

## Malawi EMPOWER Activity

# USAID Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER)

## STANDARD OPERATING PROCEDURE (SOP) FOR DATA QUALITY MANAGEMENT & MENTORSHIP SUPERVISION (VERIFICATIONS DURING COVID-19)



**CHAM**  
Christian Health Association of Malawi



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THE SCIENCE OF IMPROVING LIVES

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## **I. SECTION A – Quality Assurance/Quality Control general good practices:**

### **I.1 Purpose**

Data quality assurance is an integral part of the USAID Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER) M&E system to ensure that data not only meets the USAID/PEPFAR and GOM standards of data quality but also accurately measures project performance. This standard operating procedure (SOP) provides guidance for quality assurance (QA) and quality control (QC) of EMPOWER data and supervisory and mentoring activity procedures. The data quality and mentorship supervision SOP is to establish if reported data meets the requirements of timeliness, completeness, and accuracy. All the EMPOWER Data quality control and verification efforts will observe the *PEPFAR Technical Guidance in Context of COVID-19 Pandemic*. Following the PEPFAR Technical Guidance, the verification efforts will be incorporated at all levels of implementation and data management including engagement of staff with relevant skills, orienting/training of frontline and data management staff. This guide includes procedures for data entry, cleaning, and processing; user permissions and responsibilities; submission and validation rules/processes; and reporting timelines. Furthermore, the M&E unit and program teams will use the required assessment tools (mentor-ship log sheets) to conduct regular gap analyses to identify non-reporting sites, incomplete reports, outliers or inconsistent data, to inform site visit action plans.

These SOPs will be disseminated to all technical program staff, including front line service providers, their supervisors, clinical/technical staff, and M&E staff.

Section B of these guidelines cover all the supervisory and mentoring activity procedures.

### **I.2 Scope - Data sources, collection, and reporting:**

Malawi EMPOWER data collection system is guided by indicators in the performance indicator matrix as per USAID reporting requirements. Performance indicators enable the Malawi EMPOWER project to measure progress towards achieving the two goals of (i) *increasing uptake of integrated health services targeting AGYW* and (ii) *case finding among priority men*. For the AGYW component, EMPOWER adapted and customized tools that have been used successfully for the FHI 360 EpIC/ Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) AGYW project in Malawi to collect individual level data on service for AGYW.

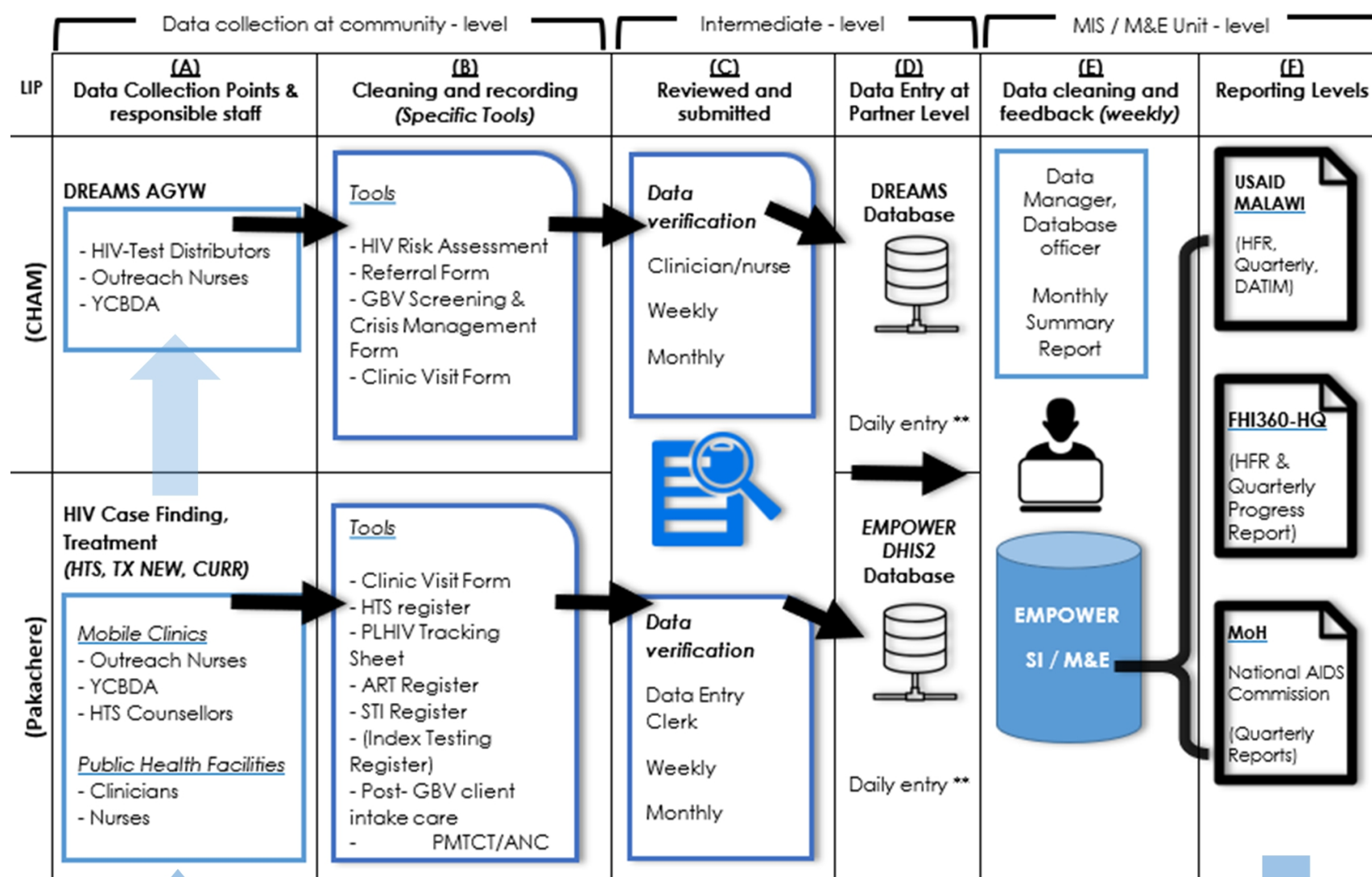
Data for case identification, care and treatment for men, is collected using the government standard tools for HIV testing and ART. The data is then submitted to the Local Implementing

