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HuMEL: Data Quality Assessments

Q&A Summary

July 27, 2023 | 9:00-10:00 AM ET

- **How many indicators were assessed in this DQA? How much time was required? What were the major challenges?**
 - Jennifer: No specific number of indicators, but should be a small number per RDQA e.g. <5. The time required would vary a lot depending on number of indicators, sites, distance to sites, etc. Maybe Omar can share how long it took for the RDQA at PHCCs.
- **Can you please tell us more about the resources that were required to conduct the DQA? i.e., human resource e.t.c, based on how many indicators you selected? In addition, what is the planned frequency moving forward?**
 - Omar: It is usually recommended to conduct it on a quarterly basis based on resources. Ours included the MEAL team as in myself, the officer, and manager, along with the health quality assurance specialist and the field site workers in the implementation area along with the project manager. BHA requires a DQA once a year. However, we plan to make it more frequent.
- **How often should a DQA be conducted ?**
 - Jennifer: In IMC's Guide, we recommend M&E teams conduct one RDQA per quarter - not necessarily the same indicators unless there is one that had low scores that they want to re-review.
- **Did you only include questions to understand the DQA or also observations to validate the documents?**
 - Jennifer: The questions in the RDQA tool would require a mix of observations and staff discussions.
- **Were the RDQA tools developed by IMC or adopted from USAID library resources?**
 - Omar: The tool was adopted from BHA's library resources and customized to be made relevant to IMC's operations.
 - Jennifer: It was originally from USAID resources, but we made some significant changes along the way to contextualize it for IMC programs / the types of data we work with.
 - See BHA M&E Guidance on DQAs on [pg. 51](#) and USAID Learning Lab's how-to note on DQAs [here](#).
- **Will the SOP for Data cleaning be different from the SOP for DQA? I thought the two could be customized.**
 - Omar: Conducting the DQA, recommended on quarterly basis, has its own procedure. However, our field site operations clean their data differently from one governorate to

another. So through the DQA, we've concluded that we had a gap, if you will, in our data cleaning processes, and needed to sort of standardize this process across all field sites/governorates where BHA activities were taking place just so that all clean and correct data errors similarly across the country. So this was an improvement plan to which was determined from the DQA assessment.

- **One of the issues I face is related to data protection (i.e. removing the personal identifier). I am curious what your approach to this is? In Nepal, we have to rely on government data so there is always an issue of data protection involved with humanitarian assistance.**
 - Jennifer: This is one of the most challenging parts, reviewing beneficiary-level (Level 1) data where the source files often include PII. Our Guide offers some recommendations that will depend on the context - the technical teams who are authorized to view the data can lead this part of the assessment, or if the original data is electronic the PII can be removed, or the PII can be physically hidden during the review process. It requires a lot of cooperation.
 - Omar: Basically we also obtain our data from the government as the EHR is connected to the health ministry's server. However, we usually ask the field site workers to extract the raw data and remove the confidential identifiers and upload the raw data to IMC's cloud system for record-keeping (without the name, phone number column, etc as they're removed)
- **Could you share the FCRM indicator for reference?**
 - Willy:

Indicator	Definition	Data Collector	Collection Frequency	Calculation	Disaggregation
# of individuals (unique) calling the hotline for cash-related support	Number of unique refugees and asylum seekers who call the hotline for questions, complaints or feedback	Hotline Operators	Rolling basis	Sum of calls	Yes (Country of Origin, Gender, Age (0-4, 5-11, 12-17, 18-59, 60+), Disability (binary response))
% feedback responded to in timely manner desk	Percentage of the feedback answered in a timely manner which means within 14 days	Hotline Operators	Rolling basis	Numerator is number of feedback responded to in 14 days and denominator is number of feedback received	Yes (Country of Origin, Gender, Age (0-4, 5-11, 12-17, 18-59, 60+), Disability (binary response))
# of cases who supported at information desk	Number of cases registered at the information desk, found at the Cash Centers.	Information Desk Operators	Rolling basis	Sum of requests	Yes (Country of Origin, Gender, Age (0-4, 5-11, 12-17, 18-59, 60+), Disability (binary response))