Standard Operating Procedure - #10 Endline data collection

Endline field manual and data collection Procedures for the Sitakhela Likusasa Impact Evaluation

Document 10 in a series of 20 Standard Operating Procedures

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Standard Operating Procedure - # 0 Introduction
Introduction to all the Standard Operating Procedures for the Sitakhela Likusasa Impact Evaluation

NERCHA – National Emergency Research Council on HIV and AIDS authors: Khanyakwezwe Mabuza, Muziwethu Nkambule, Tengetile Dlamini and Mbuso Mabuza

World Bank authors: Marelize Görgens, Damien de Walque, Andrew Longosz, Sosthenes Ketende and Wendy Heard

IHM Southern Africa authors: Vimbai Tsododo, Mthokozisi Dlamini, Tendai Chiperepa, Nontobeko Fakudze and Leroy Shongwe
# Table of Contents

Table of Contents .................................................................................................................. 3

1 Section 1: Background ........................................................................................................ 1
   1.2 Overview of the Sitakhela Likusasa Impact Evaluation ................................................. 2
      1.2.1 Sitakhela Likusasa Impact Evaluation Participants .............................................. 3
      1.2.2 Research Methods ................................................................................................. 3
      1.2.3 Who qualifies for the payment of incentives? ....................................................... 6
      1.2.4 Government permissions and ethics clearance .................................................... 8
      1.2.5 Changes in the number of participants during implementation......................... 9
      1.2.6 Possible Benefits and Risks to Participants ......................................................... 10
      1.2.7 Possible Benefits to the Local Community and Global HIV Community .......... 10

1.3 Overview of Endline data collection for the Sitakhela Likusasa Impact Evaluation ............ 11
      1.3.1 Objectives of Endline data collection .................................................................... 11
      1.3.2 Endline data collection processes ....................................................................... 11
      1.3.3 Overview of Endline data collection tools and forms, and reports .................... 12
      1.3.4 Equipment and resource materials for use during Endline ................................. 18

2 Section 2: Survey Management .......................................................................................... 20
   2.1 Overview ....................................................................................................................... 20
   2.2 Roles and Responsibilities ............................................................................................ 21
      2.2.1 Role of Field Staff ................................................................................................. 21
      2.2.2 Supervisors ........................................................................................................... 21
      2.2.3 Data Quality Assurance Officers (DQAO) .......................................................... 22
      2.2.4 Research Assistant ............................................................................................... 23
      2.2.5 HTC Counsellors .................................................................................................. 23
      2.2.6 Nurses .................................................................................................................... 24
      2.2.7 Drivers .................................................................................................................... 24
      2.2.8 Logistics and Admin Officer ................................................................................. 25
      2.2.9 Project Manager .................................................................................................... 26

3 Section 4: Guidelines for a Successful Interview ............................................................... 27
   3.1 General Rules ................................................................................................................ 27
   3.2 Full Attention Given to The Respondent and The Interview ...................................... 27
   3.3 Not Allowing Respondents to See the Questionnaire ............................................... 27
   3.4 Reading Each Question Clearly and Distinctly ........................................................... 28
   3.5 Simultaneous Recording ............................................................................................... 28
   3.6 Asking the Questions Exactly as Worded in the Questionnaire .................................. 28
   3.7 The Order of the Questions ......................................................................................... 28
   3.8 The Use of Further Explanation .................................................................................. 28
   3.9 Knowing When to Be Silent ......................................................................................... 29
4 Section 5: Training ................................................................. 31

4.1 Introduction .................................................................................. 31
4.2 Training Preparations .................................................................. 31
  4.2.1 Stock take & stock required .................................................. 31
  4.2.2 Recruitment of Field Staff .................................................... 31
  4.2.3 Procurement of field equipment and supplies ...................... 32
  4.2.4 Training fieldwork team ......................................................... 32
  4.2.5 Fieldwork packs .................................................................. 32
  4.2.6 Readiness assessment ........................................................... 33
  4.2.7 Training Preparation Checklist ............................................ 33

4.3 Learning Objectives for the Training Workshop .......................... 34
4.4 Training Curriculum .................................................................. 34

6 Section 6: Fieldwork ...................................................................... 37

6.1 Community Sensitization .......................................................... 37
6.2 Team Deployment ........................................................................ 37
  6.2.1 Team Composition ............................................................... 37
  6.2.2 Coding of Fieldworkers ......................................................... 37
6.3 Site selection ............................................................................... 37
6.4 Field Logistics ............................................................................ 38
  6.4.1 Tablet Computers (Lenovo) and Consumables for Use in the Field .... 38
  6.4.2 Logistics for Survey Teams .................................................... 38
  6.4.3 Transportation arrangements .............................................. 39
  6.4.4 Taking of digital photographs using the Lenovo Tablet .......... 39
6.5 Handling withdrawals .................................................................. 41
  6.5.1 Definition ............................................................................ 41
  6.5.2 Study Procedure .................................................................. 41
6.7 Endline Data Collection Implementation Process ..................... 42
6.8 Step 1: Set Appointments with Study Participants .................... 43
  6.8.1 Step 1.1: Contact participant using ENF ............................ 44
  6.8.2 Step 1.2: Implement contact unsuccessful procedure .......... 44
  6.8.3 Step 1.3: Field Tracing Procedures .................................... 45
  6.8.4 Step 1.4: Set participant appointment for endline using ENF .... 46
  6.8.5 Step 1.5: Appointment Reminder before the Site Visit ......... 46
6.9 Step 2: At the study site: Study Participant Verification .............. 47
6.10 Step 3: Administer the Endline Behavioural Questionnaire .......... 48
6.11 Step 4: Conduct GBV screening .............................................. 48
  6.11.1 Process for dealing with sexual violence and abuse .......... 48
  6.11.2 Follow up for participants referred for GBV ..................... 49
6.12 Step 5: Undertake STI and HIV counselling and testing................................. 49

7 Section 7: Data Quality Assurance ........................................................................ 50

7.1 Aspects of Data Quality Assurance ................................................................. 50
7.2 Quality Assurance using CAPI Software ....................................................... 50
7.3 Quality Assurance through Training .............................................................. 53
7.4 Quality control during fieldwork ................................................................. 53
7.5 Reporting Indicators ...................................................................................... 53
7.6 DQA reporting ............................................................................................... 54
  7.6.1 Endline Progress Report ........................................................................... 54
  7.6.2 Endline Daily Field Diary for Research Assistants & Daily Report Schedule ........................................................................................................... 54

8 Annexures ........................................................................................................ 56

8.1 Annex 1: Implementation Plan ....................................................................... 56
8.2 Annex 2: List of Biomedical Consumables and Equipment ......................... 67
8.3 Annex 3: Fieldwork Packs ............................................................................ 68
8.4 Annex 4: Communication & Sensitisation plan ............................................ 69
8.5 Annex 5 - The Role of a Questionnaire .......................................................... 72
  8.5.1 Description of Different Elements in a Questionnaire ............................... 72
8.6 Annex 6: The Lenovo Tablet .......................................................................... 75
  8.6.1 Using the Lenovo Tablet ............................................................................ 75
  8.6.2 Damaged, Malfunctioning or Lost or Stolen Tablets ............................... 76
List of Acronyms

AFM  Assistant Field Manager  
AGYW  Adolescent girls and young women  
AIDS  Acquired Immunodeficiency Syndrome  
C  Control (Sub arm of the Impact Evaluation)  
CAPI  Computer assisted personal interviewing  
EI  Education Incentive (Sub arm of the Impact Evaluation) Previously referred to as CCT  
EI&R  Education Incentive and Raffle (Sub arm of the Impact Evaluation) Previously referred to as CCT_R  
FLAS  Family Life Association of Swaziland (eSwatini) – A contracting partner who was part of the Impact Evaluation in earlier stages  
GBV  Gender Based Violence  
HIV  Human Immunodeficiency Virus  
HTC  HIV Testing and Counselling  
IHM  Institute for Health Measurement, Southern Africa  
ISAB  In-school at baseline  
ISAM  In-school at Midline  
MIMOP  Post midline contact visit  
MoH  Ministry of Health  
NERCHA  National Emergency Response Council on HIV and AIDS in Swaziland  
OOSAB  Out-of-school at baseline  
OOSAM  Out-of-school at Midline  
OOSY  Out-of-school youth  
PID  Sitakhela Likusasa Participant Identity Card (for the Study)  
PM  Project manager  
PNF  Participant Notification Form  
R  Raffle (Sub arm of the Impact Evaluation)  
RA  Research Assistant  
SL  Sitakhela Likusasa  
SOP  Standard Operating Procedure  
SP  Study participant – an adolescent girl or young woman enrolled in the Sitakhela Likusasa Impact Evaluation  
STI  Sexually Transmitted Infection  
STU  Short courses, Tertiary including university, technical and vocational classes and Upgrading classes  
SWAGAA  Swaziland Action Group Against Abuse  
USAID  United States Agency for International Development  
WB  World Bank
1 Section 1: Background

Endline will be the last point of data collection for the 3-year Sitakhela Likusasa Impact Evaluation and fieldwork will be conducted from November 2018 through to April 2019, with data analysis and report and information product development, following on the field work and running through to May 2019. During Endline, biological and behavioural data – similar to that collected during Baseline and Midline – will be collected from all active participants, using tablets and Survey Solutions forms.

Data quality assurance throughout Endline data collection is critical, and every member of the team will play a role to ensure this. Data cleaning and analysis will culminate in the development and dissemination of the Endline Report, together with a full dataset of the Sitakhela Likusasa Impact Evaluation.

The purpose of this document is to describe:
(a) preparatory steps required before the site visit for Endline data collection, including the recruitment and training of field staff;
(b) the infield site visit to all participants for biological and behavioural data collection at Endline;
(c) the use of forms, reports and Survey Solutions for Endline data collection; steps for data quality assurance during field work, data cleaning and analysis process steps after fieldwork collection, leading to the development of the Endline report; and outline the roles and responsibilities of the various team members throughout all Endline processes.

Given the purpose of the document, other SOPs already prepared for the Impact Evaluation are relevant. Readers should familiarise themselves with these SOPs too:

- **SOP 0** (Introduction to all SOPs) that clearly describes the different study arms and sub arms and the incentives that study participants qualify for
- **SOP 2** (Baseline, Midline and Endline HIV and STI counseling, testing, treatment and referral) which describes the procedures and provides guidelines for the HIV and STI counselling, testament, treatment and referrals and linkages to prevention, care and support services
- **SOP 7** (Screening for GBV and reporting suspected violence and abuse) that outlines the procedures regarding screening of exposure to violence or abuse and referrals for those as required.
- **SOP 9** (Data Management) that explains processes to be followed by the data management team
- **SOP 15** (Study Withdrawal procedure) where reference is made to the steps to be taken when a study participant withdraws from the study
- **SOP 20** (Data Quality Assurance) that outlines the processes to be followed by the team to assure and check for data quality throughout Endline.
1.2 Overview of the Sitakhela Likusasa Impact Evaluation

The Sitakhela Likusasa Impact Evaluation is an initiative of the Government of Eswatini. It is an HIV prevention impact evaluation targeting adolescent girls and young women (AGYW) aged 15–22 years, at the time of enrolment into the Impact Evaluation, who either attend school (including short courses, technical or vocational training, universities or upgrading classes (STU)) or who have dropped out of school. The aim of the Impact Evaluation is to evaluate the impact of using incentives to reduce HIV infection among AGYW.

