Data Quality Audit of Four USAID HIV Projects in Ukraine

Final Audit Report

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19 Nizhniy Val
04071 Kyiv, Ukraine

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Table of Contents

Abbreviations

AB	abstinence/being faithful
AIDS	acquired immune deficiency syndrome
CD/YD	community development/youth development
CSO	civil society organization
CSW	commercial sex worker
DQA	data quality audit
HIV	human immune-deficiency virus
HQ	headquarters
IDU	injecting drug user
M&E	monitoring and evaluation
MARP	most-at-risk population
MAT	medically assisted therapy (opioid substitution therapy)
MSM	men who have sex with men
NGO	nongovernmental organization
OST	opioid substitution therapy
PATH	Program for Appropriate Technology in Health
PCV	Peace Corps volunteers
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PST	pre-service training
STD	sexually transmitted disease
SUNRISE	Scaling Up the National Response to HIV/AIDS through Information and Services (USAID-funded and Alliance-implemented program)
SW	social worker
T&C	testing and counseling
TB	tuberculosis
TEFL	teaching English as a foreign language
TOT	training of trainers
USAID	U.S. Agency for International Development
USCP	USAID|HIV/AIDS Service Capacity Project in Ukraine
USG	United States government
VAST	Volunteer Activities Support and Training
VCT	voluntary counseling and testing for HIV
VF	verification factor
VRT	Volunteer Reporting Tool
WHO	World Health Organization

Executive Summary

The audit team was comprised of three consultants from MEASURE Evaluation. From March 21, 2011 through April 1, 2011, they performed a data quality audit (DQA) of four projects funded by the U.S. Agency for International Development (USAID). The indicators for the DQA were selected from the USAID Ukraine 2010 annual performance report. The indicators were chosen for their international relevance and strategic importance for disease monitoring (treatment and prevention), as well as their significance with regard to financial investment. The selected indicators were the following, listed by implementing partner:

1. *'Number of individuals who received testing and counseling (T&C) services for HIV and received their test results.'* (Alliance)
2. *'Number of most-at-risk population (MARP) members reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required'* (this indicator is reported separately for injecting drug users [IDUs], men who have sex with men [MSM], commercial sex workers [CSWs], and street children). (Alliance)
3. *'Number of IDUs on opioid substitution therapy (OST).'* (Alliance)
4. *'Number of health care workers who successfully completed an in-service training program.'* (Alliance, Program for Appropriate Technology in Health [PATH], HIV/AIDS Service Capacity Project in Ukraine [USCP])
5. *'Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required.'* (Peace Corps)

For USCP and the Alliance SUNRISE Project, the reporting period in the audit was the fourth quarter of 2010 (October 1, 2010 to December 31, 2010). For the Peace Corps HIV/AIDS-Prevention Project and PATH, the reporting period was the 2010 fiscal year (October 1, 2009 to September 30, 2010).

Activities implemented by PATH, USCP and the Peace Corps that contribute to the above mentioned indicators are reported directly to the national office. Since there is no sub-reporting unit for these indicators, assessment and data verification for PATH, USCP, and the Peace Corps took place at the national offices in Kyiv. Spot checks were conducted to verify service delivery and are described in subsequent data verification summaries by organization.

The nongovernmental organizations (NGOs) implementing Alliance-funded programs during the audit period where sampled by applying a two-stage cluster sampling algorithm to sample six regions and 38 NGOs. Not all NGOs report on all of the indicators.

At the four national program offices and the Alliance sites providing voluntary counseling and testing (VCT), a questionnaire was administered to evaluate qualitative data management

capacity (system assessment), and quantitative reporting performance in terms of accuracy, timelines, completeness and availability of source documents, and reporting forms (data verifications). This was done by identifying source documents for the indicator data and recalculating the indicator values for the audit period. These data were then compared to the reported values, and a verification factor was calculated for each site. For each indicator, a composite score was calculated. At selected service delivery points, an additional quantitative evaluation using cross checks and spot checks was administered to verify the link between service provision and documentation of service provision in the source documents. For Alliance indicators 2, 3, and 4 (see previous page), full data verification (including cross and spot checks as applicable) was done, while the systems review was limited to identifying important issues. Full systems assessment for all four indicators would have been too time consuming and it was therefore decided to focus the systems assessment on the VCT indicator. However, the audit team was able to document data management systems for all indicators in more than sufficient detail.

Results: The systems assessment shows robust and well-implemented data collection and reporting systems and did not identify any major gaps in the data management systems. Data verification shows excellent data quality. Data accuracy was nearly 100% for all indicators reported by the Alliance Project, with minimal discrepancies noted in the data verification summaries for the different indicators. No discrepancies were found between the totals at Alliance main office and the quarterly reports found at the NGOs. Cross checks were carried out at the service delivery level, and found minimal discrepancies.

For the PATH, USCP, and Peace Corps projects, data accuracy, timeliness, and completeness were all assessed to be 100%. Cross checks and spot checks were also 100% accurate. Auditors observed strong systems in place at these three organizations. Peace Corps uses an effective reporting database, and described only minor issues with double counting and misaligned reporting periods. USCP showed minor problems with attempts to avoid double counting. PATH had no data quality issues, and auditors found no need to make any recommendations for further improvements.

I. Introduction and Background

Purpose of the DQA

Globally, there is increasing interest in the measurement of indicators to capture key information about disease treatment and prevention programs. This reliance on indicators necessitates quality assurance mechanisms that promote reliable data collection, storage, and management. As national programs and donors invest in preventing and treating diseases like HIV/AIDS and tuberculosis (TB), assessing program effectiveness and management demands the development and maintenance of strong monitoring and evaluation (M&E) systems.

The U.S. Agency for International Development (USAID) reports program data to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other agencies or programs within the U.S. government (USG). It is crucial that USAID ensures that programs report valid, accurate, and high-quality data on program implementation. A data quality audit (DQA) of four USAID-funded projects was performed between March 21, 2011 and April 1, 2011. The following projects were included in the DQA:

- SUNRISE Project implemented by Alliance-Ukraine (Alliance)
- Ukraine Tuberculosis Control Partnership Project implemented by Program for Appropriate Technology in Health (PATH)
- HIV/AIDS Prevention Project implemented by Peace Corps
- HIV/AIDS Service Capacity Project (USCP) implemented by Futures Group International (Futures)

In the spirit of the United Nation's "Three Ones" and the "Stop TB Strategy," a multi-partner project was launched in mid-2006 to develop a joint Data Quality Audit Tool. The main partners involved in the design and pilot-test of the tool include PEPFAR, USAID, World Health Organization (WHO), the Global Fund to Fight AIDS, TB and Malaria (Global Fund), and MEASURE Evaluation. This Data Quality Audit Tool was conceived as a means to verify reported performance as well as to enhance monitoring and reporting systems.

Indicators and Reporting Period — Rationale for Selection

The indicators and the reporting period that were audited vary across the different projects. All of the audited indicators are indicators that USAID/Ukraine reports on to PEPFAR.

<u>SUNRISE Project (Alliance)</u>

For the Alliance-Ukraine SUNRISE Project, the reporting period included in the audit was the fourth quarter of 2010 (October 1, 2010 to December 31, 2010). The following indicators were included in the audit:

1. *'Number of individuals who received testing and counseling (T&C) services for HIV and received their test results.'*
2. *'Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required* (this indicator is reported separately for injecting drug users [IDUs], men who have sex with men [MSM], commercial sex workers [CSWs], and street children).'
3. *'Number of IDUs on opioid substitution therapy (OST).'*
4. *'Number of health care workers who successfully completed an in-service training program.'*

Because of the high number of indicators that needed to be assessed and because the M&E systems for the four indicators are largely the same, it was decided that an in-depth analysis of M&E systems would be done for the testing and counseling indicator only. For the other indicators, the focus will be on data verification while indicator specific systems issues will be discussed without a full scale systems review.

Data on each of the indicators are reported to Alliance-Ukraine from a large number of NGOs that Alliance collaborates with. The NGOs are located in nine oblasts (regions). The NGOs are the service-delivery points, since they directly deliver the services to their clients. The NGOs where chosen by applying a two-stage cluster sampling algorithm to sample six regions and 38 NGOs.

The primary sampling unit was the region (or oblast). The clusters (oblasts) were selected using probability proportionate to size, i.e. the probability of selection is weighted by the volume of service (indicator results from October 1, 2010 to December 31, 2010). A random number function in Microsoft Excel was used to select the first region; subsequent regions were selected as a multiple of the sampling interval. The selected oblasts were Kyiv city, Cherkaska, Mykolaivska, Odeska, Dnipropetrovska, and Donetska.

All NGOs in each selected oblast that reported during the audited quarter were stratified by volume of service (subdivided into high volume and low volume) and an equal number of NGOs from each volume stratum was randomly selected. A total of 38 NGOs were sampled. Not all NGOs report on all of the indicators. A total of 66 indicators were audited across the 38 NGOs (table 1).

<u>Ukraine Tuberculosis Control Partnership Project (PATH)</u>

For the PATH Ukraine Tuberculosis Control Partnership Project, the audited reporting period was a one year period (October 1, 2009 to September 30, 2010). The indicator '*Number of health care workers who successfully completed an in-service training program*' was included in the audit.

Data on this indicator are reported by trainers and collected at the PATH office in Kyiv. Because there is no sub-reporting unit for this indicator, assessment and data verification took place at the PATH office in Kyiv. Additionally, a spot check was done to further verify the data. A random sample of participants was chosen with subsequent phone calls made to verify the accuracy of the data.

HIV/AIDS Prevention Project (Peace Corps)

For the Peace Corps HIV/AIDS-Prevention Project, the reporting period included in the audit was the 2010 fiscal year (October 1, 2009 to September 30, 2010). The indicator *'Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required'* was included in the audit.

Data for this indicator are reported semi-annually by Peace Corps volunteers (PVC), who are placed in all 27 oblasts in Ukraine. All data are captured by a java database which also specifically collects PEPFAR data. All volunteer data exist in only one version of the database, which is managed at the Peace Corps Kyiv office. In the annual report, submitted to USAID, the Peace Corps country office reported 37 volunteer-facilitated trainings, reaching 806 individuals. Of those 37 trainings, 10 volunteer reports were randomly sampled and verified through the aggregated Peace Corps volunteer (PCV) data reported to USAID.

HIV/AIDS Service Capacity Project (Futures)

For USCP, the reporting period included in the audit was the fourth quarter of 2010 (October 1, 2010 to December 31, 2010); although when completing cross checks, training data from the entire fiscal year (October 1, 2009 to September 30, 2010) were verified. The indicator '*Number of health care workers who successfully completed an in-service training program'* was included in the audit.

USCP staff members implement most training, but occasionally other organizations are subcontracted. At the conclusion of training, trainers are required to send all data directly to the USCP main office, where data are stored for the duration of the project. For this reason, auditors were able to complete all verification procedures and cross checks at the main office, and did not visit any regional training sites.

Table 1: Oblasts and NGOs Selected for SUNRISE Project DQA (Alliance)

Oblast	City/Town	NGO Name	VCT	IDU	MSM	CSW	Street Children	OST
Dnipropetrovska	Dneprodzerzhinsk	Impulse	X	X				
	Kryviy Rih	Kryviy Rih City All Ukrainian Network	X		X			
	Nikopol	Open Doors	X		X			
	Dnepropetrovsk	Family Support Center	X					
	Dnepropetrovsk	Way of Life	X		X			
	Dnepropetrovsk	Virtus				X		
Donetska	Makeyevka	Amicus		X				
	Makeyevka	Health of Nation	X		X			
	Gorlovka	Line of Life	X		X			
	Gorlovka	Promin		X				
	Mariupol	Istok	X		X			
	Mariupol	Mariupol Youth Union				X		
	Slavyansk	Our Help				X		
	Donetsk	HIV Infected People				X		
Odeska	Odessa	Youth movement "Partner"	X		X			
	Odessa	Blagodat	X	X				
	Odessa	Youth Development Center	X			X		
	Odessa	Vaselka		X				X
	Odessa	Razom Za Zhittya						X
	Odessa	Faith, Hope and Love	X			X		
	Odessa	Way Home					X	
Mykolaivska	Mykolaiv	New Century	X				X	
	Mykolaiv	Vykhod	X	X		X		
	Mykolaiv	Unitus	X	X		X		
	Mykolaiv	Liga			X			
	Mykolaiv	Chas Zita						X
	Ayavazovskogo	Ayavazovskogo Community Center		X				
Cherkaska	Cherkassy	Heart to Heart	X	X		X		
	Cherkassy	Insight	X	X		X		
	Smila	Dialogue	X	X		X		
	Cherkassy	VAM	X	X				
	Cherkassy	Cherkaska Gay Alliance	X		X			
Kyiv City	Kyiv	Kyiv Gay Alliance	X		X			
	Kyiv	Municipal Social Services for Children	X				X	
	Kyiv	Kyiv Red Cross	X	X				
	Kyiv	Vertical		X				
	Kyiv	Eney				X		
	Kyiv	Drop-In Centre				X		

II. Methodology and Tool for Systems Assessment

The assessment of data management and reporting systems was guided by a Microsoft Excel-based tool entitled Protocol 1: Assessment of Data Management and Reporting Systems. This tool was developed with support from USAID, PEPFAR, and the Global Fund. The tool assesses five categories of functional areas:

1. M&E structure, functions, and capabilities
2. indicator definitions and reporting guidelines
3. data collection and reporting forms/tools
4. data management processes
5. links with the national reporting system

The purpose of protocol 1 is to identify potential challenges to data quality created by the data management and reporting systems at three levels: (1) the program/project central M&E level; (2) the service delivery sites; and (3) any intermediary aggregation level (at which reports from service delivery sites are aggregated prior to being sent to the program/project central M&E level, or other relevant level). Assessment of each area at the different levels is critical to evaluate whether the data management and reporting system is able to produce quality data. Each level of the data management and reporting system is assessed through interviews with key program staff. While the functional areas are the same for all levels, specific points of assessment vary within each level. Appendix 1 summarizes all audit questions by system level while appendix 2 provides an example of a systems assessment tool that was completed during the audit.