Partner M&EO and managers for review before entry into the electronic data management system i.e. DHIS2. Both the systems for data collection and reporting are aligned to USAID's High Frequency Report schedule, and PEPFAR's quarterly reports entered into DATIM.

All Malawi EMPOWER tools have user instruction manuals. Data is collected during service delivery by trained community volunteers and/or clinical providers either electronically using the *DREAMs App* or through paper-based tools that are reviewed and submitted to data entry clerks for entry into the DREAMS database within one week of data collection.

The chart below illustrates the flow of data and procedures followed through service delivery to donor reporting, in line with the COVID-19 restrictions.

Figure 1: *Data Flow Chart*



Feedback to LPs

**Timely feedback to LPs to permit timely and well-informed local decision making, through:**

1. Weekly summary-sheets feedback
2. Quarterly progress review meetings
3. Quarterly, Annual, and LAHARF reports

Participatory M&E approaches

### **1.3 Quality Assurance/Quality Controls procedural flow:**

In its efforts to avoid putting data management teams at risk, Malawi EMPOWER M&E unit also includes in its processes, mandatory measures to be taken for all face-to-face data collection and verification exercises during the COVID-19 pandemic. In the section to follow, the guide outlines the 6 steps as per the dataflow, from data collection to reporting.

#### **1.3.1 Data collection points and responsible staff**

All project staff should study these SOP prior to beginning work on the project and should follow all the outlined procedures to properly manage the Malawi EMPOWER data as per the QA/QC procedures. This will ensure consistency in data management, even when changes in personnel occur.

Before embarking on any data collection/verification, it is a requirement as per FHI 360 guidelines, to obtain clearance from relevant authorities as there are movement restrictions in place. Furthermore, everyone in the team (project officers, team leaders, drivers), should be up to date on the guidance from the WHO, PEPFAR and MoH and adhere to the guidelines. All *responsible staff* involved in data collection/verification i.e., clinicians, nurses, YCBDA, HTS-counsellors, HIV test distributors, must abide by the COVID-19 prevention protocols, such as washing hands, cough etiquette or social distancing.

#### **1.3.2 Cleaning and recording**

The second step of the EMPOWER data flow is cleaning and recording of data onto custom tools or the government standard tools by trained point persons in those specific tools. During data collection or verification, service delivery teams should adhere to COVID-19 preventive measures, should inform the client(s) of the COVID-19 measures (based on existing guidelines) in a clear manner prior to starting service provision or recording/collecting data, should maintain the recommended distance (at least 1 meter) when approaching clients and avoid physical contact.

#### **1.3.3 Review and submission**

Before data can be submitted to the district office for data entry into project databases, it should be thoroughly reviewed by responsible field staff for any incompleteness, out-liers or inconsistencies. Teams will be confirming that data on report forms is consistent with field notes and registers. All responsible staff collecting/recording data shall always use a cheat-sheet checklist and the *Guideline Chart for administering the Clinic Visit Form*, to ensure

that all data elements have been properly and completely recorded before they reach the data entry clerk's desk. The checklist and *Guideline Chart for administering the Clinic Visit Form* will act as a job aid for all field teams collecting Malawi EMPOWER data. Finally, all data collection exercises, joint supportive supervision and mentoring, shall observe the donor and MoH COVID-19 preventive measures.

In regards mobile data collection, all end users shall perform daily submissions of their forms to the DREAMS server and shall also ensure that all devices are routinely wiped off with disinfectant before handing them back. This is to ensure that devices change hands as little as possible.

#### **1.3.4 Data entry**

Malawi EMPOWER data shall be entered into the project database by trained personnel, within one week of data collection. During data entry a **checklist** will be used to aid in screening forms to ensure quality data entered in the project databases. This is yet another data validation step along the project data flow.

#### **1.3.5 Filing system**

The *filing system* section has been developed to assist staff in understanding and executing their responsibilities to label, and file Clinic Visit Forms per health facility in accordance with project policies on record keeping and information sensitivity and handling.

Adherence to the filing system shall ensure that: AGYW records of long-term value can be preserved, and records and information can be easily located.