The Impact Evaluation set out to enrol over 4,000 AGYW, from across all regions within eSwatini, who were randomly, but equally, assigned to either the treatment arm, or the control arm. The intervention being evaluated consists of a financial incentive provided to AGYW in the treatment arm to enroll in and attend different types of education (education incentive) and half of the AGYW in both arms were randomly selected to also be part of a raffle incentive, conditional on being Trichomoniasis Vaginalis and syphilis negative¹. In addition, AGYW enrolled onto the Impact Evaluation were again equally assigned to each of the four sub arms, based on whether they, at the time of enrolment were in school, or registered for post school studies, including upgrading classes. For each of the four sub arms, half the participants were in school or post-school studies, while the other half were out of school or not registered for post school studies, including upgrading classes, but had an interest to return to school or other forms of studies. In the last year of implementation, an intensified intervention was introduced for qualifying participants in the treatment arm, who were out of school, to encourage them to return to school or register for other forms of education.

Initially the Impact Evaluation was intended to be implemented in 2016 and 2017, but the decision was taken to extend the Impact Evaluation by one more calendar year, through to 2018. For this purpose the participants needed to sign an additional consent/assent form to extend their participation in the impact Evaluation by a further year, this process was known as the MIMOP process.

The Sitakhela Likusasa Impact Evaluation aims to answer the following questions:

a) Do education incentives paid to adolescent girls and young women (AGYW) aged 15 to 22 years contingent on school attendance or other forms of education engagement, reduce the incidence of HIV compared to adolescent girls and young women not receiving cash incentives?

b) Do raffle prizes paid to adolescent girls and young women aged 15 to 22 contingent on being negative for curable STIs (Trichomoniasis Vaginalis, syphilis) reduce the incidence of HIV compared to adolescent girls and young women not enrolled in a raffle?

¹ Each raffle conducted, targeted 400 participants each time who are randomly selected, and they were tested for syphilis and Trichomoniasis Vaginalis
c) Do raffle incentives and education incentives act in an additive or multiplicative manner to reduce the incidence of HIV amongst adolescent girls and young women over time (acknowledging a possibly limited power to detect interaction)?

d) Is the provision of incentives cost-effective as a method of HIV prevention in adolescent girls and young women in Eswatini?

The Sitakhela Likusasa Impact Evaluation allows for various data collection at different points:

- Three points of behavioural and bio-medical data collection: Baseline, Midline and Endline fieldwork questionnaires and bio-medical tests to assess demographics, behaviours, exposure to HIV programs and STI status (HIV, syphilis and *Trichomoniasis Vaginalis*). These are conducted at enrolment into the Impact Evaluation (Baseline), halfway through the Impact Evaluation (Midline), and at the end of the Impact Evaluation (Endline).
- Due to the type of intervention being evaluated, the Impact Evaluation also collects data on enrolment into and attendance of different types of education.
- For those who participated in the raffles, eight were conducted over the entire Impact Evaluation and data on their syphilis and *Trichomoniasis Vaginalis* test results captured.
- Whenever contact is made with a participant their contact, location and education information is updated.
- During MIMOP the latest education, contact and location information for all participants of the Impact Evaluation who agreed to remain in the impact evaluation for one more year, was collected.

1.2.1 Sitakhela Likusasa Impact Evaluation Participants

This evaluation is designed to assess the impact of incentives among HIV-negative adolescent girls and young women who have turned 15 years of age at or before baseline, and who are not older than 22 years of age in Eswatini.

1.2.2 Research Methods

In order to investigate the impact of cash incentives paid to AGYW on HIV incidence, as well as the impact of a direct transfer of cash to AGYW via the raffle condition, the Impact Evaluation employs a 2 X 2 factorial design, as illustrated below.
The evaluation also provides experience in providing a combination of interventions. Allocation of the education incentive was randomized at cluster level, using enumeration areas defined in 2007 from the national Government census at the time. The raffle incentive was randomized at the individual level, and individuals were selected from the same enumeration areas.

Provided below is a digramatic representation of the arms and sub-arms within the Impact Evaluation, highlighting the incentives offered to each sub arm.
<table>
<thead>
<tr>
<th>Study control arm: No education incentive</th>
<th>Study control arm: No education incentive</th>
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<tbody>
<tr>
<td><strong>With Raffle</strong></td>
<td><strong>Without Raffle</strong></td>
</tr>
<tr>
<td><strong>Sub Arm 1: Education &amp; Raffle</strong></td>
<td><strong>Sub Arm 2: Education only</strong></td>
</tr>
<tr>
<td>Education incentive for enrolling in and attending public or private school in eSwatini: Enrol in school in eSwatini in 2016 - 2018; then receive cash incentive (E200 per year) If in school with 80% or higher attendance for each school term; then receive cash incentive per term (E400 per term) Education incentive for initiating and completing upgrading classes: Enrol for upgrading classes in eSwatini; then receive E700 for the year Apply for SGCSE exams; then receive E700 for the year Education incentive for initiating and sitting for exams at University, vocational school or technical college: Register at University or College within eSwatini for 2016 - 2018; then receive cash incentive (E700 per year) Sit for the annual exam at the end of the year; then receive cash incentive (E700 per year) Education incentive for initiating and completing a short course of any kind: Initiate attendance at short course during 2016 - 2018 through proof of payment; then receive cash incentive (E700 per course) Complete the short course; then receive cash incentive (E700 per course) New Education intervention for participants returning to school in 2018 (for those who indicated at midline, that in 2017 they were out of school): Enrol to return to a public school or for an upgrading class, or register for a public University or College or to attend a short course; to a limit of E 2,900 for the year, to be paid directly to the school, college or university where registered. Raffle: If randomly selected for STI screening and participant tests negative for <em>Trichomonas Vaginalis</em> and Syphilis; then possible incentive through raffle prize draw (E1,000 per raffle)</td>
<td>Education incentive for enrolling in and attending public or private school in eSwatini: Enrol in school in eSwatini in 2016 - 2018; then receive cash incentive (E200 per year) If in school with 80% or higher attendance for each school term; then receive cash incentive per term (E400 per term) Education incentive for initiating and completing upgrading classes: Enrol for upgrading classes in eSwatini; then receive E700 for the year Apply for SGCSE exams; then receive E700 for the year Education incentive for initiating and sitting for exams at University, vocational school or technical college: Register at University or College within eSwatini for 2016 - 2018; then receive cash incentive (E700 per year) Sit for the annual exam at the end of the year; then receive cash incentive (E700 per year) Education incentive for initiating and completing a short course of any kind: Initiate attendance at short course during 2016 - 2018 through proof of payment; then receive cash incentive (E700 per course) Complete the short course; then receive cash incentive (E700 per course) New Education intervention for participants returning to school in 2018 (for those who indicated at midline, that in 2017 they were out of school): Enrol to return to a public school or for an upgrading class, or register for a public University or College or to attend a short course; then apply for your 2018 school fees, to a limit of E 2,900 for the year, to be paid directly to the school, college or university where registered. Raffle: If randomly selected for STI screening and participant tests negative for <em>Trichomonas Vaginalis</em> and Syphilis; then possible incentive through raffle prize draw (E1,000 per raffle)</td>
</tr>
<tr>
<td><strong>Sub Arm 3: Raffle only</strong></td>
<td><strong>Sub Arm 4: Control</strong></td>
</tr>
<tr>
<td>If randomly selected for STI screening and participant tests negative for <em>Trichomonas Vaginalis</em> and Syphilis; then possible incentive through raffle prize draw (E1,000 per raffle)</td>
<td>No education incentive No participation in raffle</td>
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**Figure 2:** Graphic illustrating the Impact Evaluation sub arm and the incentives and intervention offered to each sub-arm
1.2.3 Who qualifies for the payment of incentives?
Participants within the Impact Evaluation, not in the control sub arm, qualify for incentives for 2016, 2017 and/or 2018 when:

- they enrol at a school in Eswatini (Education Incentive 1)
- those enrolled at school who achieve 80% or more attendance per term (Education Incentive 2)
- they enrol for upgrading classes (Education Incentive 3)
- those enrolled for the upgrading classes register for O level examinations (Education Incentive 4)
- they register at a University, Technical or Vocational College within Eswatini, (Education Incentive 5)
- those enrolled at University, Technical or Vocational, College sit for the annual examination at the end of the academic year (Education Incentive 6)
- they register for a Short Course (Education Incentive 7)
- those that registered for a short course, complete the Short Course (Education Incentive 8)
- they are selected into a raffle, have negative STI test results and are then drawn as a winner against the raffles held (Raffle incentive)

In addition, through an intensified intervention aimed at those who were out of school, in 2018 a tuition fee subsidy was also offered to those in the treatment arm, who at midline reported being out of school, but have subsequently returned to school.

See box 1 for further details of the payments of the incentives to participants.

**Box 1: Details of the payments of Incentives**

**Education Incentive 1: School Enrolment in the 2016, 2017 and 2018 school years**
**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who have their names recorded in their school’s class lists and attendance register for the school year (for school years 2016, 2017 and/or 2018). Enrolment has to be in a school within Eswatini and will be verified after MOE provides the necessary school class lists, in February 2016, 2017 and 2018.

School enrolment will be verified using the procedures specified. Students who are enrolled in schools outside of ESwatini will **not** be eligible to receive the incentive for school enrolment.

**Value of the incentive to be paid:** E200 per year of school enrolment plus withdrawal charges: E7 for MTN Mobile Money and E6 for SPTC payment.

**Education Incentive 2: At least 80% school attendance every school term**
**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who achieve 80% school attendance, or more, per term at a school in Eswatini. Incentives are paid for each school term, i.e. school term 1 of 2016, 2017 and 2018, school term 2 of 2016, 2017 and 2018, and school term 3 of 2016 and 2017. School attendance will be monitored from the date of enrolment.

School attendance will be verified. Students who attend schools outside of ESwatini will **not** be eligible to receive the incentive for school attendance.
**Value of the incentive to be paid:** E400 per term of school attendance with 80% or more achieved, plus withdrawal charges: E12 for MTN Mobile Money and E6 for SPTC payment.

**Education Incentive 3: Enrolment in Upgrading Classes in the 2016 2017 and 2018 school years**

**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who have **registered for upgrading classes** in the school year (for school years 2016, 2017 and/or 2018). Enrolment has to be in a school or registered institution offering upgrading classes within Eswatini and will be verified.

Students who are registered for upgrading classes offered outside of Eswatini will **not** be eligible to receive the incentive for enrolment into upgrading classes.

**Value of the incentive to be paid:** E200 per year of enrolment plus withdrawal charges: E7 for MTN Mobile Money and E6 for SPTC payment.

**Education Incentive 4: Students in upgrading classes who register to write the O level examination**

**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm enrolled in upgrading classes who **register to write the O level examination/s** (for the academic years 2016, 2017 and/or 2018).