The scores generated for each functional area at the service delivery level and the M&E level are an average of the responses, which are coded 3 for “yes completely,” 2 for “partly,” and 1 for “no, not at all.” Responses coded “N/A,” for not applicable, are not calculated in the response. The relative score for each functional area is more important than the exact numerical score; the scores are intended to be compared across functional areas as a means to prioritizing systems strengthening activities. For example, if the system scores an average of 2.5 for 'M&E structure, functions and capabilities' and 1.5 for 'data-collection and reporting forms/tools,' one would reasonably conclude that resources would be more efficiently spent strengthening 'data-collection and reporting forms/tools' rather than 'M&E structure, functions and capabilities.’ The scores should be interpreted within the context of the interviews, documentation reviews, data verifications, and observations made during the DQA exercise. A summary table that includes the average of each functional area, along with an overall average for the specified indicator, may be found for each partner within this report.

III. SUNRISE Project — Alliance-Ukraine

Description of the Data Collection and Reporting System

1. *'Number of individuals who received testing and counseling (T&C) services for HIV and received their test results.'*

HIV pre-test counseling is done in all cases by a doctor who keeps a pre- and post-test counseling log in which she registers each client who is counseled. After pre-test counseling, a nurse performs a rapid HIV test (at one of the NGOs, this was done by the same doctor that does the counseling). The nurse registers the test in an HIV testing log. The test result is communicated to the doctor, who provides post-test counseling. Some NGOs use pre-printed pre- and post-test counseling and testing logs, while others use hand-written logs that are similar to the pre-printed ones. The format of the logs was developed by Alliance and approved by the government. While the logs are appropriate and well designed for their purpose, they do not include any space for documenting that the client received the test result. No client names are used in the pre- and post-test counseling or testing logs. Clients are identified through a personal ID code. At the time of the audit, the coding system was transitioning to an Alliance-wide eight-digit code based on a number of initials, birth date, and gender of the client. During the audited period, the old coding system based on shorter codes, and with slight differences among NGOs, was still in use. At the end of each month, a nurse compiles the monthly report that is handed over to a documentator (the person who enters the data in the Syrex database). Syrex is the database that is used by all NGOs that report to Alliance. Using a personal client ID code, it contains client level information on harm reduction activities for most-at-risk population (MARP) members. While the main use of Syrex is client tracking, it is also used for reporting. For HIV testing, the monthly documentation is entered into Syrex in a monthly reporting format that does not contain individual client information. This means that Syrex is not able to provide data on counseling and testing of individual clients, but only on the number of HIV tests performed. The documentation and internal reporting system is very uniform among the different NGOs. NGOs also keep photocopies or scans of the testing and pre- and post-test counseling logs that are made at the end of the month and they include those copies in the paper report they submit to Alliance at the end of the quarter.

NGOs report on a quarterly basis to Alliance. The first step in the reporting process consists of sending the data and narrative parts of the report with a copy of the Syrex database and a copy of the source documents to program officers at Alliance. The database and the report are then checked by the regional point-persons at Alliance in Kyiv, and queries are discussed with the NGOs. Once the Syrex database and the report have been accepted by Alliance, the NGO prepares a paper report and submits it to Alliance. For the indicator, the number of tests that have been performed during the quarter is reported; i.e., the total number of tests registered in the HIV testing log during the quarter. There is very good evidence that all clients that were

tested had also been counseled (across all audited sites, only one client was identified in the pre- and post-test counseling log who could not be found in the testing log). Auditors noted that in four of the six oblasts the number of clients found in the testing log was identical to the number found in the pre- and post-test counseling log. According to the staff, this was because all of their counseled clients accept testing. It is possible that this is the case since most clients are well known by the NGOs and a number of discussions on the possibility of being tested for HIV may have proceeded the actual pre-test counseling session. The auditors also consider the possibility that staff members enter only clients who have been tested into the pre- and post-test counseling log. If this were the case, pre-test counseling sessions for clients who did not accept being tested would not be logged. In the city of Kyiv and Cherkaska oblast, most NGOs showed a slightly larger number of clients in the pre- and post-test counseling log compared to the testing log, with NGO staff reporting that some clients occasionally opt out testing after having received pre-test counseling.

There is a discrepancy in the way the indicator is named/defined in the Alliance quarterly report and the PEPFAR indicator list. The Alliance indicator is reported as *'Number of VCT sessions carried out among MSM.'* Thus, the indicator reports on the number of HIV tests performed, not on the number of individuals that were tested; whereas the PEPFAR indicator to which the Alliance data contribute is *'Number of individuals who received testing and counseling for HIV and received their results.'* Alliance caries out VCT according to the VCT protocol approved by the Ukraine Ministry of Health (MOH), which requires post-test counseling, including providing the test results, for all clients who receive a rapid test. The indicator as reported by Alliance does not mention if it includes exclusively individuals who have received their test results. The total reported in the quarterly report for Oct. 1, 2010 to Dec. 31, 2010 represents the cumulative total from the start of the project.

2. *'Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required.'*

HIV preventive interventions for MARPs are largely provided by the NGOs' social workers (SWs). The interventions consist of a large variety of activities that are offered, most of which are similar across organizations within the same MARP sub-groups. At their enrollment in an NGO's program, a client has an intake interview with a SW during which a complete baseline assessment takes place, including an assessment of risk behaviors. The client is also assigned a personal ID code, described in the previous chapter on the HIV counseling and testing indicator. During the visits, SWs document the services they provide on a daily report form in which the client is identified by her or his ID code only. The format for the daily report form was provided by Alliance, but it allows individual NGOs to adapt it to their needs. A number of variations on the format were found at different NGOs. The form contains information on which services were received: used needles returned, needles dispensed, used syringes returned, syringes dispensed by size, condoms, disinfectant swabs, lubricant, information leaflets, type of consultation (information provided: SW, VCT/HIV, VCT/STD), sent for confirmation HIV test and other services (food support, hairdresser services etc.) Most daily report forms have a heading

'Other' that can include a variety of services depending on the NGO. Usually it includes services such as pregnancy testing, female condom distribution, hairdresser services, etc. The SWs hand over the daily report forms to the documentator on a daily or weekly basis, depending on the NGO. The documentator enters the data from the daily report forms in the Syrex database. SWs also prepare a weekly or monthly cumulative report. These reports are checked against the numbers entered into Syrex and any mismatch is researched and discussed. Data from these weekly/monthly reports are not entered in the Syrex database.

Most SWs work in a variety of settings including: the NGO main office, mobile service points, as well as in a number of places that are known to clients, either fixed or temporary (e.g., needle exchange points, gathering points for CSWs, etc.). For certain services, such as needle and syringe exchange and condom provision, some NGOs collaborate with a number of pharmacies in an effort to bring services closer to their clients. Some of the NGOs have SWs who work at those pharmacies while others rely upon the pharmacists to provide these services. The pharmacists also provide daily report forms to the documentator.

Quarterly reporting from the NGOs to Alliance is as described in the previous section on the T&C indicator.

While PEPFAR lists the indicator as *'Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required,'* Alliance reports on it as the '*Number of IDUs reached through community outreach that promotes HIV/AIDS prevention through behavior change beyond abstinence and /or being faithful*.' The totals for HIV preventive services for MARPs reported in the quarterly report for Oct. 1, 2010 to Dec. 31, 2010 represent annual totals (Jan. 1, 2010 to Dec. 31, 2010). The annual totals in the quarterly reports shift with the quarter. For example, a report submitted for the quarter of April-June would include the totals from July of the previous year to June of the current year.

3. *'Number of health care workers who successfully completed an in-service training program.'*

When a training session is planned, a summary of the training program along with a list of the participants is sent to Alliance. At the time of the training, participants verify that they have attended by signing next to their name on a participants' list. Typically, an Alliance staff person will also attend the training as a means of monitoring the service delivery point. Prior to submitting the report to Alliance, the number of attendees for all training sessions is aggregated; the report is submitted to Alliance on a quarterly basis. The total reported in the quarterly report for Oct. 1, 2010 to Dec. 31, 2010 submitted to USAID represents the cumulative total since the Sunrise Project extension.

4. *'Number of injecting drug users (IDUs) on opioid substitution therapy (OST).'*

Methadone substitution therapy for injecting drugs users is delivered through oblast-level organizations at a number of highly regulated centralized drug dispensaries by licensed medical staff. The dispensaries often receive patients referred from other organizations to begin receiving OST, and each patient's initial intake indicators are recorded and he/she is given an internal medical registration number that is linked to the Alliance ID. The dosages are recorded and adjusted as needed.

Staff attempt to follow-up with patients who miss scheduled appointments by more than three days. According to Alliance policy, if a person deliberately decides to drop out, dies, or is imprisoned, that information is recorded in their paper file. If a patient moves elsewhere for temporary treatment, that is recorded, and the file is moved temporarily. In the register linking SUNRISE numbers to medical ID, patients who have dropped out are in bold. Numbering is not duplicated or repeated. The cards of patients who transfer in or out are kept in order in the registers. Staff reported that tracking patients and recording their status is difficult and can create problems in quarterly reporting. Registers fluctuate if patients drop-out and/or re-enroll. Upon re-entry to the program, their card would be replaced in the original location. Three organizations providing OST in Odeska and Mykolaivska oblasts were audited. The total reported in the quarterly report for Oct. 1, 2010 to Dec. 31, 2010 submitted to USAID represents the total number of patients on substitution therapy at the end of the quarter.

Since there are so few dispensaries offering methadone therapy, there are rarely problems with double counting patients. All patient data are received by the organizations from the dispensaries and are recorded, verified, and aggregated consistent with Alliance service delivery reporting methods for all MARPs. The number of consumables is highly controlled by national and local law enforcement.

Assessment of the Data Management and Reporting System

1. *'Number of individuals who received testing and counseling (T&C) services for HIV and received their results.'*

Description of the Assessment of the Data Management System

The M&E system was assessed at two levels: the Alliance main office in Kyiv; and at the service provision level at the NGOs. The VCT program scored well on the system assessment component of the DQA. The average score was 2.91 on a scale of 0 to 3 (range 2.38 to 3.0) with data management processes scoring the lowest and M&E structure, functions, and capabilities scoring the highest.

a) M&E Structure, Functions, and Capabilities:
   - There is a documented organizational chart that clearly defines positions that have data management responsibilities.

- All staff positions dedicated to M&E and data management systems are filled.
- The human resources department maintains a general training plan. The M&E department provides training to the partner organizations as well as to their internal program officers for Syrex and other M&E functions. Because the M&E department is small, little formal training has been organized. Some M&E team members have gone abroad for additional training, but there is not a physical plan in place for this.
- The responsibility for reviewing aggregate data prior to submission is as follows: program officers --> program officer reporting and planning in M&E team --> draft report --> senior program manager donor reporting and M&E --> associate director SI and M&E --> senior management team --> once approved, send on to USAID.
- There are designated staff members responsible for reviewing the quality, accuracy, completeness, and timeliness of the data. The first electronic version of service delivery site reports is due to Alliance by fifth day of the month. Program officers have seven to 10 days to review these reports and comment back to service delivery points. On or around the 18th of each month, the final electronic reports are submitted to the program officer for reporting and planning, and at the end of the month hard copies of data and narrative reports are submitted. A deadline table with exact dates for submission of reports for each reporting period is utilized internally.

b) Indicator Definitions and Reporting Guidelines:
- There has been discussion surrounding indicator definitions and how they are reported, but written documentation does not exist. There is a written document that outlines the source documents and the reporting formats that should be used for reporting on specific indicators.
- A documented description of services that is related to each indicator within the project has been created.
- The M&E unit has provided written guidelines to each sub-reporting level on what to report, how to submit reports, to whom the reports should be submitted and when the reports are due. This document has been provided to service delivery points. Every quarter a letter is sent to service delivery points outlining the formatting requirements of the report and the due date.
- There is a written policy in place in regards to how long source documents and reporting forms must be retained. The previous Ukraine government requirement was three years. In 2010, the Global Fund increased this requirement to five years. This policy has been adopted by Alliance and included in all grant agreements with sub-recipients, but the staff manual has not yet been updated to reflect this change.

c) Data-Collection and Reporting Forms/Tools:
- The M&E unit has identified a standard source document for VCT to be used by all service delivery points to record testing. This generally consists of

counseling and testing logs from Alliance or handmade logs for counseling and testing that are adapted from Alliance logs.

