

**STRENGTHENING HIV/AIDS SURVEILLANCE THROUGH DESIGN AND
DESSIMINATION OF ROUTINE DATA QUALITY ASSESSMENT TOOL (RDQA)
FOR NATIONAL AND COUNTY GOVERNMENTS.**

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DECLARATION

I declare that the work on which this project is based, hereby submitted to University of Nairobi, for the fellowship on capacity building for sustainable development (Epidemiology & Biostatistics), it has not previously been submitted by me for a degree at this or any other university, that it is my work in design and execution, and that all material contained herein has been duly acknowledged.

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ACKNOWLEDGEMENT

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Figure1: RDQA Conceptual Framework..... 1

LIST OF ABBREVIATIONS AND DEFINITION OF TERMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment/Therapy
ARV	Anti-Retroviral Drugs
BCC	Behaviour Change Communication
CBO	Community Based Organization
CHW	Community Health Worker
DHIS2	District Health Information System ²
DQA	Data Quality Assessment
EBI	Evidence Based Intervention
EPHT	Environmental Public Health Tracking
FBO	Faith Based Organization
GoK	Government of Kenya
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counselling
IEC	Information, Education, and Communication
IPC	Infection Prevention and Control
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KP	Key Populations
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Programme
NGO	Non-Governmental Organizations
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PICT	Provider-initiated Counselling and Testing
PLHIV	People Living with HIV and AIDS
PMS	Post Marketing Surveillance
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis
PwD	People/Persons with Disabilities
PWID	People Who Inject Drugs
PHDP	Positive Health, Dignity and Prevention RBM
RDQA	Routine Data Quality Assessment
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Effective systems for capturing health program data are vital to tracking progress on achievement of health indicators as stipulated which will be central to supporting data-informed decisions as part of the new Sustainable Development Goals. There were discrepancies in official reporting tools for National Aids Control Council-NACC. Low reporting rates among participating institutions existed. Most of the reports from the Ministries, Departments and Agencies (MDAs) were submitted with errors which made it difficult for data entry and analysis. There existed a gap on the formats used where some of the implementing agencies used outdated formats to report. Analysis of the DHIS2 showed that HIV and Aids Surveillance data quality was not of the required standards. Reporting rates went below 70% and some of the facilities not reporting at all, while others reporting with errors and accuracy questions. The RDQA tool was formulated and disseminated for use; if used, it shall be able to improve the organizations data quality in the dimensions of accuracy, timeliness, integrity, completeness and precision. The goal of this project was contribute to a Kenya free of HIV infections, stigma and AIDS related deaths and success of 95:95:95 strategy. The purpose of the project was to design, pilot and disseminate a Routine Data Quality Assessment Tool for HIV Surveillance data. The specific objectives were: to design a Routine Data Quality Assessment Tool for HIV Surveillance data; to pilot the Routine Data Quality Assessment Tool for HIV Surveillance data in one of the Counties; to disseminate the Routine Data Quality Assessment Tool for HIV Surveillance data for use in the National and Counties and to develop a Routine Data Quality Assessment Tool project report by the end of project cycle. The expected results of the project were: a Routine Data Quality Assessment Tool for HIV Surveillance data developed; a Routine Data Quality Assessment Tool for HIV Surveillance data piloted in one of the Counties; a Routine Data Quality Assessment Tool for HIV Surveillance data disseminated for use in the National and Counties; a project Routine Data Quality Assessment Tool report submitted to university of Nairobi and shared with stakeholders by December, 2018. The expected outcome of the project was improved data quality in HIV/Aids surveillance for programming and evidence based interventions and the project expected impact is Contribute to reduced HIV infections, stigma and AIDS related deaths and success of the 95:95:95 strategies. The project was monitored and evaluated using Programme of activities; weekly updates and monthly progress reports on the RDQA project based on the project deliverables. The project amortized the operating costs over four (12) months, based on this, an expenditure of Ksh.350,000 in total was used. This covered cost for equipment, Travel and stationery.

Key words: RDQA, NACC, UNITID and HIV/Aids Surveillance

CHAPTER ONE

1.0 Introduction and background

Effective systems for capturing health program data are vital to tracking progress on achievement of health indicators as stipulated which will be central to supporting data-informed decisions as part of the new Sustainable Development Goals. In the past data quality assessment tools were developed as part of global efforts to epidemics. National programs plans and donor-funded projects were used to reduce the burden of disease in most countries. Tracking performance and improving the management of these projects requires strong monitoring and evaluation (M&E) systems that produce good-quality data for evidence based planning and management.

1.1.1 Conceptual framework for data quality

The Routine Data Quality Assessment is significant in assessing dimensions of data quality and components of the data management system requires to ensure data quality. The framework for the Data Quality Assessment and Routine Data Quality Assessment is depicted in Figure 1 where quality data is generated through a strong data management and reporting system made up of the various functional components that spans the different levels of the data management system.

