

USAID AMPATH Uzima



Telephone: (+254)532033471/2 | Postal Address: P.O. Box 4606-30100, Eldoret, Kenya | Email: info@usaidampathuzima.or.ke

SOP Title: STANDARD OPERATING PROCEDURES FOR OVC DQA	
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Background and Objectives

Progress reports will only offer program managers and decision makers a concise and accurate reflection of whether HIV/AIDS programs are “working” if the supporting data are of high quality. Attention to data quality ensures that target-setting and results reporting are informed by valid and sensitive information, and that reporting partners are collecting and organizing this information in the same manner. In this way, attention to data quality leads to improved program performance and to more efficient resource management. For good quality data to be produced by and flow through a data-management system, key functional components need to be in place at all levels of the system - the points of service delivery, the intermediate level(s) where the data are aggregated, and the M&E unit at the highest level to which data are reported. In addition, quality data is required at all levels to make judgment about the efficiency, effectiveness and responsiveness of services. Performance review would demonstrate how the project is performing on given areas.

Regular Data records review and periodic Data Quality Assurance process is a necessary core M & E function designed to consistently ensure the quality of reported program data before reporting to the next level in the data flow. The aims of the SOP are as follows:

- To serve as a guide to conducting Data Record review/Data Quality Assurance for **OVC Data** from sites
- To verify the quality of the data
- To assess the system that produces that data
- To document findings and develop action plans to improve both (b&c).

Users of the SOP

- M&E focal person and data managers
- Technical/Program Officers
- Donor /Implementing Partners where necessary
- External consultants

Items to be reviewed

- OVC Monthly monitoring forms (FIA, FIB, CPARA, Case plans)
- Beneficiary lists
- CHV log for rejected OVC names
- CPIMS entries & reports
- OVC filing
- SOP

- (i) Confidentiality
- (ii) Guidelines /User manuals
- (iii) Transition procedures
- (iv) Updating longitudinal data (Monitoring Sheets ..etc)
- (v) OVC Filing
- USAID AMPATH Uzima CHVs black book
- OVC Monthly/Quarterly Summary Report
- OVC Dash boards/ Talking walls
- Integration with other department such PMTCT_OVC integration, Clinical index testing integration
- CPIMS data cleaning processes
- Graduation status

Structure of the Checklist

The checklist is structured in eight sections which are aligned with the most common types of data quality challenges found at partner level. A brief description of each is provided below:

- *Data Availability* – this is the most fundamental data quality issue, and refers primarily to gaps in data. If fields are missing or records cannot be located, then it is difficult to ascertain whether required services have or have not been delivered, Gaps in data limit the ability to conduct analysis and can result in under-reporting of results.

The check list section are as follows:

1. OVC registration Section.
2. Filing procedures/ processes.
3. Service Delivery for OVC consistency.
4. Service Delivery for HH -Consistency.
5. Case Plan Achievement Readiness Assessment section.
6. Case closure (Graduation & Attritions)
7. Data integrity Section.
8. General program performance.

In all above section the following dimensions are checked:

- *Data Consistency* – this deals with a higher level of error - the transference of data from one record or data collection tool to another. In all OVC care activities; there is a flow of data from CHV using standard data collection tools, to the data entry unit. This requires careful attention on behalf of care givers in the transcription of data on the forms. Failing to demonstrate adequate care can also result in incorrect aggregations and misalignment of data between different tools. During a rapid assessment it is not possible to review all possible sources of inconsistency. Therefore, this tool recommends a random selection of 25 clients and 5 CHV records to give some insight into standards at each implementing partner.
- *Data Validity* – This is also known as data accuracy. Even if data is available and consistent, the final type of check necessary is related to the aggregation of data. Validity ensures that

data measure what they are intended to measure. Data validity in this context deals with ensuring that actual target groups have been reached, simple calculation or transcription errors. The monthly monitoring and service forms are the main source of data used to assess progress in service provision, and feed into government and donor reports. It is not feasible to assess all possible errors, so this tool is focusing on verifying a selection of the most important variables.

