

Terms of Reference for Targeted Data Quality Review

Case Study Country: Fictitia

Year: 2019

Objective

- 1. The objective is to assess and document data quality, M&E system functioning and quality of Global Fund-supported programs through a review process that includes
 - a. A health facility, district and national level data quality verification, and
 - b. A health facility, district and national level M&E system assessment.
- 2. To review the status of implementation of the recommendations of the last national DOR

Background

The purpose of the Global Fund's investments is to achieve positive health impact. While quantitative assessment of grant performance is necessary to measure impact, a focus on quality, efficiency and effectiveness of services is critical to maintain impact. This includes the collection and analysis of valid and reliable epidemiological and service data at the site, district, national and global levels. This focus on data and program quality also provides a basis for assurance and risk mitigation activities.

In order to conduct the necessary data quality verification for Global Fund grant portfolio monitoring while supporting national processes, the Global Fund requires a yearly data quality review component for many portfolios, and promotes the use of the WHO Data Quality Review toolkit for this. The Global Fund Local Fund Agent (LFA) in Country XXX will conduct a targeted Data Quality Review and programmatic spot check for commodities based on the WHO Data Quality Review Toolkit customized to include the commodities spot check as described in the following Terms of Reference. Therefore the activities of this TOR are:

- Data Verification at the health facility, District and National levels
- M&E Systems Assessment at the health facility, District, Regional and national levels

The targeted DQR and program quality assessments will not duplicate the work with the Health Facility Assessment (HFA); and will primarily focus on the Global Fund supported program and sites to assess the quality of data reported, whether the services were provided as reported, and to assess consistency between programmatic records and use of commodities.

Scope of work

The targeted DQR and programmatic spot-check will primarily be conducted in sites supported by the Global Fund

Level:

Data verification:

• The health facility data verification will use facility level data gathered during the field visits to the sampled health facility sites.



• The district data verification will use district, level data gathered during the field visits to the sampled district sites.

M&E Systems Assessment:

- The health facility M&E System Assessment will use health facility data gathered during the field visits to the sampled health facility sites.
 - Health facility level M&E system assessment assess availability of designated staff for data collection and reporting; feedback practices; training; availability and adequacy of reporting guidelines and tools; data quality assurance mechanisms; and data storage mechanisms.
- The district level M&E System Assessment will use district data gathered during the field visits to the sampled district sites.
 - District level M&E system assessment assesses M&E structure; availability of designated staff for M&E; feedback practices; training; availability and adequacy of reporting guidelines and tools; data quality assurance mechanisms; and data storage; and data use.

Health facility and District selection: The planned DQR and programmatic spot check will focus on Global Fund supported, districts and sites. The proposed sampling is as follows:

- Two regions in Country XXX will be selected
- Two districts per Region = 2*2 = 4 District
- Five health facilities per district (2 regions*2 districts * 5 facilities) = 20 health facilities in total.

Program indicators to be assessed for data quality and programmatic spot check are the following:

- Number of people living with HIV and AIDS who are currently receiving ART (Number of people on ART)
- Number of notified cases of all forms bacteriologically confirmed plus clinically diagnosed new and relapse (Number of TB cases notified)
- Number of all suspected malaria cases that were confirmed by microscopy or RDT (Number of confirmed malaria cases)

Methodology S

Sampling:

This will be a multistage sampling, the first level of the sampling will be at the regional, followed by selection of districts and health facilities

Regional Level Selection

All the Two regions out of four will be included in the study. Since each region meets the following criteria, two will be selected randomly

1. currently existing and functional TB treatment centre

¹ Facility is currently providing TB treatment to clients and reported data for the period July to December this year



- 2. Offering ART services
- 3. Offering malaria treatments
- 4. No security insurgence during the period under review²

District Selection

Two districts will be selected from each of the selected regions/provinces. At least one of the Districts selected should have

- 1. An existing and functional TB treatment centre
- 2. Offering ART services
- 3. Offering malaria treatments

Where 3 or more of the districts from one region/province meet the above criteria, 2 of the qualifying districts will be selected at random. If none of the districts in a particular region/province meet the above criteria, the district that meet a minimum of 2 criteria will be randomly selected.

Health Facility Level Selection

For Each selected district, five (5) facilities will be selected using the following key indicators:

- Number of people living with HIV and AIDS who are currently receiving ART (Number of people on ART)
- Number of notified cases of all forms bacteriologically confirmed plus clinically diagnosed new and relapse (Number of TB cases notified)
- Number of all suspected malaria cases that were confirmed by microscopy or RDT (Number of confirmed malaria cases)

Facilities in a particular district that report on all or most of the indicators above will be selected. Where 5 or more facilities implement all or most of the above indicators, the 5 facilities per district will be selected randomly. In summary, 20 health facilities will be selected from 4 districts in 2 regions

- a) Work planning
 - The LFA should submit a completed Targeted DQR Planning Template detailing how the LFA plans to implement the tasks and deliverables in this Terms of Reference for Global Fund Country Team approval prior to the start of activities.
 - The LFA should coordinate all planned activities with the Ministry of Health,
 Principal Recipients and with the specific individuals at the Regional, district,
 and facility level as needed

² Security issues that interrupted health service provision and data reporting



 The LFA is responsible for planning all aspects of the Data Quality Review in accordance with the WHO Data Quality Review Toolkit and using attached DQR Planning Template.

b) Sampling

- The LFA should complete the selection of health facility, districts and regional sites to be visited for the Data Verification, M&E Systems Assessment and the programmatic spot check for commodities components according to the requirements in the above Scope section.
- Sites selected and other sampling details should be documented and agreed upon with the Global Fund Country Team in the Targeted DQR Planning Template (see Work Planning task above).

c) Data Verification

- The Data Verification component of the DQR should be conducted using the guidance in the WHO Data Quality Review Toolkit and attached data verification assessment tools. However, LFA needs to develop data collection and analysis tool(s)/template(s) for comparing the verified program data/records with commodity consumption data
- Data Verification results should be reported to the Global Fund using the Targeted DQR Reporting Template. In addition, the raw data should be submitted to the Global Fund Country Team.

d) M&E systems assessment

- The M&E Systems Assessment component of the DQR should be conducted using the guidance in the WHO Data Quality Review Toolkit and the attached data M&E system assessment tools.
- Steps to conduct the health facility M&E systems assessment are detailed in the WHO Data Quality Review Toolkit.
- The Targeted DQR Reporting Template can be used for data entry and reporting of the M&E Systems Assessment component.

Data Collection & Analysis

For data entry, the LFA should either create or adapt existing templates or use electronic data entry and analysis of the data verification and M&E Systems Assessment components of the DQR. Examples are the CSPro data entry application or mobile Computed Assisted Personal *Interviews* (mCAPI).

Deliverables

- a) The completed Targeted DQR Planning Template.
- b) The raw Data Verification and M&E Systems Assessment.
- c) Debriefing and action planning:
 - LFA needs to do facility, District and Regional level debriefing on the main observations/findings



	 PR debriefing: Prior to finalizing the report, LFA needs to brief the PRs on the main findings and proposed actions. Action planning: The report that will be submitted to the Global Fund needs to include main issues, recommendations and implementation timelines
Timelines	The health facility and districts Data Verification and M&E Systems Assessment is expected to begin in November 2019. Report and data are expected to be delivered to the Global Fund by the end of December 2019.
LoE required	XXX