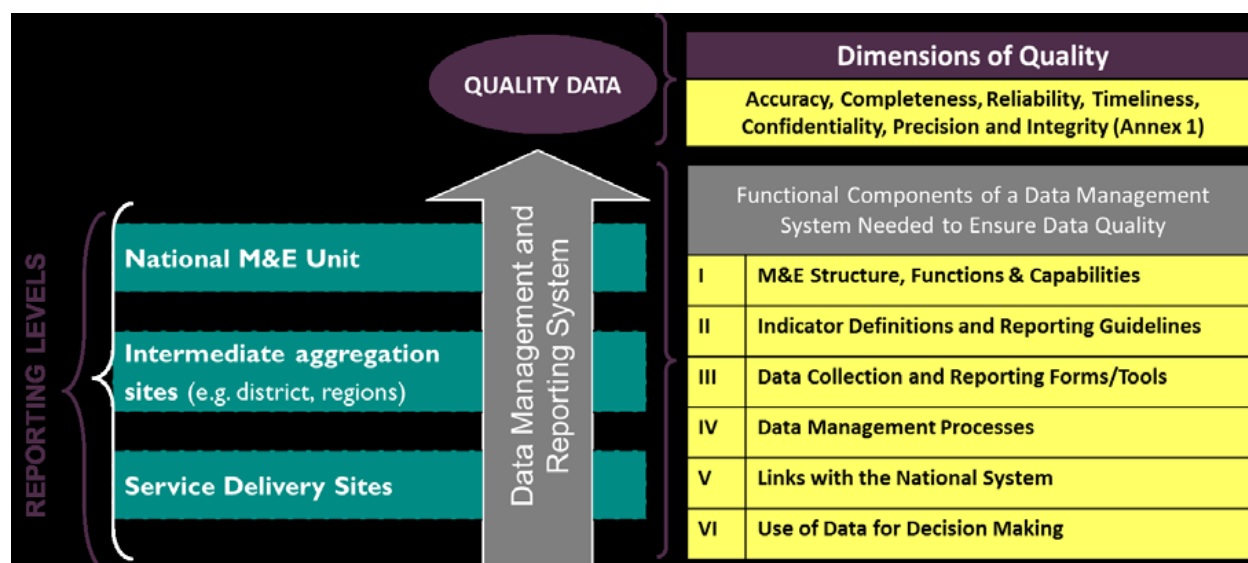


Figure1: Conceptual framework for data quality- (Source: Measure, USAID)

Data quality is dependent on organizations' data management and data reporting systems and these effective systems should produce quality data. For any system to produce quality data, key functional components need to be put in place at all levels of the organizational system especially the points of service delivery (which include Sub-Counties, Counties), and the National M&E unit at the strategic level where data are reported.

The Routine Data Quality Assessment tool is designed to facilitate three key actions central to improving data quality:

- 1) Verification of data quality.
- 2) Assessment of the data management system that produces that data, and
- 3) Development of implementation/action plans to improve both.

The tool itself was designed for data collection and will also include dashboards that summarize findings at various levels of health system to aid in analysis of the data.

1.1.2 Routine Data Quality-(RDQA).

The RDQA tool if used effectively, the following objectives will be achieved:-

- 1) Verification of data quality of reported data for key indicators at selected sites; the ability of data management systems to collect, manage, and report good-quality data through data management cycle.
- 2) Implementation of corrective measures which will assist in strengthening the data management and reporting system and improving data quality and
- 3) Monitor capacity improvements and performance of the data management and reporting system thus producing quality data for evidence based planning.

1.2 The gap

There existed various discrepancies in Maisha 1&2 reporting Formats which are the official reporting tools for National Aids Control Council-NACC including poor reporting rates, incomplete reports and errors in the reporting tools. Low reporting rates among participating

institutions were evident. Most of reports from the Ministries, Departments and Agencies (MDAs) were submitted with errors which made it difficult in data entry and analysis formats. There existed a gap on the formats to be used where some of the implementing agencies used outdated formats to report. Analysis of the DHIS2 shows that HIV and Aids Surveillance data quality was not of the required standards. For instance, reporting rates went even below 70% with some of the facilities not reporting and others reporting with errors and accuracy questions. This gap was identified with collaboration with the PLP staff where the fellow was actively taking part in data entry and audit of the DHIS2 HIV Surveillance data elements for population of the Results Matrix in the M&E Division of NACC. The RDQA tool was designed and piloted in Kisumu and Homabay Counties which if continuously used, data quality will immensely be improved.

1.3 Statement of the problem

The Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 is the primary HIV policy and strategy guiding Kenya's response on HIV and AIDS. The framework was delivered through an intensive consultative process at the national and county levels that involved stakeholders from the various sectors including; Public Sector and Private Sector (Formal and Informal Sectors); Development Partners; Civil Society; Faith Communities and Persons Living with HIV (PLHIV). In the implementation of KASF and the M&E framework, some of the challenges noted include: Discrepancies of Maisha 1&2 reporting Formats; Low reporting rates due to delays by public and private sectors which shows low rates of commitment among players; Errors emanating from both private and public sector reporting formats; Use of outdated reporting formats for some of the public sector players which translates to inadequate capacity

and lack of frequent updates and delay in adoption of the online reporting system. This led to formulation of RDQA tool through a consulted approach among stakeholders. The RDQA tool if used will definitely improve the organizations data quality in the dimensions of accuracy, timeliness, integrity, completeness and precision.