Exam registration will be verified. Students who are enrolled for upgrading classes outside Eswatini borders will **not** be eligible to receive this incentive.

**Value of the incentive to be paid:** E700 per year of enrolment plus withdrawal charges: E12 for MTN Mobile Money and E10 for SPTC payment.

**Education Incentive 5: Registration for studies at a University, Vocational school or Technical College during 2016, 2017 and/or 2018**

**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who have their **names recorded as registered at a University, Vocational school or Technical College** (for the academic years 2016, 2017 and/or 2018). Registration has to be with a university, school or college within Eswatini and will be verified after the institution confirms the necessary registration, in January or August for 2016. 2017 and/or 2018.

Students who are enrolled in a university, school or college outside Eswatini borders will **not** be eligible to receive the incentive for registration.

**Value of the incentive to be paid:** E700 per year of enrolment plus withdrawal charges: E12 for MTN Mobile Money and E10 for SPTC payment.

**Education Incentive 6: University, Vocational school or Technical college students who sit for their annual examination/s at the end of the academic year**

**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who **sit for their annual examination/s** at the end of the academic year at University, Vocational School or Technical College for their courses at the end of the academic years of 2016, 2017 and/or 2018. The incentive will be paid on a pro rata basis if the study participant only sat for some of their course examinations.

Data relating to those who sat for the examination will be verified with the involvement of the tertiary institutions and colleges concerned.

Students who attend universities or colleges outside the borders of Eswatini will **not** be eligible to receive the incentive for completion of studies.

**Value of the incentive to be paid:** E700 per year of enrolment plus withdrawal charges: E12 for MTN Mobile Money and E10 for SPTC payment.

**Education Incentive 7: Initiating attendance at a short course during 2016, 2017 and/or 2018**
**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who register for a short course during 2016, 2017 and/or 2018. Registration has to be with a university, school or college within Eswatini and will be verified after proof of payment is provided.

Students who are for a short course outside Eswatini borders will not be eligible to receive the incentive for registration.

**Value of the incentive to be paid:** E700 per year of enrolment plus withdrawal charges: E12 for MTN Mobile Money and E10 for SPTC payment.

**Education Incentive 8: Students who complete a short course**

**Who should receive this incentive:** All participants of the Impact Evaluation in the Education Incentive and Education Incentive-and-raffle arm who complete a short course, for the academic years of 2016, 2017 and/or 2018. The incentive will be paid on a pro rata basis if the entire short course was not completed.

Data relating to those completed the short course will be verified and with the involvement of the institutions or colleges concerned. Students who attend short courses at institutions or colleges outside the borders of ESwatini will not be eligible to receive the incentive for completion of studies.

**Value of the incentive to be paid:** E700 per year of enrolment plus withdrawal charges: E12 for MTN Mobile Money and E10 for SPTC payment.

**Raffle Incentive**

**Who should receive this incentive:** Four hundred participants, from the raffle and Education-raffle arms are randomly selected, at each relative round, to participate in the raffle. Of the four hundred participants selected, those who present themselves and have tested negative for both Trichomonas vaginalis and syphilis during the respective raffle round, qualify for the raffle draw. Eighty study participants are identified as raffle winners and are paid the raffle incentive, with each raffle round.

**Value of the incentive to be paid:** E1000 per round plus withdrawal charges: E12 for MTN Mobile Money and E10 for SPTC payment.

### 1.2.4 Government permissions and ethics clearance

The Sitakhela Likusasa Impact Evaluation is implemented by NERCHA (National Emergency Response Council on HIV and AIDS) with support from the World Bank. The Eswatini Ministry of Health (MoH) and the eSwatini Ministry of Education and Training, have given the necessary approval for this Impact Evaluation, are supportive partners and are represented on the Technical Oversight Committee for the Impact Evaluation.

Through NERCHA, the Ministry of Health has provided the Impact Evaluation with a **signed letter of approval and introduction** for the Impact Evaluation. As part of the preparatory steps, a copy of this letter from the MoH must be sent to Provincial Medical Directors, hospital CEOs and Directors for Health Services in the cities of the provinces, district hospitals and primary health facilities involved in the Endline data collection sites, where biomedical testing will be conducted.

Ethics clearance to conduct the Impact Evaluation has been obtained from:
• **WIRB (Western Institution Review Board):** NERCHA and the World Bank (WB) has obtained ethics clearance from the WIRB to conduct the impact evaluation in eSwatini. All the consent, or assent forms, signed by the participants have been approved by the WIRB, including any additions or changes made to the Impact Evaluation during implementation.

• **NHRB (eSwatini National Health Research Board):** The NHRB has granted approval to the NERCHA to conduct the impact evaluation in eSwatini.

In order to be a participant every AGYW enrolled signed either a **consent form** (if 18 or older on the day of enrolment) or an **assent form** (if under the age of 18 years the consent was provide by the parent or guardian and the under-age participant signed an assent form. When changes were made to the Impact Evaluation and after ethics clearance was received from WIRB and NHRB, amended assent and consent forms were signed, during MIMOP, by the participants, and if necessary, due to age issues, their guardian. To be an active participant, a completed and signed consent form needs to be on record.

Each fieldwork team is required to carry of the WIRB and the NHRB clearance letters as well as the letter of introduction issued by the NERCHA/MoH.

### 1.2.5 Changes in the number of participants during implementation

Overtime, due to withdrawals, deaths and general loss to follow up, there have been changes to the number of participants in the Impact Evaluation at the end of each round, or critical data collection point. The table below provides the count of active study participants at each critical point:

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4,389 participants</td>
</tr>
<tr>
<td></td>
<td>6,055 screened</td>
</tr>
<tr>
<td></td>
<td>5,471 eligible</td>
</tr>
<tr>
<td></td>
<td>4,863 completed Baseline behavioural assessment</td>
</tr>
<tr>
<td></td>
<td>4,819 consented to HIV</td>
</tr>
<tr>
<td></td>
<td>4,421 tested HIV negative</td>
</tr>
<tr>
<td></td>
<td>4,389 consented to enroll onto the Impact Evaluation</td>
</tr>
<tr>
<td><strong>Midline</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,561 participants</td>
</tr>
<tr>
<td></td>
<td>4,389 participants targeted</td>
</tr>
<tr>
<td></td>
<td>3,561 reached at Midline and completed Baseline behavioural &amp; bio-medical assessment</td>
</tr>
<tr>
<td></td>
<td>828 Loss to follow up at Midline - either withdrew, died or were uncontactable</td>
</tr>
<tr>
<td><strong>MIMOP</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,898 participants</td>
</tr>
<tr>
<td></td>
<td>4,389 participants targeted (Less those who had died or withdrawn)</td>
</tr>
<tr>
<td></td>
<td>328 who were MIMOPed were not traced or present during Midline</td>
</tr>
<tr>
<td></td>
<td>491 lost to follow up at MIMOP - either withdrew, died or were uncontactable</td>
</tr>
<tr>
<td>2018 implementation</td>
<td>Endline</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
</tr>
<tr>
<td>3,898 reached at MIMOP</td>
<td>3,897 participants</td>
</tr>
<tr>
<td>1 lost to follow up due to death during the calling period to update the 2018 education information</td>
<td></td>
</tr>
<tr>
<td>3,897 participants targeted</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Table illustrating the flow through of participants at various data collection points of the Impact Evaluation

As can be seen from Table 3 above, at Endline data collection we will be targeting all participants who signed a consent or assent form during MIMOP, regardless of whether they were reached during Midline or not.

### 1.2.6 Possible Benefits and Risks to Participants

This Impact Evaluation involves adolescent girls and young women and assesses sexual behaviours and HIV and STI status, and there will be concerns about privacy. Some adolescent girls and young women are provided direct material benefits such as cash incentives of tuition fee subsidies not provided to those in the control group or not enrolled in the Impact Evaluation.

Adolescent girls and young women are also provided with free screening and treatment for STIs. Furthermore, those adolescent girls and young women testing positive for HIV at baseline were excluded from the Evaluation, thereby potentially increasing their distress at the diagnosis. Due to the sensitive nature of the outcome data, questionnaires and biomarker specimens are anonymised by sequential coding. Any participant testing positive for HIV will be provided post-test counselling and linkage to a nearby public health facility providing HIV treatment and care.

Randomisation at the enumeration area level was selected to avoid any resentment within communities of incentives being given to some households but not others. The randomisation process was transparent, to demonstrate that all communities have the same probability of being selected to receive the incentives, thereby increasing the perception of fairness.

Finally, there is concern that the incentives might increase the risk of intimate partner violence due to changes in sexual behaviour driven by the female partner. Counselling on violence, and a contact person who provides referral to local programmes are provided to all participants. Furthermore, this is seen as a minimal risk as another study with similar methodology found that adolescent girls and young women chose younger new sexual partners as opposed to change their behaviour with existing partners.

### 1.2.7 Possible Benefits to the Local Community and Global HIV Community

This Impact Evaluation will provide evidence on the use of incentives as HIV prevention in adolescent girls and young women. It will allow the consideration of direct transfers to the adolescent girl or young woman in terms of impact on sexual behaviour.
The impact on HIV incidence will also allow an evaluation of cost-effectiveness of the different types of incentives to inform long-term policy. The Evaluation should allow the Government of eSwatini to determine how to decrease new HIV infections in vulnerable populations whilst gaining crucial knowledge on improving educational outcomes.

1.3 Overview of Endline data collection for the Sitakhela Likusasa Impact Evaluation

1.3.1 Objectives of Endline data collection

The objectives of the Endline data collection process is to:

(a) Meet with every active participant to
   i. collect behavioural data
   ii. screen for GBV (Gender based violence)
   iii. conduct HIV, *Trichomoniasis Vaginalis* and Syphilis testing
   iv. collect biomedical samples for confirmatory testing
   v. collect data required for the payment of incentives that are due to qualifying participants
   vi. confirming participant’s contact and location information in case we need to reach them after Endline, in the future, for follow up or other research purposes.

(b) Use the Endline data to answer the research questions.

(c) Ensure that quality data is collected to contribute to the understanding of the sexual behaviour of AGYW in eSwatini and make this available to the broader research community.

1.3.2 Endline data collection processes

During Endline, bio-medical and behavioural data – similar to that collected during Midline – will be collected from all active participants. The Endline data collection process will consist of:

I. Preparatory steps before a site visit
   a. community awareness,
   b. finalising the endline data collection tools (questionnaires and forms) and programming these in Survey Solutions,
   c. recruitment and training of fieldwork staff,
   d. mobilization of resources and services,
   e. preparation of study sites,
   f. implementation planning and scheduling of visits,
   g. reaching out to participants of the Impact Evaluation to make an appointment for the field visit, including field tracing.