- *Data Integrity* – This is a measure of “truthfulness” of data. Data needs not only to be reliable but also true and accurate. All data values must be safe from deliberate bias and be protected from any alterations aimed to suit certain conditions or personal reasons. Data integrity helps to detect areas where one fails to correctly enter data from service forms and lower-level monthly data entry tools into MIS. Data has integrity when the systems used to generate them are protected from deliberate bias and are able to produce valuable analysis/outputs.
- *Data analysis and use*: lack of analysis and use of health data has been identified as one of the factors that impact the availability, consistency and validity of data. This is because the people involved in collection and reporting do not appreciate the use of the same. Until programs get to a point where data is analyzed and used to make programmatic decisions, it may not be easy to deal with the other quality issues hence the need to assess this as part of DQA.

Performance review:

The accomplishment of a given task measured against preset known standards of accuracy, completeness and targets. Performance review in this context looks measuring the progress made by partners based on set parameters which they are expected to fulfill.

Scoring the Checklist

The scoring of the checklist is based on a simple „yes/no” assessment procedure for objectively verifiable assessment criteria. The score for a „yes” answer is indicated underneath the yes column, meaning that assessors have verified that the assessment criteria has been met. A „no” answer with a score of „0” is assigned for each row in the checklist where the facility is not able to satisfy the criteria.

A score is then generated for each of the four sections of the tool, by adding up the numbers. Four scores are entered onto the summary page, and the sum of these four scores can be used to give an overall score for the program/facility, which can also be viewed as a percentage. The scores for each section can be used to identify needs for systems strengthening or technical assistance.

In section 2, the same principle applies, however the score for each row is based on the number of „yes” responses out of sessions randomly selected clients/provider records.

Due to the limited number of assessment items in section 3, and the equal importance of this section in relation to others, a higher weighting has been allocated for each yes answer. The method of calculating the result remains the same.

Standard Procedure

Before the team goes out to the field for the exercise, the following activities need to be observed.

A. Preparation for the On-site Visit

A.1. Decide Upon Team Composition

As much as possible, the data audit team should include at least an USAID AMPATH Uzima M&E person, a program's technical person and an implementing partner representative.

A.2. Review Previous Data

- Review previous Months/quarters USAID AMPATH Uzima Monthly Report submitted by the partner.
- Note down any issues, discrepancies or outliers on the trend of the OVC data for discussion at the site
- Arrange appointment with site manager for the date of the program site/facility visit

A.3. Organize Team

- Decide upon team leader if more than person conducting the assessment
- Get the DQA checklist ready for the exercise
- Review checklist with team to ensure familiarity with assessment items

B. Conducting the Visit

B.1. Introduction/briefing with Site Manager and M&E focal points

- Introduce team, purpose of visit and procedure
- Distribute copy of assessment tool to facility team
- Request active participation of M&E focal point and/or site manager
- Arrange debriefing with site manager following the DQA assessment

B.2. Obtain Necessary Forms and Lists

- OVC Monthly monitoring forms (FIA, FIB, CPARA, Case plans)
- Beneficiary lists
- CHV log for Not found OVC names
- CPIMS entries & reports
- OVC filing status report
- SOP & User manual
- Transition procedures/Trackers
- Updating longitudinal data
- USAID AMPATH Uzima CHVs black book
- OVC Monthly/Quarterly Summary Report
- Line lists

B.3. Administer the Checklist

- If large team, allocate different people for different sections of DQA tool
- Obtain the necessary records and go through the checklist and for each item on the checklist, tick yes or no

- Where necessary records are missing, allocate „no“ for each checklist item referring to that record
- On the DQA Check list tab fill in the Quarter, Date of DQA and Site
- On the right side of the sheet is the scoring section each file/HH/indicator on the checklist is awarded marks .
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- All you need to do is fill the Yes/No part and on the scoring section maintain the scoring if (File/HH/Indicator) passes if it is a fail enter a zero(it will be highlighted with pink color). Do not enter anything on the grayed-out cells. In certain circumstances you may award half a mark depending on progress realized on the question/indicator.
- Add comments in Column D if necessary.
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- **Note I:** *The Actual score will be adjusting automatically depending on the entries in the scoring section and at the same time the result will be update automatically .*
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- Write comments in comments column if necessary (when follow up issues are noted, to recognize good practices, when score allocation is unclear)
- When completing each section, add together the number of „yes“ scores and enter the total score where indicated