##### **1.3.5.1 Filing process**

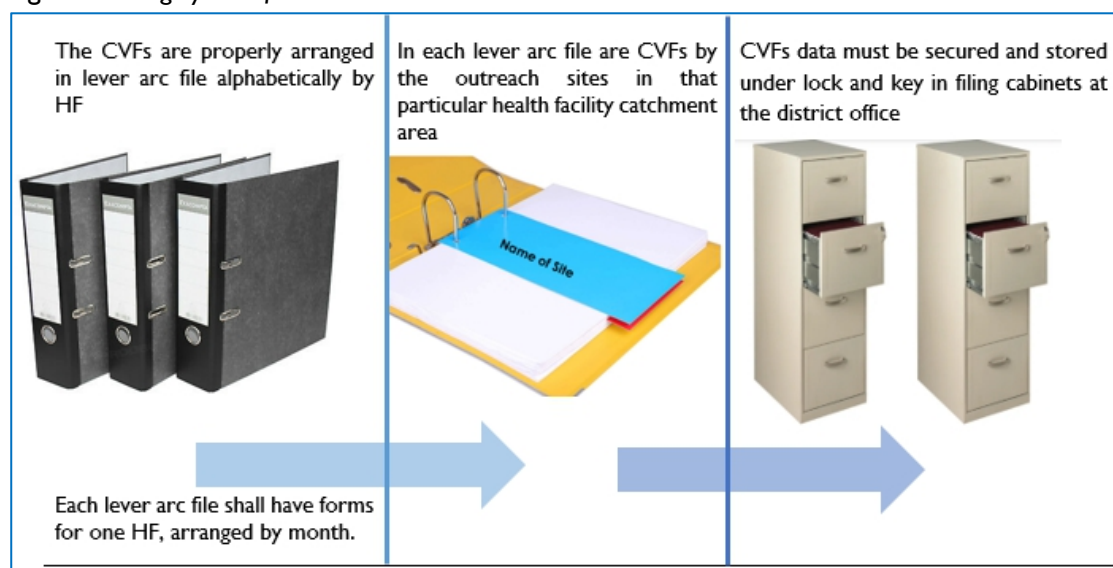
Clinic Visit Forms (CVF) are properly arranged in lever arc file alphabetically by health facility. In each lever arc file are Clinic Visit Forms filed and arranged by the outreach sites under that particular health facility catchment area. In addition, all clinic visit forms in health facility folders shall be filed according to a specific reporting period (month).

##### **1.3.5.2 Data Storage for Clinic Visit Forms (CVF)**

Clinic visit forms data must be secured and stored in accordance with this SOP at all times. Lever arc files containing CVFs must be organized and stored under lock and key within filing cabinets at the district/central office. At the end of each day, the Database/M&E officers and data clerks must ensure that all forms are filed back after all data entry exercises.



Figure 2: *Filing system flow chart*



### 1.3.6 Data cleaning

Data cleaning and feedback is the fifth step in the data management and validation process, which is performed by the MIS manager who is the custodian of Malawi EMPOWER project databases. The MIS Manager shall identify and correct (or remove) corrupt or inaccurate records from the database and provide feedback to all end-users. All credibility and accessibility of user's accounts shall be managed at this level. With support of data officers, the MIS/Data Manager shall provide capacity building to partners management and utilization of internal project database systems.

### 1.3.7 Reporting

To ensure standard, efficient, and timely reporting, Standard Operating Procedures for reporting were developed detailing the agreed upon reporting process. The procedures specified in the *Reporting timelines SOP* primarily concern the timelines, data sources and focal persons from the Local-Partners (Pakachere and CHAM), point persons at the lead partner level and the due dates for the different report types. This ensures that strict standards regarding timely reporting and data quality are implemented for all activities performed by the project. At this level, any noted discrepancies, such as variations between numbers in reports from local partner vis-à-vis numbers in databases, shall be referred to the LP for rectifications.

### Feedback mechanisms

The Malawi EMPOWER FHI360 provides feedback to the LIPs as it is essential for understanding and guiding actions taken to effect change. The ability of LIPs to collect

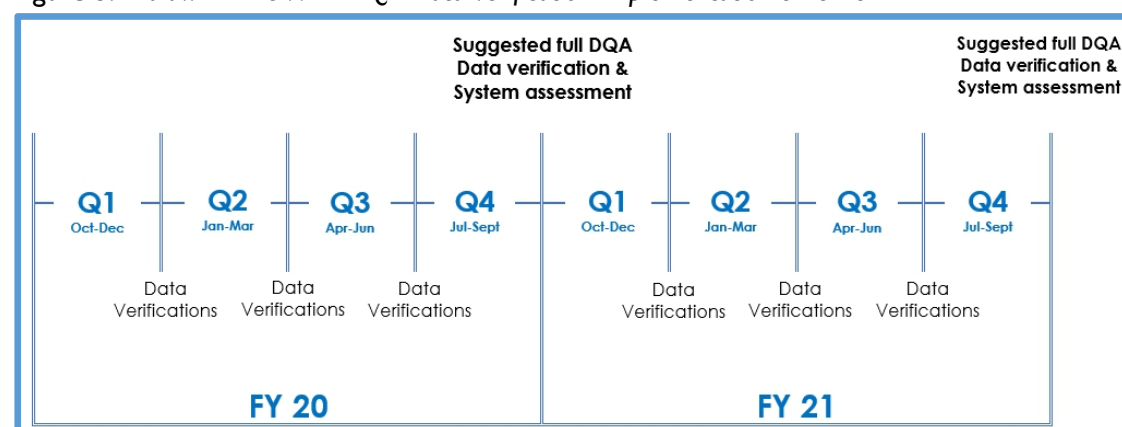
feedback, translate this information into action, and evaluate outcomes enables improvement in SRH/HIV activities implementation.

After all the reporting steps in the dataflow, Malawi EMPOWER FHI360 will finally provide feedback to local partners to permit timely and well-informed local decision making, through; routine weekly summary sheets with flagged issues, and quarterly progress review meetings, platforms which allow provision of in-depth feedback. Quarterly, annual and LAHARF reports are also shared with local implementing partners as part of feedback mechanisms. Supporting LIPs to have these crosscutting, routine information generating and sharing platforms is therefore crucial for the successful implementation of SRH/HIV interventions.

