

Improving Data Quality for HIV Implementation in Akwa Ibom, Nigeria: Adaptation of the Ottawa Hospital Innovation Framework

Authors

E. Aloro,¹ I. Elechi,¹ K. Ukpong,¹ I. Olajide,¹ N. Ibah,¹ C. Anikpo,¹ A. Otanwa,² B. Gana,³ O. Orwah,⁴ E. Nwanja,³ M. Unimuke,³ U. Akpan,¹ C. Okolo,¹ O. Toyo,⁵ C. Nwageneh,⁶ D. Ogundehin,⁶ E. James,⁶ C. Obiora-Okafor,⁶ A. Idemudia,⁶ C. Nwadike,⁶ K. Kakanfo,⁶ B. Pius,⁶ B. Onimode,⁶ A. Raji,⁶ B. Oyawola,⁶ B. Kagniniwai,⁶ O. Asaolu,⁶ A. Bashorun,⁶ A. Gambo,⁷ D. Onime,⁷ J. Pius,⁷ O. Oyelaran,⁷ R. Goldstein,⁷ O. Onyednachi,⁷ A. Adegboye,⁷ A. Eyo³

Affiliations

¹Achieving Health Nigeria Initiative (AHNI), Uyo, Nigeria

²FHI360, Abuja, Nigeria

³Excellence Community Education Welfare Scheme (ECEWS), Uyo, Nigeria

⁴Office of HIV/AIDS and TB, United States Agency for International Development (USAID), Abuja, Nigeria

⁵Office of HIV/AIDS, United States Agency for International Development (USAID), Washington DC, USA

⁶National AIDS, Sexually Transmitted Infections Control and Hepatitis Programme (NASCP), Federal Ministry of Health, Abuja, Nigeria

⁷National Agency for the Control of AIDS (NACA), Abuja, Nigeria

Background

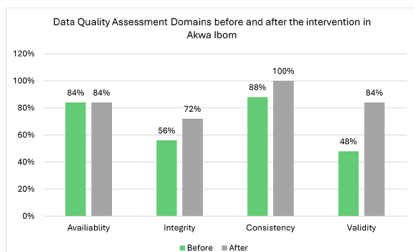
Data quality is essential for effective monitoring and evaluation of HIV programs^{1,2}, but many health facilities in Nigeria face challenges in reporting quality data. The PEPFAR/USAID-funded Accelerating Control of the HIV Epidemic in Nigeria Project adopted The Ottawa Hospital Innovation Framework³, a five-step simplified quality improvement approach, to improve data quality standards. This study reports the outcome of this intervention.

Description

To define the problem, Data Quality Assessment (DQA) was conducted for July-September 2022, in October 2022 at 25 high-volume health facilities in Akwa Ibom State, Nigeria. Data availability, integrity, consistency, and validity were assessed using a program-adopted Data Verification/Validation Tool, with a benchmark score of 95-105% as passed. Root-cause analyses by the project quality improvement team for scores outside the benchmark revealed that gaps in data quality were due to low staff capacity a high staff attrition rate, new staff hires with limited experience, poor collaboration between government and project staff, and stock-out of data capturing tools. A health systems strengthening intervention to improve data quality included implementing corrective actions from the DQA, central daily/monthly gap profiling with feedback for immediate corrections, structured monthly capacity building sessions, team building efforts, peer-to-peer learning, use of bi-monthly tools inventory reporting systems, and site-supportive supervisory visits. Data validity, the most failed DQA domain, was monitored weekly using a resilience dashboard. To evaluate the intervention, another DQA was conducted for January-March 2023, in April 2023, and the mean number of domains passed per site was compared pre- and post-intervention using t-test.

Lessons Learnt

Overall, 69% (69/100) domains were passed at baseline DQA (data availability: 84% (21/25), integrity: 56% (14/25), consistency: 88% (22/25), validity 48% (12/25)). Post-intervention, the domain pass rate was 85% (85/100), with better scores in 3 domains: data integrity: 72%, consistency: 100%, and validity: 84%. Data availability remained at 84%. The mean number of domains passed per site improved from 2.76 \pm 1.26 to 3.4 \pm 0.81 (p=0.054).



Conclusions

A simplified quality improvement approach focused on improving data quality using evidence-based strategies, led to improvement in data validity of the HIV implementation program. However, strategies to address data availability can be further strengthened and implemented.

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Consistent quality improvement using evidence-based strategies has the potential to improve data quality