C. Wrapping up the Assessment

- The Result sheet at the end of the tool is automatically updated as the process is undertaken. (The DQA tool is administer electronically on the soft copy)
- The results are shared with participating team instantly.(Score and charts)
- Transfer significant comments to *follow up recommendations* on the Action plan Sheet . If a number of issues were noted, the team leader should decide on the main issues which need to be transferred to this page
- Conduct a debriefing with the Site Coordinator and Site data management in-charge on the findings of the assessment (it is not necessary to discuss or share the scores)
- For each recommendation on the Action plan sheet, develop an implementation plan together with the Site Manager and data personnel on how to address the deficiencies including resources/support needed, responsibilities and timeline
- File the summary report, enter the scores into a database and follow up recommendations during subsequent visits
- Facilitate quality improvement by providing ongoing support to the Site Manager in order to address the deficiencies

Annex I: OVC DQA Assessment Tool

DETAILED CHECKLIST

USAID AMPATHUzima OVC DQA CHECKLIST				
DQA QUARTER	DATE:	SITE:		
Select 5 OVC files randomly per select number of CHVs to assess the following items (25 file)	Score	Comments	Max Score	
OVC registration (5 marks each) Any incomplete section noted the whole setion scores Zero)	Yes/No	Yes = 5; No = 0		
Is the registration form(including latest reassessment) in the child's file?	Yes	5.0		5
Does the OVC registration form has 3 OVC names completed?	Yes	5.0		5
Is the eligibility criteria properly marked? <i>Check registration form completion</i>	Yes	5.0		5
Is the Child's education section details properly filled ?(Check Class vs current Age)	Yes	5.0		5
Is the Child's health (including HIV status ,immunization) details section properly filled ?	Yes	5.0		5
If the HIV status is Unknown is there evidence of HIV risk screening or any other follow-up?	Yes	5.0		5
Is the Caregiver details (including HIV status) properly filled?	Yes	5.0		5
Does the OVC registration form have a Case worker's name ?	Yes	5.0		5
Score		40.0	100%	40
Filling Procedure	Yes/No	Yes = 5; No = 0		
Does the filing SOP exist, UpToDate and well displayed ?(Must See with eyes)	Yes	5.0		5
Are the Child's documents in file arranged according to filing SOP	Yes	5.0		5
Check availability of the consent form .(New enrollment consent is in CG file)	Yes	5.0		5
Are the files well labeled based on status (Green for HIV positive)	Yes	5.0		5
Does the file have other necessary documents -Birth cert. copies	Yes	5.0		5
Sample 10 CLHIV files and check Case plan update status.(award for both availability & update) 3 FIA with a quarter -10 Marks	Yes	10.0		10
Score		35.0	100%	35

OVC Form IA	Yes/No	Yes = 5; No = 0		
Is the Most recent FIA available in child's file ? (Check filing time)	Yes	5.0		5
Is the form completed as expected (Bio data Section)	Yes	5.0		5
Is section A of the form adequately filled ?	Yes	5.0		5
Is the Case plan tracking section per domain properly marked?	Yes	5.0		5
Is the Case plan services section per domain properly marked?	Yes	5.0		5
Is the critical event section filled? If 'YES' confirm accuracy	Yes	5.0		5
For new FIA check PART 2 if additional information was provided as applicable	Yes	5.0		5
Has the Caregiver signed on the form? If YES check signature consistency with previous forms .	Yes	5.0		5
Is the Form signed by Case Manager? If YES check signature consistency with previous forms .	Yes	5.0		5
Score		45.0	100.0%	45
FORM I B (SAMPLE 5 HH FILES)	Yes/No	Yes = 5; No = 0		
Is the Most recent FIB available in HH file?	Yes	5.0		5
Date of visit is completed?	Yes	5.0		5
Is the name of Caregiver properly captured ?(check consistency with previous form)	Yes	5.0		5
Is the Case plan tracking section per domain properly marked?	Yes	5.0		5
Is the Case plan services section per domain properly marked?	Yes	5.0		5
Check if HE1s to HE3s is marked appropriately	No	5.0		5
For HH linked to CT and NHIF is there evidence of membership in file?(Discuss importance)	No	5.0		5
Has the Caregiver signed on the form? If YES check signature consistency with previous forms.	Yes	5.0		5
Is the Form signed by social worker? If YES check signature consistency with previous forms .	Yes	5.0		5
Score		45.0	100%	45
Case Plan Achievement Readiness Assessment Forms (CPARA)- Sample 5HH file per CHV	Yes/No	Yes = 5; No = 0		
Check if CPARA form is available in HH file	Yes	5.0		5
Check if HH Case Plan is available in file.	Yes	5.0		5
Check if Child /HH Case Plan is Updated (New interventions added or Status of activities updated)	Yes	5.0		5
Check Consistency Between Benchmarks NOT achieved and Caseplan Goals	Yes	5.0		5