- The M&E unit has identified standard reporting forms/tools to be used by all reporting levels.
- Clear instructions have been provided by the M&E unit on how to complete the data collection and reporting forms/tools. Instructions are available on the Alliance website so that they can be accessed by sub-reporting agencies. These instructions can only be accessed by these agencies.
- All organizations implementing activities under Alliance use the same reporting forms and report according to the same reporting timelines.
- The data collected by the M&E system has sufficient precision to measure the indicator.
- All source documents and reporting forms relevant for measuring the indicator are available for auditing purposes.

d) Data Management Processes:

- The M&E unit does not specifically outline aggregation procedures. However, there is a document that outlines who does what and when with the data, but it does not outline specific aggregation procedures.
- There is a written procedure to address late, incomplete, inaccurate, and missing reports; including following-up with sub-reporting levels on data quality issues. There is a rating system with points for the NGOs in which the sub-reporting agencies are rated on a quarterly basis in regards to a number of issues including M&E. However, there are not clear instructions on how to address the shortcomings as they are noted.
- If data discrepancies have been uncovered in reports from sub-reporting levels, program officers are responsible for making sure that corrections are made. There is no clear documentation of corrections with the exception of electronic communications between the program officer and the sites.
- Feedback is systematically provided to all sub-reporting levels on the quality of their reporting in regards to accuracy, completeness, and timeliness through two mechanisms. The first mechanism is through approval of final version of the report that is finalized by Alliance; the second mechanism is the rating system that is used quarterly.
- For Syrex, there is a database manual that contains an administration policy as well as an identified staff person who provides technical back-up and support to the sub-reporting agencies.
- Syrex needs to be backed up every four days. This is written within the Syrex program which sends out automatic notices for updating.
- The organization avoids double counting people within each point of the organization through assigning personalized codes. However, these codes are not utilized within Syrex for VCT. Across service points, it is possible to count people twice. If the NGO knows that the client also visited another service delivery point, the NGO will typically communicate with the other

organization to determine where the client should be counted, to take care that the client is only counted once.

- Service delivery points routinely track clients who have died or dropped out of the system. However, this is not a reporting requirement for Alliance.
- Program officers routinely carry out monitoring visits to sub-reporting agencies. M&E staff members also occasionally carry out monitoring visits to sites.

e) Table Summary of the Data Management and Reporting Systems (Table 2):

Table 2: Alliance SUNRISE Summary Table of Assessment of Data Management and Reporting Systems

SUMMARY TABLE Assessment of Data Management and Reporting Systems		I M&E Structure, Functions and Capabilities	II Indicator Definitions and Reporting Guidelines	III Data-collection and Reporting Forms / Tools	IV Data Management Processes	Average (per site)
M&E Unit						
-	ALLIANCE M&E UNIT	2.83	3.00	3.00	2.58	2.85
Service Delivery Points/Organizations						
	Gay Alliance	3.00	3.00	2.67	2.75	2.86
	Kyiv Municipal Social Services	3.00	3.00	3.00	2.38	2.85
	Impulse	3.00	3.00	3.00	2.86	2.97
	Insight	3.00	3.00	3.00	3.00	3.00
	Kryviy Rih	3.00	3.00	3.00	2.71	2.93
	Kyiv Red Cross	3.00	3.00	3.00	2.50	2.88
	Cherkassy Gay Alliance	3.00	3.00	2.67	2.63	2.83
	Dialogue	3.00	3.00	3.00	3.00	3.00
	VAM	3.00	3.00	3.00	3.00	3.00
	Open Doors	3.00	3.00	3.00	2.71	2.93
	Health of Nation	3.00	3.00	3.00	2.43	2.86
	Youth Development Partners	3.00	3.00	3.00	2.86	2.97
	Youth Development Agency	3.00	2.75	3.00	2.70	2.86
	Blagodat	3.00	2.75	2.75	2.63	2.78
	New Century	3.00	3.00	3.00	2.75	2.94
	Vykhod	3.00	3.00	2.75	2.73	2.87
	Faith, Hope, Love	3.00	3.00	3.00	2.75	2.94
	Line of Life	3.00	3.00	3.00	2.57	2.89
	Family Support Center	3.00	3.00	3.00	2.86	2.97
	Way of Life	3.00	3.00	3.00	2.86	2.97
	Unitus	3.00	3.00	2.75	2.63	2.85
	Istok	3.00	3.00	3.00	2.71	2.93
	Heart to Heart	3.00	3.00	3.00	2.86	2.97
Average (per functional area)		3.00	2.98	2.94	2.73	2.91

Key Findings

a) Facility Level:
   - Very good M&E functions and capabilities at the facility level.
     - Staff have been trained and know their M&E functions.

- What to report and how to report is made clear to facility staff on a regular basis by Alliance in the form of written documentation prior to submitting quarterly reports.
- Syrex database is used across all sites. Data collection forms and tools vary by site, but all are adapted from the national registers.
- Data management processes generally are strong with the majority of facilities carrying out regular checks and cross checks on data entry and on reporting prior to submission of the report to Alliance.
    - Checks are in place to avoid double counting of individuals both within facilities and across facilities.

b) Central Level:

- The M&E unit has clearly delineated responsibilities and has been trained accordingly.
    - The person responsible for the Syrex database is adept in its use and is able to run a number of queries as needed.
- Reporting guidelines are very clear and regularly provided to sub-reporting agencies.
    - Documented indicator definitions do not exist, however they have been discussed. There is also built in support (information bubbles) in the reporting format.
- Alliance provides the Syrex database to all sub-reporting agencies. In addition, Alliance also provides guidance in terms of creating data collections tools.
- Data management processes are good with ample time allowed for the M&E staff to review reports and request corrections/more information prior to submitting the finalized report to USAID.

Strengths and Weaknesses of the Data Management System

Table 3: Strengths and Weaknesses of the Data Management System, Alliance SUNRISE

	13 Questions	Answer	Comments
1	Are key M&E and data-management staff identified with clearly assigned responsibilities?	Yes - completely	Key M&E and data-management staff are identified and have clearly assigned responsibilities. There are documented job descriptions as well as an organizational chart.
2	Have the majority of key M&E and data-management staff received the required training?	Partly	Staff at the M&E level receive a general training from Human Resources upon being hired. Because there are so few staff, a formal training plan is not in place. However, a few key staff have been trained internationally. Staff at the M&E level provide trainings to sub-reporting agencies.
3	Has the Program/Project clearly documented (in writing) what is reported to who, and how and when reporting is required?	Yes - completely	Alliance provides explicit instructions prior to each reporting period which details the formatting requirements for the report as well as when the report is due. Additional reporting instructions are also available on Alliance's website which are only made available to sub-reporting agencies.
4	Are there operational indicator definitions meeting relevant standards that are systematically followed by all service points?	Partly	Indicator definitions have been discussed, but documented indicator definitions do not exist at this point. These discussions have not been discussed at the facility level.
5	Are there standard data collection and reporting forms that are systematically used?	Yes - completely	Syrex is the standard reporting tool that is used across all sites. Written logs that document daily service delivery vary by site. If sites opt to not use the national registers for HIV testing and counseling, adapted forms of these registers are utilized by sites which include the same information. The same data is systematically colleted across sites.
6	Are data recorded with sufficient precision/detail to measure relevant indicators?	Yes - completely	"Number of tests performed" is reported to Alliance by all facilities. It is also possible to report "Number of individuals tested." Facilities report that because they are able to avoid double counting of individuals tested and that they do not test an individual more than once per quarter, the number would be the same for either indicator.
7	Are data maintained in accordance with international or national confidentiality guidelines?	Yes - completely	A coding system is utilized. Names are not entered in registers or into the Syrex database.
8	Are source documents kept and made available in accordance with a written policy?	Yes - completely	All source documents were available for audit with the exception of 2 sites where they were currently in use at a facility.
9	Does clear documentation of collection, aggregation and manipulation steps exist?	Partly	Data aggregation from the various sub-reporting agencies takes place at the M&E level in Syrex. This database, while powerful, is not transparent and therefore aggregation steps are not clear. If data is manipulated, it typically takes place at the facility level after the M&E level has requested a clarification or correction. This occurs through changing the report before it is submitted to Alliance and is not transparent at the M&E level.
10	Are data quality challenges identified and are mechanisms in place for addressing them?	Yes - completely	Alliance has done an excellent job of identifying potential data quality challenges. For example, the potential to double count individuals who visit various sites was noted and thus a system of communication was created across organizations to avoid this occurance. Syrex also has the potential to be adapted if data quality issues are noted. For example, syrex was recently updated to allow for the new coding sytem.
11	Are there clearly defined and followed procedures to identify and reconcile discrepancies in reports?	Yes - completely	When there is a question regarding a report from a sub-reporting agency, the Program Officer at Alliance will e-mail the agency to reconcile the discrepancy at which point in time the report is corrected and returned to Alliance. Ample time is allowed prior to each reporting period for Program Officers to communicate with sites regarding discprepancies in data reporting.
12	Are there clearly defined and followed procedures to periodically verify source data?	Yes - completely	Program Officers and M&E staff regularly make visits to sub-reporting agencies to check on data collection and reporting systems as well as to verify source data. Generally, staff at the sub-reporting agencies will carry out a number of checks by comparing the registers to what has been entered into Syrex to verify that data entry is correct.
13	Does the data collection and reporting system of the Program/project link to the National Reporting System?	N/A	

Data Verification

1. *'Number of individuals who received testing and counseling (T&C) services for HIV and received their test results'*

Description of the Data Verification Steps

Indicator values were recalculated for the period Oct. 1, 2010 to Dec. 31, 2010 (fourth quarter of 2010) using the HIV testing log maintained by NGOs to record HIV testing performed on their clients. All NGOs keep uniform HIV testing logs as well as pre- and post-test counseling logs. The HIV testing log is maintained by a nurse who is responsible for performing the HIV test, while the pre- and post-test counseling log is filled out by a doctor who is responsible for counseling (pre- and post-test). At the end of each month, the nurse and the doctor compile a monthly report that is handed over to a documentator, the person who enters the data in the Syrex database. For HIV testing, the monthly documentation is entered in Syrex in a monthly reporting format, not for each client separately as is the case with the indicator on preventive interventions. This means that Syrex is not able to provide data on counseling and testing of individual clients, but only on the number of tests done.

The number for the audited quarter reported by Alliance for an individual NGO was compared to the recounted number of clients that were entered in the HIV testing log during the audited quarter. This exercise allowed the auditors to calculate a verification factor for each of the NGOs, as well as estimate an organization-level verification factor for Alliance. At the same time, this number was compared to the number found in the Syrex database maintained at the NGO and to the number found on the quarterly report that was prepared by the NGO. Additional cross checks were performed at various NGOs when possible and as time allowed.

At the Alliance main office, the total for all NGOs was checked against the total found in the quarterly report for Oct 1, 2010 to Dec. 31, 2010 that was submitted to USAID.

Data Accuracy — Verification Factor

A verification factor (VF) was calculated for each NGO as well as for the Alliance main office. The VF is the recounted (verified) total divided by the reported total. Thus, VF<100% suggests over-reporting while VF>100% suggests under-reporting. Twenty-three of the visited NGOs report on HIV testing of MSM to Alliance. The indicator was verified at all 23 NGOs. The source document for verification of this indicator is the HIV testing log that is kept by the clinical staff that performs HIV testing. All source documents for the audit period were available for all of the NGOs. The NGO level verification factor is 100% for all 23 NGOs. No discrepancies were found between the recounted numbers in the HIV testing logs and the number found in the quarterly report as received by Alliance. Additionally, no discrepancies were found between the recounted numbers and the quarterly reports found at the NGO level, as well as the numbers found in the Syrex database. At Alliance main office, the totals for all NGOs were added and compared to the quarterly total found at Alliance. This quarterly total was added to the

cumulative total reported in the quarterly report for July 1, 2010 to Sept. 30, 2010, a figure that was compared to the cumulative total found in the quarterly report for Oct. 1, 2010 to Dec. 31, 2010. No discrepancies were found; the central level verification factor is 100%. Thus, the global verification factor for this indicator is 100%.

Cross Checks

A number of cross checks were performed. At 15 NGOs, the HIV testing log was compared to the pre- and post-test counseling log. Results are displayed in table 4. At 11 of the NGOs, the number of entries in both registers was identical, while at three NGOs the pre- and post-test counseling log showed a slightly higher number than the testing log, and one NGO had one less entry in the pre- and post-test counseling log compared to the testing log. One would normally expect more entries in the pre- and post-test counseling log, accounting for the fact that some clients may decline the test after pre-test counseling. As discussed above, the equal numbers in both logs may be explained by the fact that clients are highly motivated at the time of pre-test counseling. The possibility that clients are entered in the pre- and post-test counseling register only after having been tested can, however, not be excluded. At Kryviy Rih City All Ukrainian Network, one client was identified in the testing log who could not be found in the pre- and post-test counseling log.

Table 4: Cross Check between Number of HIV Testing Log and Pre- and Post-Test Counseling Log Entries

NGO	Number of HIV Testing Log Entries	Number of Pre- and Post-Test Counseling Log Entries	Percent of Counseled Clients in Testing Log
Impulse	6	6	100
Kryviy Rih City All Ukrainian Network	96	95	101
family Support Center	81	81	100
Way of Life	103	109	94
Health of Nation	125	125	100
Line of Life	14	14	100
Istok	45	45	100
Heart to Heart	65	69	94
Gay Alliance Cherkaska	51	65	78
Dialogue	94	94	100
Youth movement "Partner"	224	224	100
Unitus	249	249	100
New Century	253	253	100
Liga	119	119	100
Blagodat	134	134	100

At 11 NGOs, the total number of HIV tests performed during the fourth quarter of 2010 was compared to the consumption of HIV tests that was estimated from the HIV test stock cards or stock registers. The results can be found in table 5. All NGOs keep stock cards or stock registers in which they record the numbers of HIV tests that were received and that were distributed to the clinical staff. The requested documents were available and appropriately maintained at all 11 NGOs. Auditors calculated the total number of HIV tests that were done according to the HIV testing log and compared this count to the number of HIV tests that were disbursed during the fourth quarter of 2010. It is clear that this is an inexact cross check in which we do not always expect to find the same numbers as there may be a legitimate loss of a small proportion of tests. And depending on the period for which HIV tests are generally distributed, the clinical staff may have had varying levels of stock on hand at the end of the quarter. For these reasons, the HIV test distribution as a percentage of the number of HIV tests performed during the quarter may be well above or below the 100% mark. We do not, however, expect it to be grossly out of range.

