



### Data Quality Assurance (DQA) Experience

of

Bangladesh MYAPs

CARE - SHOUHARDO II, Save the Children - Nobo Jibon and PROSHAR - ACDI/VOCA

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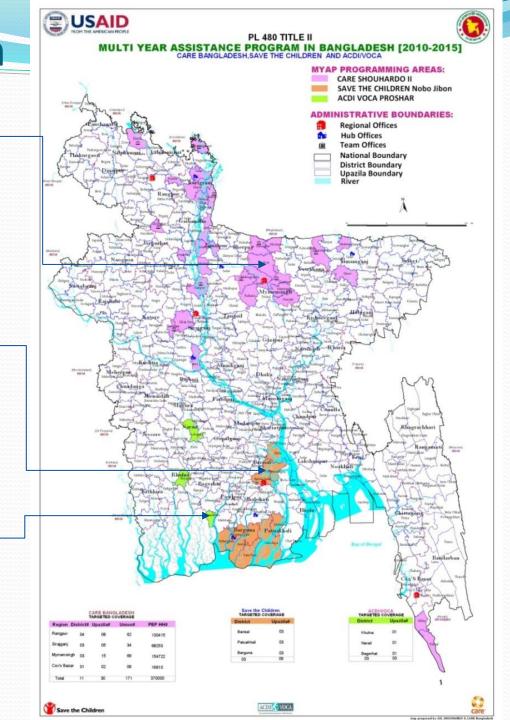






#### Three Title II MYAPs in Bangladesh

- CARE/SHOUHARDO II program working with the GoB and local and international partners in 11 districts in the North Char, Mid Char, Haor, and Coastal Regions impacting 1.85 million poor people.
- Save the Children/Nobo Jibon program working with the GoB and local partners in 3 districts of Barisal Division and impacting up to 1 million poor people.
- ACDIVOCA/PROSHAR working with USAID, GoB and international and local partners in 3 districts in Khulna Division and impacting up to half million people.



#### Title II Programs in Bangladesh

Goal and Objectives	Nobo Jibon	PROSHAR	SHOUHARDO II
Goal:  (Intended to reduce food insecurity among vulnerable populations)	Reduce food insecurity and vulnerability for 191,000 households (or nearly 1 million people) in nine Upazilas of Barisal Division over five years	Reduce Food Insecurity Among Vulnerable Rural Population in 3 Select Upazilas in Khulna Division	Transform the lives of 370,000 Poor and Extreme Poor (PEP) households in 11 of the poorest and most marginalized districts in Bangladesh by reducing their vulnerability to food insecurity
Objective: (Increasing the incomes of poor and extremely poor households)	Poor & extremely poor households have increased production and income	Incomes and access to food of poor and ultra poor households improved	<ul> <li>"Availability of" and "access to" nutritious foods enhanced and protected for 370,000 poor &amp; extreme poor (PEP)</li> <li>Local elected bodies and government service providers responsiveness and accountability to the poor &amp; extreme poor (PEP) increased</li> </ul>

#### Title II Programs in Bangladesh

Goal and Objectives	Nobo Jibon	PROSHAR	SHOUHARDO II
Objective:  (Reducing chronic malnutrition among children < 5)	Improved health and nutritional status of children less than five years of age and pregnant/lactating women	Health of pregnant and lactating women (PLW) and children under 5 (with particular attention to children under 2) improved.	<ul> <li>PEP women and adolescent girls empowered in their families, communities and Union Parishad</li> <li>Improved health, hygiene and nutrition status of 176,706 children under 2 years of age</li> </ul>
Objective:  (Disaster Climatic Risk Management)	Households in targeted communities protect their lives and assets and quickly resume livelihood activities following natural disasters	Institutions and households prepared to respond effectively to shocks	Targeted community members and government institutions are better prepared for, mitigate, and respond to disasters and adapt to climate change