1.4 Project objectives

1.4.1 Goal: To contribute to a Kenya free of HIV infections, stigma and AIDS related deaths and success of 95:95:95 strategy.

1.4.2 Purpose: To design, pilot and disseminate a Routine Data Quality Assessment Tool for HIV Surveillance data by 2019.

1.4.3 Specific objectives

- 1) To design a Routine Data Quality Assessment Tool for HIV Surveillance data by 2019.
- 2) To pilot the Routine Data Quality Assessment Tool for HIV Surveillance data in one of the Counties by 2019.
- 3) To disseminate the Routine Data Quality Assessment Tool for HIV Surveillance data for use in the National and Counties by 2019.
- 4) To implement a Routine Data Quality Assessment Tool project report by the end of project cycle by 2019.

1.4.4 Outputs

1. A Routine Data Quality Assessment Tool for HIV Surveillance data developed by 2019.
2. A Routine Data Quality Assessment Tool for HIV Surveillance data piloted in one of the Counties by 2019.
3. A Routine Data Quality Assessment Tool for HIV Surveillance data disseminated for use in

the National and Counties by 2019.

4. A project Routine Data Quality Assessment Tool report submitted to University of Nairobi and shared with stakeholders by 2019.

1.5 Justification/ significance

Data management is core for evidence based decision making in all institutions including the National Aids Control Council. At NACC a lot of information is captured using designated tools, however the HIV/Aids data is incomplete and inaccurate and there is evidence of constant delays in reporting. There is also weak capacity for the officers reporting for the Public Sector. This results to inadequate credible or timely information for planning, inability to authoritatively state level of sector performance, leading to lack of evidence for planning and programming for HIV/Aids interventions. The RDQA tool once continuously utilized shall assist in improvement of data quality thus making evidence based decision making. This project contributes to the national Health Information Systems goal which is to provide quality data for evidence based planning and management.

CHAPTER TWO

2.0 PROJECT IMPLEMENTATION METHODS AND MANAGEMENT PLAN

2.1 Key institutional issues to be addressed

The focus of the project was to design, pilot and disseminate a Routine Data Quality Assessment Tool for HIV Surveillance data. Through involvement of the PLP management and staff, and County HIV/Aids programmers, the process was participatory and the different participants owned the RDQA Tool. The RDQA tool was validated and disseminated to all the stakeholders after design and formulation. The RDQA Tool is an automated MS Excel work book where indicators of importance are entered and charts will be generated automatically showing the actual performance in all dimensions of data quality.

2.2 Project activities

In principle the design and dissemination of the HIV Surveillance RDQA Tool was a reflective process of the various stakeholders, involving a peer review based engagement, with overall guidance of an independent reviewer to ensure objectivity. A participatory approach was employed during the process where the Monitoring and Evaluation division was actively involved including the PLP mentor who is the Head of the Division. The main activities of the project were: Gap identification, Collection of required literature and references, Proposal development, review and approval, designing of the RDQA tool, convening meetings for commitment, inputs and validation, Piloting and dissemination of RDQA tool for use and final project report writing presentation of the report at UoN and sharing with all stakeholders.

2.3 Roles and responsibilities

The HIV Surveillance RDQA tool design Project was managed by the project Implementer. For coordination, the NACC management and staff at the Division of Monitoring and evaluation were key to foster commitment and ownership of the project. The design of the RDQA Tool was done by the Project Implementer with constant guidance from the University of Nairobi Supervisor and PLP Mentor. The project implementer updated the members of the team weekly and monthly on the project progress which ensured that schedule was followed to the latter.

2.4 Stakeholders

The stakeholders in this project were: Principal implementer and Project team, The NACC, Ministries, Departments and Agencies, Development partners, CSO's, NASCOP, National and County governments and the community.

2.5 Communication strategies/plans/processes

The project team used meetings to communicate progress/shortcomings of the project. Weekly reports, Monthly reports and final HIV Surveillance RDQA tool design Project report were disseminated to all stakeholders: this served as participatory sustainability strategy.

2.6 Documentation process

The project team did monthly reports on progress as far the planned activities. The reports were shared inform of feedback to all participating stakeholders and inform performance. The final HIV Surveillance RDQA tool Project report was also shared, validated and disseminated to all the stakeholders.

2.7 Risks and assumptions

A risk plan was put in place to manage Quality, Scope/institutional arrangement and mandate/functions, Time, and Cost/Resources. The purpose of the plan was to increase the probability of effective and positive events and decrease adverse events to the project. To achieve this, inputs included environmental factors of the project, organizational process, and management plan and problem statement. One of the expected risks expected was limited good will to accept and own the project by Stakeholders, County Health Management Team, and Ministries, Departments and Agencies'. Lack of cooperation during data collection could also pose a challenge. Involvement of all the stakeholders from the project design was assured so as to explain to them the purpose of the project and the expected outputs, for them to appreciate it which mitigated shortcomings.

2.8 Sustainability plan

Through participatory approaches, all stakeholders in the HIV Surveillance RDQA tool design Project process were involved throughout the project cycle to ensure ownership of the project. National and County Health teams were also fully involved to ensure that the project got support from all the players who gave their recommendations as well. In absence of Medium Term fellows at NACC, two officers from the M&E Division were identified to carry on once the project phased out. The mentor having participated from the start would be instrumental in ensuring sustainability of the project. The RDQA tool was piloted to two selected Counties that is Homabay and Kisumu where implementation of this helped in cascading the tool for implementation in lower levels.