Table 5: HIV Test Distribution Compared to Number of HIV Tests Done

NGO	Total HIV Tests Done during Quarter	Quarterly HIV Test Distribution as Estimated from Stock Card	HIV Test Distribution as % of Number of HIV Tests Performed
Family Support Center	81	92	114%
Way of Life	103	123	119%
Line of Life	467	467	100%
Istok	45	35	78%
Health of Nation	125	344	275%
Unitus	249	249	100%
Heart to Heart	85	64	75%
Gay Alliance Cherkaska	51	51	100%
Youth Development Center	4724	4571	97%
Way Home	21	21	100%
Faith, Hope and Love	372	372	100%
Total	**6323**	**6389**	**101%**

HIV test distribution practices varied across NGOs from once a month to daily. As expected, the longer the distribution interval, the larger the difference between the number tested and the consumption. There is generally a good correlation between the two numbers. Five NGOs showed equal numbers of HIV tests performed and tests distributed. Three showed a higher number of tests performed and three showed a higher number of tests distributed. For all but one NGO, the results were within the limits of the expected (range 75% to 119%). At Health of Nation, auditors found 125 tests done versus 344 tests disbursed (275%). Auditors then extended the cross check to calendar year 2010 and found 994 HIV tests distributed vs. 661 tests performed (150%). While better than the quarterly figures, there was still a degree of overconsumption that could benefit from an additional investigation. The discrepancy is more

pronounced in the fourth quarter of 2010 compared to the remainder of the year (275% vs. 121%). The reason provided for these discrepancies is the physical distance between the store and the VCT site. The VCT site therefore orders tests with a considerable margin, but without having a systematic policy on how to go about this.

Availability, Completeness, and Timeliness of Reports

Availability of source documents for the audit period was 100% for all 23 NGOs. All source documents were filled out completely and appropriately. Timeliness of reporting of the clinical staff members who perform the HIV tests to the NGO could not be assessed since submitted reports are not date-stamped. However, the documentators of all of the NGOs reported that monthly reports are delivered on time and that late reports are not an issue for this indicator.

At the Alliance main office in Kyiv, out of 16 reports, 10 arrived on time, while six were late. Hence, availability stands at 100% and timeliness at 63%. 100% of the received reports were complete. The main reason given for the delays were the holidays around New Year's Eve. For one NGO, the delay was due to illness of the data manager.

Key Findings

a) NGO Level:
   - Job descriptions are available and include descriptions of M&E tasks.
   - Appropriate source documents are systematically used by service providers for data collection and reporting.
     - Many NGOs use hand-written pre- and post-test counseling and testing logs, but they are formatted according to the printed ones.
   - Source documents (pre- and post-test counseling and testing Logs) are systematically available and correctly filled out.
   - Confidentiality: Clients' names are not entered in the logs.
   - Near perfect data quality.
   - Excellent implementation of a well-designed system.
   - Indicator definition: NGOs report on the number of HIV tests performed, not on the number of clients tested.
   - Double counting: very limited.
     - Testing sometimes repeated to rule out window period, but always ≥3 months later.
     - Potentially minimal double counting across organizations.
   - There is a heading called "protocol" in the HIV testing log that does not seem to be well understood. Some NGOs use it to indicate a daily serial number while others use it to indicate the number of the daily "protocols" on which they can find the client. However, there does not seem to be any difference between this "protocol" and the testing log, and its function and use was not well understood.

b) Central Level – Alliance Main Office:
   - Perfect data quality was observed.

- Alliance sends e-mail every quarter to remind NGOs of the quarterly report and attaches the reporting format.
- Alliance provides systematic feedback and rates NGOs after each quarterly report.
- Extensive supervisory visits from Alliance at least once every six months are confirmed by all NGOs.

2. *'Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required.'*

Description of the Data Verification Steps

Indicator values reported by Alliance for the period Oct. 1, 2010 to Dec. 31, 2010 were compared to the values found at the NGOs. Sources of information that were checked at the NGOs were the quarterly report that the NGO sent out to Alliance, and the Syrex database maintained by the NGO. Attempts to recalculate the numbers using the source documents on which SWs document service delivery (daily report forms) were complicated by two issues. The number reported to Alliance is the number of individuals reached, while the SW daily report forms contain documentation of each visit. Each client may have more than one visit per quarter and it is not practical to identify clients on the daily report forms that had more than one visit. Additionally, most NGOs provide services to more than one group of MARPs. While the groups are easily distinguished in Syrex, they cannot be separated on the daily report forms kept by the SWs. The SWs document the group each client belongs to during the initial intake interview and the client is listed under that group in Syrex. On the daily report forms, the MARP group is not indicated.

For these reasons, the actual data verification was limited to comparing the number found for each MARP group at the Alliance main office to the number found in the Syrex database and to the number found in the copy of the quarterly report that was kept by the NGO. Using a selection of NGOs, the verification was then complemented with a number of cross checks to verify the counts with the daily report forms, the search needed to be extended to all MARP groups, and to the number of visits. This number was obtained from Syrex and checked against the monthly or weekly reports from the SWs. Then a sample of the monthly/weekly reports was checked against the daily report forms. Additionally, a number of cross checks were performed comparing the consumption of consumables as reported on the daily report forms to the consumption as estimated from the stock cards.

Data Accuracy — Verification Factor

Data verification was performed at all of the NGOs visited for each of the indicators that the NGOs report to Alliance. Table 6 shows the number of NGOs visited that reported on each of the MARP indicators:

Table 6: Number of NGOs Audited by MARP Group

MARP Group Reached with HIV Preventive Interventions	Number of NGOs
IDU	14
CSW	13
MSM	10
Street children	3
Total	**40**

The verification factor was 100% for all NGOs. No discrepancies were found between the totals at Alliance main office and the quarterly reports found at the NGOs. At one NGO (Line of Life in Donetska) a minor difference was found between the number in the quarterly report (68) and the number in Syrex (67). No discrepancies between the quarterly reports and Syrex were found at any of the other NGOs.

While data accuracy was excellent, discussions with NGO staff revealed a lack of clarity as to what makes a client eligible to be counted as having received HIV preventive services during the quarter. The question if a client is included in the count if she or he only received services listed under 'other' (e.g. pregnancy test, contact with SW, social interaction at the NGO office) could not be answered by the majority of NGO staff members. Most NGO staff did not know that Syrex counts each client for whom there has been any interaction/contact that was documented by a SW. Similarly, it was unclear to most NGO staff whether consultations with clinical staff (such as a dermatologist or gynecologist) made a client eligible to be counted as having received HIV preventive services. Alliance updated Syrex in October 2010 to include in coverage all clients who receive at least one material or counseling or service. Prior to this time, there were specific instructions as to which services qualified a client to be counted to the indicator. This policy change was shared with documentators at a training in October 2010, but as most documentators were unable to respond correctly to this question, it bears repeating.

At the Alliance office, verifications were performed between the data for each MARP group that was found in the Syrex database and the data submitted to USAID in the quarterly report for Oct.-1, 2010 to Dec. 31, 2010. The data reported in the quarterly report are annual numbers for calendar year 2010 and reflect for each MARP the number of persons who received HIV preventive services at least once during the year. In an initial step, the annual data for each MARP group found in the quarterly report were confirmed in Syrex. In the next step, the quarterly data for each MARP group was extracted from Syrex and compared to the data found at the NGOs. For IDUs and CSWs, no discrepancies were found between the quarterly report and Syrex. For MSM, the situation was more complicated: Alliance reports the total number of MSM covered by the SUNRISE and Global Fund project to USAID; these numbers are included in the main data table of the quarterly report and were found to be correct. The SUNRISE Project mostly covers trainings for service delivery specialists while Global Fund covers other activities. Additionally there are seven prevention programs for MSM that are only funded through the SUNRISE Project. These programs are reported in more detail in the quarterly report (pages 17-21). A discrepancy was found between 125 MSM reported for the NGO Life Line and 68 found

in Syrex. Further investigation revealed that the correct number of persons reached was 68 while the number of visits was 125. Since the error was not included in the main table of the quarterly report; the overall VF for MSM is 100%. For the data limited to the seven prevention programs that are only SUNRISE-funded, the error constituted a 6% over-reporting (VF=94%).

For street children, a slight over-reporting was identified. For the NGO Way Home, the report showed a total of 134 while Syrex confirmed 136 children reached. The VF for street children is 99%.

In summary, the global VFs for the different populations covered in this indicator are as follows:

1. IDU: VF=100%
2. CSW: VF=100%
3. MSM: VF=100%
4. Street children: VF= 99%

Cross Checks

If an NGO provides services to more than one MARP group, it was not possible to focus the cross checks on one specific group. Therefore, all cross checks were done for all MARP groups combined.

A first cross check was performed between the total numbers of visits for MARPs as reported by Syrex compared to the total number of visits reported in the SW daily report forms. At the NGOs with lower work volume, all of the visits could be recounted on the daily report forms. At most NGOs, this was not practical because they employ more than 10 SWs and report thousands of visits per quarter. In these cases, a sample of visits was taken from Syrex (either one or two SWs or a one month period). Those numbers were then compared to the SW monthly or weekly reports, after which a sample of these reports were compared to the daily report forms. All cross checks of this kind are summarized in table 7. In most cases, discrepancies were few in number and inconsequential. Most discrepancies showed higher numbers in the daily report forms than in Syrex. In one case, the numbers in the daily report forms were minimally lower than the number reported in Syrex. Most of these minor discrepancies are probably due to data entry errors (minimal number of visits missed during data entry).

A second cross check that was done at some of the NGOs consisted of a comparison between the consumption of a commonly used consumables (e.g. condoms, syringes, needles, lubricant) as reported in Syrex vs. the SW monthly reports. The cross check results are summarized in table 8. At nine out of 10 NGOs, this cross check showed a perfect match. At Health of Nation, auditors found a discrepancy of 180 condoms listed in Syrex as distributed by one of the SWs, which could not be found back in the monthly reports submitted by the SW in question.

Table 7: Reported MARP Visits in Syrex vs. SW Daily Report Forms

NGO	Syrex Number of Visits (Reported)	SW Daily or Weekly Reports Number of Visits (Recounted)	Number of MARP Visits: Syrex vs. SW Daily Logs
Family Support Center	296	296	100%
Line of Life	125	125	100%
Promin	2719	2719*	100%
Istok	675	681	101%
Mariupol Youth Union	8578	8587*	100%
Our Help	5805	5824*	100%
HIV Infected People	3669	3662	100%
Blagodat	709	709	100%
Youth Development Center	4267	4267	100%
Vykhod	1948	1948	100%
Unitus	107	107	100%
Ayavazovskogo Community Center	60	60	100%
Faith hope love	1783	1783	100%
Youth Development Center	77	77	100%
Vyhid	189	189	100%
Unitus	2372	2372	100%
Partners	1070	1070	100%
Liga	372	372	100%
Way Home	236	236	100%
New Century	206	206	100%
Heart to Heart-IDU	719	719	100%
Dialogue-IDU	423	423	100%
Insight	337	337	100%
Vertikal	851	851	100%
VAM	1023	1023	100%
Heart to Heart-CSW	115	115	100%
Drop-In Centre	441	441	100%
Dialogue-CSW	83	83	100%
Eney	913	913	100%
Kyiv Gay Alliance	1714	1714	100%
Cherkaska Gay Alliance	357	357	100%
Kyiv Municipal Social Services for Children	147	147	100%

* Numbers reconstituted from SW monthly reports.

Table 8: Comparison of Consumption as Reported in Syrex vs. SW Monthly Reports

NGO	Syrex Consumables	SW Monthly Reports	Consumables: Syrex vs. SW Monthly Reports	Commodity
Amicus	1500	1500	100%	2 ml syringes
Health of Nation	5445	5265	103%	Male Condoms
Line of Life	1150	1150	100%	Male Condoms
Promin	5320	5320	100%	Needles
Istok	4007	4007	100%	Lubricant
Mariupol Youth Union	1600	1600	100%	Lubricant
family Support Center	617	617	100%	2 ml syringes
Virtus	18720	18720	100%	Male Condoms
Our Help	50544	50544	100%	Male Condoms
HIV Infected People	700	700*	100%	Male Condoms

* Number reconstituted from SW daily report forms.

A third cross check consisted of a comparison between the consumption as reported in a sample of the monthly reports vs. the SW daily report forms (summarized in table 9). It is clear that all results are well within the range of normal for this kind of cross check. All of the checks performed demonstrated perfect matches between the SW monthly and daily report forms.

Table 9: Comparison of Consumption as Reported in SW Monthly Reports vs. SW Daily Report Forms

NGO	SW Monthly Report	SW Daily Reports	Consumables: SW Monthly Report vs. SW Weekly or Daily Reports	Commodity
Amicus	1500	1500	100%	2 ml syringes
Health of Nation	5265	5265	100%	Male Condoms
Line of Life	1150	1150	100%	Male Condoms
Promin	405	405	100%	Needles
Istok	1386	1386	100%	Lubricant
Family Support Center	296	296	100%	2 ml Syringes
Way of Life	30	30	100%	10 ml Syringes
Virtus	18720	18720	100%	Male Condoms
Our Help	5760	5760	100%	Male Condoms

The last cross check that was done at some of the NGOs consisted of a comparison between the consumption as reported in Syrex vs. stock cards. As with the cross checks on HIV test consumption, this is an inexact cross check for which we do not expect to see a 100% match in all cases. SWs may have stock on hand at the end of the quarter that can account for discrepancies. The cross check results are summarized in table 10. It is clear that all results are well within the range of normal for this kind of cross check.