II. Implementation of Endline data collection and fieldwork
   a. meet participants in the field, at suitable sites to complete the endline questionnaire using Survey Solutions
   b. identification and collection of documents for any incentives that are due to participants.
c. regular and constant review of data collected and results of STI testing
d. weekly reports to WB and NERCHA on Endline fieldwork and related processes
e. implement data quality processes

III. Follow up after the site visit

a. within 24hrs of the site visit being completed, review of Survey Solutions data by IHM data quality assurance staff, DQAs and Supervisors
b. within 24hrs of IHM submission, approval of Survey Solutions data by World Bank team
c. payment and finalisation of any incentives that are due to participants
d. for those participants who tested positive for either HIV, syphilis positive and/or *Trichomoniasis Vaginalis*
e. for reported possible cases of GBV
f. for confirmatory testing to be conducted by NRL
g. for participants found to have discordant results after the NRL confirmatory testing
h. in any cases of protocol breach

Processes relating to preparing and cleaning data for analysis are described in this document.

In Annex 1 find the detailed implementation schedule for Endline

1.3.3 Overview of Endline data collection tools and forms, and reports

The following data collection tools, forms and reports will be used throughout Endline:

a. REPORT: Data listing of participants included in Endline in printed format *(Endline Participant Schedule {no code})*

Assistant Fieldwork Managers, Supervisors and Fieldwork teams will be provided with printed detailed listings of participants, in order for them to reach out to make appointments for Endline site visits. At the very least the participant listing should include the following data fields:

a) PID Number – which is the Participant’s unique study ID Number
b) Participant name and surname (at 2018 education confirmation collection)
c) Participant age
d) Participant’s date of birth
e) Participant contact numbers 1, 2 and 3, the owner of the number, as well as an indication of whether the participant can be contacted via SMS and/or WhatsApp on each of these numbers
f) For the participant alternate contact numbers, owner of the number, relationship of owner of the phone to the SP (study participant)
g) Location information: Region, town, nearest clinic, nearest school, directions to reach her
h) Arm and sub arm of the participants of the Impact Evaluation and whether the participant is an OOSY-ii qualifier (or not)
i) If Midlined, date when Midlined
j) Date when MIMOPed
k) Details of any incentive payments due for payment to the participant

b. REPORT: Fieldwork schedule in printed format (Endline Participant Schedule {no code})

A fieldwork schedule, for each of the teams to be deployed, will be developed by the data management team. This schedule will be based on when the participant was tested at midline. The analysis will generate the new date for testing which ideally will be 12 months from the previous test but not before. This schedule will be circulated to the relevant teams before the start of fieldwork to enable them to plan and set up the necessary appointments accordingly.

c. FORM: CLF form on Survey Solutions

The Contact, Name, Education and Location Update Form (CLF) is a form should be available on Survey Solutions, that will be used to update the individual details of the study participant relating to:

a) Contact information
b) School/Education information
c) Location information

d. FORM: QLF form on Survey Solutions

Should any issues be raised in the field that require follow up, or to be escalated to a supervisor, the research assistant will be required to log the query or issue, using a Query Logging Form (QLF) on Survey Solutions.

e. FORM: Endline Notification Form (ENF) on Survey Solutions

The Endline Notification Form (ENF) is a Survey Solutions Form that the field work team will use to contact the study participants, either through a series of phone calls or a field trace visit, to make the necessary arrangements to set up an appointment to meet the participant in the field, to conduct the Endline interview and required tests.

It is important that all attempts at making contact are logged, both successful and unsuccessful, along with the outcome of the attempt made. Within the ENF, should the call or field trace not be successful, the reason given will be logged and when successful, the details of the appointment made will be logged. For field visits it is really critical that an accurate GPS reading of the site/s visited is/are captured. The details will be logged in the ENF.

f. FORM: Endline questionnaire in Survey Solutions (ESQ)

The Endline questionnaire will be programmed in Survey Solutions and be available to the Research Assistants on the tablets issued for field work. All questions,
instructions, options and guidance included in the Endline Questions will be programmed in Survey Solutions – and will be available in English and SiSwati.

The Endline questionnaire, in Survey Solutions, is required to include some pre-populated information relating to the participants. The information will help to identify and verify the participant, and guide the fieldworker on whether any incentive payments are due to the participants of the Impact Evaluation.

The Endline questionnaire will consist of the behavioural survey; a section for GBV (Gender Based Violence) screening and the bio-medical testing results.

The detailed behavioural survey part of the questionnaire has the following subsections:

1. Demographics
2. Household roster
3. Household characteristics
4. Education
5. Sexual behaviour and fertility
6. Marriage/Union
7. Sexual relationship power scale
8. Contraceptives
9. HIV/AIDS and other STIs
10. Lifestyle and risk behaviours
11. Employment and Income
12. Needs and Expenditure
13. Health and Social Service Access
14. Preferences (Game)
15. Sitakhela Likusasa: Incentives and Other benefits
16. Experiences being part of Sitakhela Likusasa
17. Interview section note
18. Screening for GBV (Gender based violence)
19. HIV and STI testing results
20. Opportunity for final questions, including dealing with outstanding incentive payments
21. Thanks
22. Provide inconvenience fee

Section 18 of the Endline Questionnaire, comprises a GBV questionnaire which will be nested within the Endline Questionnaire. For endline a new GBV questionnaire will be used. The Sitakhela Likusasa Impact Evaluation has adopted the 2003 WHO VIOLENCE AGAINST WOMEN INSTRUMENT for inclusion in the Endline data collection process. The GBV questionnaire is to be conducted by the HTS Counsellor, and s/he will capture the responses and observations in the Survey Solutions form as part of the Endline Questionnaire.

Before commencing with the screening tool, the counsellor must obtain the verbal consent of the study participant to complete the screening tool. If the
study participant does not provide her verbal consent, section 18 will not be
completed for that participant.

Having completed the GBV questionnaire the HTC counsellor will select whether
the participant is suspected of being exposed to or having experienced a prior
GBV experience. GBV data will also be shared with SWAGAA in case field teams
may have missed any possible suspected cases.

Section 19 of the Endline Questionnaire, includes the **TSF (HIV and other STI
testing results form)** which will be nested within the Endline Questionnaire and
programmed in Survey Solutions.

Included in the Endline Questionnaire, programmed in Survey Solutions, is the TSF
form that captures the results of the bio-medical testing to be conducted on each
participant at Endline. Each participant is to be tested for HIV, *Trichomonas
Vaginalis* and Syphilis. The nurse within the team will conduct the required tests
according to the procedures outlined in SOP 2. The following steps will be
followed:

1. HTC pre-test counselling
2. Testing
3. Counselling and sharing the results
4. If HIV positive and result was known before endline, questions on
treatment experience will be asked
5. Preparations for confirmatory testing (if required)
6. Treatment and referrals

**REPORT: Confirmatory Testing in printed format**

Every 10th participant, with the starting point randomly assigned to each field
work team, needs to provide a full blood sample and a urine sample. A different
random number will be assigned for participants to provide the blood sample
and urine sample.

These samples need to be submitted to the National Research Laboratory (NRL)
for confirmatory testing. The NRL provides a form to be completed and labels,
with some details required, to be affixed to the samples drawn.

In addition to the 10 percent testing, all study participants who test positive for
HIV are required to provide a full blood sample, and those who test positive for
*Trichomonas Vaginalis* are required to provide a urine sample. The blood and
urine samples are to be recorded and stored correctly and then sent to the NRL
for confirmatory testing.

When the samples are submitted to NRL, the NRL representative received the
samples need to sign to confirm receipt. The IHM team is required to keep a
copy of this and to include the receipt as part of the Impact Evaluation’s records.
When NRL has completed the necessary testing, the results will be collected from NRL by the Assistant Field Manager - Biomedical. The results will be scanned and uploaded to OneDrive. The results will also be loaded onto the BI.

g. **FORM: HIV Testing Register from MOH (printed booklet)**

If when tested in the field, a participant is found to test positive for HIV, the Nurse is required to record an entry in the “HIV Testing Register” that is provided by the Ministry of Health.

- The yellow copy of the form is kept in the book,
- the white copy is provided to the participant for her records and
- the pink form is also given to the participant to take to the clinic/health site of her choice.

After Endline, as part of close out, the HIV testing Registers, those complete and incomplete forms, need to be returned to the MOH.

h. **FORM: Trichomonas Vaginalis and Syphilis treatment referral slip MOH (Paper form)**

If when tested in the field, a participant is found to test positive for **Trichomonas Vaginalis** and/or **Syphilis**, the Nurse/HTC is required to record an entry on the referral slip that is provided by the Ministry of Health. The participant is provided with a referral form, another for her partner/s, to take to the clinic/health site of their choice.

A urine sample is also required, for ALL those who test positive for **Trichomonas Vaginalis** and this is to be provided to the NRL for confirmatory testing.

i. **FORM: EBMF (Endline Biomedical Follow up form) in Survey Solutions**

Within two weeks, the AFM/BM (Assistance Field Manager: Bio-medical) will follow up with participants who tested positive for any of the STIs, by visiting them in the field.

**For HIV positive participants:** Within two weeks of the Endline Questionnaire being administered with the participant, the AFM/BM will make an appointment with the targeted participants. During the infield visit, she will confirm the well –being of the participant, check on how are they doing and coping after receiving the result and determine whether they have they been linked to care and support. The outcome of the visit is to be captured in the EBMF Form.

**For syphilis and/or Trichomonas Vaginalis positive participants:** Within two weeks of the Endline Questionnaire being administered with the participant, the AFM/BM will make an appointment with the targeted participants of the Impact Evaluation. During the infield visit, she will confirm the well –being of the participant, confirm whether she has competed her medication provided at Endline and confirm whether the participant visited the clinic as advised (with
her partner/s). The AFM/Biomedical will confirm if the participant. The AFM/BM will conduct another test for the STI/s and share the results with the participant. Further testing of the treatable STIs will be conducted and the outcome of the follow up STI tests are to be captured in the form.

j. REPORT: GBV referral and follow up (National referral card) in printed format
When cases of suspected GBV are found in the field, the HTC Counsellor is to complete the national referral card, which is to be submitted to SWAGAA within a week.

The HTS Counsellor is to immediately inform the supervisor of cases of suspected GBV. The supervisor is to inform SWAGAA, both telephonically and by email, of the suspected calls.

k. REPORT: SWAGAA feedback form (SFF) in Survey Solutions
Once SWAGAA is informed of the suspected case of GBV, SWAGAA is required to open a case record, track all related action taken and capture a summary of the action taken in the SWAGAA feedback form (SFF) in Survey Solutions.

l. FORM: Endline stock tracking tool (ESTT) in MS Excel
As consumable stock and biomedical equipment is procured, issued or returned (due to damages or expiration dates) entries are to be made into the Endline stock tracking tool.

The following documents/records are used to populate the Endline Stock tracking tool:

- Individuals receiving the stock from suppliers are to sign for the goods and match the invoice to the delivery note before entering the items into the stock tracking tool.
  [Require: ESTT (MS excel workbook), invoice (paper record issued by supplier), signed delivery note (paper record issued by supplier)]

- As items are issued, the receiving fieldwork member (usually the nurse) must sign the stock issue schedule, the issuing officer from IHM headquarters must countersign the stock issue schedule and this document is used to populate the stock tracking tool.
  [Require: Stock issue schedule (Paper record issued by IHM), ESTT (MS Excel workbook)]

- As goods or items are returned, either during the course of Endline or at the end of fieldwork, the fieldwork member returning the item (usually the nurse) must sign the stock issue schedule, and the issuing officer from IHM headquarters must countersign the stock issue schedule, confirming she has received the items returned, and this document is used to populate the stock tracking tool.
  [Require: Stock issue schedule (Paper record issued by IHM), ESTT (MS Excel workbook)]
During Endline fieldwork the Endline Stock Tracking Tool must be updated every fortnight and shared with the World Bank.