### 1.3.8 Data verification implementation

As specified in the EMPOWER M&EL Plan, quarterly data verifications (DQA) will be done using FHI 360's the Routine Data Quality Assessment tool (RDQA), which was successfully utilized by the LINKAGES project. This will help measure the timeliness, completeness, and accuracy of reported data. These will be done in the second month (figure 2) of a quarter to ensure that data reported to USAID is accurate. High quality data will be defined as achieving 100% data accuracy between the reported and actual (verified) values.

Figure 3: Malawi EMPOWER DQA Data verification Implementation timeline



## 1.4 WhatsApp Helpline for QA and QC

### Distance mentoring

## 2. SECTION B - SUPERVISORY AND MENTORING ACTIVITY PROCEDURES

To meet the USAID/PEPFAR and GOM standards of data quality and effectively measure project performance, EMPOWER shall on a quarterly basis conduct joint supportive supervision and mentoring activities which shall also observe the MoH and PEPFAR Technical Guidance of COVID-19 prevention. The mentorship supervision tools and reports (appendix),

shall be used for documenting these exercises. In some instances, these activities shall be conducted virtually with all staff responsible for managing data.

## **2.1 Supervisory and mentoring visit tools**

Mentoring is a sustained, collaborative relationship in which a highly experienced provider guides improvement in the quality of care delivered by other providers and the systems in which they work. Mentors are expected to build professional relationship with mentees; identify areas for improvement; provide responsive coaching and modeling of best practices; advocate for environments conducive to good beneficiary care and provider development; and support the use and integration of beneficiary data into service delivery.

**Purpose:** This checklist will serve as a guide for Supervisors or mentors to identify teaching moments and areas for improvement while mentees are delivering services through different platforms.

**Goal:** The goal is to facilitate acquisition of on-job skills and knowledge to improve delivery of EMPOWER services including layering of services.

### **2.1.1 Frequency of Supervisory & Mentoring visits:**

- I. The Senior Management Team (SMT) should conduct supervision and mentoring visits to randomly selected points of service delivery in each district at least once in three months
- II. The district level MDT should conduct supervisory visits to randomly selected points of service delivery in each catchment area at least once per month. The district team needs to make sure that each Point of service delivery is supervised and mentored at least once per three months
- III. District level EMPOWER Staff should conduct mentoring visits to each Points of service delivery managed by CHWs or CBOs under their supervision at least once per month

### **2.1.2 Reporting Requirements:**

- I. Senior Management Team Mentoring Team: A written feedback will be sent to District Coordinators by the Team Leader of the Supervision Team seven days after completion of the visit.
- II. District Level (MDT) Mentoring Team: A written feedback will be sent to CHWs or CBOs (the District Coordinator needs to be copied) by the coordinator of the supervisory team seven days after completion of the visit
- III. Officers: Officers need to include summary of supervisory and mentoring visits (i.e. number of supervisory & mentoring visits conducted, number of staff and volunteers'

mentored, major challenges, action plans to address major challenges, success and next month's plan for mentoring) in the monthly report to be submitted to their Line Managers.

- IV. District Coordinator: The District Coordinator need to include summary of mentoring visits (i.e. number of supervisory & mentoring visits conducted, number of staff and volunteers' mentored, major challenges, action plans to address major challenges, success and next month's plan for mentoring) in the monthly report to be submitted to the SMT.

### **2.1.3 Preparation for the Mentorship**

- I. Obtain permission to conduct mentoring from appropriate authority within EMPOWER, arrange the necessary logistics and plan and communicate with the mentee
- II. Ensure availability of all mentorship materials- Refer to annex I for the list of manuals, SOPs, job aids and other tools which need to be available onsite.
- III. If it's a follow up, ensure that you are aware of the issues which were agreed upon during the previous visit. The mentee should also be informed about the visit if it is a follow up.
- IV. Tell the mentees to bring with them all the documents that are used during mentorship

### **2.1.4 Instructions for Mentors during mentorship process:**

- I. Courtesy call- Greet site authorities, staff, volunteers, and beneficiaries and explain the purpose of the supervisory & mentoring visit when you arrive at the intervention point
- II. Reach a mentoring agreement with the mentee in every supervisory visit:
  - Inform the mentee that mentoring is critical to ensuring the quality of Service delivery
  - Explain mentoring needs identified and major objectives of the supervisory & mentoring visit
  - Review the action plan of the previous supervisory visit and its implementation status with the mentee
  - Ask the mentee if there are any areas that the mentee especially wants to work on, or has had difficulty with
  - Explain the mentoring process and approach to mentorship
  - Reassure the mentee that the findings of the mentoring visits will be used to identify the needs of the mentee for improving the quality of Service delivery.
- III. Use the items listed in the checklist to structure your informal interview with the mentee
- IV. For each question in the checklist, circle the correct answer, which might be yes or no or not applicable. For District level Officers all questions are applicable (directly or indirectly). For CHWs, answer questions which are directly applicable to their work.