Table 10: Comparison of Consumption as Reported in Syrex vs. Stock Cards

NGO	Syrex	Stock Cards	Consumables: SW Quarterly Reports vs. Stock Card	Commodity
Health of Nation	16017	18562	86%	Male condoms
Line of Life	47621	47621	100%	Male condoms
Promin	5320	5320	100%	Needles
Istok	4007	4007	100%	Lubricant
Mariupol Youth Union	1600	1600	100%	Lubricant
Our Help	50544	50544	100%	Male condoms
HIV Infected People	16801	16828	100%	Male condoms
VAM	23878	24260	98%	Syringes
VAM	11342	12390	92%	Male condoms
Heart to Heart	36855	36655	101%	Syringes
Heart to Heart	18397	21297	86%	Male condoms
Dialogue	19157	19157	100%	Syringes
Dialogue	12425	12925	96%	Male condoms
Blagodat	16928	16928	100%	Male condoms
Youth Development Ctr.	9822	9822	100%	Syringes
Vykhod	45091	45555	99%	Male condoms
Vykhod	2163	2168	100%	Syringes

Key Findings

a) NGO Level:
   - Job descriptions are available and include descriptions of M&E tasks.
   - Appropriate source documents are systematically used by service providers for data collection and reporting.
     - Minor variation in the forms was observed; Alliance provides the general format and allows individual NGOs to adapt to their needs.
   - Source documents are systematically available, appropriately filed, and correctly filled out.
   - Documentators display good knowledge of Syrex database management.

- Systematic back-ups of Syrex are made (dates of last back-ups were checked): Syrex has in-built reminder. Several sites do not back-up on external memory.
- Confidentiality: Clients' names are not entered in Syrex. Clients keep an ID card with a number that does not allow identification, but does allow the client to reconstitute it in case of loss. However, social workers' logs commonly contain names of clients. Those logs are not part of the formal data collection and documentation system, but something that social workers like to keep. As such, the logs are not kept at the NGO's offices but taken home by the social workers. This system has potential for confidentiality breaches.
- Near perfect data quality; most NGOs maintain carefully designed system of checks and double checks.
- Some ambiguity regarding indicator definition: NGO staff members commonly do not know what services a client is required to have received to be counted for the indicator, as having received preventive services, or what is included in the preventive services total number (e.g. consultation with psychologist, gynecologist, services for partners/dependents).
- Double counting was very limited.
    - Use of ID code indicates the number of times each client visited during quarter.
    - NGOs systematically ask clients if they receive services from another organization. If that is the case, the NGO contacts that organization and two decide who will report on the client.
    - Potentially minimal double counting existed across organizations, but was filtered out by the Alliance main database.

b) Central level – Alliance Main Office:
- Minor data processing errors led to minimal over-reporting on prevention services provided to street children and to MSM.
- Excellent data quality was found for IDUs and CSWs.
- Alliance provides systematic feedback and rates NGOs after each quarterly report.
- Extensive supervisory visits from Alliance at least once every six months are confirmed by all NGOs.

3. 'Number of injecting drug users (IDUs) on opioid substitution therapy (OST).'

The organizations providing OST are supported by public HIV and TB drug dispensaries. Incorporating Alliance reporting tools into the existing programs has facilitated effective service delivery. After a client receives a referral to the dispensaries, separate client records are kept for these services, which include the type of intervention, recorded doses, and dates of treatment. All data are recorded at the SDP by the case manager, who then sends this information to the managing organization. Three organizations providing OST in Odeska and

Mykolaivska oblasts were audited, and the VF of patients receiving OST was 100% for all three (table 11).

Table 11: Comparison of Initial Patient Enrollment for OST in Syrex vs. Registration Cards

NGO	Syrex Number of Patients Enrolled (Reported)	Number of Initial Registration Cards on File (Recounted)	Number of MARP Visits: Syrex vs. Registration Cards
Razom za Zhittya	17	17	100%
Vaselka	50	50	100%
Chas Zita	70	70	100%

The data also coincide with the numbers reported to USAID in the quarterly report for Oct. 1, 2010 to Dec. 31, 2010, resulting in an overall VF of 100%. The reporting system is sound, however there was some confusion regarding how to record patients who had both enrolled and dropped out or become lost to follow-up within the quarterly reporting periods. Some patients re-enrolled after a period of absence from the program. Patients were recorded as dropped-out when explicitly canceling services for some reason (i.e., arrested, relocated, etc.). They were recorded as lost to follow-up after missing scheduled appointments and not responding to attempts at contact. The number of missed appointments was not clearly defined (most organizations said they follow up with patients who miss only one), nor was the procedure clearly defined on how to count them or replace their patient cards upon re-enrollment.

4. *'Number of health care workers who successfully completed an in-service training program.'*

One Alliance site was visited that reports on the number of health care workers who successfully completed an in-service training indicator. The program visited is a very small organization whose data collection process involves compiling participants' signatures on a daily basis when a training event occurs. At the end of training, the names of participants are compiled into an electronic database. The program director was able to reproduce the participant lists for training reported to Alliance in the last year. The participant lists were compared to the number reported to Alliance and a verification factor of 100% was found.

Recommendations and Suggested Improvements

There is strong evidence that the data quality of the Alliance SUNRISE Project is excellent. The design of the M&E system is appropriate and it is being implemented with great care and excellent results at all levels. While the audit team does not have any major recommendations, this section outlines a number of comments and recommendations. For each recommendation, table 12 explains the identified issue, indicates the level at which the problem is identified, classifies the importance of the problem (major, medium, or minor), and mentions the indicators and the functional areas to which the recommendation applies.

Table 12: Alliance SUNRISE Project Data Quality Audit Recommendations

1 – Indicator Definitions	
Level: NGO level	Relevant Indicators: HIV prevention
Classification: Medium	M&E Functional Area: Indicator definitions and reporting guidelines
Explanation of Data Quality Finding: Discussions with NGO staff revealed a lack of clarity as to what makes a client eligible to be counted as having received HIV preventive services during the quarter. The question if a client is included in the count if she only received services listed under 'other' (e.g. pregnancy test, contact with SW, social interaction at the NGO office) could not be answered by the majority of NGOs. While Syrex counts each client with whom there has been any interaction/contact that was documented by the SW, this was not clear to most of the NGOs. Similarly, it was unclear to most NGOs if consultations with clinical staff (such as dermatologist, psychologist, gynecologist, etc.) made a client eligible to be counted as having received HIV preventive services. Confusion also exists regarding services for partners/dependents.	
Recommended Action for Correction: It is beneficial for implementing NGOs as well as for data quality that NGO staff have a thorough understanding of the indicators that are used to report on their work. The audit team suggests including this in M&E training events. A reference document that outlines indicator definitions with their numerator and denominator, description of the population on which the indicator is measured, and inclusion and exclusion criteria would be helpful. For Syrex, Alliance could also consider including a list of inclusion and exclusion criteria for the most commonly used numbers in the Syrex manual.	
2 – Indicator Definitions and PEPFAR Reporting	
Level: Central level (Alliance main office)	Relevant Indicators: All indicators
Classification: Medium	M&E Functional Area: Indicator definitions and reporting guidelines
Explanation of Data Quality Finding: While the Alliance quarterly report shows a high degree of accuracy, care should be taken that PEPFAR indicators are reported on according to the PEPFAR guidelines. There is a discrepancy in the way some indicators are named/defined in the Alliance quarterly report and the PEPFAR indicator list.	
Recommended Action for Correction: Review the PEPFAR reporting guidelines and ascertain that the reports contain results that are in line with PEPFAR definitions and guidelines for those indicators that require PEPFAR reporting.	

Continues on next page

Table 12, continued.

3 – Confidentiality	
Level: NGO level	Relevant Indicators: HIV prevention
Classification: Medium	M&E Functional Area: Data collection and reporting forms/tools
Explanation of Data Quality Finding: Clients are identified through a personal ID code and client names are not entered in Syrex or in any of the official data collection tools. Clients keep an ID card with their codes that do not allow identification, but do allow the clients to reconstitute the code in case of loss. Not uncommonly, social workers keep additional logs that are not part of the 'official' data collection tools. Many of those list client names (either in full or just the first name). Since these logs are not part of the regular data collection tools, social workers tend to take them home after work. While no incidents were reported, this could potentially lead to breaches in confidentiality.	
Recommended Action for Correction: Discuss and review the need for these additional logs. Discuss the possible risks with NGO staff. If the logs are deemed necessary, consider improved options for safe keeping.	
4 – Syrex Database Back-up Procedures	
Level: NGO level	Relevant Indicators: All indicators
Classification: Minor	M&E Functional Area: Data collection and Reporting Forms/Tools
Explanation of Data Quality Finding: All NGOs make systematic back-ups of Syrex. Several NGOs limit their back-ups to their internal computer network and do not make back-ups on external memory.	
Recommended Action for correction: Recommend all NGOs to make external back-up in addition to the ones they make on their network.	
5 – Syrex Database Functions	
Level: NGO level	Relevant Indicator(s): HIV Prevention
Classification: Minor	M&E Functional Area: Data Collection and Reporting Forms/Tools
Explanation of Data Quality Finding: The main function of Syrex is reported to be client tracking and not reporting. However, NGOs seem to use it mainly for reporting. Use of Syrex for client tracking is very limited. NGO staff members generally know that Syrex has tracking capabilities and most documentators can use functions, such as making a list of clients who have not been seen for more than six months. But these functions are not systematically used.	

Recommended Action for correction:
Consider providing more attention to this aspect and function of Syrex during training on the database.

Final Data Quality Classification

There were no data quality issues. VF about 90% was found at all sampled sites, and no major weaknesses were found in the data reporting systems.

IV. Ukraine Tuberculosis Control Partnership Project — PATH

The indicator audited at the Ukraine Tuberculosis Control Partnership Project was:

> *'Number of health care workers who successfully completed an in-service training program.'*

Description of the Data Collection and Reporting System

The PATH data-collection and reporting system is very streamlined, due to the fact that those who provide the trainings generally are based at the PATH office in Kyiv, thus limiting the number of data aggregation levels and simplifying the data collection and reporting process.

According to the annual work plan, PATH reviews the project training activities, specifies the profile of training participants, and informs the project sites about the planned training events. In accordance with the participation profile, requests for training are sent to PATH from various health facilities located in project regions. The requests include the names, positions, and contact information of employees to receive training. During the planning phase, PATH prepares an attendance sheet that includes the name of the participant as well as a space for each attendee to enter his or her employment title, phone number, e-mail address, and signature. Attendees sign the participants' list on a daily basis to verify that they were present at the training. At the end of training, the trainer compiles the attendance sheets and submits them to the PATH office. All attendance sheets must be delivered to the office within seven days of the completion of the training. If the trainer is an employee who works at the PATH office, she or he will deliver the attendance sheets in person. If the trainer is a consultant, the attendance sheets are mailed or faxed into the PATH office and received by the data entry person.

Once the data entry person has received the attendance sheet, she compares this list against the original participants list that was compiled prior to the training. Any discrepancies between the two lists are investigated through speaking with the trainer to determine if the participant actually attended the training. If there are any further questions, the employer of the trainee may also be contacted to verify that the trainee attended the training. In most cases, PATH's staff conducts trainings or provides training supervision.

Once the data have been verified, the data entry person enters the names into a Microsoft Excel database. The M&E program officer uses this database to enter data into a Microsoft Access database, where he or she is able to run a number of queries. At the time of report submission, the data are again checked by counting the numbers reported by the M&E officer in the Microsoft Access database against the original participants list prior to submitting the final numbers to USAID.

Assessment of the Data Management and Reporting System

The health care worker training indicator scored very well on the system component of the DQA. The average score across all levels was 2.51 on a scale from 0 to 3 (range 2.0-2.6) with "data management processes" and "indicator definitions and reporting guidelines" scoring the lowest. Scoring the highest was "M&E structure, functions and capabilities," and "data collection and reporting forms/tools." The results are displayed in table 13.

a) M&E Structure, Functions and Capabilities:
   - There is a documented organizational chart that clearly defines positions that have data management responsibilities.
   - All staff positions dedicated to M&E and data management systems are filled and relevant staff members have received the appropriate training.
   - Responsibility for reviewing the aggregate data prior to submission of the report is clearly assigned to appropriate staff. Reviewing the data occurs within several levels of the data management system.
   - Responsibility for reviewing the incoming data for accuracy and completeness at the lower level is clearly assigned to the data entry person.
   - There is no training plan in place for data collection and reporting at any level of the reporting process. Minimal documentation is required and no new staff has entered the program within this system. PATH states that such a training plan is not necessary at this point in time, but would be created should it become necessary.

b) Indicator Definitions and Reporting Guidelines:
   - PATH met with USAID Ukraine in 2010 to agree upon an indicator definition, which they have been utilizing since that time. This definition has been shared at the level of the PATH office, but has not been shared with consultant trainers.
   - Reporting guidelines have only been distributed within the PATH office in Kyiv. Because most trainers are staff of the PATH office, this information has not been distributed externally. Case indicator definitions and reporting guidelines have not been shared with consultant trainers. However, PATH usually provides brief information on reporting indicators to consultant trainers during training-of-trainers (TOT) sessions.
   - A documented description of services that is related to each indicator within the project has not been created.
   - The M&E unit has provided trainers with required forms to be filled out in terms of the participants list. Written documentation explicitly states that an event budget expense report is due within seven days of completion of the training. This report includes the attendance sheet. There is an extensive written policy in place that defines documentation types and procedures for handling different types of documentation.

c) Data-Collection and Reporting Forms/Tools:

- The source document for reporting is a standardized attendance sheet that includes the name of each participant who is scheduled to attend the training and space provided for the participant to enter their employment title, contact information and signature. As a means of verification of their presence, attendants fill out the attendance sheet on a daily basis. This form is provided by the PATH office to the trainer prior to beginning the training.
- The M&E unit has provided minimal information on how to utilize the attendance sheet, but the form is self-explanatory. The title headings for each column are sufficient in order to complete the form.
- The original attendance sheets are sent to the Seattle, WA, USA, the headquarters office for PATH, and were not available for audit at the PATH Kyiv office. However, the information from the source documents is entered into a Microsoft Excel database and this electronic list is available for audit.

d) Data Management Processes:
   - The M&E unit has clearly documented aggregation steps which are present both within the Microsoft Excel database and the Microsoft Access database.
   - If data discrepancies are uncovered from data retrieved from the trainers, corrections are made to the original attendance sheet. However, there is no further documentation in terms of how the discrepancy occurred or what steps were made to correct the discrepancy.
   - There are multiple quality controls in place when paper-based forms are entered into the computer. Beyond the quality controls already mentioned, PATH also discusses in their accounting procedures manual how the number of trainees should be verified against the budget for the training.
   - There is no documented database administration procedure in place that includes backup/recovery procedures, security administration, and user information. It is stated that PATH headquarters office in the U.S. may have generated an administration procedure, but that it has not been shared with this office. However, the training database and project-related documentation are kept on a network drive that is automatically backed up on a daily basis.
   - The reporting system avoids double counting within each point of the organization through checking for duplicates in the database. As the PATH office is the first point of aggregation, checks only take place at this level. This is carried out through comparing the final number in the Access database to the initial numbers that were reported from the attendance sheets. A check for trainees' names does not take place unless there is a discrepancy in the count between the Access database and the attendance sheets. Persons who receive multiple trainings from PATH during the reporting period are only counted once in the final report to USAID.
   - Supervisory visits have not taken place during the review period as the person who was previously carrying out the supervisory visits has taken over as the trainer. This trainer is from the PATH office thus further centralizing the process.

e) Dashboard Summary Statistics (Table 13)

Table 13: Ukraine Tuberculosis Control Partnership Project Summary Table

SUMMARY TABLE Assessment of Data Management and Reporting Systems	I M&E Structure, Functions and Capabilities	II Indicator Definitions and Reporting Guidelines	III Data-collection and Reporting Forms / Tools	IV Data Management Processes	V Links with National Reporting System	Average (per site)
M&E Unit						
- -	2.67	2.33	2.80	2.25	N/A	2.51
Service Delivery Points/Organizations						
Average (per functional area)	2.67	2.33	2.80	2.25	N/A	2.51

Data Verification

Cross Checks

At the M&E level, cross checks were performed by comparing the number of total trainees reported to USAID during the audit period against the access database and the Microsoft Excel database. Cross checks against the original attendance sheets could not be performed since they are kept at PATH's U.S. headquarters. The verification factor for all trainings held during the audit period was 100%.

Spot Checks

The purpose of the spot checks was to confirm the link between service provision (in this case training) and the documentation of service provision. To undertake spot checks, 12 trainees were randomly selected from the Microsoft Access database. They were contacted to verify that they had completed the training. All 12 trainees confirmed that they had attended the training.

Key Findings

a) The indicator definition includes nurses, physicians, counselors, epidemiologists, biostatisticians, and TB specialists, as well as administrative staff who work for NGOs.
   - The Microsoft Access database has the capability to run queries should the definition of the indicator change to include or exclude various types of employment positions.
   - "Successful completion of the training" as defined by PATH includes daily attendance and active participation in each session.

b) Good M&E functions and capabilities at headquarters. Role of each M&E person is well defined and staff with M&E functions has received a number of trainings.

c) A number of quality checks take place throughout the process of receiving and aggregating the data to avoid reporting errors.

Strengths and Weaknesses of the Data Management System

Table 14: Strengths and Weaknesses of the Data Management System

	13 Questions	Answer Yes - completely Partly No - not at all N/A	Comments
1	**Are key M&E and data-management staff identified with clearly assigned responsibilities?**	Yes - completely	There are 2 key M&E staff at PATH; the data entry person and the M&E lead. Both have very clear job descriptions and their scopes of work are clearly defined and deliniated.
2	**Have the majority of key M&E and data-management staff received the required training?**	Yes - completely	Both staff have received training on data management process at HQ in Seattle and within PATH Ukraine. There is no documented training plan that is in place for M&E staff. Both staff have been at their positions for several years and creation of new training plans has not been necessary.
3	**Has the Program/Project clearly documented (in writing) what is reported to who, and how and when reporting is required?**	Partly	Because most trainers come directly from the PATH Ukraine office, documented reporting requirements have not been in place as required documentation is minimal and directly submitted to data entry person directly after the training. (State that it is due within 7 days but this is not documented). Documentation consists of reporting requirements for budget but does not include requirements for when particpants list is due.
4	**Are there operational indicator definitions meeting relevant standards that are systematically followed by all service points?**	N/A	
5	**Are there standard data collection and reporting forms that are systematically used?**	Yes - completely	Yes, a participants list is standard and includes Name, Position, E-mail address and Telephone contact information.
6	**Are data recorded with sufficient precision/detail to measure relevant indicators?**	Yes - completely	Origonal participants lists not available (sent to Seattle HQ). Electronic sheets are completely filled out and include above mentioned information.
7	**Are data maintained in accordance with international or national confidentiality guidelines?**	N/A	
8	**Are source documents kept and made available in accordance with a written policy?**	Partly	A records management policy is in place and source documents are kept accordingly. (Once the M&E person checks excel against participant's sheets, the original sheets are sent to Seattle HQ where they are maintained).
9	**Does clear documentation of collection, aggregation and manipulation steps exist?**	Yes - completely	Use of excel database and access database. Automatic aggregation of participants. They are also able to run a number of queries within access to manipulate the data as needed.
10	**Are data quality challenges identified and are mechanisms in place for addressing them?**	Yes - completely	The original attendance sheet is complared against the actual participant's list to determine if there are discrepancies. If discrepancies exist, the trainer is contacted as well as potentially the employer of the particpant to verify if the person attended the training.

Table continues on next page.

Table 14, continued.

11	**Are there clearly defined and followed procedures to identify and reconcile discrepancies in reports?**	Yes - completely	Yes, see above. Also a number of checks in place: 1. The participant's list is compared against the attendance sheet. 2. The excel database is compared against the pariticipant's list. 3. The excel database is compared against access. 4. Access database compared against origonal particpant's lists prior to submission of report to USAID.
12	**Are there clearly defined and followed procedures to periodically verify source data?**	Yes - completely	See above. Each step of verification occurs at the time of receiving data to enter into new database and final report.
13	**Does the data collection and reporting system of the Program/project link to the National Reporting System?**	N/A	Not a component of the National Reporting System.

Recommendations and Suggested Improvements

Because PATH's data collection and reporting system for this indicator is well organized, there is no need at this time to make any recommendations for further improvements.

Final Data Quality Classification

There were no data quality issues. VF about 90% was found at all sampled sites, and no major weaknesses were found in the data reporting systems.

V. HIV/AIDS Prevention Project — Peace Corps

The indicator audited at Peace Corps' HIV/AIDS Prevention Project was:

> *'Number of targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required.'*

Description of the Data Collection and Reporting System

There are three program sectors for PCVs in Ukraine: Teaching English as a foreign language (TEFL), community development, and youth development. In addition to their primary projects, volunteers in all three sectors are encouraged to conduct HIV-preventative interventions. Examples of these interventions include organizing youth, school teacher, and community group training to educate members about HIV prevention and treatment, and to promote responsible lifestyle decisions for better reproductive health.

All volunteer reporting is captured by the Volunteer Reporting Tool (VRT), a comprehensive database used at all Peace Corps country posts, which collects all activity data on a semi-annual basis. In addition, the tool specifically prompts volunteers to report on all HIV/AIDS activities as they relate to PEPFAR indicators (prevention-general/AB/MARPs, in-service training, and pre-service training of health care workers). Specifically, volunteers submit an activity description; beneficiaries reached (disaggregated by sex and age range); funding type; etc. for each completed activity. The VRT is used to analyze and aggregate all program data for submission to USG PEPFAR team and Peace Corps headquarters. Additionally, there are two other forms that capture PEPFAR indicator data: the Volunteers Activities Support and Training (VAST) tool, which is used specifically for PEPFAR-funded grant reporting; and a training monitoring spreadsheet, used to report results of volunteer initiated events or training. These two forms, however, only act to verify the information reported in the VRT.

Approximately one month before the semi-annual reporting deadline, a regional manager sends each volunteer their VRT. Volunteers complete the tool and submit it to the regional manager, who confirms completeness and timeliness. The regional manager uploads all reports to a database accessible to program staff, including the PEPFAR manager at the M&E unit in Kyiv. He and a program assistant review all reported data for accuracy and quality. Once all data have been verified, the results are aggregated and sent to USAID/Ukraine and Peace Corps headquarters. Since the tool is a Java database, there can be only one version of the VRT per PCV. This avoids the potential of multiple reports per volunteer, the downside being that there is no record of changes made to reported data once a new version of the tool has been updated.

The semi-annual reporting periods for the two sectors are different. For community development and youth development they are Sept. 1 to Feb. 28 and March 1 to Aug. 31; and

for teaching English as a foreign language they are Jan. 1 to Aug. 31 and Sept. 1 to Dec. 31. This uneven reporting period is a challenge for aggregating cross-sectoral PEPFAR data.

Assessment of the Data Management and Reporting System

The preventive interventions indicator scored very well on the systems component of the DQA. The average score across all levels was 2.93 on a scale of 0 to 3 (range 2.80-3.00) with "M&E structure, functions and capabilities" as well as "indicator definitions and reporting guidelines" scoring the highest. Results are shown in table 15.

a) M&E Structure, Functions and Capabilities:
   - The program clearly defines positions that have data management responsibilities.
   - All staff positions dedicated to M&E and data management systems are filled and relevant staff members have received the appropriate training.
   - Responsibility for reviewing the aggregate data prior to submission of the report is clearly assigned to appropriate staff. Reviewing the data occurs within several levels of the data management system.
   - Responsibility for reviewing the incoming data for accuracy and completeness at the lower level is clearly assigned to the data entry person.
   - There is a five-day training for volunteers who want to implement PEPFAR programming (about 33% of all volunteers). All PCVs receive one half day training at the end of pre-service training. Counterparts are also trained during pre-service training. The program uses a training module developed by the United Nations Joint Programme on HIV/AIDS, approved by Pedagogical Society of Ukraine. It was modified for Peace Corps needs.

b) Indicator Definitions and Reporting Guidelines:
   - Descriptions and guidelines are built into VRF, volunteers are guided and required to complete reporting specific to each PEPFAR indicator.
   - The Peace Corps M&E unit has provided PCVs with required forms to be filled out during a PEPFAR funded activity. A budget, participants list, and final results are included. Written documentation explicitly states that the budget is due within 30 days of completion of the training.
   - The Peace Corps M&E unit sends feedback on the received reports to each volunteer.

c) Data-Collection and Reporting Forms/Tools:
   - There are three forms to help monitor PEPFAR indicators: The VRT, the VAST tool, and the training monitoring spreadsheet.
   - Data collected at training events include names and age ranges of participants. These fields are dictated by the indicator definition. Additional data, such as participants' gender and actual ages, are not collected.
   - The VRT is managed at the Peace Corps office in Kyiv, and is stored at Peace Corps headquarter in Washington. All changes made to volunteer reports are lost and updated without a time stamp. The other two reports are

maintained at the Peace Corps office in Kyiv, and electronic copies are available.

d) Data Management Processes:
   - During the reporting period, regional managers are responsible for following up with PCVs. All volunteers are required to complete their reporting forms. Each regional manager is responsible for 30 to 40 PCVs. There is a backup manager in case the regional manager is unavailable.
   - The regional managers then send the data to the M&E manager in Kyiv, usually about a week after the reporting deadline for the PCVs. There is, however, no formal deadline for this step in the process. The M&E manager reviews the reports.
   - Regional managers provide initial feedback to the PCVs. The M&E manager verifies numbers reported before submitting to USAID/PEPFAR and Peace Corps headquarters, and provides additional feedback to the PCVs.
   - If data are lost, the regional manager can resend the most recent volunteer reporting file. There is not, however, a record of changes made by the volunteer, regional manager, or PEPFAR manager.

e) Dashboard Summary Statistics (Table 15):

Table 15: Peace Corps Summary Table of Assessment of Data Management and Reporting Systems

SUMMARY TABLE Assessment of Data Management and Reporting Systems	I M&E Structure, Functions and Capabilities	II Indicator Definitions and Reporting Guidelines	III Data-collection and Reporting Forms / Tools	IV Data Management Processes	V Links with National Reporting System	Average (per site)
M&E Unit						
- -	3.00	3.00	2.80	2.91	N/A	2.93
Average (per functional area)	3.00	3.00	2.80	2.91	N/A	2.93

Data Verification

Completed VRTs are received by the PEPFAR manager who reviews all reports for accuracy, completeness, and double counting issues. The tool automatically integrates feedback into the volunteer results, and can be downloaded by the volunteer for later access. There is a risk of double counting of individuals reached in training. Potential risks for double counting (e.g., how to report on number of participants and on budget if multiple volunteers organize the same training) are thoroughly addressed during reporting training. The M&E staff members know that they should check every report for these potential errors and admitted that they are still a common occurrence. To verify the number of individuals trained, the M&E staff members check the VAST and VRT data against daily registers of trainees collected and submitted by PCVs. The verification process is performed manually and is very labor intensive.

In the 2010 annual report to USAID (Oct. 31, 2009 to Sept. 30, 2010), the Peace Corps Ukraine office reported 37 training events reaching 806 individuals. This number was verified through the aggregated data from reports submitted by PCVs. Only 10 original PCV reports were available for verification, because the office was recording and verifying current VRTs at the time of the audit. The selected reports had a verification factor of 100%.