**m. FORM: Acknowledgement of airtime vouchers received (IHM Paper Form)**

When completing the Endline questionnaire, GBV screening and HIV and other STI testing, every participant who arrives at the site through her own means will receive E100 airtime voucher, as an inconvenience fee. For those who are to transported by the IHM team to the site will only receive E30 airtime voucher as an inconvenience fee.

As the airtime vouchers are disbursed across to the fieldworkers to provide the inconvenience fee in the field, they are required to sign an “IHM acknowledgement of airtime voucher received”. The signed documents are to be provided to the Sitakhela Likusasa Project Administrator at IHM Headquarters.

As participants of the SL Impact Evaluation are then provided the airtime voucher, individually in the field, the participant is to sign an “IHM acknowledgement of airtime voucher received”. The signed documents are to be provided to the Sitakhela Likusasa Project Administrator at IHM Headquarters.

The IHM Project manager is required to do a weekly reconciliation, for the teams and the participants, of the airtime vouchers received and issued, and top ups made if required. This reconciliation is to be signed off by the finance division of IHM and shared with the World Bank on a weekly basis.

The bulk airtime vouchers will not be kept at IHM headquarters. Weekly batches will be collected from MTN to be disbursed in field. Participants will indicate on the acknowledgement form whether they arrived at site of their own accord or were picked up by the field team. The Supervisor will be required to make 20% back check of participants for each team under their supervision to see what was signed is what occurred. These participants should not be the same as those selected for data quality assurance back checks.

**1.3.4 Equipment and resource materials for use during Endline**

Those engaged in fieldwork will be provided with the equipment and resources required to complete the required tasks. Those receiving the equipment will sign a responsibility form and be held responsible for the equipment issued to their care until it is returned to IHM. All receiving equipment are to take care of the equipment as if it is their own.

The equipment provided is intended for use on the project and cannot be used for private purposes.
The utilisation of consumables will be tracked through the Stock Tracking Tool for Endline. When stock is issued it will be logged and signed for, as well as when it is topped up, and or returned.

1.3.4.1 Tablets for calling participants
Fieldwork teams will be provided with tablets to be used to make appointments with participants. IHM is to provide the tablets and airtime. Teams are to keep track of the airtime utilised and request top-up with adequate fore warning.

Under no condition may any member of the field team use their personal phone to contact a participant.

Access to project tablets must be password controlled and the password is not to be shared with others. Backups are to be made of all smses and WhatsApp messages that are sent from the project tablet.

1.3.4.2 Tablets
Members of the field work team will be provided with tablets—along with data vouchers. The tablets will be used to capture all data related to the Endline tasks, from making appointments through to all aspects of the Endline interview process and parts of the questionnaire, including screening for SGBV and biomedical test results.

All are to keep track of the data utilised and request top-up with adequate fore warning.

Access to project tablets will be password controlled and the password is not to be shared with others.

1.3.4.3 Biomedical consumables and equipment

The consumables and equipment, identified in Annex 2, will be provided to the field work team.

Nurses on the team will be required to request and sign off for all the biomedical consumables and equipment required for the biomedical testing within the field. A standard list of stock items required will be provided. Nurses will carry responsibility for stock that has been issued to them.

The utilisation of biomedical consumables and equipment will be tracked through the Stock Tracking Tool for Endline. When stock is issued it will be logged and signed for, as well as when it is topped up, and or returned.

Nurses are required to monitor the supplies and are to re-order supplies in advance to allow for the procurement process to be completed. Supplies are to be kept in boxes that can be secured with cable ties and stored when not in use.

Equipment and resources will also be made available for the setting up of mobile sites, as required by teams.
Section 2: Survey Management

2.1 Overview

The basic organization structure for endline data collection can be summarized as follows:

*Figure 1: Endline data collection organogram*
2.2 Roles and Responsibilities

2.2.1 Role of Field Staff
Your presence, interest, participation and co-operation are absolutely vital for the successful completion of fieldwork. Efforts will be made to provide you with the necessary information, training, equipment and support in order for you to accomplish this very important task. In order for the workload to be equally divided and the support equally shared, the following have to be observed and be enforced:

a) Every position in the survey staff team is vital to the success of the survey and to the success of the team.
b) Except in cases of illness, (where the team leader or research assistant himself or herself falls ill), any person who is absent from duty during any part of training or fieldwork without prior approval from the supervisor or management staff will not be paid for missed days of work and will face disciplinary action.
c) There is a great deal of work to be done during the training days and unnecessary absenteeism, lack of seriousness in attending the training sessions or arriving late at an assigned work site will not be tolerated. Daily GPS tracking to note the arrival time and departure time at the site will be done. Field staff who are late or leave early, will have fees deducted from their payments.
d) Maintaining your position is based on competence, therefore your performance and ability must be high both during training and fieldwork.
e) Throughout the survey training and fieldwork period you must bear in mind that you are representing IHM and by extension the National Emergency Response Council on HIV and AIDS (NERCHA) and the World Bank. Your conduct must be professional and your behaviour must be congenial in dealing with the public. You must always be aware of the fact that we are only able to do our work with the goodwill and co-operation of the study participants.
f) For the success of the survey, the field staff must work closely together sharing problems, co-operating and supporting each other. Tasks will be assigned in a manner that enhances the co-operation and goodwill of each team. Any member of the field staff who creates a disruptive influence on others will be liable to disciplinary action. To facilitate this, team incentives as well as individual incentives for reaching daily and weekly goals will be paid. It requires the cooperation of all in the team to ensure that this is feasible.
g) It is absolutely essential that the data gathered during the fieldwork be both accurate and valid. To control inaccurate or invalid data, spot checks will be conducted and every questionnaire will be reviewed by a supervisor. Incentives for questionnaire completion will only be paid after the questionnaire has been accepted by IHM and the World Bank.

2.2.2 Supervisors

2.2.2.1 Biomedical Supervisor

a) Training of biomedical field staff
b) Follow up on all positive HIV cases to see if they have been linked to care
   c) Follow up and retest all STI positive cases and provide treatment if retesting result is positive
d) Refer all reported cases of possible GBV to SWAGAA

Refer all reported cases of possible GBV to SWAGAA

e) Follow up with SWAGAA on feedback regarding reported possible cases for GBV

Follow up with SWAGAA on feedback regarding reported possible cases for GBV

f) Attend to biomedical queries from Nurses and HTC’s

Attend to biomedical queries from Nurses and HTC’s

g) Ensuring that teams adhere to SOP2

Ensuring that teams adhere to SOP2

h) Ensuring that every 10th test is a confirmatory test

Ensuring that every 10th test is a confirmatory test

i) Work with NRL for confirmatory testing and for storage of samples

Work with NRL for confirmatory testing and for storage of samples

j) Work with Cepheid to ensure that all TV tests are delivered

Work with Cepheid to ensure that all TV tests are delivered

k) Work with NRL for field QA of testing sites

Work with NRL for field QA of testing sites

l) Prepare and submit daily reports on fieldwork and quality control.

Prepare and submit daily reports on fieldwork and quality control.

m) Liaise with logistics and admin officer regarding the procurement and purchase of biomedical supplies

Liaise with logistics and admin officer regarding the procurement and purchase of biomedical supplies

n) Follow due process for biomedical supplies that need to be written off

Follow due process for biomedical supplies that need to be written off

2.2.2.2 Field Supervisor

Field Supervisor

a) Regularly visit each team in the field to check on the quality and progress of work.

Regularly visit each team in the field to check on the quality and progress of work.

b) Reviewing of all questionnaires on SurveySolutions and verifying that the quality of work is of acceptable standard

Reviewing of all questionnaires on SurveySolutions and verifying that the quality of work is of acceptable standard

i. Work through the Survey Solutions forms from teams—on a daily basis.

Work through the Survey Solutions forms from teams—on a daily basis.

ii. If you pick up consistent errors or data quality issues provide feedback to the relevant teams immediately and share experience in the feedback meeting and post in the relevant WhatsApp group

If you pick up consistent errors or data quality issues provide feedback to the relevant teams immediately and share experience in the feedback meeting and post in the relevant WhatsApp group

iii. Highlight critical issues and report these to the DM - that is picked up through scanning the data

Highlight critical issues and report these to the DM - that is picked up through scanning the data

c) Supervising teams to ensure adherence to protocol and agreed processes

Supervising teams to ensure adherence to protocol and agreed processes

d) Conducting quality control and 15% back checks of field teams

Conducting quality control and 15% back checks of field teams

e) Observing interviews during field work

Observing interviews during field work

f) Solve any problems that may be encountered in the field and escalate unresolved challenges to the relevant personnel or office.

Solve any problems that may be encountered in the field and escalate unresolved challenges to the relevant personnel or office.

g) Prepare and submit daily reports on fieldwork and quality control.

Prepare and submit daily reports on fieldwork and quality control.

h) Follow up on all reported cases of possible withdrawals

Follow up on all reported cases of possible withdrawals

i) Prepare daily reports highlighting critical issues for the project manager to feed into the reports to be shared with partners

Prepare daily reports highlighting critical issues for the project manager to feed into the reports to be shared with partners

j) Identifying all selected areas under their supervision. receiving and distributing survey materials i.e. questionnaires, daily record books, EA maps, check forms, lists of participants, call back cards, ball points, note books etc.to research assistants

Identifying all selected areas under their supervision. receiving and distributing survey materials i.e. questionnaires, daily record books, EA maps, check forms, lists of participants, call back cards, ball points, note books etc.to research assistants

2.2.3 Data Quality Assurance Officers (DQAO)

Data Quality Assurance Officers (DQAO)

The primary function of the DQAO will be to review all submitted forms in Survey Solutions for quality assurance for their respective teams.

They will amongst other things

They will amongst other things

a) They are to work through the Survey Solutions forms for the RAs assigned to them — on a daily basis. Allow for a 24hr turnaround time.

They are to work through the Survey Solutions forms for the RAs assigned to them — on a daily basis. Allow for a 24hr turnaround time.

b) Note if consistent errors or data quality issues are picked up

Note if consistent errors or data quality issues are picked up

c) Provide feedback to supervisors who will feed this back to the RA team immediately

Provide feedback to supervisors who will feed this back to the RA team immediately

d) Prepare daily reports for supervisors to feed into the reports to be shared with partners

Prepare daily reports for supervisors to feed into the reports to be shared with partners
e) Assist with ensuring data quality throughout endline
f) Highlight critical issues and report these to the supervisor - that is picked up through scanning the data

2.2.4 Research Assistant

Research Assistants are an essential part of the survey process and serve a very valuable role, they occupy a central position in the project. He or she is the link between the questionnaire and the respondent. The position held by the research assistant may seem low in the survey hierarchy but the ultimate success of the survey, and the entire Impact Evaluation, depends on the quality of each research assistant’s work.