- V. Make notes on the remark section of the checklist about issues that you observe or that the mentee calls to your attention
- VI. Follow up on any outstanding items that you note on the remark section
- VII. At the end of the mentoring visit, provide feedback and complete the mentoring logbook

### 2.1.5 Post mentorship

- I. Keep the completed mentoring checklist and additional notes and bring back to the office
- II. Use the mentoring logbook in subsequent meetings with the mentee to follow-up on the status/progress of issues raised during the previous mentoring visit
- III. Use the notes/lessons learned from the mentoring visit to inform needed changes to the program especially the interventions needed to build the capacity of the mentee in order to deliver quality services (e.g., training and further mentoring)

BASIC INFORMATION				
District: _____ Health Facility Catchment Area: _____				
TA: _____ GVH: _____				
Village: _____				
Name of Mentor (s) _____				
Name of Mentee (s): _____				
Date of Mentoring: ____ Time Mentoring Started: ____ Time Mentoring Ended: ____				
MENTORING CHEKLIST FOR SERVICE DELIVERY SESSION				
ITEMS (PLEASE ANSWER EACH QUESTION)	TICK APPLICABLE ANSWER			REMARK
	YES	NO	NOT ANSWERED	
<b>I. PERSONNEL</b>				
I.1 Is the mentee trained on how to run and conduct Points of service delivery sessions? (Check for availability of training attendance sheet)				
I.1 Is the mentee mentored at least once per month by his/her immediate supervisor? (Check the mentoring logbook)				
I.2 Is the mentee mentored/supervised by the SMT or MDT / district team at least once per quarter? (Check the mentoring logbook)				

1.2 Did the mentee sign and have a copy of signed Child Safeguarding policy? <b>(Check for the availability of a signed copy)</b>				
1.3 Did the mentee sign and have a copy of Confidentiality agreement document? <b>(Check for the availability of a signed copy)</b>				
<b>2. PREPARATION FOR SERVICE DELIVERY SESSION</b>				
2.1 Does the mentee have all the job aids and materials required to conduct a Points of service delivery session? <b>(Refer annex I for the list of job aids and materials)</b>				
2.2 Does the mentee have all the forms required to document services provided through Points of service delivery session? <b>(Refer annex I for the list of forms)</b>				
<b>3. SERVICE DELIVERY – GROUP SESSION</b>				
3.1 Does the sitting arrangement promote eye contact between the group members and the mentee? <b>(Check if the group members and the facilitator are seated at the same level or in a circle)</b>				
3.2 Does the mentee review the previous session before starting the session for the day? <b>(Observe the mentee during service delivery)</b>				
3.3 Does the mentee explain the purpose of the Points of service delivery session for the day? <b>(Observe the mentee during service delivery)</b>				
3.4 Does the mentee communicate clearly and culturally sensitive? <b>(Observe the mentee during service delivery)</b>				
3.5 Is the mentee able to engage most of the participants during the session without being bossy and/or judgmental? <b>(Observe the mentee during service delivery)</b>				
3.6 Does the mentee ensure privacy and confidentiality? (very sensitive and does not talk about other members personal issues in the group session without consent) <b>(Observe the mentee during service delivery)</b>				

<b>delivery)</b>				
3.7 Does the mentee have adequate knowledge on the subject matter being discussed during the Points of service delivery session? <b>(Observe the mentee during service delivery)</b>				
3.8 Does the mentee provide information on available health and social services in the community and health facility? <b>(Observe the mentee during service delivery)</b>				
3.9 Does the mentee provide contact numbers for key persons (like the child protection worker, YFHS Coordinator and VSU) and the toll-free lines? <b>(Observe the mentee during service delivery)</b>				
3.10 Does the mentee set aside time for consultation at the end of the Points of service delivery session? <b>(Observe the mentee during service delivery)</b>				
3.11 Was the mentee able to assess Girls for GBV/ VAEN issues at least on quarterly basis? <b>(Review randomly records from the mentee's cohort plus ask beneficiaries during service delivery)</b>				
3.12 Does the mentee use the right technique to assess girls for GBV/VAEN issues? <b>(Observe during service delivery)</b>				
3.13 Is the mentee able to provide proper education to girls on the prevention, mitigation, and reporting of GVB/VAEN issues? <b>(Observe during service delivery)</b>				
3.14 Is the mentee able to provide proper psychosocial support to girls? <b>(Observe during service delivery)</b>				
3.15 Does the mentee properly issue referrals for members at the Point of service delivery who seek services outside of EMPOWER SDP? <b>(Observe the mentee during service delivery)</b>				
3.16 Do the group members understand the purpose of Points of service delivery sessions? <b>(Ask Points of service delivery members)</b>				

3.17 Do the group members remember the topics they have covered during the previous meetings? ( <b>Ask Points of service delivery members randomly to describe the previous three sessions they have attended</b> )				
3.18 Do all members fulfill the age limit for membership of the Points of service delivery? ( <b>Review the service delivery register</b> )				
3.19 Do all members fulfill other criteria (e.g. HIV status & marital status, age segment) for membership of the Points of service delivery? ( <b>Review the service delivery register. Include the proportion who meet the criteria in the remarks section</b> ).				
<b>4. DOCUMENTATION</b>				
4.1 Is the mentee using Service delivery register to document services provided? ( <b>Check for availability of Service delivery register</b> )				
4.2 Is the mentee following the schedule for service delivery via Points of service delivery properly? ( <b>Review the sessions covered and the frequency of meetings in the Service delivery register</b> )				
4.3 Is the mentee properly documenting the sessions covered in the Points of service delivery using the service delivery /long term register? ( <b>Review the Service delivery register</b> )				
4.4 Was the mentee able to deliver all sessions scheduled to be covered over the past three months? ( <b>Review the Service delivery register</b> )				
4.5 Do $\geq 80\%$ of members of the Points of service delivery attend at least one session in the past one month? ( <b>Review the service delivery register</b> )				
<b>I. DATA SECURITY AND DATA MANAGEMENT</b>				
1.1 Are all Points of service delivery data stored securely at the health facility/ Office?  ( <b>Review the storage of the Service delivery register, the referral slips/forms and registers.</b> )				