2.9 Work plan

The Project ran from December, 2017 to December, 2018. The activities followed sequence starting with: Gap identification, Collection of required literature and references, Proposal development, review and approval, designing of the RDQA tool, convening meetings for commitment, inputs and validation, Piloting and dissemination of RDQA tool for use, Final Project Report writing presentation of the report at UoN and sharing with all stakeholders.

2.10 Data sources

Data was sourced from DHIS2 and verification of community reporting format and public sector Maisha 1 and Maisha 2 reports, document review, weekly reports and monthly project reports.

2.11 Project Results

The project was implemented as planned and a Routine Data Quality Assessment tool was developed. The tool was piloted in two Counties name; Kisumu County and Homabay County where the prevalence of HIV Aids remains high in Kenya. The RDQA was very useful for data quality assessment in areas piloted as confirmed by staff in HMIS departments.

CHAPTER THREE

3.0 PROJECTED IMPACT

3.1 Outputs

- 1) A Routine Data Quality Assessment Tool for HIV Surveillance data developed by 2019.
- 2) A Routine Data Quality Assessment Tool for HIV Surveillance data piloted in one of the Counties by 2019.
- 3) A Routine Data Quality Assessment Tool for HIV Surveillance data disseminated for use in the National and Counties by 2019.
- 4) A project Routine Data Quality Assessment Tool report submitted to university of Nairobi and shared with stakeholders by 2019.

3.2 Outcome

Improved data quality in HIV/Aids surveillance for programming and evidence based interventions.

3.3 Impact of the project

Contribute to reduced HIV infections, stigma and AIDS related deaths and success of the 95:95:95 strategy.

3.4 Cascade

A meeting was held to validate the report where consensus was sought and recommendations considered. The meeting was held at the national level with representation from County governments and ministries. The RDQA tool was piloted in Kisumu and Homabay Counties during project implementation and disseminated to the National and County Governments for

implementation after project completion. The dissemination was facilitated by NACC assisted by the project implementer.

3.5 Lessons Learnt

During the entire implementation of this project; it was clear that Routine Data Quality Assessment in Government Agencies is not practiced. Most of reporting is routine that is monthly but assessments on the quality of data going to the next level are not done. This leads to poor quality data which if used for evidence based planning could promote inadequate programming within ministries and County governments as per as HIV prevention is concerned.

CHAPTER FOUR

4.0 PROJECT MONITORING AND EVALUATION PROCESSES

4.1 Project Monitoring and Evaluation Activities

The project was monitored and evaluated using Programme of activities; weekly updates and monthly progress reports on the RDQA project based on the project deliverables. Meetings with stakeholders involved in implementation of HIV/Aids shall be vital in ensuring that this project process was well monitored and evaluated .The project implementer also scheduled meetings every month with the mentor and supervisor to review the project progress .Monitoring was through routine meetings with stakeholders to monitor progress of the set targets, schedule and deliverables. Monthly analysis of performance was done to influence project decision making.

4.2 Ethical issues

This being an implementation project, most of approvals were sought from the participating organizations. Approvals for the project implementation was sought from University of Nairobi, The Centers for Disease Control (CDC), National Aids Control Council and the two Counties (Kisumu & Homabay) where piloting took place to ensure ethical considerations are upheld. Data security, privacy and confidentiality shall be highly observed throughout the project cycle.

4.3 Budget

The project amortized the operating costs over twelve (12) months running up to December, 2018, Based on this, expenditure of **Ksh 350,000** in total was used. This covered cost for equipment, Travel and stationery. A complete budget is annexed in the appendices.

4.4 Conclusion

In conclusion, the RDQA tool if used routinely will improve HIV Surveillance for the National and County Level programs. The tool can as well be customized to fit service delivery points at health facilities to improve data quality for the manual registers and computer based records. The RDQA tool has been shared with the pilot Counties for use by ministries and the National Aids Control Council.

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APPENDICES

Appendix 1: Work plan

TIME	2017				2018													
Activity	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Deliverable	
Gap Identification	X	X	X														Implementation Project Gap identified	
Proposal Development Defence			X	X	X	X	X										HIV/Aids Surveillance RDQA Tool Design Proposal developed	
Design, Piloting and Dissemination of HIV Surveillance RDQA Tool						X	X	X	X	X	X						HIV Surveillance RDQA Tool Report Disseminated	
HIV Surveillance RDQA Tool Project Report Writing & Defence								X	X	X	X	X	X	X	X	X	Final RDQA Project Report	

Appendix 2: The Budget

S/No	Item Description	Quantity	Unit Cost (Ksh.)	Total Cost (Ksh.)	Budget Justification
1.0	EQUIPMENT				
1.1	Modem/ Modem Airtime	1	5,000	5,000	The modem shall be principally used during communication with stakeholders and literature search and documentation of the project.
1.2	Digital Camera	1	15,000	15,000	The camera will be used to do evidence based management during implementation process and report writing
1.3	Air-time (Communication)	6	2,000	12,000	The airtime shall be used to communicate with stakeholders through the entire project cycle