In general, the duties of the Research Assistant within the scope of endline data collection will include:

a) Contacting the selected participants and encourage them to participate in the endline survey process. The list of participants will be supplied to the research assistant by the Supervisor.

b) Tracing (through phone contact and field visit) all participants assigned to the team within the cluster for STI Testing (including HIV) as described in SOP 2.

c) Check that survey materials given to the team are sufficient

d) Effectively interview participants and record all responses accurately and completely.

e) Ensure that their surveys are being completed correctly as well as transfer information to the questionnaire accurately.

f) Checking completed questionnaire sections to make sure that all questions were asked and the responses were recorded. This is to be done immediately after completing the questionnaire and before leaving the participant.

b) Making call back visits at appropriate times.

g) Prepare and submit daily reports and other survey returns and documents e.g. travelling and inconvenience fee forms, survey equipment etc. before due dates.

h) Establish and maintain positive working relations with the teams involved in the Impact Evaluation to ensure cooperation and success of project implementation

It should always be borne in mind that “high quality work” depends on:

- Good training: Research assistants must know what they have to do;
- High morale: they must wish to do what they have to do; and
- Close supervision: they must be informed as soon as possible when they make mistakes.

Research assistants with a positive attitude have a better chance gaining cooperation from respondents than do research assistants who think it will be difficult to gain cooperation.

2.2.5 HTC Counsellors

The HTC counsellor will be working with the field teams under the supervision of the Nurse Team leader and will be a member of the Sitakhela Likusasa Team based at IHM Southern Africa.
Working as part of the field team, the HTC Counsellor will be responsible for these tasks during endline data collection:

a) Plan daily, as a team, on how to achieve the targets for the team for that day
b) Contact and trace (through phone contact and field visit) of all study participants assigned to the team
c) When in contact with participants, educate participants about the E30 vs E100 payment
d) Help to set up study site daily.
e) Administer the behavioural questionnaire, as and when requested by the RA
f) Administer the GBV questionnaire and refer any potential GBV cases to the Field Supervisor and Biomedical supervisor
g) Provide HIV & STI pre-test counselling to participants before testing.
h) Provide HIV & STI post-test counselling to participants who have completed HIV & STI. The HTC Counsellor will conduct all procedures as described in this SOP
i) Participate in all activities at the field for all levels, ensuring quality implementation and achievement of results.
j) Establish and maintain positive working relations with the other members of the study team to ensure cooperation and success of project implementation

2.2.6 Nurses

The nurse will be working with the field teams under the supervision of the Field Supervisors and will be a member of the Sitakhela Likusasa Team based at IHM Southern Africa.

Working as part of the field team, the nurse will be responsible for these tasks during endline data collection:

a) Plan daily, as a team, on how to achieve the targets for the team for that day
b) Contact and trace (through phone contact and field visit) of all study participants assigned to the team
c) When in contact with participants, educate participants about the E30 vs E100 payment
d) Help to set up study site daily.
e) Administer the behavioural questionnaire, as and when requested by the RA
f) Administer the GBV questionnaire and refer any potential GBV cases to the Field Supervisor and Biomedical supervisor, as and when requested by the HTC counsellor
g) Conduct HIV, Syphilis and Trichomonas vaginalis testing during endline data collection.
h) Provide treatment for all positive STI cases
i) Provide referrals for all positive HIV cases
j) Be accountable for the biomedical supplies issued to the team – keep track of supplies received, used and replenished stock.
k) Forewarn the Logistics Officer should additional biomedical supplies be required (at least 4 days ahead of time)
l) Complete all records and referrals as required for NRL confirmatory testing, QA, dispensing medication and making referrals
m) Conduct all related procedures described in this SOP.
n) Participate in all activities at the field for all levels, ensuring quality implementation and achievement of results.
o) Establish and maintain positive working relations with the study teams to ensure cooperation and success of project implementation.

2.2.7 Drivers

The Driver will be working with the field teams under the supervision of the Nurse Team leader to fulfil all the obligations for World Bank and will be a member of the Sitakhela Likusasa Team based at IHM Southern Africa.

During endline data collection, the Driver will be responsible for;

a) Tracing (through phone contact and field visit) all participants assigned to the team within the cluster for STI Testing as described in SOP 10.
b) Check that survey materials given to the team are sufficient
c) Picking up of Team from central points
d) Dropping off Teams at home from the field/after work
e) Driving the team around to meet participants in assigned EAs
f) Tracing and setting up participants appointments
g) Capturing of all contacts made with participants into Survey Solutions
h) Liaise with field supervisors in preparing all logistical matters related to project implementation at assigned project sites.
i) Establish and maintain positive working relations with the teams involved in the Impact Evaluation to ensure cooperation and success of project implementation
j) Help with identifying and setting up site

2.2.8 Logistics and Admin Officer

a) Procurement of all biomedical supplies and equipment needed for field.
b) Assure a secure facility for the storage of all supplies, goods and materials that have been procured and help with the distribution to field teams.
c) Update the stock control sheet regularly when biomedical supplies and other equipment is bought, distributed and returned.
d) Liaise with field supervisors for replenishment of stock and equipment for field work.
e) Solve problems and address challenges as they may arise to ensure effective, timely replenishment of stock for field staff.
f) Print out all necessary documentation (Introductory letters, brochures, Acknowledgement forms) needed by the field teams and replenish as need be.
g) Preparing salary and per-diem documentation for all field staff timely.
h) Work closely with HR and Finance in ensuring timely payment of field staff salaries and per-diem.
i) Work with field supervisors in distribution of study participants inconvenience fees to teams and obtained fully signed acknowledgement. Ensure safe archiving of acknowledgement forms.
j) The logistics and admin officer will also be responsible for daily operations of administration issues and liaise with all staff for a smooth running of the activity.
k) Plan and coordinate weekly update meetings for all field staff and partners.
2.2.9 **Project Manager**

a) To manage, lead and motivate all field staff.

b) To recruit and train field personnel as required.

c) To prepare and monitor fieldwork cost estimates for the project as required.

d) To coordinate with partners, NERCHA, and the World Bank during endline implementation.

e) To allocate work to supervisors and teams so as to ensure the most effective allocation of resources.

f) To determine the recruitment of part-time employees as required.

g) To monitor project actual expenses versus project budget.

h) To meet/call field teams regularly to discuss the fieldwork status of and then prepare and present a Weekly Project Update.

i) To monitor and appraise the performance, attitude, and behaviour of each field team

j) To implement any disciplinary procedures as required.

k) To coordinate day-to-day management of the fieldwork

l) Daily and weekly reporting – and tracking thereof

m) Inform WB of any protocol breach

n) Work with AFM to deal with withdrawals
3 Section 4: Guidelines for a Successful Interview
Successful interviewing is an art and not a mechanical process and each interview is a new source of information to be made interesting and exciting. Although the art of interviewing develops with practice, there are basic principles e.g. on how to build rapport, tips on conducting interviews etc., which are followed. It is essential for research assistants to develop the correct attitude of mind to adopt in carrying out interviews. Some of the essential and necessary attributes of good research assistant or research assistant are: politeness, patience and perseverance. For the sack of clarity these terms will be defined in more detail in subsequent paragraphs.

3.1 General Rules
There is no use conducting a good interview if there is a failure to get correct and accurate data. The data must be recorded accurately and in legible handwriting.

An answer should always be recorded for every question that is asked, even if the respondent refuses to answer. Open ended responses should be recorded in English. If the answer is “I don’t know”, the abbreviation “DK” should be entered. If the answer is “None”, the word “None” should be written down. A dash or special character (i.e. “-”) should never be used.

Any comments made by the respondent should be recorded next to the relevant question. If there is any reason to doubt the reliability of any information given by the respondent, the project team should be informed. However, these comments are recorded in the fieldworker’s diary.

Confidentiality/security: The study should be treated with complete confidentiality and should never be discussed, particularly not with any one not authorized as a part of the study. Further, the work should not be discussed with friends or family. Survey material should not be left lying around for anyone to read. All survey material is to be collected and submitted at the end of the fieldwork, or when the services of a team member are terminated. IHM to keep all these materials under lock and key, as they form part of the project records. Any study material that is taken home such as field diaries, lists must be kept in the strictest confidence and any breach in security to be reported immediately to the Project Manager.

3.2 Full Attention Given to The Respondent and The Interview
A research assistant, who gives full attention to the respondent, will clearly show the respondent that every opinion is important, and that his/her help is appreciated. The respondent should not feel, at any time, that the research assistant has a different opinion on the topic as him/her (by the displaying of astonishment, shaking the head, etc.).

3.3 Not Allowing Respondents to See the Questionnaire
Respondents who can see the questionnaire are likely to read further down the page. Therefore, they will not be giving all their attention to the question being asked and the research assistant would not have proper control of the interview. Reading pre-coded
answers on the questionnaire will greatly affect a respondent’s answers. To avoid this, the research assistant and respondent should face each other without the questionnaire being visible to the latter.

### 3.4 Reading Each Question Clearly and Distinctly

The questions should not be read too fast or too slowly; the research assistant should pause, and give the respondent sufficient time to reply. If the respondent has misunderstood the question, it should be repeated in its **original form**. Make sure that the question is never rephrased.

### 3.5 Simultaneous Recording

The reply to each question should be recorded as soon as the information is given. If necessary, the research assistant should pause for recording accurately what has been said, even if this means slowing the interview down. The RA sets the pace of the interview – don’t rush but also don’t drag it out as you will lose the interested of the SP you are interviewing. Repeating a respondent’s answers can slow the respondent down, thereby helping the research assistant to record the answers properly. Another important point is that answers should never be interpreted or condensed.

### 3.6 Asking the Questions Exactly as Worded in the Questionnaire

The words of questions should not be changed according to the research assistant’s preference because it is essential that all respondents be asked the **same questions** in the **same way**. Research has shown that even small differences in the wording of a question can make very large differences in the answers. Therefore, the **exact wording** must be used with no paraphrasing at any time. If using the local language translation, the same applies.

As variations are likely to produce different answers to the original question, only the exact wording of the questions as shown on the questionnaire is to be used, in order to ensure consistency.

### 3.7 The Order of the Questions

It is also necessary to follow the **exact** order of the questions since such an order has been very carefully worked out by the study team.

### 3.8 The Use of Further Explanation

It is generally undesirable to attempt to explain the meaning or the purpose of the question. In rephrasing it, some bias in the responses might be introduced. The first (and often most valuable) thing to do is to read the question a second time, quite slowly, so that the words sink in.

Where questions of definition occur, the respondent should be asked to use his / her **own** definition of the word.
3.9 Knowing When to Be Silent
An interview is frequently disturbed by the failure of the research assistant to listen attentively when information is forthcoming, or to look up from time to time with interest even while recording answers verbatim.

The research assistant should think of him/herself always as the “middle man” – important to the outcome of the interview but **listening when necessary**. Personal ideas/opinions should never be injected into an interview, but rather the information received must be recorded as said by the respondent.