## DQA Scope for MYAP

What types of data	Who collects data?	Who does DQAs?	Frequency
Regular monitoring	Staffs (CS + PNGO)	M&E + Program staff	Yearly/Monthly/As per need
Annual Surveys/ Semi-Annual Survey	External Enumerators + Staffs (CS + PNGO)	M&E + Program staff	Yearly
Other sources (special studies/assessment)	Staffs (CS + PNGO)	M&E	Yearly/As per need
GMP-ANC/Community based services	Volunteers + Front line staff	M&E + Program staff	Monthly
PM&E Sessions	Front line staff	Supervisor + Technical + Mgt teams	

USAID, External and Internal Audit, HQ staff

#### **DQA** in surveys

STEPS & AREAS OF SURVEY	STEPS	& AREAS	OF SURVEY	S
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#### **DQA EXAMPLES**

Protocol & Questionnaire design

Surveyor training

Beneficiaries selection as per sampling

Data collection (PDA/Smartphone/Paper)

Data entry

Data cleaning & management

Data Analysis

Post survey DQA

Design, Logic, relevance, skip rules, usage, response etc.

Pre & Post test, field test, quiz, role play, Observation etc.

Sampling, Oversee during and check after data collection

Validation, skip Rules, ranges, Online link with database server, oversee process-collection (PDA, Smartphone) & Paper

Supervision, Validation, skip Rules, ranges

Logical check, filtering, trends, outliers tracking,

Syntax, calculations etc.

Beneficiary checking, Data validation, etc.

#### **DQA** in Routine monitoring

STEPS & AREAS C	OF MONITORING
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#### **DQA EXAMPLES**

Questionnaire/tools design

Logic, relevance, rules, usage, response etc.

Enumerators' training/capacity dev.

Pre & Post test, field test, quiz, role play, Observation etc.

Beneficiaries selection as per sampling

Sampling design, Oversee during and check after data collection

Data collection (PDA/Smartphone/Paper)

Validation, skip Rules, ranges, Online link with database server, oversee process-collection (PDA, Smartphone) & Paper

Data entry

Supervision, Validation, skip Rules, ranges

Data cleaning & management

Logical check, filtering, trends, outliers tracking,

Data Analysis

Syntax, calculations etc.

Post monitoring DQA

Beneficiary checking, Data validation, etc.

#### Elements of DQA described in the M&E plan

- A list of indicators that will be reviewed each year/ event
- Timeframe: frequency and duration
- Description of tools used
- A list of quality standards that will be reviewed as a part of the DOA
- Who will participate in the DQA: roles and qualifications

## Data Management and Safeguard Plan

- Strategies to safeguard beneficiary confidentiality
  - Don't use the name & address while sharing the data until essential
  - Take consent in data collection, where required
- Systems to store/maintain original data files/project records
  - Preserve paper copies in safe custody
  - Store master file (electronic data) in several places (Hard-drive, External HDD, or other media - DVD)
  - Password protected as per defined users' privilege
  - Access restricted to non-concerned

## Data Management and Safeguard Plan

- Database management (back up)
  - Dbase structure
  - M&E lead is responsible for ensure management
  - Backup frequency (Weekly/Monthly)
  - Virus protection
  - Place of data storage

## Difference of Internal & External DQA (New)

Area of Difference	Internal	External
Definition	Implementing Primary recipient carries out the DQA.	USAID carry out the DQA
Frequency	At least yearly.	Yearly
Rigor	Non representative way.	Non-representative mostly. But has provision of representative as well.
Focus	Mainly to different data sources and key indicators.	Only key indicators (FFP, FTF, F)
Who does?	Key M&E personnel of project led by M&E point person.	From FFP/FTF offices locally.
Budget	Budget provisioned within project level M&E cost.	USAID bear the cost separately out of the project cost.
Purpose	Ensure the data quality and compliance to USAID.	Verification of project data, process and reporting as a mandate of USAID.