Do Case plan interventions correspond to FIA/B case plan services marked (Triangulate with other source documents applicable e.g Beneficiary list)	Yes	5.0		5
Score		25.0	100%	25
Case Closure (Sample 10 Exit files, to include all 3 exit path ways)	Yes/No	Yes = 5; No = 0		
Is the exit form in the file?	Yes	5.0		5
Are the reasons for exit properly documented?	Yes	5.0		5
For file with CPA as reason for exit is there monitoring tool(Marked for 3 months) for HH reaching CPA? Get 5 hh with CPA	Yes	5.0		5
If reason for exit is Transfer check if the Case transfer form was filled ?	Yes	5.0		5
Is the case closure check list available in all the files?(10 marks)	Yes	10.0		10
Score		30.0	100%	30
DATA CONSISTENCY	Yes/No	Yes = 2; No = 0	Comments	
N. Do beneficiary lists for tangible commodities exist and dully signed by beneficiaries? (Limit to past 12 months)	Yes	2.0		2
How many Service beneficiary lists are available with the past 12 months ?(2 marks per type of service list)	Yes	10.0		10
How many of the 5 randomly selected OVC in the Service beneficiary list have the service updated in CPMIS?(2 marks per OVC)	Yes	10.0		10
Was the service beneficiary list updated in CPMIS within 30 days after delivery date?	Yes	2.0		2
Results of checks on 5 randomly selected Form IA. Compare details with CPMIS				
How many of the 5 randomly selected Form IA have OVC names corresponding with CPMIS?	Yes	5.0		5
How many of the 5 randomly selected Form IA have the Case plan tracking section of Form IA correspond with CPMIS?	Yes	5.0		5
How many of the 5 randomly selected Form IA have the Case plan services section of Form IA correspond with CPMIS?	Yes	5.0		5
Score		39.0	100%	39
PERFORMANCE REVIEW (2marks each or zero)	Yes/No	Yes = 2; No = 0		Max Score
Has the site Achieved their OVC enrollment target for current period	Yes	2.0		2

Did the site report above 95% of ACTIVE OVC (Received at least 1 service) in the past quarter ?	Yes	2.0		2
Did the site achieve their OVC GRADUATION target as at last quarter ?	Yes	2.0		2
Did the site report above 95% of OVC _SERV (Active + Graduated) in the past quarter ?	Yes	2.0		2
Did the site report any OVC with UNKNOWN HIV status in the past quarter(yes)	Yes	2.0		2
If YES above check evidence of HIV risk screening	Yes	2.0		2
Did the site achieve 95% viral suppression for CALHIV?	Yes	2.0		2
Are the Dash boards Updated	Yes	2.0		2
Is the PMTCT_OVC line list updated/exists (show line list)	Yes	2.0		2
Is the PMTCT_OVC line list conforming with donor requirements	Yes	2.0		2
Does the No. of HEI identified in MCH equal to HEI in CPIMS(explain any variance noted)	Yes	2.0		2
Show evidence/source document that shows PBFA(both HIV neg & Pos) are enrolled in OVC (Confirm with CPIMS)	Yes	2.0		2
Show evidence/source document that shows HEI/PBFA and Mothers are tracked and it upto date (SW PMTCT_OVC integration Tracker & HEI/PBF follow up forms)	Yes	2.0		2
Show evidence of HIV risk screening for HIV neg OVC including Pregnant HIV -ve Adolescents	Yes	2.0		2
Show evidence of the HTS_OVC integration (tracker/ participation in index testing exercise. (SW to explain their role in process)	Yes	2.0		2
Show how you track Forms submission at CHVs level,DA level & SW level	Yes	2.0		2
Is the CALHIV linkage tracking sheet update/exist (check accuracy)	Yes	2.0		2
Show Monthly indicator/activity tracing for indicators that are not captured in CPIMS.	Yes	2.0		2
Show evidence of documentation of previous DQA and action items addressed time lines	Yes	2.0		2

