Overview of the revised approach to program and data quality assessment
Content Overview

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VII. Implementation of the revised assessment approach
I. Training Objectives

Objective 1: To introduce the revised GF program and data quality assessment approach, and associated principles/focuses (e.g. differentiation, risk assurance, alignment with country processes)

Objective 2: To explain the program and data quality assessment process and requirements in the revised approach, and what has changed.

Objective 3: To train the participants on each of the program and data quality Assessment Options that will be conducted by LFAs

Objective 4: Updates from the LFA Coordination team

Objective 5: [For trainings 2 and 3]: Updates in HPM support and sharing of best practice examples
I. Training Objectives (2)

Objective 3: Data Quality Assessment Options:

- **Targeted Data Quality Review**: Implement a data quality review, including data verification, with a smaller and more targeted sample. Includes the following 3 components:
  - Data Verification
  - M&E Systems Assessment
  - Desk Review

- **Desk Review**: Implement solely the desk review component of the data quality review tool
  - Desk Review from above
I. Training Objectives

Objective 3: Program Quality Assessment Options:

- **Targeted Health Facility Assessment**: Use the HIV, TB and Malaria program quality modules from the health facility assessment with a much smaller and more targeted sample.

- **Programmatic Spot Checks**: Utilize targeted programmatic spot checks based on identified issues with a particular disease, geographic area, facility type, etc.
II. The Global Fund’s revised program and data quality assessment approach: guiding principles

- Build on lessons learned and innovative best practices currently implemented in countries
- Institutionalize program and data quality activities into grant management and implementation
- Utilize a differentiated approach across the portfolio based on defined criteria tailored to the country context and needs
- Engage with country-based leadership to facilitate collaborative work with multiple key stakeholders
- Leverage appropriate country stakeholders and partners to support program and data quality assessment and improvement actions while managing costs
- Mobilize resources, including Global Fund grants, to invest in capacity and systems for health
III. Rationale for this revised assessment approach

- Improved alignment with country systems and national reviews
- Increasing harmonization/coordination across partners
- Moving from a one-size-fits-all approach to a more tailored and customizable approach that will better fit the specific needs and context of the Country Team (differentiation)
- Moving from Global Fund specific processes and tools to national/global processes and tools
- Increasing data use for quality improvement
The assessment approach should be part of a larger process to continually use data and improve programs.
The assessment approach should support countries’ overall efforts around M&E and fit into the countries’ strategic planning cycle.
IV. Differentiation (1)

- The Global Fund is shifting from a one-size-fits-all approach to a differentiated model in many of its management functions. This is also being applied to the approach to assessing program and data quality.

- Differentiation is a dynamic process within the Global Fund, and the program and data quality assessment approach will be updated periodically based on further experience and progress in overall differentiation within the Global Fund portfolio.
IV. Differentiation (2)

- The program and data quality assessment approach differentiates assessment methods/activities across the three country categories:
  - High Impact countries: ~75% of disease burden and ~62% of total Global Fund allocations.
  - Core countries: ~15-20% of the disease burden and ~26% of total Global Fund allocations.
  - Focus countries: ~7% of the disease burden and ~11% of the total Global Fund allocations.
V. Program and data quality assessment approach

- The revised approach to assessing program and data quality is meant to be more flexible and customizable to the country context.

- This approach allows Country Teams to, within the differentiated quality assessment requirements (slide 18), select from a range of activities from a menu of assessment options (slide 17).

- The Country Team will use their experience, along with information collected through the PU/DR, Capacity Assessment Tool (CAT) and other in-country information sources to determine the appropriate assessment option for the context each year.

- Currently these decisions are made during the LFA budgeting process, but in future years it is envisioned more of the process will be integrated into grant making and how risks will be assessed over the life of the grant.
Initial Questions?
What is a Health Facility Assessment (HFA)?

- WHO recommends countries conduct a nationally representative HFA every 2 years as a routine aspect of a country’s strategic planning cycle.