It is the research assistant’s job to find out the respondent’s own views, without any influence from the former. The research assistant must avoid expressing his/her own views or even using facial expressions, as that can have as much impact. For the same reason, the research assistant should not tell the respondent how he himself / her herself would answer any of the questions, even if the respondent asks for this. The research assistant can say that his/her mind is not made up or that he/she is not supposed to give their opinions.

If a respondent asks how earlier respondents have answered a question, the research assistant can say that they have been promised strict confidentiality and that the research assistant is not in a position to repeat what has been said earlier.

3.10 No Mixed Opinion
Not only should the research assistant take every care to avoid hints and suggestions but should also see that the respondent’s answers are not influenced by the presence of a third person. If a member of the family or a visitor tries to join in the interview, the research assistant should explain politely that he/she is permitted to record only the respondent’s answers and statements.

3.11 Interruptions
Normally once an interview starts, the chances of an interruption are rare. In case of an interruption, the interview is considered as terminated.

There are usually three types of interruptions, which could be encountered;

**Screening Interruption**: The interview is terminated when the respondent is ineligible to participate in the endline process. Ineligibility is determined when the participant is unable to participate due to their being on their period, in labour and as such will not be able to undergo the testing on that day.

**Respondent Interruption**: Sometimes a respondent decides for some reason or another that he/she no longer wishes to participate in the interview. The reasons for the termination may include frustration over the length of time required, boredom with the questions or some unplanned interruption beyond his/her control. If this happens, the best strategy is to try to persuade the respondent politely to continue. In any event, a research assistant should be courteous and understanding – do not force a respondent to continue with the interview.
Some respondent interruptions maybe to go to the loo, attend to pots on the stove or a crying baby etc. In this case the Research Assistant should patiently wait for the respondent to attend to what they need to before continuing with the process.

**Research assistant Interruption:** In case a respondent is in no position to provide the research assistant with clear logical answers to the questions (i.e., drunk, sick, not in the right state of mind, etc.), the research assistant can decide to interrupt the interview. This interruption should not however, become apparent to the respondent. He/she should ask the next question saying it is the last question, thank the respondent and leave. The Research Assistant should then reset the appointment for another opportune time.

### 3.12 Closing Interview / Leaving the Respondent

If the respondent has any questions about the background of the survey, the research assistant should give only general information as instructed at training. If the respondent wants more information, then he/she should be directed to the office and given the four numbers of the help desk.

After the completion of each interview, the research assistant should review their questionnaire for completeness and ensure there are no errors. If there are any explanatory notes to be made, they should be entered in the research assistant comment box in SurveySolutions. Before a QNR is submitted, it needs to be reviewed by the supervisor.

### 3.13 Respondent Familiarity

If the research assistant happens to know the respondent personally, then he/she should refer the participant to another team. Not only is this embarrassing, but it may also bias responses on part of the person being interviewed.
4 Section 5: Training

4.1 Introduction
This section lays out the arrangements for training Fieldworkers, DQAs and Supervisors for endline data collection.

While training focuses on thoroughly familiarizing Fieldworkers, DQAs and Supervisors with the questionnaire and the different endline processes, it also seeks to do much more. It asks Fieldworkers to acquire a range of skills such as speaking, listening, reading, writing, using and taking care of tablets, asserting themselves and establishing interpersonal rapport. Fieldworkers need to understand research ethics and how to create an atmosphere in the interview process that allows respondents to feel comfortable in answering sensitive questions. A good part of establishing rapport is teaching Fieldworkers how to emphasize the confidentiality of the interview.

By the end of their Training Workshop, Fieldworkers, DQAs and Supervisors should know about the purpose of the project and what their role will be in implementing the different processes at endline. All Fieldworkers, DQAs and Supervisors should be thoroughly familiar with the questionnaire and should have completed at least four practice interviews before they leave for the field.

Another goal of Fieldworker, DQAOs and Supervisor training is pre-testing and final refinement of the questionnaire, especially the language translation. The Fieldworkers’ practice interviews will serve as pre-tests of the local language version of the questionnaire. In addition, all members of the IHM Sls’ project team should administer at least one questionnaire each during the practice/pre-test phase.

4.2 Training Preparations
Before convening the training workshop, the following actions should have been completed.

4.2.1 Stock take & stock required
The FM/BM will conduct a stock take of all biomedical consumables before the beginning of fieldwork. Using the developed stock control form the AFM/BM with the help of project assistant will monitor and manage the issuance of all stock and ensure that the stock control file is kept up to date at all times.

4.2.2 Recruitment of Field Staff
Staff will be competitively recruited using recruitment processes which evaluates the suitability of staff for the project based on their qualifications, experience, key skills and passing of proficiency evaluation tests.

Behavioral data collectors (research assistants) experience and skill set required for the Impact Evaluation will include a minimum qualification of a bachelor’s degree; data collection experience in population base surveys in sexual and reproductive health research, a demonstrated ability to work on their own; accuracy and attention to detail; good
communication and people skills; listening skills; friendly and polite approach and fluency in English and siSwati.

Field supervisors qualification, experience and skill set required for the Impact Evaluation will include a minimum qualification of a Bachelor’s degree in Social Science or equivalent, experience in fieldwork and field supervision in particular; Fluency in English and siSwati; leadership qualities and ability to motivate team; communication and negotiation skills; computing skills; (particularly Microsoft Office suite), demonstrated ability to meet deadlines, achieve results, work without supervision and work under pressure.

Nurses experience and skill set required for the Impact Evaluation fieldwork will include a minimum qualification of a nursing degree and/or diploma of other health professionals; experience in HIV testing and counseling and with administering HIV and STI tests, experience in handling biological samples for large scale population based surveys, a demonstrated ability to work with minimal supervision; accuracy and attention to detail; Good communication and people skills; listening skills; Training in Youth Friendly services and fluency in English and siSwati.

All staff recruited for the Impact Evaluation will be required to complete an online ethics course (Protecting Human Research Participants) prior to training. The online course is run by the NIH Office of Extramural Research and can be accessed online at [https://phrp.nihtraining.com/users/login.php](https://phrp.nihtraining.com/users/login.php)

**NOTE:** Finalization of the appointment of contracted field work and supervisory staff will be completed after the competency assessment, conducted as part of the training program, is reviewed and assessed. The competency assessment results are to be confirmed by the World Bank representative/s.

**4.2.3 Procurement of field equipment and supplies**

IHM will ensure that all required equipment and biomedical supplies have been purchased and delivered prior to beginning fieldwork. All procurement is to be completed before the readiness assessment check. Procurement will be done in line with IHM’s procurement policies.

**4.2.4 Training fieldwork team**

Training of fieldwork shall occur at least four weeks prior to fieldwork. Training shall be for a period of ten days of which two of these will be set aside for piloting and debriefing. There should be a two-week period between the end of training and the beginning of fieldwork to allow for fieldwork preparation and administration as well as any changes that need to be incorporated into the fieldwork plans, programming of questionnaire as a result of feedback from the training and debriefing sessions.

**4.2.5 Fieldwork packs**

All fieldwork packs for teams, data quality assurance officers, and supervisors’ packs will be prepared and signed off before the start of fieldwork. Fieldwork packs will comprise of all the materials, supplies, and equipment required for the entire duration of fieldwork. Although teams will receive their supplies in batches **IT IS IMPORTANT THAT ALL REQUIRED**
ITEMS ARE AVAILABLE by the start of fieldwork. Annex 3 provides a detailed listing of the materials to be included in the Fieldwork Packs.

4.2.6 Readiness assessment
The World Bank will provide the IHM team with a readiness checklist for endline. Prior to receiving this checklist and in line with the endline implementation plan IHM will ensure that all preparations for endline are completed before the World Bank readiness assessment is conducted. No fieldwork will begin until IHM has cleared the readiness assessment check.

In addition, there will be a separate Readiness Assessment tool that considers all aspects of the BI; data collection, storage, updates and backup systems required to ensure the safe guarding of all the source data of the impact evaluation.

4.2.7 Training Preparation Checklist

With these actions completed, the following will be in place in sufficient time.
1. BI readiness assessment
2. Endline logistics readiness assessment
3. Fieldwork schedule
4. Approved endline questionnaire in English and siSwati
5. Approved Forms and Reports (see section 1.2.3) in Survey Solutions and on the mobile SQL
6. Approved list of field staff by the World Bank
7. Biomedical and consumable stock control sheet and distribution form (Stock control Tracking Tool)
8. Approved training materials, manuals and presentations including SOP 0, SOP 2, SOP 7, SOP 15, SOP 10 and SOP 20
9. Training materials such as flip charts, pens, pencils, etc., procured
10. Training copies of questionnaire, Research assistant Training materials, administration documents.
11. Tablets, phones, power banks, charging stations
12. Survey Solutions software has been installed on all tablets
13. Log in details for Survey Solutions for all team members, and RAs assigned to supervisors on Survey Solutions.
14. Identification cards for Fieldworkers and Field Supervisors
15. Letters of introduction from NERCHA and any other relevant authority
16. Confidentiality contract
17. Competency assessment for those who are to be trained

Other considerations:
- Over and above the RAs, supervisors and DQAs being trained, it is ABSOLUTELY necessary that all IHM SL project team members involved in Endline fieldwork should attend the training workshop.
- Recruit 15% more Fieldworkers than you need to use in the field to create a pool of substitutes when needed.
At the end of training, fieldworkers need to meet the minimum requirements of the competency assessments before their appointments are confirmed.

The World Bank will approve fieldworkers twice: a list of fieldworkers to be trained and the selection of field workers trained

4.3 Learning Objectives for the Training Workshop
By the end of the Training Course, based on their role within the fieldwork team, participants will:

- demonstrate knowledge about the Sitakhela Likusasa Impact Evaluation
- be prepared to undertake all the activities, specific to their function, required for Endline; including
  - accepting and requesting stock
  - calling participants
  - identifying and setting up a site for Endline
  - conducting and recording the interview
  - counselling required for tests and sharing results
  - screening for suspected gender based violence (GBV)
  - conducting biomedical procedures (testing for STIs including HIV and samples for confirmatory testing)
  - mediating those as required, and referring others to services as required
  - field tracing
  - escalating issues to a supervisor, including recording queries and reporting intended withdrawals
  - recording outcomes
  - completing fieldwork reports
- be clear on the roles and responsibilities of each team member involved in fieldwork
- be skilled in interview and data collection techniques
- be prepared to use tablets for data collection with Survey Solutions (SS)
- have strategies to keep records of work and add to data quality
- know how to work with the calling lists and fieldwork plan

4.4 Training Curriculum
The proposed training curriculum for the Fieldworker Training Workshop is detailed in a separate document and includes the following:

Session 1: Introduction and Training Objectives
The session provides an overview of the overall training session, what it entails and what it hopes to achieve.

Session 2: Overview of the Sitakhela Likusasa Impact Evaluation
This session will provide an overview of the Sitakhela Likusasa Impact Evaluation (SL) and describe the different stages and rounds within SL, explain the changes made to SL protocol and design over time and stress the importance of reaching ALL the participants at Endline.
Session 3: Ethics  
This session will recap the importance of research ethics in the Impact Evaluation and allow participants to apply their understanding of research ethics, through case studies, stress the important of consent, voluntary participation and data integrity.