Show evidence that the site do CPIMS data cleaning at least for 2hr or more every week	Yes	3.0		3
Score		41.0	100%	41
OVERALL SCORE		300.0	100%	300

Annex II: Automated Scoring section

The scoring section is automated ,The sampled files/list/log per CHV are scored according to the finding the scoring sheet change colour depend on entry of a score e.g if a file score half a mark ,the cell changes to light green ,if scored zero it changes to red front and pink background .This enables the person administering the tool to easily identify gaps per section.

USAID AMPATHUzima OVC DQA CHECKLIST																											
DQA QUARTER	DATE:	SITE:	SCORING SECTION (If No/Fail replace the entry with a zero or half a mark per file/HH/indicator) Pink=0,Green=1/2 a mark ,white=full mark																								
Select 5 OVC files randomly per select number of CHVs to assess the following items (25 file)			CHV1: (insert Name)					CHV2: (insert Name)					CHV3: (insert Name)					CHV4: (insert Name)					CHV5: (insert Name)				
OVC registration (5 marks each) Any incomplected setion noted the whole setion scores Zero)	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	File 11	File 12	File 13	File 14	File 15	File 16	File 17	File 18	File 19	File 20	File 21	File 22	File 23	File 24	File 25		
Is the registration form(including latest reassessment) in the child’s file?	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2		
Does the OVC registration form has 3 OVC names completed?	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2		
Is the eligibility criteria properly marked? <i>Check registration form completion</i>	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2		
Is the Child's education section details propely filled ? <i>(Check Class vs current Age)</i>	0.2	0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2		
Is the Child's health (including HIV status ,immunization) details section properly filled ?	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2		
If the HIV status is Unknown is there evidence of HIV risk screening or any other followup?	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2		

Annex III: Action plan template

DQA QUARTER: _____ **FY** _____ **DATE of Assessment :** _____ **SITE Name :** _____

Sub-category	Scored	Max	Gap Identified	Follow up actions recommended	Responsible person(s)	Expected completion date
1. OVC registration Section.		40				
2. Filing procedures/ processes.		35				
3. Service Delivery for OVC consistency.		45				
4. Service Delivery for HH - Consistency.		45				
5. Case Plan Achievement Readiness Assessment section.		25				
6. Case closure (Graduation & Attritions)		30				
7. Data integrity Section.		39				
8. General program performance.		41				
Total		300				