<b><i>All of these data should be kept at the facility/ Office under lock and key and should NEVER be brought home).</i></b>				
1.2 Are all Points of service delivery data transported securely to the Points of service delivery through a backpack or locked box?				
1.3 Are data adequately transferred from the service delivery register onto the data base? <b><i>(Compare the sessions covered in the service delivery register to the sessions indicated on the data base for the previous quarter. Indicate the proportion of clients whose services received are reflected the Service delivery register in the remarks section.)</i></b>				
<b>6. BEST PRACTICES AND CHALLENGES</b>				
6.1 Ask the mentee to describe the best practices from her/his experience that can be scale up in other sites				
6.2 Ask the mentee to describe/list the major challenges s/he is facing while managing Points of service delivery sessions				

BASIC INFORMATION				
District:_____ Health Facility Catchment Area: _____				
TA:_____ GVH:_____				
Village:_____				
Name of Mentor (s)_____				
Name of Mentee (s):_____				
Date of Mentoring: _____ Time Mentoring Started: _____ Time Mentoring Ended: _____				
RISK ASSESSMENT & GENERAL HEALTH				
7.1 Did the mentee support at least 95% of girls and their sexual partners to know their HIV status? <b><i>(Review 20 randomly selected individuals from the mentee's cohort. At least 19 should have a known HIV status )</i></b>				
7.2 Did the mentee conduct a risk assessment (every six				

months) for all beneficiaries whose HIV status was negative or unknown? <b>(Review 10 randomly selected individuals with unknown or HIV negative status from the mentee's cohort)</b>				
<b>7.3</b> Is the mentee able to conduct the HIV risk assessment properly including the use of the tablet (NOT paper based) to complete the assessment? <b>(Observe during service delivery)</b>				
<b>7.4</b> Was the mentee able to link all PLHIV in his/her cohort to care and treatment services? <b>(Review records)</b>				
<b>7.5</b> If yes to above, were 95% of PLHIV started on <b>(review ART numbers of PLHIV who were linked to care &amp; treatment)</b>				
<b>7.6</b> Is the mentee able to assess adherence level and compliance with clinical appointment? <b>(Observe during service delivery)</b>				
<b>7.7</b> Was the mentee able to support all eligible patients on ART in his/her cohort to have their VL determined? <b>(Review records)</b>				
<b>7.8</b> Was the mentee able to address barriers for adherence to treatment of PLHIV with unsuppressed VL from his/her cohort? <b>(Review records)</b>				
<b>7.9</b> Is the mentee able to provide proper adherence counselling? <b>(Observe during service delivery)</b>				
<b>7.10</b> Was the mentee able to link YPLHIV to support groups? <b>(Review records)</b>				
<b>7.11</b> Is the mentee able to screen Girls for STIs, on monthly basis? <b>(Review records)</b>				
<b>7.12</b> Was the mentee able to link all pregnant and breast feeding AGYW to ANC/PMTCT and postnatal care services respectively? <b>(Review records)</b>				
<b>7.13</b> Is the mentee able to provide risk reduction/ risk avoidance education to AGYW (10 – 14) years? <b>(Observe during service delivery)</b>				
<b>8. REFERRAL AND LINKAGES</b>				
<b>8.1</b> Does the mentee have a service directory, which has been updated in the past six months? <b>(Review the mentee's service directory)</b>				
<b>8.2</b> Was the mentee able to complete referrals slips properly? <b>(Review 10 referral slips completed by the mentee in the past three months. Ensure that the documentation is complete including the follow up information.)</b>				
<b>8.3</b> Was the mentee able to document referrals using the referral registers? <b>(Review 20 referral lines in the</b>				

<b>registers completed by the mentee in the past three months.</b>				
8.4 Was the mentee able to achieve $\geq 95\%$ referral completion rate for referrals made? <b>(Review 20 referral slips completed by the mentee in the past three months. At least 19 of each type should be completed.)</b>				
8.5 Is the mentee able to describe the EMPOWER referral linkage system properly? <b>(Ask the mentee to describe the EMPOWER referral linkage system)</b>				

## 2.2 EMPOWER YFHS Supervisory & Mentoring tally sheets

Name of Service Delivery Point: \_\_\_\_\_

District: \_\_\_\_\_ Health Facility Catchment Area: \_\_\_\_\_

TA: \_\_\_\_\_ GVH: \_\_\_\_\_

Village: \_\_\_\_\_

Name of Mentor (s) \_\_\_\_\_

Name of Mentee (s): \_\_\_\_\_

Date of Mentoring: \_\_\_\_\_ Time Mentoring Started: \_\_\_\_\_ Time Mentoring

Ended: \_\_\_\_\_

<b>STANDARD 1: Health services are provided to young people according to existing policies, procedures, and guidelines at all SDP's</b>				
	<b>Questions</b>	<b>Response</b>	<b>Score Min =0 Max=1</b>	<b>Comments</b>
1	Are relevant policies in the provision of YFHS available? (check the availability of the youth policy and RH policy)	1=Yes 0=No		
2	Are there guidelines for provision of quality YFHS? (check the availability of YFH standards)	1=Yes 0=No		
3	Have the service providers been oriented to the relevant standards for the provision of YFHS? (Orientation in the Youth, RH policies and the standards)	1=Yes 0=No		
	<b>SDP Aggregate score</b>	Total score: 3		
<b>STANDARD 2: Young people are able to obtain health services that include preventive, promotive, curative and rehabilitative services that are appropriate to their needs.</b>				
	<b>Questions</b>	<b>Response</b>	<b>Score Min =0 Max=1</b>	<b>Comments</b>
1	Is minimum package for youth friendly health services	1=Yes		