1.4	Laptop	1	57,000	57,000	This laptop will be used for documentation for the entire cycle of the Project.
	Sub total			89,000	
2.0	SUPPLIES/ DOCUMENTATION				
2.1	Photocopying papers	3	500	1,500	Progressive /Final Project Report
2.2	Pens	80	20	1,600	For meetings/stakeholders forum
2.3	Exercise Books	80	40	3,200	For meetings/stakeholders forum
2.4	Project Report printing and Binding	1	5,000	5,000	Progressive /Final Project Report
2.5	Consultancy	1	39,700	39,700	This shall be for services sought from expert to strengthen capacity within the project team
	Sub-Total			51,000	

3.0	PERSONNEL				
3.1	Travel to Counties (Piloting)	10 days X 2 Pax	8,400	168,000	This monies will be used to facilitate data collection within various county governments (Department of Health Services)
3.2	Travel to Public Sector (Piloting)	5 Days X 1Pax	8,400	42,000	The money will be used to facilitate data collection in the public sector which most of them are parastatals
	Sub total			210,000	
	GRAND TOTAL			350,000	

Appendix3: Log-frame Matrix

	Project Description	Indicators	Source of Verification	Assumptions
Goal	To contribute to a Kenya free of HIV infections, stigma and AIDS related deaths and success of 95:95:95strategy.	Data quality improved to up to 95% in all categories by the year 2018	DHIS2,MoH Strategic Plans and review reports, QIPs ,AWPs	-Stakeholders will fully participate in the meetings, support the processes and contribute positively
Purpose	To design, pilot and disseminate a Routine Data Quality Assessment Tool for HIV Surveillance data by September, 2018.	A comprehensive HIV/Aids Surveillance RDQA developed, piloted and disseminated by September 2018.	HIV/Aids Surveillance RDQA Project weekly and Monthly Reports	-Stakeholders will fully participate in the meetings, support the processes and contribute positively
Objectives	<ol style="list-style-type: none"> 1) To design a Routine Data Quality Assessment Tool for HIV Surveillance data by September, 2018. 2) To pilot the Routine Data Quality Assessment Tool for HIV Surveillance data in one of the Counties by September, 2018. 3) To disseminate the Routine Data Quality Assessment Tool for HIV Surveillance data for use in the National and Counties by June, 2018. 4) To develop a Routine Data Quality Assessment Tool project report by the end of project cycle: September, 2018. 	<p>-A comprehensive HIV/Aids Surveillance RDQA developed by September 2018.</p> <p>-A comprehensive HIV/Aids Surveillance RDQA piloted by September, 2018.</p> <p>-A comprehensive HIV/Aids Surveillance RDQA developed, piloted and disseminated by September 2018.</p>	HIV/Aids Surveillance RDQA Project weekly and Monthly Reports	-Stakeholders will fully participate in the meetings, support the processes and contribute positively
Outputs	<ol style="list-style-type: none"> 1) A Routine Data Quality Assessment Tool for HIV Surveillance data developed by June, 2018. 2) A Routine Data Quality Assessment Tool for HIV Surveillance data piloted in one of the Counties by 	-A comprehensive HIV/Aids Surveillance RDQA developed by September 2018.	-DHIS2 HIV/Aids Surveillance RDQA	-Stakeholders will fully participate in the meetings, support the

	<p>June, 2018.</p> <p>3) A Routine Data Quality Assessment Tool for HIV Surveillance data disseminated for use in the National and Counties by June, 2018.</p> <p>4) A project Routine Data Quality Assessment Tool report submitted to university of Nairobi and shared with stakeholders by September, 2018.</p>	<p>-A comprehensive HIV/Aids Surveillance RDQA piloted by September, 2018.</p> <p>-A comprehensive HIV/Aids Surveillance RDQA developed, piloted and disseminated by September 2018.</p>	<p>Project weekly and Monthly Reports</p>	<p>processes and contribute positively</p>
Outcome	<p>Improved data quality in HIV/Aids surveillance for programming and evidence based interventions.</p>	<p>% increase in utilization of quality HIV/Aids Surveillance data for evidence based interventions.</p>	<p>HIV/Aids Surveillance RDQA Project weekly and Monthly Reports</p>	<p>-Stakeholders will fully participate in the meetings, support the processes and contribute positively</p>
Activities	<p>Gap identification, Collection of required literature and references, Proposal development, review and approval, designing of the RDQA tool, convening meetings for commitment, inputs and validation, Piloting and dissemination of RDQA tool for use, Final Project Report writing presentation of the report at UoN and sharing with all stakeholders.</p>		<p>HIV/Aids Surveillance RDQA Project weekly and Monthly Reports</p>	<p>-Stakeholders will fully participate in the meetings, support the processes and contribute positively.</p>

Appendix 4: Routine Data Quality Assessment Tool (RDQA)