- HFAs assess the quality of services provided across health facilities:
  - **Availability**: What is the availability of different health services in a country?
  - **Readiness**: Do facilities have the necessary infrastructure, resources and support systems available to provide specific health services?
  - **Quality of client care**: Do facilities provide care for specific services according to standards of care?
  - **Functioning of health systems**: Assessment of governance, management systems, HR and capacity, lab, pharmacy, supply management, and information systems at health facilities
  - **Data Quality (DQR)**: What is the quality of data collected within the routine health information system?

HFAs are used by countries for their own planning, but also provide assurances to donors.
What is Targeted Health Facility Assessment?

- While health facility assessments are developed for larger scale implementation, these tools can be used for a more focused assessment with a smaller and targeted sample.

- Country teams can decide to use specific modules (e.g. HIV, TB or Malaria) or some specific domains of a module (service availability, service readiness, management and finance or client care) depending on the country context.
What is a special study for program quality?

- Delivering high quality service at a large scale is complex. A Country Team may decide to examine a specific aspect of care or model through a special study. These are questions that cannot be answered (or answered completely) through the routine information system or health facility assessment.

- Examples of special studies might include:
  - Rate of retention on ART or TB treatment
  - Percent of ART patients with viral suppression
  - Successful linkages between services (TB/HIV, ANC/HIV, etc.)
  - Percent of patients treated for malaria with a documented positive test result
  - Effectiveness of a community-based service
  - Outcomes of key populations work

What is a programmatic spot check?

- The targeted spot checks can be used to focus in on one specific area that may be new, recently undergone a change in the implementation model, or flagged as having problems from a number of sources.

- A country team may also want to focus on an area that falls outside of the health facility assessment tools, such as home or community-based services or campaigns around IRS or LLINs.
What is a Data Quality Review (DQR)?

• WHO recommends countries conduct a DQR every year as a routine aspect of a country’s strategic planning cycle.

• A DQR often is conducted as part of a national health facility assessment since it also requires visiting sampled health facilities, and the results from the two can inform each other, but it is possible to conduct the DQR as a standalone assessment.

• The WHO Data Quality Review Toolkit consists of three components:
  • Health facility and district level data verification
  • Health facility level and district level M&E Systems Assessment
  • National level desk review (analysis)

What is a Targeted Data Quality Review?

• While the DQR is designed to be implemented using a representative sample, the tool can also be used to fit a number of other scenarios for a more focused review and assessment of data quality with a smaller and targeted sample.

• Country Teams can select any or all of the three components to implement and could select different types of sampling to fit the context.
## Program and data quality assessment options

<table>
<thead>
<tr>
<th>Assessment option</th>
<th>Conducted by</th>
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<tbody>
<tr>
<td><strong>Program Quality</strong></td>
<td></td>
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<tr>
<td><strong>Health Facility Assessment</strong>: Implement a national health facility assessment</td>
<td>TA service provider and country implementing partner(s)</td>
</tr>
<tr>
<td><strong>Targeted Health Facility Assessment</strong>: Use the HIV, TB and Malaria program quality modules from the health facility assessment with a more targeted sample</td>
<td>LFA</td>
</tr>
<tr>
<td><strong>Special Study</strong>: Examine a specific issue through a special study</td>
<td>TA service provider and country implementing partner(s)</td>
</tr>
<tr>
<td><strong>Programmatic Spot Checks</strong>: Utilize targeted programmatic spot checks based on identified issues with a particular disease, geographic area, facility type, etc.</td>
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<td><strong>Data Quality</strong></td>
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<tr>
<td><strong>Data Quality Review</strong>: Implement a national data quality review</td>
<td>TA service provider and country implementing partner(s)</td>
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## Differentiated quality assessment approach requirements

<table>
<thead>
<tr>
<th>Country Category</th>
<th>Assessment Approach</th>
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<tbody>
<tr>
<td></td>
<td><strong>Program Quality</strong></td>
</tr>
<tr>
<td>High Impact countries</td>
<td>Health Facility Assessment</td>
</tr>
<tr>
<td></td>
<td>Aligned with the country mid-term review and planning cycle</td>
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<tr>
<td></td>
<td><em>Required every 2 years</em></td>
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<tr>
<td>Core countries</td>
<td>Select from the program quality assessment options</td>
</tr>
<tr>
<td></td>
<td><em>Required every other year</em></td>
</tr>
<tr>
<td>Focus countries</td>
<td>Spot checks in selected countries</td>
</tr>
<tr>
<td></td>
<td><em>Ad hoc based on risks</em></td>
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</tbody>
</table>
The differentiated assessment approach requirements