	provided to young people?	0=No		
2	Are young people referred to other Service Delivery Points? <i>(Check records e.g. referral form)</i>	1=Yes 0=No		
3	Does the SDP have adequate infrastructure to provide YFHS <i>(Check for room/space)</i>	1=Yes 0=No		
4	Is there a signpost displayed that clearly shows schedule, time, location of YFHS?	1=Yes 0=No		
5	Are outreach services being provided according to schedule? <i>(Check records of services provided)</i>	1=Yes 0=No		
6	Do you have the necessary equipment, supplies and medicines needed to provide the health services that you are meant to provide? <i>(Verify the availability of equipment, supplies and medicines)</i>	1=Yes 0=No		
7	Are recreational materials available and being utilized by young people at this facility?	1=Yes 0=No		
	<b>SDP Aggregate score</b>	Total score=7		

**STANDARD 3: All young people are able to obtain health information (including SRH and HIV) relevant to their needs, circumstances and stage of development**

	Questions	Response	Score Min =0 Max=1	Comments
1	Do you have IEC materials targeting young people <i>(Please observe and Verify)</i>	1=Yes 0=No		
2	Are there currently informational/ educational materials on display for young people to take away? <i>(Please observe and Verify)</i>	1=Yes 0=No		
3	Have you established any links with other organizations/institutions in this area that are providing information and education on health including sexual and reproductive health to young people? <i>(Check meeting reports or any documentations). Provide their names</i>	1=Yes 0=No		
4	Are there posters displayed containing health information, in your Service Delivery Point?	1=Yes 0=No		
5	Did you provide information or hold any meetings with the community about the availability and organisations of YFHS in the past six months. <i>(Verify with minutes or documentation)</i>	1=Yes 0=No		
6	Has a focus group discussion with young people in the community taken place in the last 6 months to find out their perception of how easy it is to obtain information and advice on health including sexual and reproductive health from the SDP? <i>(Verify with minutes or documentation)</i>	1=Yes 0=No		

	<b>SDP Aggregate score</b>	Total score=6		
<b>STANDARD 4: Service providers in all SDP's have the required knowledge, skills and positive attitudes to effectively provide YFHS</b>				
	<b>Questions</b>	<b>Response</b>	<b>Score Min =0 Max=1</b>	<b>Comments</b>
1	Have the service providers in the SDP been trained in YFHS (Minimum of 2 SPs per SDP)	1=Yes 0=No		
2	Have the support staff and other service providers in the SDP been oriented on YFHS	1=Yes 0=No		
3	Are SP's providing privacy to young people? (Observe where YP get services)	1=Yes 0=No		
4	Are service providers managing young people with respect? (Observe)	1=Yes 0=No		
5	Are young people involved in service provision?	1=Yes 0=No		
	<b>SDP Aggregate score</b>	Total score5		
<b>STANDARD 5. Health information related to young people is collected, analysed and utilised in decision making at all levels</b>				
	<b>Questions</b>	<b>Response</b>	<b>Score Min =0 Max=1</b>	<b>Comments</b>
1	Does the SDP have disaggregated data ( <b>which includes data for young people aged 10-24 years</b> ) for their catchments area (age, sex)? (Village Health Registers' can be a source)	1=Yes 0=No		
2	Does the SDP record disaggregate data using the YFHS form?	1=Yes 0=No		
3	Do the service providers analyze and utilize the data collected (Verify by reports, graphs)?	1=Yes 0=No		
4	Does the facility submit quarterly segregated data for young people to the nearest health facility? (either health centre/DHO/DYO)	1=Yes 0=No		
5	<b>Does the SDP-have Proper waste disposal &amp; management system? (Segregation of waste)</b>	1=Yes 0=No		
	<b>SDP Aggregate score</b>	Total score=5		

Overall Aggregate Score.....

Overall Comments.....

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Report compiled by:

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## 2.3 Mentoring Reporting Template

### 2.3.2 Purpose

This is a standard report form for all EMPOWER mentors. Its goal is to collect mandatory and useful information for management and reporting. It should not take more than a few hours to complete this form, using notes that you keep on your work. The total length of this report is expected to not exceed six pages. Additional important information that may be useful for your records and for management purposes can be collected and submitted as an annex.

- I. Name of mentor/s:
- II. Reporting period (MM/YY):
- III. Type of visit (Initial Vs repeat):
- IV. Site(s): List names of all sites where you mentored during the reporting period.

Sr. No.	Date	Name of TA	Name of catchment area	Name of GVH	Name of Village
1					
2					
3					
4					
5					

### 2.3.3 Objectives of mentoring assignment

List the objectives of the mentoring assignment and report progress against those objectives. Mentors are expected to discuss and agree with the CHWs at the mentoring site during initial visit and amended later as appropriate. Objectives may include, for example: providing on-site training to CHWs on AGYW and their sexual partners service delivery, HIV Testing services and improve quality of YFHS interventions; providing consultation; assisting CHWs to problem-solve; helping with direct service deliver; and demonstrate use of data for decision making.