Data Verification and System Assessment Sheet - County Site			
County Site/Organization:			
Indicator Reviewed:		-	
Date of Review:			
Reporting Period Verified:		-	
Component of the M&E System	Answer Codes: Yes - completely Partly No - not at all N/A	REVIEWER COMMENTS (Please provide detail for each response not coded "Yes - Completely". Detailed responses will help guide strengthening measures.)	
Part 1: Data Verifications			
A - Recounting reported Results:			
Recount results from the periodic reports sent from the Districts to the Region and compare to the value reported by the Region. Explain discrepancies (if any).			
1	Re-aggregate the numbers from the reports received from all Service Delivery Points. What is the re-aggregated number? [A]		
2	What aggregated result was contained in the summary report prepared by the Intermediate Aggregation Site (and submitted to the next reporting level)? [B]		
3	Calculate the ratio of recounted to reported numbers. [A/B]	-	

4	What are the reasons for the discrepancy (if any) observed (i.e., data entry errors, arithmetic errors, missing source documents, other)?		
B - Reporting Performance:			
Review availability, completeness, and timeliness of reports from all Districts within the Region. How many reports should there have been from all Districts? How many are there? Were they received on time? Are they complete?			
5	How many reports should there have been from all Districts? [A]		
6	How many reports are there? [B]		
7	Calculate % <u>Available</u> Reports [B/A]	-	
8	Check the dates on the reports received. How many reports were received on time? (i.e., received by the due date). [C]		
9	Calculate % <u>On time</u> Reports [C/A]	-	
10	How many reports were complete? (i.e., complete means that the report contained all the required indicator data*). [D]		
11	Calculate % <u>Complete</u> Reports [D/A]	-	
Part 2. Systems Assessment			
I - M &E Structure, Functions and Capabilities			
1	There are designated staff responsible for reviewing the quality of data (i.e., accuracy, completeness and timeliness) received from sub-reporting levels (e.g., service points).		

2	There are designated staff responsible for reviewing aggregated numbers prior to submission to the next level (e.g., to the central M&E Unit).		
3	All relevant staff have received training on the data management processes and tools.		
II- Indicator Definitions and Reporting Guidelines			
The M& E Unit has provided written guidelines to each sub-reporting level on ...			
4	..., what they are supposed to report on.		
5	... how (e.g., in what specific format) reports are to be submitted.		
6	... to whom the reports should be submitted.		
7	... when the reports are due.		
III- Data-collection and Reporting Forms / Tools			
8	Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools.		
9	The M&E Unit has identified standard reporting forms/tools to be used by all reporting levels		
10The standard forms/tools are consistently used by the Service Delivery Site.		
11	All source documents and reporting forms relevant for measuring the indicator(s) are available for auditing purposes (including dated print-outs in case of computerized system).		
IV- Data Management Processes			
12	Feedback is systematically provided to all service points on the quality of their reporting (i.e., accuracy, completeness and timeliness).		

13	If applicable, there are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, postdata entry verification, etc).		
14	If applicable, there is a written back-up procedure for when data entry or data processing is computerized.		
15	If <u>yes</u> , the latest date of back-up is appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or		
	monthly).		
16	Relevant personal data are maintained according to national or international confidentiality guidelines.		
17	The recording and reporting system avoids double counting people within and across Service Delivery Points (e.g., a person receiving the same service twice in a reporting period, a person registered as receiving the same service in two different locations, etc).		
18	The reporting system enables the identification and recording of a "drop out", a person "lost to follow-up" and a person who died.		
19	There is a written procedure to address late, incomplete, inaccurate and missing reports; including following-up with service points on data quality issues.		
20	If data discrepancies have been uncovered in reports from service points, the Intermediate Aggregation Levels (e.g., districts or regions) have documented how these inconsistencies have been resolved.		
V - Li nks with National Reporting System			
17	When applicable, the data are reported through a single channel of the national reporting system.		
21	When available, the relevant national forms/tools are used for datacollection and reporting.		
22	The system records information about where the service is delivered (i.e. region, district, ward, etc.)		

23	...if yes, place names are recorded using standardized naming conventions.		
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Part 3: Recommendations for the Intermediate Aggregation Level

Based on the findings of the systems' review and data verification at the intermediate aggregation site, please describe any compliance requirements or recommended strengthening measures, with an estimate of the length of time the improvement measure could take. See systems assessment functions by function area (table below) for review of system). Action points should be discussed with the Program.

	Description of Action Point	Person Responsible	Time Line
1			
2			
3			
4			



Data Verification and System Assessment Sheet - National Level M&E Unit

National Level M&E Unit/Organization:				
Indicator Reviewed:				-
Date of Review:				
Reporting Period Verified:				-
Component of the M&E System		Answer Codes: Yes - completely Partly No - not at all N/A	REVIEWER COMMENTS (Please provide detail for each response not coded "Yes - Completely". Detailed responses will help guide strengthening measures.)	
Part 1: Data Verifications				
A - Recounting reported Results:				
Recount results from the periodic reports sent from the intermediate aggregation sites to the National Level and compare to the value published by the National Program (or reported by the National Program to the Donor, if applicable). Explain discrepancies (if any).				
1	Re-aggregate the numbers from the reports received from all reporting entities. What is the re-aggregated number? [A]			
2	What aggregated result was contained in the summary report prepared by the M&E Unit? [B]			
3	Calculate the ratio of recounted to reported numbers. [A/B]	-		
4	What are the reasons for the discrepancy (if any) observed (i.e., data entry errors, arithmetic errors, missing source documents, other)?			
B - Reporting Performance:				