Items in red are generally conducted by the Technical Assistance Service Provider and the country implementing partner
Items in blue are generally conducted by the LFA

<table>
<thead>
<tr>
<th>Country Category</th>
<th>Assessment Approach</th>
<th>Data Quality</th>
</tr>
</thead>
</table>
| **High Impact countries** | Health Facility Assessment  
*Aligned with the country mid-term review and planning cycle*  
*Required every 2 years*   | If Health Facility Assessment year, include the Data Quality Review module; if not HFA year, select from the data quality assessment options  
*Required every year* |
| **Core countries**  | Select from the program quality assessment options  
*Required every other year* | Select from the data quality assessment options  
*Required every other year* |
| **Focus countries** | Spot checks in selected countries  
*Ad hoc based on risks* |                                                       |
VI. Key changes in the revised assessment approach

- Focus on nationally representative, country-led Health Facility Assessments (including Data Quality Reviews), especially in High Impact countries.

- Differentiated approach, not all assessments will take place in all countries.

- Moving from Global Fund specific processes and tools to country and international processes and tools

- Targeted assessment activities conducted by the LFA (the Targeted DQR, the Targeted HFA, and the Programmatic Spot Checks) will focus on assessing more sites (compared to ODSV and RSQA activities) but with a lighter touch at each site.

- Greater focus on data use
Global Fund specific tools will generally be replaced with international harmonized tools (1)

- The OSDV and RSQA tools will no longer be used.
- The new WHO Data Quality Review toolkit will be used for data quality assessment activities.
- The joint stakeholder harmonized health facility assessment tool will be used for program quality assessments, with the exception of programmatic spot checks.
Global Fund specific tools will generally be replaced with international harmonized tools (2)

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Previous tools/assessment</th>
<th>Assessment/tools under the revised approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Quality</td>
<td>Data Verification</td>
<td>Data Verification component of the WHO Data Quality Review (DQR) Toolkit</td>
</tr>
<tr>
<td></td>
<td>OSDV and DQA</td>
<td></td>
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<tr>
<td>M&amp;E Systems Assessment</td>
<td>M&amp;E Systems Assessment as part of the OSDV/DQA</td>
<td>M&amp;E Systems Assessment component of the WHO DQR Toolkit</td>
</tr>
<tr>
<td>National level review</td>
<td></td>
<td>Desk Review component of the WHO DQR Toolkit</td>
</tr>
<tr>
<td>Program Quality</td>
<td>Program Quality</td>
<td>Harmonized Health Facility Assessment</td>
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<tr>
<td></td>
<td>RSQA</td>
<td>Programmatic Spot Checks</td>
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Greater focus on data use

- Better alignment of assessment activities with country strategic planning cycles, e.g. in High Impact countries through national HFAs/DQRs
- Focus on quality assurance of the assessment activity to assure results can be used confidently, e.g. TA service provider to provide external quality assurance to national HFA/DQRs
- Active involvement from the Global Fund and the TA service providers to ensure assessment results are disseminated to appropriate stakeholders, used in national planning process, and used to develop action plans to address the data and program quality issues identified.
- Making targeted program and data quality assessment results more useable to improve programs:
  - Using internationally standardized survey methods
  - Increasing the number of sites surveyed, and when possible sampling to allow for statistical inference
  - Focusing the results and recommendations reported on a smaller number of key items drawn from the data and that can have impact
Additional changes

Targeted assessment activities from Assessment Options list (the Targeted DQR, the Targeted HFA, and the Programmatic Spot Checks) will focus on assessing more sites (compared to ODSV and RSQA activities) but with a lighter touch.