### 2.3.4 Key activities

Please list and briefly describe the key activities you conducted during the reporting period. Onsite individual mentoring, distant consultations, relevant meetings, and formal group training should be listed separately in the respective sub sections below.

### 2.3.5 Onsite individual Mentoring

EMPOWER requests that all mentors list the names of individuals who received individual mentoring, how many hours of mentoring they received, new issues identified and action plans. (Use section 6 to document progress on issues identified during previous visits)

Name of Mentee	Estimated time spent on mentoring	Areas assessed*	New issues Identified	Planned remedial actions	Responsible Person	Resources Required	Timeline

\* Areas to be assessed includes: The process of mapping and client recruitment and enrollment; quality of AGYW services, HTS and prevention services; client right; referral linkage system; confidentiality and security of client level data; efforts to engage community and client; adequacy of supplies and materials; and system level issues.

No.	Name	Cadre/ position	Topic Discussed	Estimated no. hours/minutes spent on consultation
1				
2				
4				
5				
Total				

### 2.3.6 Distant consultations

An important service that mentors often provide through distant consultation (using telephone, email, or social media), particularly concerning service delivery. Please list the names, cadres/positions of the CHWs who consult you and record the estimated time spent and the topics discussed during the consultation.

### 2.3.7 Meetings attended/held

Please include meetings in which you were involved that had relevance to your work as a mentor and mention the outcome of the meeting(s).

Date	Description of Meeting	Number of participants	Outcome/Comments

### 2.3.8 Training

Please record in the table provided any group training sessions, which lasted more than or equal to half an hour, that you conducted during the mentoring activity. This could include special lectures, case studies, etc.

Date	Topic of training	Time allocated	No. of OC CHWs attending	No. of other CHWs attending

### 2.3.9 Status of issues identified from previous visit

For a repeat visit, document the status of issues identified from the previous visit using the following table.

Name of Mentee	Issue identified during previous visit	Current status (Resolved; partially improved; action plan implemented but not working; action plan not implemented)	Planned action (Issue closed; continue to implement the action plan; modify the action plan; start implementation of the action plan)

### 2.4.0 Accomplishments and best practices

Please describe any specific successes that we should be aware.

## 3. ANNEX I: LIST OF REQUIRED TOOLS AND MATERIALS

<u>HIV Testing Services</u>	<u>AGYW Clubs Sessions</u>
<ul style="list-style-type: none"><li>• Observation checklist</li><li>• Supervision tool</li><li>• HTS guidelines</li></ul>	<ul style="list-style-type: none"><li>• Schedule for Go! Girls Club sessions</li><li>• DREAMS tool kit for girls</li><li>• DREAMS Service Delivery register</li></ul>



<ul style="list-style-type: none"> <li>• HTS participants manual</li> <li>• SOP for Index testing</li> <li>• HTS register</li> <li>• HTS job aids</li> <li>• HTS monthly reporting form</li> <li>• HTS Logbook</li> <li>• Referral slip</li> <li>• Referral register</li> <li>• Tablet with the risk assessment form installed</li> <li>• HTS supplies and materials: <ul style="list-style-type: none"> <li>○ Biohazard bags</li> <li>○ Gloves</li> <li>○ Disposable apron</li> <li>○ EDTA capillary tubes</li> <li>○ Paper towel</li> <li>○ Cotton wool</li> <li>○ Methylated spirit</li> <li>○ Hand sanitizer</li> <li>○ Squeezer bottle</li> <li>○ Lancet</li> <li>○ Permanent fine markers</li> <li>○ Timer</li> <li>○ Rapid test kit</li> <li>○ Sharp disposal container</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Financial literacy education for AGYW</li> <li>• Condoms</li> <li>• Condom distribution form</li> <li>• Job aid - HIV risk assessment</li> <li>• Referral slip</li> <li>• Referral register</li> <li>• Mentoring log book</li> </ul> <p><b><u>General Case management</u></b></p> <ul style="list-style-type: none"> <li>• Job aids: <ul style="list-style-type: none"> <li>○ Viral Load monitoring,</li> <li>○ Tips for adherence counselling</li> <li>○ Quick reference guide for adherence counselling,</li> <li>○ Screening for TB, STI, Depression and alcohol abuse</li> <li>○ Drug side effects assessment and counselling</li> <li>○ PHDP</li> <li>○ Pregnancy &amp; FP</li> <li>○ Client right</li> </ul> </li> <li>• Male and female condoms</li> <li>• Condom distribution form</li> <li>• Penile model</li> <li>• HIV risk assessment forms</li> <li>• Referral slips</li> <li>• Mentorship logbook</li> </ul>
<b><u>Health Facility / EMPOWER Office Specific</u></b>	
<ul style="list-style-type: none"> <li>• Secured, clean and ventilated office</li> <li>• Poster: Client Right</li> <li>• Poster: Child Safeguarding Policy</li> <li>• Adequate number of secured filing cabinets</li> <li>• Folders for referral slips</li> <li>• Referral registers</li> <li>• Requisition and Issuing Voucher (RIV) and Stock</li> </ul>	

<p>Card</p> <ul style="list-style-type: none"> <li>• Condom distribution form</li> <li>• SOP for tracking &amp; issuing referrals</li> <li>• Guidelines for referral coordination meetings</li> <li>• Signed Copies of Policies (Child Protection, ICT and Confidentiality)</li> <li>• Training attendance register</li> <li>• Mentoring logbook</li> </ul>	
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