Cross Checks

At the M&E level, cross checks were performed by checking a selection of final VAST grant reports, submitted upon completion of the grant activity, and the corresponding VRT reports. Five PCV reports were checked, and the PEPFAR data were recorded correctly in both the VRT and the VAST reports. Only a small number of PCVs were interviewed due to availability and time constraints.

Spot Checks

The purpose of the spot checks was to confirm the link between service provision (in this case training) and the documentation of service provision. To undertake spot checks, a total of seven PCVs who had recently reported on a VAST funded project were contacted. PCVs were asked if and when they had been trained in the semi-annual reporting process, if they could get support if they had questions, if they experienced any difficulties during reporting, and if they were able to use the VRT and the VAST reporting tools effectively. In general, those who responded said that the process and tools were sound though opinions on ease of use varied widely. Only a small number of PCVs were interviewed due to availability and time constraints.

Key Findings

The VRT is a sound and effective way to capture PCV indicator data. There are inadequacies, but the database developers receive and consider feedback from all country offices when updating software and training procedures; this process of feedback appears to work well.

Strengths and Weaknesses of the Data Management System

Table 16: Strengths and Weaknesses of the Data Management System, Peace Corps

	13 Questions	Answer	Comments
1	Are key M&E and data-management staff identified with clearly assigned responsibilities?	Yes - completely	The PEPFAR Manager is responsible for reviewing, verifying and aggregating all PEPFAR data submitted by PCVs. He works with a program assistant and regional data managers, who ensure that PCVs receive and complete their VRT within the appropriate reporting period.
2	Have the majority of key M&E and data-management staff received the required training?	Yes - completely	The PEPFAR Manager attends periodic regional trainings and receives updates and support from Peace Corps Headquarters. He passes information to regional managers as needed. PCVs are trained in procedures for periodic reporting during pre-service training.
3	Has the Program/Project clearly documented (in writing) what is reported to who, and how and when reporting is required?	Yes - completely	The reporting process is clearly documented. PCVs receive this information during pre-service training and are able to access support from the regional managers and the PEPFAR manager.
4	Are there operational indicator definitions meeting relevant standards that are systematically followed by all service points?	Partly	The indicator is defined clearly and any changes that are made are immediately updated in the VRT before it is sent to PCVs. The M&E Unit believes that PCVs often under-report the number of individuals they have reached through small group or individual interventions, so they have begun to emphasize how to measure activity data more during reporting trainings.
5	Are there standard data collection and reporting forms that are systematically used?	Yes - completely	The VRT database is used in all Peace Corps countries, and is consistently used by all PCVs to capture all activity data. If PCVs receive funding for PEPFAR related activities, they also report those data using the VAST grant reporting form, an Excel-based spreadsheet which is used only to verify the data reported in the VRT.
6	Are data recorded with sufficient precision/detail to measure relevant indicators?	Yes - completely	The VRT prompts for reporting specific to the indicator. Data is verified by the M&E Unit to assure adequate precision is achieved.
7	Are data maintained in accordance with international or national confidentiality guidelines?	Yes - completely	Data is held in accordance with Peace Corps Worldwide PCV confidentiality standards.
8	Are source documents kept and made available in accordance with a written policy?	Yes - completely	VAST Reports are kept in hard copy at the country office, and VRT data is kept on a server at Peace Corps Headquarters.
9	Does clear documentation of collection, aggregation and manipulation steps exist?	Partly	The VRT does allow the reviewer to post feedback for the PCV. However, there is no record of any changes made to a PCV's periodic report, and changes are not systematically recorded during the verification process. Also, since it is a database, only one copy of each PCV's semi-annual report is available at any given time.

Table continues on next page.

Table 16, continued.

10	Are data quality challenges identified and are mechanisms in place for addressing them?	Yes - completely	The feedback system between the PEPFAR manager and PCVs was sound. PCVs reported that they did not have problems getting support from staff during reporting periods.
11	Are there clearly defined and followed procedures to identify and reconcile discrepancies in reports?	Partly	The procedures are defined, but are followed manually, so there is a potential for verification errors between the VRT and other source data reported in other formats (i.e. excel-based VAST reporting).
12	Are there clearly defined and followed procedures to periodically verify source data?	Yes - completely	Source data from the VRT flows directly to the M&E Unit, where it is verified and stored. Other source reporting forms are well managed the regional and M&E managers.
13	Does the data collection and reporting system of the Program/project link to the National Reporting System?	N/A	

Recommendations and Suggested Improvements

a) Integrate a prompt in the VAST reporting form so that volunteers avoid double counting training participants. Potentially integrate an automated way to check for double counting into the VRT. This could be as simple as adding a reminder in the VRT to explain how to divide VAST funding used to hold multiple training events, if applicable. There is already a reminder to coordinate how the number of individuals in training led by multiple PCVs is reported in the VRT, but if double counting continues to pose a problem, further guidance could be provided to PCVs during ongoing VRT training.
b) Synchronize reporting periods and deadlines to capture all PCV PEPFAR data for the same time period, and reduce the work load of the M&E staff.
c) Make trainings available more regularly for volunteers who struggle with periodic reporting.
d) Strongly emphasize the value of PEPFAR reporting to volunteers during training. This will help motivate PCVs to give thoughtful and complete responses in their periodic reports.
e) Only 10 original PCV training reports were available for verification due to ongoing recording and verifying of VRTs at the time of the audit.

Final Data Quality Classification

There were no data quality issues. VF about 90% was found at all sampled sites, and no major weaknesses were found in the data reporting systems.

VI. USAID|HIV/AIDS Service Capacity Project — Futures

The indicator audited at USAID|HIV/AIDS Service Capacity Project (USCP) was:

> *'Number of health care workers who successfully completed an in-service training program.'*

Description of the Data Collection and Reporting System

USCP is a cooperative agreement project, working to strengthen the institutional capacity of HIV service organizations and to build links between organizations to strengthen and develop approaches for the most marginalized risk groups to access HIV prevention and treatment services. This is primarily achieved through training local staff on such topics as organizational management, advocacy, technical policy analysis, and community mobilization, among other topics. During the audit period, USCP reached 221 individuals through 11 training events.

The project has no service delivery points and does not support service delivery. The indicator data are reported as a total number of health workers to have completed an in-service training. The data are captured through training registers, which are stored electronically and in hard copy as the primary data source. Trainee registration forms capture trainee names, gender, affiliated organization, and sector. Trainees also sign by their names to verify that they completed the training. Upon completion of training, the local project consultant or USCP staff trainer submits the registers to the project manager in Kyiv. The number of trainees is then verified and aggregated, and final reports are submitted on a quarterly basis by the USCP activity manager to USAID. All reports and training data are stored on a USCP Microsoft Access database, which facilitates data analysis. Trainings are held on a variety of topics, and health service representatives will often attend multiple USCP training events if multiple topics are relevant to their work (e.g., basic advocacy and HIV policy analysis). Individual training registers were verified and did not contain duplicate names. However, the protocol for how trainees should be counted is not always clear. For example, in a USCP annual report for all indicators, an effort to avoid double counting caused an under-reporting of 38 trainees (out of 1896). The data manager has clarified the reporting guidelines since the confusion was identified. If one person is trained more than once on the same topic (e.g., more than once on financial management), she is counted only once. If one person is trained more than once but on different topics within a larger field (e.g., leadership training and NGO strategic planning training, both of which fall under institutional capacity building) she is counted twice.

USCP staff members implement most training, but occasionally other organizations are subcontracted. The following organizations have worked with USCP: All Ukrainian PLHIV Network; Coalition of HIV-servicing NGOs; and Project HOPE. All implementing organizations send data directly to the USCP main office where data are stored for the duration of the

project. For this reason, auditors were able to complete all verification procedures and cross checks at the main office, and did not visit any regional training sites.

Assessment of the Data Management and Reporting System

The health care worker training indicator scored very well on the system component of the DQA. The average score across all levels was 2.86 on a scale from 0 to 3 with "data collection and reporting forms/tools" scoring the lowest. Scoring the highest was "M&E structure, functions and capabilities" and "indicator definitions and reporting guidelines" (table 17).

a) M&E Structure, Functions and Capabilities:
   - The program clearly defines positions that have data management responsibilities.
   - All staff positions dedicated to M&E and data management systems are filled and relevant staff has received the appropriate training.
   - Responsibility for reviewing the aggregate data prior to submission of the report is clearly assigned to appropriate staff. Reviewing the data occurs within several levels of the data management system.
   - Responsibility for reviewing the incoming data for accuracy and completeness is clearly assigned to the data entry person.
   - There is an M&E training module for internal use. This document was made available to the audit team, but it was only available in Ukrainian. The main points are covered in the Performance Monitoring Plan (PMP). Also, USCP use TOT to train consultants and subcontractors to implement training in the oblasts.

b) Indicator Definitions and Reporting Guidelines:
   - Indicators are clearly outlined in an implementation plan. The work plan is open, but is not sent to partners. Headquarters staff members are familiar with the entire document, but regional staff are informed only of relevant targets and procedures during orientations, and as they are updated.
   - Regional activity trainers submit reports shortly after a training event. These include the purpose, what happened, and list of participants. The reports are submitted to the M&E systems manager who aggregates them for quarterly reports. The general reporting form template is included in the PMP. The PMP is, however, still a draft and a final version has not yet been approved.
   - All documents are kept until the end of the project, until the USAID mission approves final reports. Afterward, documents are stored for four to five years electronically.

c) Data-Collection and Reporting Forms/Tools:
   - The source document for reporting is a standardized participant sheet with each participant who is scheduled to attend the training listed with their employment title, contact information and a space for a signature on a daily basis to verify that they were present. This form is provided to the trainer prior to beginning the training.

- Signed registers and agendas are kept in an electronic database, and in hard copy binders.

d) Data Management Processes:
   - The number of trainees is then verified and aggregated by the USCP activity manager, and final reports are submitted to USAID on a quarterly basis. All reports and training data are stored on the USCP Microsoft Access database, which facilitates data analysis.
   - There is no formal deadline for training reports; they are required soon after a training event. M&E data manager receives registration forms; if forms are late or incomplete, project managers are responsible for following up to get all data by the end of the quarter. If trainings are near the end of the quarter, those data are reported the following quarter. Quarterly reports deadlines are 30 days after the end of the quarter
   - All USCP staff members have access to the trainings database; they can see reporting materials, reports, plans, and policies. The systems manager and office manager are the only ones with ability to edit data and information within the database.

e) Dashboard Summary Statistics (Table 17)

Table 17: USCP Summary Table of Assessment of Data Management and Reporting Systems

SUMMARY TABLE Assessment of Data Management and Reporting Systems	I M&E Structure, Functions and Capabilities	II Indicator Definitions and Reporting Guidelines	III Data-collection and Reporting Forms / Tools	IV Data Management Processes	V Links with National Reporting System	Average (per site)
M&E Unit						
- USAID | HIV/AIDS Service Capacity Project	3.00	3.00	2.67	2.78	N/A	2.86
Service Delivery Points/Organizations						
Average (per functional area)	3.00	3.00	2.67	2.78	N/A	2.86

Data Verification

Cross Checks

At the M&E level, cross checks were performed by checking the number of total trainees reported to USAID during the audit period against the original training registers. The verification factor for all trainings held during the audit period was 100%.

Spot Checks

The purpose of the spot checks was to confirm the link between service provision (in this case, training) and the documentation of service provision. To undertake spot checks, 18 trainees were randomly selected from the original training registers. They were contacted to verify if they had completed the training. The spot check verification was also 100%.

Key Findings

a) Staff at the USCP head office explained that the PMP they have been using for indicator reporting is still a draft and a final version has not yet been approved. This was potentially problematic for data collection and reporting, as indicator definitions could change in subsequent drafts of the plan. Finalizing the PMP would facilitate more efficient reporting in the future.
b) The data system is sound. Beyond the initial uncertainty about how to avoid double counting of trainees, there were no reported problems. There is always a potential problem of signature forgery, if trainees are collecting an allowance or per diem when they attend trainings. However, after viewing the original signatures on training registrations and completing spot check verification, there is no reason to suspect any fraud.

Strengths and Weaknesses of the Data Management System

Table 18 summarizes strengths and weaknesses of the USCP data management system.

Recommendations and Suggested Improvements

a) Finalizing the PMP and making it available to staff would facilitate more efficient reporting.
b) Additional written instructions on how to avoid double counting would be helpful to avoid over-reporting, but also to avoid under-reporting as was the case in at least one report.

Final Data Quality Classification

There were no data quality issues. VF about 90% was found at all sampled sites, and no major weaknesses were found in the data reporting systems.