#### **Benefits**

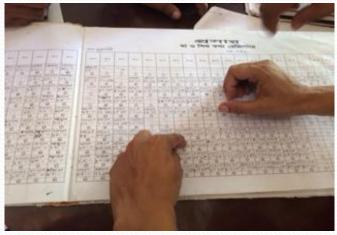
- Preventive than curative
- Contributing significantly in programmatic decision as confidence increases
- More accuracy and security
- Improvement for program interventions
- Internal and external audit and control
- Enhance accountability and program ownership increases
- Reduce potential anomalies
- Right information right decision at right time
- Serve the right people
- Reduce post hustle
- Works better if ....
  - transparent
  - Clarify the purpose / objectives

# Few challenges

- Staff turnover
- Staff time
- Political unrest

## DQA snapshot (USAID & Internal)





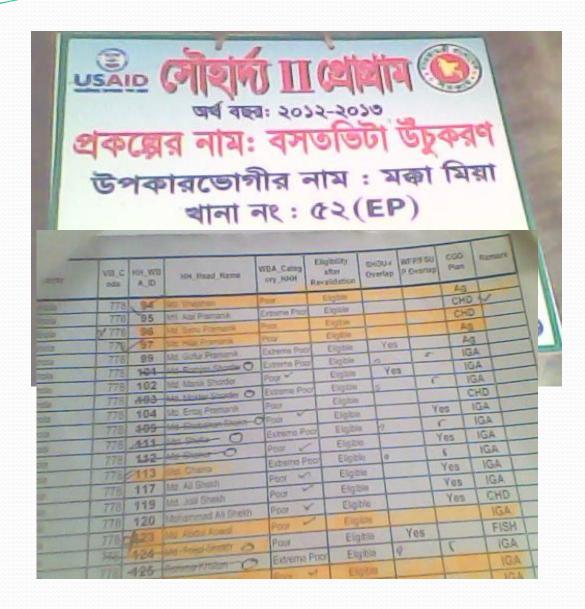








### DQA snapshot (USAID & Internal)





## **EXAMPLE OF DQA TOOLS**

## DQA (Internal Checklist)

#### M&E system checklist

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			Level			addre		•	
						qı	Jestio	ns	_
for	wer and discuss each question that <u>are relevant (those with a checkbox)</u> the site/level you are visiting.  swer code: No-not at all =1, Yes-partly =2, Yes-Completely = 3)	Central Level	Agg regation Levels	Service Delivery Points	Validity	Reliability	Timeliness	Precision	Integrity
Clea	r data Management procedures available								
1.	Are data aggregation, analysis and/or manipulation steps to be performed at each level of the reporting system clearly documented?								
2.	A protocol for reviewing and validating reported data is available?								
3.	Is there a data quality supervision mechanism (ex: work plan for data quality visits?								
4.	Is there a feedback mechanisms provide to all sub-reporting levels on the quality of their reporting?								
5.	[If applicable] Are there procedures or safeguards to minimize data transcription when data from paper-based forms are entered into a computer (e.g., double entry, drop-list, post-data entry verification, stc)?								
6.	[If applicable] Are there procedures or safeguards to ensure data quality when ICT devices are used to record and send data?								
7.	[If applicable] Is there a written back-up procedure when data entry or data processing is computerized?								
8.	[If applicable] Is there a written back-up procedure for when data entry is computerized or when ICT device are used?								
	8.1 If yes, is the latest date of back-up appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or monthly)?								
9.	Is there a codification system to avoid beneficiary double counting within and across Service Delivery Points?								
10.	Is there a written instruction on when each sub-reporting level need to submit reports and data;								
11.	Is there a written procedure to address incomplete and missing reports and data; including following-up with sub-reporting levels on?								
12.	Is there clear instructions on how to file source of documentation, data collection tools and report at each $\ \underline{\rm exe}\ _X^2$								
Pro	ect database and linkage to <u>CaPisC</u> available								
13.	Is there a database recording & storing all the data required for ALL key indicator listed in the MEL plan indicator (such as number of								Г

