E teams will undertake the following activities in an effort to maintain accurate data:

CONDUCT INTERNAL TRAININGS ON INDICATORS AND DATA COLLECTION TOOLS: Because EGPAF/Ariel M&E staff will transfer the data from the monthly reports sent by the districts into the EGPAF's database and use these data to fill in donor reporting forms, it is imperative that the EGPAF/Ariel M&E teams themselves have a comprehensive understanding of the definitions of the indicators contained within the monthly form and the donor reporting form. Specifically, the M&E team must know the relationships between the indicators in the two forms so as to be

able to accurately transfer data from other to the other. To assist with this process, the EGPAF/Ariel M&E team leadership will perform annual trainings in indicator definitions, use of SIGDEP, and procedures on transferring data between the monthly form and the donor reporting form.

VALIDATE DATA RECEIVED FROM DISTRICTS: As mentioned previously, as part of the EGPAF and Ariel foundations' internal processes, the M&E teams are responsible for inputting the data they receive from the districts into the Foundations' own data warehouse. However, prior to inputting the data into the warehouse, EGPAF/Ariel M&E officers perform a series of checks on the data. These checks mainly involve checking the data for

coherence (as described in the previous section), thereby ensuring that there is a logical order to the data for related indicators. After the data pass through this series of checks, they are then uploaded into the data warehouse form. The Foundation's database itself is designed in such a way so as to reinforce data quality: it contains a series of system-generated data quality flags that are activated when seemingly erroneous data are inputted into the database. These flags are divided into two levels: hard checks and soft checks. Hard-check errors must be resolved before the data can be saved on the system, since they are usually the result of gross data entry errors. Soft checks are triggered when reported data seem to contain a data entry error or when a programmatic situation occurs that causes the data to look substantially different from what one would expect. In addition to the hard and soft checks, the EGPAF database promotes a data submission process that is meant to further strengthen data quality.

TRAIN OFFICE STAFF IN ROUTINE DATA USAGE: In an effort to ensure that the EGPAF/Ariel offices use the data they collect from the sites/districts to improve overall data quality and program performance, the EGPAF/Ariel M&E teams will undertake a series of trainings to promote data utilization among the office staff. They will train program and other technical staff in the use of the GLASER standard reports, which display all of the data entered into the database in customizable tables. They will also conduct trainings on Microsoft Excel and show staff how to manipulate data via graphs, charts, pivot tables, macros, and so on. These trainings are expected to happen once per year. By participating in such trainings, it is hoped, program and technical staff will be able to conduct analyses on their own initiative. These analyses could then help identify data quality issues, which program and technical staff would then convey to M&E officers to address at the site level.

ASSIST OFFICE STAFF IN CONDUCTING INTERNAL DATA REVIEWS: Just as the EGPAF/Ariel M&E teams facilitate routine internal data reviews at the sites, districts, and regions, they will facilitate a similar process at the country office level. The EGPAF/ Ariel M&E teams have drafted a series of SOPs that will serve as the overall format/template of these country office–level data reviews. In addition, the EGPAF/Ariel M&E teams will then assist in the creation of the slide sets to be used during the data reviews. Via the often rich discussions triggered by these data reviews, previously unknown data quality issues may be unearthed.

CONDUCT REFRESHER TRAININGS ON RDQA AND DQA PROTOCOLS: In an effort to ensure that the EGPAF/Ariel offices use the data they collect from the sites/districts to improve overall data quality and program performance, the EGPAF/Ariel M&E teams will undertake a series of trainings to promote data utilization among the office staff. They will train program and other technical staff in how to retrieve data from EGPAF's data warehouse in customizable tables. They will also conduct trainings on Microsoft Excel and show staff how to manipulate data via graphs, charts, pivot tables, macros, and so on. These trainings are expected to happen once per year. By participating in such trainings, program

and technical staff will be able to conduct analyses on their own initiative. These analyses could help identify data quality issues, which program and technical staff would then convey to M&E officers to address at the site level.

ASSIST OFFICE STAFF IN CONDUCTING INTERNAL DATA REVIEWS: Just as the EGPAF/Ariel M&E teams facilitate routine internal data reviews at the sites, community, and district levels, they will facilitate a similar process at the country office level. The EGPAF/Ariel M&E teams have drafted a series of SOPs that will serve as the overall format/template of these country office– level data reviews. In addition, the EGPAF/Ariel M&E teams will then assist in the creation of the slide sets to be used during the data reviews. Via the often rich discussions triggered by these data reviews, previously unknown data quality issues may be unearthed.

CONDUCT REFRESHER TRAININGS ON RDQA PROTOCOLS: In order for EGPAF/Ariel M&E officers to be able to conduct RDQAs at the site level, it is critical that they themselves be fluent in the procedures and tools involved in these audits. Therefore an annual refresher training on RDQAs will be given to EGPAF/Ariel M&E officers. This training will involve a thorough review of the MEASURE Evaluation protocols as well as the data quality assessment methods used by CDC/Côte d'Ivoire. It may then be followed up with a practical session at the sites, where senior-level EGPAF/ Ariel M&E advisors may accompany junior M&E officers to a health facility and coach them while conducting an RDQA together. Program officers are encouraged to join the RDQA training because these officers work with the sites on a daily basis and thus can facilitate the audit process. The more in-depth knowledge M&E and program officers have of the steps involved in RDQAs, the more they can assist when these activities are happening at the sites, and thereby influence better data quality.

CONDUCT REFRESHER TRAININGS ON CONDUCTING ROUTINE M&E SITE VISITS: To sustain high data quality, the EGPAF/Ariel M&E teams believe that routine visits to the sites are a necessary part of the technical assistance they provide. To that end, each quarter EGPAF/Ariel M&E staff will visit sites either for a routine review of the site performance vis-à-vis M&E issues or for a particular data issue identified. To ensure that these routine visits by the EGPAF/Ariel M&E officers are truly effective, efficient, and useful for improving data quality, the teams have come up with a checklist that follows up on data quality issues and actions to address these issues that were noted during the last site visit. The checklist also helps in the identification of new data quality issues with quick checks of various indicators and SOPs usage.

Conclusion

As EGPAF and Ariel grow as organizations and implement the data quality assurance activities laid out in this document, the M&E teams will further tailor these approaches to the community, sites, and districts in which they work and hone in on specific health areas that are particularly prone to data quality problems. Therefore this document will be modified as EGPAF/Ariel's strategies evolve over time. By putting in place a multitude of data quality assurance measures at the community, site, district, and country office levels, the EGPAF/Ariel M&E teams hope to significantly minimize errors in the data. In addition, by varying the indicators to be checked at each level and the techniques involved, the EGPAF/Ariel M&E teams hope to catch a variety of mistakes that can occur in the data collection and reporting cascade. With accurate and reliable data, the two foundations will be able to use the data they collect with confidence and improve the performance of their programs, thereby helping to eliminate pediatric AIDS in Côte d'Ivoire.

**Elizabeth Glaser
Pediatric AIDS
Foundation**

2 Plateaux les Vallons, Rue J 50
08 BP 2678 Abidjan 08
Côte d'Ivoire
Phone: 225-22-41-45-05 | Email: info@pedaids.org

Fondation Ariel Glaser pour la Lutte contre le SIDA Pédiatrique:
2 Plateaux les Vallons, Rue J 50
08 BP 2678 Abidjan 08
Côte d'Ivoire
Phone: +225 22 41 88 80

www.pedaids.org