For example, these assessments will be conducted:

- with a survey approach, less like a supervisory visit and less facility-specific contextual information gathering
- with fewer to no cross-checks
- with smaller teams
- with results focusing on a small number of key recommendations

Funding: Funding for Targeted DQR, Targeted HFA, and/or Programmatic Spot Checks will generally be around $30,000 - $50,000 per country per year
Additional changes (2)

- Activity/country specific debrief requirements
- Activity/country specific follow-up and action plan requirements
- Greater participation/feedback from LFAs in process and tools: 2016 is a pilot year in which there will be more flexibility in the program and data quality assessments, in order to develop and improve processes and tools based on lessons learned and evolving needs.
Implementation

- 2015 pilot activities
  - Targeted Data Quality Review and Targeted HFA activities in Uganda, Rwanda, India, and Ethiopia
  - Lessons learned have been critical in shaping the revised approach.

- Roll-out of assessment activities
  - 2016 is the first year to begin full roll-out of the revised approach.
  - The following countries are budgeted for a nationally representative HFA/DQR or special study in 2016, so likely will not have LFA conducted program and data quality assessment activities in 2016 (although there may be exceptions):
    - Bangladesh, Chad, Congo/Brazzaville, Cote d’Ivoire, DRC, Ethiopia, Ghana, Haiti, Indonesia, Kenya, Liberia, Malawi, Mali, Mozambique, Namibia, Nigeria, PNG, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Ukraine, Vietnam
  - GF is currently selecting a pool of TA service providers to assist with these implementations of country-led, nationally representative HFAs/DQRs.
Implementation (2)

- Roll-out of assessment activities:
  - For the remaining countries, country teams have already budgeted for their LFA conducted program and data quality assessment activities for 2016.
  - Country teams will begin working with the LFAs on planning these activities in Q2, but most are expected to be implemented in Q3 and Q4.
  - OSDVs and RSQAs will no longer be conducted in any country.

- What is being developed/finalized over the next 3-9 months
  - 2016 is a pilot year in which there will be more flexibility in the program and data quality assessments, in order to develop and improve processes and tools based on lessons learned and evolving needs.
Data collection tools:
- Most tools (including global tools) are working versions.
- This will allow for feedback from the LFAs and others to improve/adjust the tools this year.

Sampling methods:
- Sampling methods initially will need to be determined case by case with assistance from the country team and MECA for each targeted assessment activity.
- Based on lessons learned from this and from external sampling guidance, more structured sampling methods and associated templates will be developed for certain sampling options over the next 3 – 6 months.

Analysis:
- Templates and other analysis aids will differ by assessment activity, and sampling used
- Some templates (e.g. for the DQR desk review) are final, others will be finalized over the next 3 – 6 months in line with the sampling methods.

Reporting:
- During this training, we will train on the working versions of the reporting templates to be used for the targeted assessment activities.
- Minimum changes are expected, but these working versions will be finalized based on feedback from LFAs and others over the next 3 - 6 months.
Implementation: Feedback from the LFAs

- This is a new approach with flexibility built into it, particularly in the first year. This means less prescriptive methods and templates initially, with more individualized support from CTs and MECA, but allows for us all to hone the methods, tools, and outputs based on experiences.

- Feedback from the LFAs is critical, and will inform the targeted program and data quality assessment activities, particularly over the next 3 – 9 months. A few examples include:
  - Feedback with regards to data collection tools, based on experience from in the field, especially around what aspects are or are not a good use of time to best assess key results and recommendations that can be used to improve programs and assure risk.
  - Feedback with regards to sampling measures, especially around feasibilities on the ground.
  - Feedback on innovative methods to share with others – e.g. how to improve a template, how to maximize efficiencies in site visits, how to better communicate results to ensure data use.
The remainder of this training will focus on each of the program and data quality assessment activities that the LFAs will be conducting.

- **Targeted Data Quality Review**: Implement a data quality review, including data verification, with a more targeted sample
  - Desk Review
  - Data Verification
  - M&E Systems Assessment

- **Targeted Health Facility Assessment**: Use the HIV, TB and Malaria program quality modules from the health facility assessment with a more targeted sample

- **Programmatic Spot Checks**: Utilize targeted programmatic spot checks based on identified issues with a particular disease, geographic area, facility type, etc.