Safeguarding the quality of program data during armed conflict: an experience form Amhara Development Association (ADA)

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Background

Amhara Development Association (ADA) is implementing USAID Family Focused HIV Prevention Care and Treatment Services in Amhara region since August 2020. The purpose of the Activity is to strengthen local HIV epidemic control & contribute to the attainment of the three 95 goals. Data of high quality, accurate and reliable information, are important to show program progress towards established goals and targets, facilitate correct decision making, show accountability and good governance. The Activity is responsible to review, clean, analyze, interpret and ensure the quality of program results data prior to submission to USAID via U.S. government's DATIM system. However, the prolonged and recurrent conflict in the region was a challenge for data quality assurance. The objective is to share how ADA monitor the quality of reported data during the ongoing regional armed conflict.

Interventions

- **Used paper based** (parallel reporting) and electronic data management system
- **Desk review:** Activity monthly reviewed CommCare data to check data completeness, validity, and internal consistency and provided feedbacks for sub-recipients
- **Data profiling**: the process of examining, analyzing, and creating useful summaries of data
- **Data cleaning:** Activity fixed or removed incorrect, corrupted, incorrectly formatted, duplicate, or incomplete data in the CommCare
- **Routine data quality assessment:** The activity conducted RDQA quarterly in person at conflict free service delivery points (prime and sub-recipients)
- **Remote telephone data quality assurance:** adapted existing DQA tools and conducted remote DQA using telephone communication
- **Data quality training** and making data quality as a priority agenda during virtual and face to face meetings

Results

- Routine data quality assessment verification factors range from 90%-110% is an acceptable range. The RDQA findings at Bahir Dar showed acceptable range across all indicators in service delivery points.
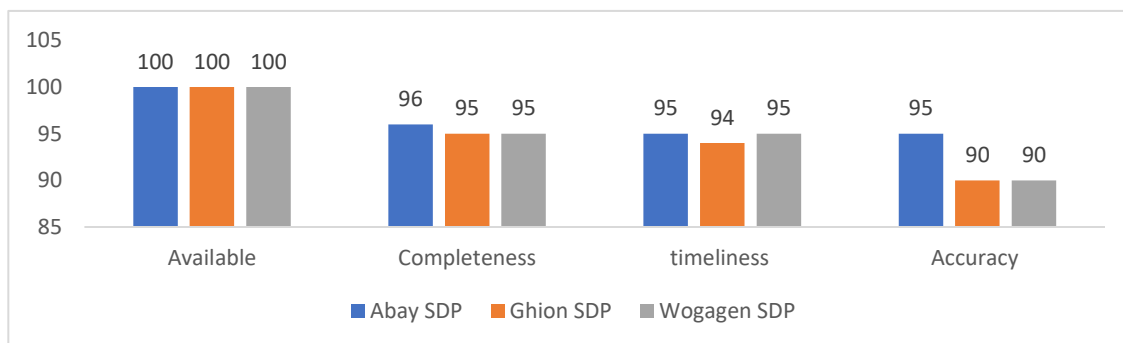

Figure 1: RDQA findings at Bahir Dar town

- The case identification verification was done at six SNUs. There were 175 clients reported though CommCare at those SNUs and 100% of them were properly documented in the register at SDP level and 171 (98%) cases were linked and feedback received from HF. Of linked cases, 78.5% (134)

clients were linked in the same town and the linkage, ART initiation and retention verification finding at HF was excellent (see figure below).
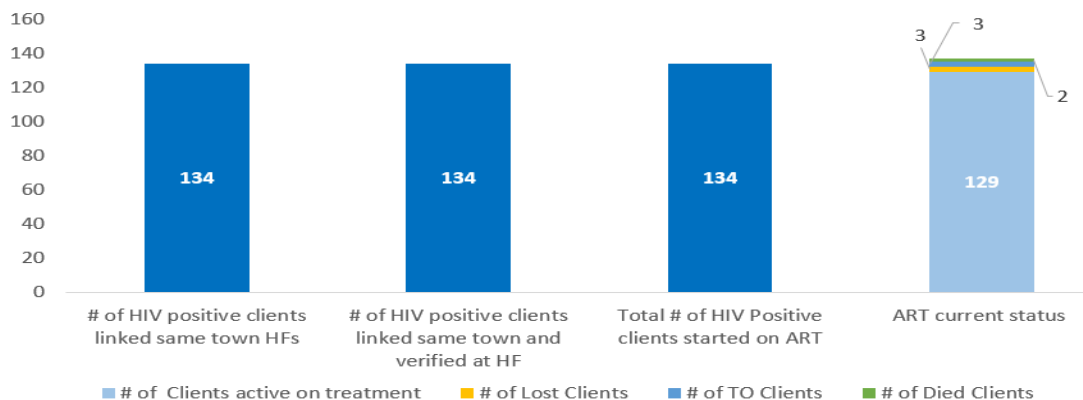

Fig 2: HIV positive client Linkage, ART initiation and retention status

- The Activity conducted IIT re-engagement audit at Bahir Dar, Dessie, and Kombolcha towns where there was high client re-engaged. There were 117 re-engaged clients reported through CommCare at these town and conducted SDP and HF level verification.
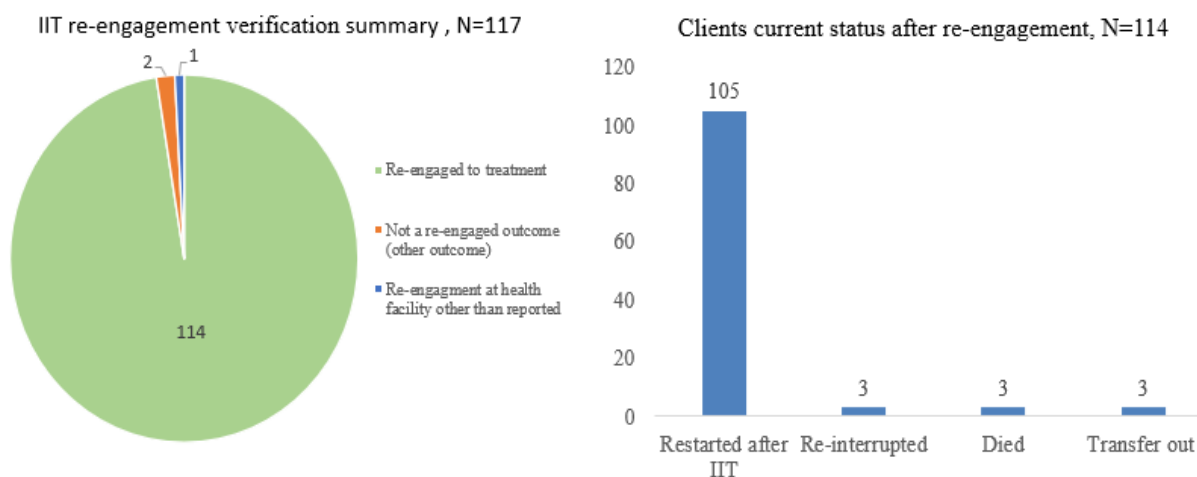

Fig3: IIT client re-engagement verification finding at Bahir Dar, Dessie & Kombolcha towns

Lesson learnt
- Prioritizing data quality and strategizing the data quality assurance approaches in the context of conflict helps to maintain data quality.

Disclaimer

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