Review availability, completeness, and timeliness of reports from all Intermediate Aggregati on Sites. How many reports should there have been from all Aggregation Sites? Ho w many are there? Were they received on time? Are they complete?			
5	How many reports should there have been from all reporting entities (e.g., regions, districts, service points)? [A]		
6	How many reports are there? [B]		
7	Calculate % <u>Available</u> Reports [B/A]	-	
8	Check the dates on the reports received. How many reports were received on time? (i.e., received by the due date). [C]		
9	Calculate % <u>On time</u> Reports [C/A]	-	
10	How many reports were complete? (i.e., complete means that the report contained all the required indicator data*). [D]		
11	Calculate % <u>Complete</u> Reports [D/A]	-	
Part 2. Systems Assessment			
I - M&E Structure, Functions and Capabilities			
1	There is a documented organizational structure/chart that clearly identifies positions that have data management responsibilities at the M&E Unit. (to specify which Unit: e.g. MoH, NAP, GF, World Bank)		
2	All staff positions dedicated to M&E and data management systems are filled.		
3	A senior staff member (e.g., the Program Manager) is responsible for reviewing the aggregated numbers prior to the submission/release of reports from the M&E Unit.		
4	There are designated staff responsible for reviewing the quality of data (i.e., accuracy, completeness, timeliness and confidentiality) received		

	from sub-reporting levels (e.g., regions, districts, service points).		
5	There is a training plan which includes staff involved in data-collection and reporting at all levels in the reporting process.		
6	All relevant staff have received training on the data management processes and tools.		
II- Indicator Definitions and Reporting Guidelines			
7	The M&E Unit has documented and shared the definition of the indicator(s) with all relevant levels of the reporting system (e.g., regions, districts, service points).		
8	There is a description of the services that are related to each indicator measured by the Program/project.		
9	There is a written policy that states for how long source documents and reporting forms need to be retained.		
10	The M&E Unit has provided written guidelines to all reporting entities (e.g., regions, districts, service points) on reporting requirements and deadlines.		
The M &E Unit has provided written guidelines to each sub-reporting level on ...			
11	..., what they are supposed to report on.		
12	... how (e.g., in what specific format) reports are to be submitted.		
13	... to whom the reports should be submitted.		
14	... when the reports are due.		
III- Data-collection and Reporting Forms / Tools			
15	If multiple organizations are implementing activities under the Program/project, they all use the same reporting forms and report		

	according to the same reporting timelines.		
16	The M&E Unit has identified a standard source document (e.g., medical record, client intake form, register, etc.) to be used by all service delivery points to record service delivery.		
17	The M&E Unit has identified standard reporting forms/tools to be used by all reporting levels.		
18The standard forms/tools are consistently used by the Service Delivery Site.		
19	Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools.		
20	The data collected by the M&E system has sufficient precision to measure the indicator(s) (i.e., relevant data are collected by sex, age, etc. if the indicator specifies disaggregation by these characteristics).		
21	All source documents and reporting forms relevant for measuring the indicator(s) are available for auditing purposes (including dated print-outs in case of computerized system).		
IV- Data Management Processes			
22	The M&E Unit has clearly documented data aggregation, analysis and/or manipulation steps performed at each level of the reporting system.		
23	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting (i.e., accuracy, completeness and timeliness).		
24	(If applicable) There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, postdata entry verification, etc).		
25	(If applicable) There is a written back-up procedure for when data entry or data processing is computerized.		
26	...If yes, the latest date of back-up is appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or		

32	The M&E Unit can demonstrate that regular supervisory site visits have taken place and that data quality has been reviewed.		
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	monthly).		
27	Relevant personal data are maintained according to national or international confidentiality guidelines.		
28	The recording and reporting system avoids double counting people within and across Service Delivery Points (e.g., a person receiving the same service twice in a reporting period, a person registered as receiving the same service in two different locations, etc).		
29	The reporting system enables the identification and recording of a "drop out", a person "lost to follow-up" and a person who died.		
30	There is a written procedure to address late, incomplete, inaccurate and missing reports; including following-up with sub-reporting levels on data quality issues.		
31	If data discrepancies have been uncovered in reports from subreporting levels, the M&E Unit (e.g., districts or regions) has documented how these inconsistencies have been resolved.		

V- Links with National Reporting System

33	When applicable, the data are reported through a single channel of the national reporting system.		
34	When available, the relevant national forms/tools are used for datacollection and reporting.		
35	Reporting deadlines are harmonized with the relevant timelines of the National Program (e.g., cut-off dates for monthly reporting).		
36	The service sites are identified using ID numbers that follow a national system.		
37	The system records information about where the service is delivered (i.e. region, district, ward, etc.)		
38if yes, place names are recorded using standarized naming conventions.		