Annex IV: Result section

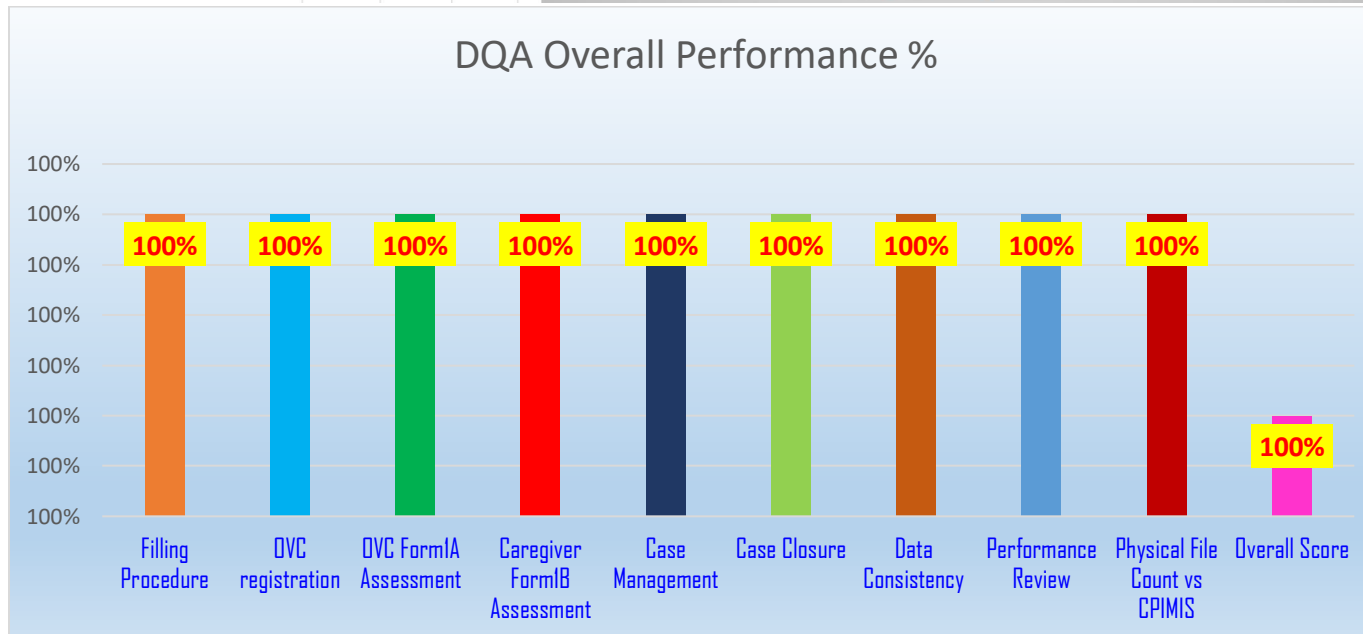
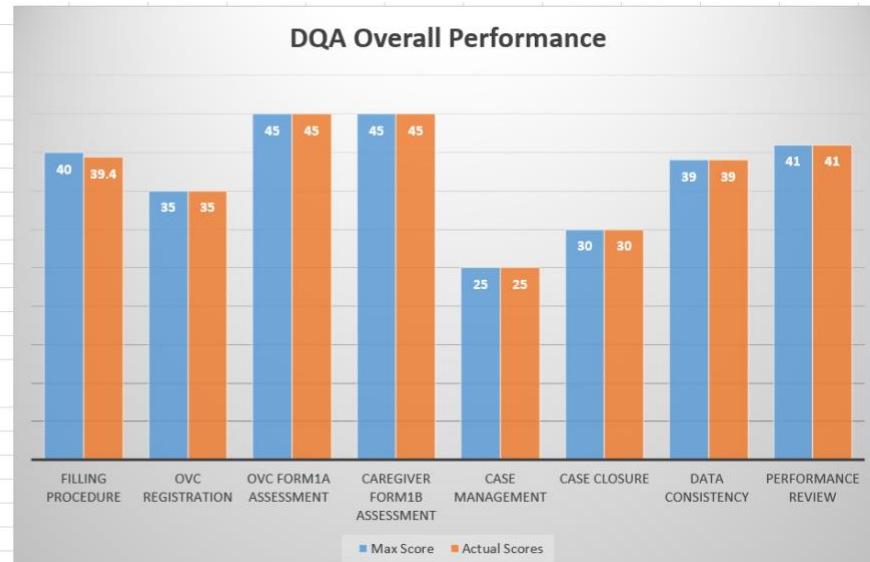
Result Section is also automated ,At the beginning of the DQA exercise it is assumed everything is perfect ,100% but as gaps are identified the score continues to drop from 100 % up to last score at the of the exercise and that what determines the site performance

SUMMARY SCORES

	Max Score	Actual Scores	Percent age
Filling Procedure	40	39.4	100%
OVC registration	35	35	100%
OVC Form1A Assessment	45	45	100%
Caregiver Form1B Assessment	45	45	100%
Case Management	25	25	100%
Case Closure	30	30	100%
Data Consistency	39	39	100%
Performance Review	41	41	100%
Physical File Count vs CPIMIS	1	1	100%
Overall Score	301	299	100%

Physical File Count vs CPIMIS

Physical File Count	1	Percent age
CPIMS Numbers	1	100
Variance	0	100%



Annex V: Participant and their designation

The last part of the DQA tool indicates Name and designation of All participant for evidence the exercise took place .

DQA Participants		
	Name	Designation
1		
2		
3		
3		
4		
5		
6		
7		
8		
9		