15. Is there an input interface in the database for each indicator or group indicators?					
16. Is there a database manual with clear instruction on data entry?					
17. Is there a written procedure or algorithms for arriving at the value for each indicator?					
18. Is the database allow recording the data with the disaggregation level as required by MEL plan (i.e. sex,_region, age etc)?					
19. Are there mechanisms in place to prevent unauthorized changes in the database?					
20. Are relevant personal and sensitive data protected to ensure confidentiality?					
Clear M&E structure, function and capable staff available					
21. PMEP (or M&E and learning plan) clearly identifies positions that have data management responsibilities					
<ol> <li>All M&amp;E staff positions identified in the M&amp;E and Learning plan/MEL) are filled</li> </ol>					
23. A Job description for each M&E position is available?					
<ol> <li>The COP, DCOP or senior staff has been identified for reviewing the aggregated numbers prior to the submission of reports the donors</li> </ol>					
<ol> <li>The data flow Chart has designated staff responsible for checking the quality of data received at each sub-reporting levels (e.g., regions, districts, service points).</li> </ol>					
<ol> <li>PMEP (M&amp;E and learning plan or data management manual) clearly identifies the responsibility for recording the data of services on source documents is clearly assigned to the relevant staff.</li> </ol>					
<ol> <li>All ACDI/VOCA's relevant staff раук received training on the data management processes and tools.</li> </ol>					
28. All partner's staff have received training on the data management processes and tools					
Clear Indicator Definitions & Reporting Guidelines (MEL plan) available					
29. Is there a Performance Indicator Reference sheet or Indicator protocol for each indicator?					
30. The definition of each indicator(s) has been shared with all relevant levels of the reporting?					
Standardized Data-collection and Reporting Forms / Tools available					
<ol> <li>A standardized data collection tools document (ex: FFS Register) is developed for the use of all implementing partners including ACDIVOCA are using the same</li> </ol>					
<ol> <li>A Standardized reporting forms/tools across all reporting levels is developed for the use of all implementing partners including</li> </ol>	П	П			

## Example - tools

A. Physical observation/verification by CARE staff at primary source
(This includes, but not limited to, physical observation, recall, re-mentoring, crosschecking of sampled household interviews and anthropometric measures (weight, height) physically, during or after the interviews and measures.

A: Name	B: Village	C: Nos. of	D: HH	E: Questions	F: Specific	G: % of cases	H: Significance	I:	J: Comments
of CARE	(name/	HHs	UIDs	Nos	deviations/	by type	/ Implication	Recommendati	
staff	code)	observed/			anomalies			on/s	
		verified							
а	Ь	С	d	е	f	g	h	i	j

Insert rows as much as required

Overall Comments:		

#### B. Desk/Paper Review

(This includes, but not limited to, Key observation/findings based on the desk review/verification of filled in survey questionnaires, examine data consistency, etc by CARE staff)

A; Name of CARE staff	B: Village (name/ code)	C: Nos. of questionnaire verified	D: HH UIDs	E: Questions Nos	F: Specific deviations/ anomalies	G: % of cases by type	H: Significance / Implication	I: Recomme ndation/s	J: Comm ents
а	Ь	С	d	е	f	g	h	i	j

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Overall Comments:

## Response plan after DQA

#### **Action Plan template**

Findings and Weaknesses	Corrective Measures to be taken	Responsible(s) to undertake	Anticipated date of completion	Comments
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## Joint DQA-Example

#### 1. Comparison:

SI#	Name	Attendance Sheet Signature	Collected Specimens	Collected Specimens from Financial Documents	Remarks
1	Anjoli Mondal	कामिन	- OND W OND	CUBIN	Matched
2	Himangsu Roy	BZm. sq Du	somed in later of single passes and	Benos	Matched
3	Rekha Roy	Cons	Est Este	( Ball	Matched
4	Sanjoy Roy	अद्भाष्ट्र	अविद्ध अर्थ अविद्धार अविद्या	व्यवस्थाम्	Matched
5	Kumaresh Mondal	Exilin_	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	विधायका	Matched
6	Sujit Sarkar	5159	सार्कान स्थाप सार्कान सार्कान सार्कान	क्रांकुक ।	Matched
7	Sandha Mondal	সন্তাত্য	अक्ट्राभिक्य अक्ट्राभक्य	अक्टा	Matched
8	Rina Mondal	काता	यीता यीता	्री ता	Matched
9	Hosneara Begum	इल्प्यंग्रं	(2121(40) (2121(40) (2121(40))	डिस्टिस्यू के किए के किए के किए के किए	Matched
10	Hasina Begum	श्रीक्रिया	व्यक्ति शक्ति शक्ति	(হা ছিল	Matched

## **Thanks**

• Any question (?)