Part 3: Follow up Recommendations and Action Plan - M&E Unit

	Summarize key issues that the Program should follow up at various level s of the system (e.g. issues found at site level and/or at intermediate aggregation site level).		
	Description of Action Point	Person Responsibl e	Time Line
1			
2			
3			
4			

Systems Assessment Components Contributing to Data Quality Dimensions										
Functional Area	Level			Dimension of Data Quality						
	M&E Unit	Aggregation Levels	Service Points	Accuracy	Reliability	Timeliness	Completeness	Precision	Confidentiality	Integrity
<i>I - M&E Structure, Functions and Capabilities</i>										
There is a documented organizational structure/chart that clearly identifies positions that have data management responsibilities at the M&E Unit. (to specify which Unit: e.g. MoH, NAP, GF, World Bank)	P			—	—	—				
All staff positions dedicated to M&E and data management systems are filled.	P			—	—	—				
A senior staff member (e.g., the Program Manager) is responsible for reviewing the aggregated numbers prior to the submission/release of reports from the M&E Unit.	P			—	—		—	—		
There are designated staff responsible for reviewing the quality of data (i.e., accuracy, completeness, timeliness and confidentiality) received from sub-reporting levels (e.g., regions, districts, service points).	P	P		—	—	—	—	—	—	
There are designated staff responsible for reviewing aggregated numbers prior to submission to the next level (e.g., to the central M&E Unit).		P	P	—	—					
The responsibility for recording the delivery of services on source documents is clearly assigned to the relevant staff.			P	—	—					
There is a training plan which includes staff involved in data-collection and reporting at all levels in the reporting process.	P			—	—	—	—		—	
All relevant staff have received training on the data management processes and tools.	P	P	P	—	—	—	—	—	—	
<i>II- Indicator Definitions and Reporting Guidelines</i>										
The M&E Unit has documented and shared the definition of the indicator(s) with all relevant levels of the reporting system (e.g., regions, districts, service points).	P			—	—					
There is a description of the services that are related to each indicator measured by the Program/project.	P			—	—					
The M&E Unit has provided written guidelines to all reporting entities (e.g., regions, districts, service points) on reporting requirements and deadlines.	P	P	P	—	—	—	—			
There is a written policy that states for how long source documents and reporting forms need to be retained.	P			—	—	—	—	—		—
<i>III- Data-collection and Reporting Forms / Tools</i>										
If multiple organizations are implementing activities under the Program/project, they all use the same reporting forms and report according to the same reporting timelines.	P			—	—					

The M&E Unit has identified a standard source document (e.g., medical record, client intake form, register, etc.) to be used by all service delivery points to record service delivery.	P			—	—						
The M&E Unit has identified standard reporting forms/tools to be used by all reporting levels	P	P	P	—	—						
....The standard forms/tools are consistently used by all levels.	P	P	P	—	—						
Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools.	P	P	P	—	—						
The data collected by the M&E system has sufficient precision to measure the indicator(s) (i.e., relevant data are collected by sex, age, etc. if the indicator specifies disaggregation by these characteristics).	P		P						—		
All source documents and reporting forms relevant for measuring the indicator(s) are available for auditing purposes (including dated print-outs in case of computerized system).	P	P	P	—	—	—	—	—			—
IV- Data Management Processes											
The M&E Unit has clearly documented data aggregation, analysis and/or manipulation steps performed at each level of the reporting system.	P			—	—	—	—	—			
Feedback is systematically provided to all sub-reporting levels on the quality of their reporting (i.e., accuracy, completeness and timeliness).	P	P		—	—	—	—	—			
[If applicable] There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification, etc).	P	P	P	—	—	—	—	—			—
[If applicable] There is a written back-up procedure for when data entry or data processing is computerized.	P	P	P	—	—	—	—	—			—
If yes, the latest date of back-up is appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or monthly).	P	P	P	—	—	—	—	—			—
Relevant personal data are maintained according to national or international confidentiality guidelines.	P	P	P							—	
The recording and reporting system avoids double counting people within and across Service Delivery Points (e.g., a person receiving the same service twice in a reporting period, a person registered as receiving the same service in two different locations, etc).	P	P	P	—	—						
The reporting system enables the identification and recording of a "drop out", a person "lost to follow-up" and a person who died.	P	P	P	—	—						

There is a written procedure to address late, incomplete, inaccurate and missing reports; including following-up with sub-reporting levels on data quality issues.	P	P		—	—	—	—	—		—
If data discrepancies have been uncovered in reports from sub-reporting levels, the M&E Unit (e.g., districts or regions) has documented how these inconsistencies have been resolved.	P	P		—	—	—	—	—		—
The M&E Unit can demonstrate that regular supervisory site visits have taken place and that data quality has been reviewed.	P			—	—	—	—	—	—	—
V- Links with National Reporting System										
When available, the relevant national forms/tools are used for data-collection and reporting.	P	P	P	—	—			—		—
When applicable, the data are reported through a single channel of the national reporting system.	P	P	P	—	—			—		—
Reporting deadlines are harmonized with the relevant timelines of the National Program (e.g., cut-off dates for monthly reporting).	P	P		—	—			—		—
The service sites are identified using ID numbers that follow a national system.	P	P		—	—			—		—
The system records information about where the service is delivered (i.e. region, district, ward, etc.)	P	P	P	—	—			—		—
...if yes, place names are recorded using standardized naming conventions.	P	P	P	—	—			—		—

Appendix 5: Originality form

Document Viewer

Turnitin Originality Report

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**STRENGTHENING
HIV/AIDS
SURVEILLANCE
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Mc'darius Mbela**

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