Table 18: Strengths and Weaknesses of the Data Management System, USCP

	13 Questions	Answer	Comments
1	Are key M&E and data-management staff identified with clearly assigned responsibilities?	Yes - completely	The M&E manager trains all project managers and deputy managers in M&E reporting requirements for the database.
2	Have the majority of key M&E and data-management staff received the required training?	Yes - completely	There is an M&E training module for training USCP staff and partners internally. The reporting process is also covered in the PMP. Also USCP staff hold regular TOTs to train consultants and subcontractors to implement trainings in the oblasts.
3	Has the Program/Project clearly documented (in writing) what is reported to who, and how and when reporting is required?	Yes - completely	Reporting procedures are consistently used and monitored, as most trainings are implemented by USCP staff who submit training reports and backup documentation immediately after a training.
4	Are there operational indicator definitions meeting relevant standards that are systematically followed by all service points?	Yes - completely	The indicator is defined as number of individuals trained, which is reported using standardized tools at all service points.
5	Are there standard data collection and reporting forms that are systematically used?	Yes - completely	There are standardized forms for capturing information about individuals trained, and aggregating this data for quarterly reporting.
6	Are data recorded with sufficient precision/detail to measure relevant indicators?	Yes - completely	Individuals trained are captured, including name, organization, sector, gender and contact information to facilitate data analysis of groups to target, if necessary.
7	Are data maintained in accordance with international or national confidentiality guidelines?	Yes - completely	All personal data is kept at USCP office, though no confidential data is collected for reporting purposes.
8	Are source documents kept and made available in accordance with a written policy?	Yes - completely	The project is using a PMP which includes a policy for keeping all source documents. They are held for at least three years after a training is completed.
9	Does clear documentation of collection, aggregation and manipulation steps exist?	Yes - completely	The data verification and aggregation steps are clearly outlined in the PMP. The data manager seemed very comfortable with these steps and could explain the process fully.
10	Are data quality challenges identified and are mechanisms in place for addressing them?	Partly	the protocol for how trainees should be counted is not always clear. For example, in a USCP annual report for all indicators, 38 trainees (out of 1896) were not reported in an effort to avoid duplication.
11	Are there clearly defined and followed procedures to identify and reconcile discrepancies in reports?	Yes - completely	The one discrepancy found during the audit was a confusion of whether or not to double count particpants who attended multiple trainings. This was clearly explained and corrected in the annual report to USAID.
12	Are there clearly defined and followed procedures to periodically verify source data?	Yes - completely	Source data is verified every time training information is added to the reporting database. If there are unclear discrepancies, training facilitators and even trainees are contacted to verify the data reported in source documents.
13	Does the data collection and reporting system of the Program/project link to the National Reporting System?	N/A	

VII. Conclusion

In conclusion, Alliance works closely with all service delivery points so as to receive timely reporting as well as to ensure that data reporting is accurate. Service delivery points will, however, benefit from additional guidance in terms of how to define and uniformly report "preventive services" for most-at-risk populations. Additionally, service delivery points should consider potential confidentiality breaches in using identifiable names in service delivery logs and determine a means to safeguard these documents. Lastly, Syrex is a powerful database that should be uniformly backed up to an external drive. It has capabilities in terms of client tracking for which it is not being fully utilized. Syrex should be utilized in such a manner that it is able to carry out this important activity for all reporting levels.

PATH, USCP, and Peace Corps are doing an excellent job of recording the number of individuals trained, as well as verifying the accuracy of the data prior to reporting to USAID. For all of these programs, electronic databases are utilized which are capable of running a number of queries should additional information be required in terms of who is being trained and the types of trainings that they are receiving.

The auditors were impressed with the data management system within all of the programs that were audited. It is clear that the organizations are diligent in verifying the accuracy of the data at all levels prior to reporting it to USAID. While there remain some points for clarification and opportunities for improvement, the dedication and hard work on the part of the personnel at the head offices as well as at service delivery points to not only provide accurate data but also to provide quality and comprehensive services to most at-risk populations is impressive. With continued diligence and dedication on the part of these organizations, it is expected that a meaningful and measurable impact will be made for those most at risk for contracting HIV in Ukraine.

Appendices

Appendix 1: Systems Assessment Protocol – List of All Questions

	Component of the M&E System	Check mark indicates reporting system level at which the question is asked			Supporting documentation required?
		M&E Unit	*Aggregation Levels*	*Service Points*	
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.	✓			Yes
2	All staff positions dedicated to M&E and data management systems are filled.	✓			-
3	There is a training plan which includes staff involved in data-collection and reporting at all levels in the reporting process.	✓			Yes
4	All relevant staff have received training on the data management processes and tools.	✓	✓	✓	-
5	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.	✓			-
6	There are designated staff responsible for reviewing the quality of data (i.e., accuracy, completeness and timeliness) received from sub-reporting levels (e.g., regions, districts, service points).	✓	✓		-

7	There are designated staff responsible for reviewing aggregated numbers prior to submission to the next level (e.g., to districts, to regional offices, to the central M&E Unit).		✓	✓	-
8	The responsibility for recording the delivery of services on source documents is clearly assigned to the relevant staff.			✓	-
	II- Indicator Definitions and Reporting Guidelines				
12	… *how* (e.g., in what specific format) reports are to be submitted.	✓	✓	✓	Yes
13	… *to whom* the reports should be submitted.	✓	✓	✓	Yes
14	… *when* the reports are due.	✓	✓	✓	Yes
15	There is a written policy that states for how long *source documents* and *reporting forms* need to be retained.	✓			Yes
	III- Data-collection and Reporting Forms / Tools				
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.	✓			Yes
17	The M&E Unit has identified standard *reporting forms/tools* to be used by all reporting levels.	✓			Yes
18	Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools.	✓	✓	✓	Yes
19	The *source documents* and *reporting forms/tools* specified by the M&E Unit are consistently used by all reporting levels.		✓	✓	-
20	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.	✓	✓	✓	-
21	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).	✓			-

22	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					
23	The M&E Unit has clearly documented data aggregation, analysis and/or manipulation steps performed at each level of the reporting system.	✓			Yes
24	There is a written procedure to address late, incomplete, inaccurate and missing reports; including following-up with sub-reporting levels on data quality issues.	✓	✓		Yes
25	If data discrepancies have been uncovered in reports from sub-reporting levels, the M&E Unit or the Intermediate Aggregation Levels (e.g., districts or regions) have documented how these inconsistencies have been resolved.	✓	✓		-
26	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting (i.e., accuracy, completeness and timeliness).	✓	✓		-
27	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).	✓	✓	✓	-
28	For automated (computerized) systems, there is a clearly documented and actively implemented database administration procedure in place. This includes backup/recovery procedures, security administration, and user administration.	✓	✓	✓	Yes
29	There is a written back-up procedure for when data entry or data processing is computerized.	✓	✓	✓	Yes
30	*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).	✓	✓	✓	-
31	Relevant personal data are maintained according to national or international confidentiality guidelines.	✓	✓	✓	-
The reporting system avoids double counting people …					
32	… *within* each point of service/organization (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).	✓	✓	✓	-

33	… *across* service points/organizations (e.g., a person registered as receiving the same service in two different service points/organizations, etc).	✓	✓	✓	-
34	The reporting system enables the identification and recording of a "drop out", a person "lost to follow-up" and a person who died.	✓	✓	✓	-
35	The M&E Unit can demonstrate that regular supervisory site visits have taken place and that data quality has been reviewed.	✓			Yes
V- Links with National Reporting System					
36	When available, the relevant national forms/tools are used for data-collection and reporting.	✓	✓	✓	Yes
37	When applicable, data are reported through a single channel of the national information systems.	✓	✓	✓	-
38	Reporting deadlines are harmonized with the relevant timelines of the National Program (e.g., cut-off dates for monthly reporting).	✓	✓	✓	-
39	The service sites are identified using ID numbers that follow a national system.	✓	✓	✓	-

Appendix 2: Example of PATH Systems Assessment Tool

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.	Yes - completely	There is an organizational chart that includes the M&E Person. There is one M&E staff person who collects data on HIV/TB. Various project managers also take on M&E tasks but not posted in M&E chart.		Yes
2	All staff positions dedicated to M&E and data management systems are filled.	Yes - completely	No vacancies. All staff have been in their positions for extended periods of time.		-
3	There is a training plan which includes staff involved in data-collection and reporting at all levels in the reporting process.	No - not at all	No plan; staff have been in place for a long time so this has not been necessary. PATH reports that they would develop a plan if new staff were to come in.		Yes
4	All relevant staff have received training on the data management processes and tools.	Yes - completely	Staff attend trainings at CDC HQ, and University. of WA, upon starting position; trainings are on data management. Also received training on principles of M&E from vice president of PATH this year.		-
5	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.	Yes - completely	M&E person reviews existing information in database regarding HCW's trained. Prior to submitting, he double checks list of participants. Checks names and numbers prior to submission of report.		-
6	There are designated staff responsible for reviewing the quality of data (i.e., accuracy, completeness and timeliness) received from sub-reporting levels (e.g., regions, districts, service points).	Yes - completely	Checks participants list which is housed at HQ against the attendance lists which have been signed by participants. The attendance lists are sent to data entry person at the completion of each training via fax, e-mail, regular mail. The data entry person then collects the information and enters it into the training database. She can directly call the participants or the trainer if		-
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).	Partly	Only PATH employees train health care workers. There is a documented definition of the indicator, but the trainer may not have necessarily seen this document. PATh states that they had meeting with Judy at USAID in 2010 to agree upon definition of indicator.		Yes
8	There is a description of the services that are related to each indicator measured by the Program/project.	No - not at all	PATH HQ state that such a description does not exist.		Yes
The M&E Unit has provided written guidelines to each sub-reporting level on ...					
9	... *what* they are supposed to report on.	Yes - completely	Have list of required forms to submit after each trianing.		Yes
10	... *how* (e.g., in what specific format) reports are to be submitted.	N/A	No report due for this indicator, they do require that participants lists and budgets are sent within 7 days of the training. Format is the attendance sheet.		Yes
11	... *to whom* the reports should be submitted.	Yes - completely	Documented for PATH trainers to whom to submit attendance sheets.		Yes
12	... *when* the reports are due.	Partly	No report due for this indicator, provided documentation that budgets are sent within 7 days of the training. They state that attendance sheets are also due at this time, but this is not noted in the documentation that they provided.		Yes
13	There is a written policy that states for how long *source documents* and *reporting forms* need to be retained.	Yes - completely	Yes, all hard copies of mailed to Seattle HQ with electronic copies maintained in the Kyiv office for the life of the project.		Yes
III- Data-collection and Reporting Forms / Tools					
14	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.	Yes - completely	The attendance sheet which is sent to HQ from trainer.		Yes
15	The M&E Unit has identified standard *reporting forms/tools* to be used by all reporting levels.	Yes - completely	Attendance sheets.		Yes
16	Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools.	Yes - completely	Have explicit written instructions for trainers on filling out budgets; attendance sheets are self explanatory.		Yes
17	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.	N/A			-
18	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).	Yes - completely	Data received from trainings consists of name and job title. Other information such as age and sex not relevant to this indicator.		-
19	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).	Partly	All source documents (hard copy) maintained in Seattle, electronic copies kept in Kyiv. No hard copy of computerized database with dated printouts.		-

IV- Data Management Processes					
20	The M&E Unit has clearly documented data aggregation, analysis and/or manipulation steps performed at each level of the reporting system.	Yes - completely	Data in database is only collected from the trainings that PATH provides. Data is only aggregated after it is put in the database. (It is only done electronically).	X	Yes
21	There is a written procedure to address late, incomplete, inaccurate and missing reports; including following-up with sub-reporting levels on data quality issues.	N/A	As reports are only created at the M&E level, this is not applicable.		Yes
22	If data discrepancies have been uncovered in reports from sub-reporting levels, the M&E Unit or the Intermediate Aggregation Levels (e.g., districts or regions) have documented how these inconsistencies have been resolved.	Partly	Work closely with trainers to receive attendance sheets to check against paritipant lists and databases. If there is a discrepancy, the correct name will be written into the attendance list. There is no further documentation other than the correction on the attendance sheet.		-
23	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting (i.e., accuracy, completeness and timeliness).	N/A			-
24	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).	Yes - completely	Double checked with financial persons who also have list, also check on a quarterly basis for duplicates, mistakes in name spelling, check to make sure that same list is not duplicated. Also run queries annually before report due.		-
25	For automated (computerized) systems, there is a clearly documented and actively implemented database administration procedure in place. This includes backup/recovery procedures, security admininstration, and user administration.	No - not at all	Automated system. It may be documented in Seattle HQ but not at this level.		Yes
26	There is a written back-up procedure for when data entry or data processing is computerized.	No - not at all	Automated system. It may be documented in Seattle HQ but not at this level.		Yes
27	*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).	N/A			-
28	Relevant personal data are maintained according to national or international confidentiality guidelines.	N/A	Don't share data without explicit permission from training participants. This indicator does not include confidential information.		-
The reporting system avoids double counting people ...					
29	... *within* each point of service/organization (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).	Yes - completely	PATH HQ checks for duplicates within the database on a quarterly basis. The trainer checks the list prior to sending in to HQ, double counting would be evident through this check.		-
30	... *across* service points/organizations (e.g., a person registered as receiving the same service in two different service points/organizations, etc).	Yes - completely	Queries are run to avoid double counting done on a quarterly basis.		-
31	The reporting system enables the identification and recording of a "drop out", a person "lost to follow-up" and a person who died.	N/A			-
32	The M&E Unit can demonstrate that regular supervisory site visits have taken place and that data quality has been reviewed.	Partly	PATH currently does not currently carry out supervisory visits as the person who previously did these visits is now the main person who provides trainings. Evidence of reviewing data quality can be noted on		Yes
V- Links with National Reporting System					
33	When available, the relevant national forms/tools are used for data-collection and reporting.	N/A	No national tools for trainings.		Yes
34	When applicable, data are reported through a single channel of the national information systems.	N/A	However, an annual report on trainings is provided to National Committee on Socially Dangerous Diseases.		-
35	Reporting deadlines are harmonized with the relevant timelines of the National Program (e.g., cut-off dates for monthly reporting).	N/A	Trainings are not currently a component of the national program.		-
36	The service sites are identified using ID numbers that follow a national system.	N/A	No service sites.		-
Conclusion					
37	Is there anything else that we should know to understand your system?	PATH is directly training HCWs. Data moves only between trainers and PATH HQ.			-
38	What is your main challenge regarding data management and reporting?	Difficult managing time between meetings and other requirements. For other indicators, data collection requires multiple trips-requires a lot of time.			-