Session 4: Interview techniques and recording responses  
This sessions will stress how interview techniques and approaches influence data quality and provide guidelines on recording responses – and the important of ensuring all aspects of data quality are considered.

Session 5: Endline procedures: An overview  
The session will provide an overview of the procedures, steps and processes involved in Endline and familiarise the participants with the content and detail of the SOP.

Session 6: Roles and responsibilities  
This session will highlight the roles and responsibilities of the different members of the fieldwork and project team.

Session 7: Setting appointments and field tracing  
The session will clearly explain the various steps in setting appointments, and confirming these and provide guidelines on steps to be taking to field trace participants.

Session 8: Site identification and set up  
This session will provide an overview of the procedures, steps and processes involved in identifying and setting up a site for data collection and biomedical testing.

Session 9: GBV Questionnaire and reporting  
The session will provide a general understanding of screening and identifying possible victims of GBV.

Session 10: Endline behavioural questionnaire  
The session will provide an in depth review of the questionnaire and provide familiarisation with the local language translation of the questionnaire.

Session 11: HIV and STI Counselling  
This session will provide a detailed look at the biomedical process at endline from testing, counselling, screening and quality assurance.

Session 12: HIV and STI Testing and STI Treatment  
This session will provide a detailed look at the biomedical process at endline from testing, counselling, screening and quality assurance.

Session 13: Tablets and CAPI  
This session will cover working with the Survey Solutions platforms and tablets during the endline process.
Session 14: Piloting of Endline Questionnaire & feedback
This session will be a real field application of the survey tools with non-participants to test the process, the tools and the trainees understanding of all that has been covered during training.

Session 15: Stock taking and resources provided
This session will give a detailed overview of the stock taking process during fieldwork and the resources provided.

Session 16: Proficiency assessment
The objective for this session is for all participants who wish to be considered for Endline fieldwork to complete a proficiency assessment.

Session 17: Training course evaluation, feedback and closure
The session will allow participants to complete an anonymous course evaluation and provide feedback to those who provided the training, provide an opportunity to identify gaps or areas that may need refresher training or additional support and formally close the training session.
6 Section 6: Fieldwork

6.1 Community Sensitization

In Annex 4, details of community sensitization plan is included.

6.2 Team Deployment

6.2.1 Team Composition

A total of 16 teams will be used by IHM for the Endline fieldwork. Each team will consist of 4 people, that is 1 nurse, 1 driver, 1 research assistant and 1 HTS counsellor. In each team will be one registered nurse responsible for executing all testing and, as required, treatment for the participants.

6.2.2 Coding of Fieldworkers

Each fieldworker will be allocated a unique code based on the group and team that they will be allocated to. These codes will be used as unique identifiers for questionnaires in Survey Solutions.

6.3 Site selection

The eligibility criteria for site selection are as follows:

- Close to common areas that are easily identifiable and that the participant in the community will know where to go to
- Respect respondent’s confidentiality
- Not places frequented by other youth
- If feasible, a local health facility (if close enough)
- If feasible, inkhundla
- If feasible, community halls
- If feasible, youth centres
- Not close to schools
- Not linked to the traditional healers

The site selection and notification process is as follows:

1. Identify health facilities in the planned area of fieldwork. (Health facilities should always be the first option for setting up a site.)
2. Where health facilities are not feasible due to distance or other factors identify the inkhundla, community halls and youth centres that are most practical and feasible for participants in the area to access independently.
3. Where possible contact the relevant authority for the identified site to obtain the necessary permission for the days that the team will be in that area.
4. Mobile sites to be set up using the tents should be when the above facilities are unavailable or permission has not been granted by the relevant authorities.
5. Where a mobile site is set up the following should be observed
   a. The selected area should be suitable for pitching the tent and setting up the screen room
b. It should be a clean area and not present a health hazard

c. It should allow for sufficient privacy for activities that don't occur within the tent such as the behavioural interview, administration processes

d. It must not be near a school

e. Must not be linked to traditional healers

6. When making appointments participants need to be directed to these sites in the areas they are in.

6.4 Field Logistics

6.4.1 Tablet Computers (Lenovo) and Consumables for Use in the Field

Each of the teams will carry 5 tablets: one per team member and one additional tablet per team in case of problems with any of the tablets assigned to a team member. The Lenovo Tablet that will be given for electronic data capture has a battery life of about 3 to 4 days. It is very important for the execution of this survey that it should be functional throughout the data collection process. No interruption in data collection due to failure of the Lenovo Tablet working is anticipated. In this regard, good care should be taken in maintaining the Lenovo Tablet.

The following are some points to note when taking care of the tablet:

1. Avoid spilling liquids and food on it.
2. Make sure you have been given a new or functional fast charger by IHM.
3. Limit applications that can be opened on the tablet to serve the battery.
4. Keep it in a safe place to prevent it from being stolen.
5. If you lose the Lenovo Tablet, refer to your terms of reference/contract as a research assistant for this study to review how this loss will be addressed.

Teams will also receive the following consumables:
- Sitakhela Likusasa Impact Evaluation: Field Manual for Endline Data Collection
- Power banks
- Hard copy versions of the Questionnaire (English & siSwati)
- Team members will also be given a daily activity journals to complete
- Team members will be provided with a copy of the Swazi ethics & WIRB clearance letters and a copy of an introductory letter from NERCHA regarding the study.
- The teams will also be provided with administrative materials to ensure ease in acquittals and accountability of other resources, especially data and calling time.

6.4.2 Logistics for Survey Teams

IHM will invite the selected fieldworkers to the IHM Head Office for a logistics meeting. In the meeting, fieldworkers will be assigned to their respective teams. Each fieldworker in each team will have a role as defined in section 2 of this manual.

Research assistants will then be in teams of four people, comprising of one nurse, one HTS counsellor, one research assistant and one driver. The teams will then be allocated a set of participants for data collection.
The teams will be issued with a field pack which will consist of all the documents and items listed in the checklist in Annex 3. In addition, in case of any malfunction of electronic devices such as tablets or chargers, the teams must report to the CAPI Officer through their as soon as this happens.

6.4.3 Transportation arrangements
Transportation arrangements for field work will be done by IHM centrally. For field teams, 16 4x4 five-seater vehicles will be hired, after an international tender, and each team will be provided with its own 4x4 vehicle.

The vehicles will be comprehensively insured and compliant with all the statutory requirements of the laws in eSwatini and IHM’S Car Hire Policy. While travelling, all teams and drivers are expected to comply with the rules, regulations and laws of eSwatini.

If there are any challenges pertaining to the vehicles or with the drivers, teams are encouraged to report to the IHM office through the Logistics Coordinator. In case of a breakdown, the research assistants are expected to report to the Logistics Coordinator immediately and a replacement vehicle will be arranged for the team within a reasonable time of submitting the report.

Since the vehicles will depart from the IHM’s Head Office in Mbabane, all fieldworkers will be picked up from designated and agreed pick up points at stipulated times each morning. This allows for the teams to travel to their various points and arrive on time.

6.4.4 Taking of digital photographs using the Lenovo Tablet
A photo will be taken of each participant arriving on site. The Lenovo Tablet, which will be issued to every team member, will be used to take these photos. The Survey Solutions software that will be used to facilitate the data collection on the Lenovo Tablet has been programmed so that multiple photographs can be taken, and that these can be linked to the questionnaire being administered.

Standards for Acceptance of Photographs
Fieldworkers should meet the following standards, at a minimum, for photographs to be accepted by the IHM’s Data Quality Assurance Officer, Supervisors/AFMs, and the World Bank:

1. *Photographs need to be at least 3 megapixels in terms of resolution* – all the tablets which will be provided are equipped with 8-megapixel cameras. At no point should the research assistants use personal devices (cameras or phones) to take photographs;
2. *Photographs should be not blurry* – the research assistants should make sure that everything on the photograph is legible. One should ensure that when a photograph is being taken, their hands are still;
3. *Photographs should be taken with sufficient light* – photographs should be taken such that the participant is clearly visible. Look for a place with proper lighting when taking the photograph;
4. *Photographs should be of the head and shoulders only* – No full or half body photos are permissible.
Should any of the photographs taken not meet the above-mentioned standards, the affected fieldworker will be required to go back and re-take or take photographs that meet the minimum standards and ensuring that all required photographs have been taken and that all of them are of sufficient quality.
6.5 Handling withdrawals

6.5.1 Definition
Withdrawal from the study refers to a process whereby a participant (if 18 or older) or a participant’s parent / caregiver (if a participant is younger than 18) informs the study team that they no longer wish to be part of the study. This could be a personal decision or the parents revoke consent for the participant to be part of the study, (for participants under 18 years).

6.5.2 Study Procedure

Please refer to SOP15 for details on how to handle study withdrawals.
The diagram below illustrates the process overview for endline data collection:

**Endline Data Collection Implementation Process**

1. **Step 1: Set Appointments with Study Participants**
2. **Step 2: Verify study participant**
3. **Step 3: Administer endline behavioural questionnaire**
4. **Step 4: Conduct GBV screening**
5. **Step 5: Undertake Pre-Test Counselling**
6. **Step 6: Undertake STI and HIV testing**
7. **Step 7: Undertake Post STI and HIV counselling**
8. **Step 8: Conduct administrative closeout**

End
6.8 Step 1: Set Appointments with Study Participants

The flow chart below provides an overview of the appointment process, handling unsuccessful calls and steps for field tracing.
6.8.1 Step 1.1: Contact participant using ENF

(a) Use the participant appointment list provided by the DM team to call the participant on your call list
(b) If the call is successful, use the PNF to guide you through the relevant steps and what to say in the conversation.
(c) If the call is not successful, go to Step 2.

6.8.2 Step 1.2: Implement contact unsuccessful procedure

The contact unsuccessful procedure consists of the following actions, as detailed in the table below:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact number unavailable</td>
<td>If an alternative number(s) is/are available, call the alternative number(s) right away. Repeat calling back every hour up to 3 times a day (i.e. a total of 4 calls a day). Try to call back at different times of the day, as participants might be in school (also call over weekends as many participants may be reached in this way). Repeat this process for up to 3 days while alternating the time for the first call each day. One of the days must be a weekend day.</td>
</tr>
<tr>
<td>Participant did not answer phone</td>
<td>If there is no alternative number, call back after 1 hour. Repeat calling back every hour up to 3 times a day (i.e. a total of 4 calls a day). Repeat this process for up to 3 days while alternating the time for the first call each day. One of the days must be a weekend.</td>
</tr>
<tr>
<td>Initiate field tracing procedures.</td>
<td></td>
</tr>
<tr>
<td>Participant did not answer phone</td>
<td>After 3 days of unsuccessful call attempts, please send the following text via SMS or WhatsApp to the participant using your allocated tablet: Sitakhela Likusasa study has started endline data collection. Please call or send &quot;Please call me&quot; SMS or WhatsApp to 76283414, 76807473, 76807394 or 76283196, 79283414, 79807473, 79807394 or 79283196 for an appointment. Thank you.</td>
</tr>
<tr>
<td>Initiate field tracing procedures.</td>
<td></td>
</tr>
<tr>
<td>Participant did not answer phone</td>
<td>After 3 days of unsuccessful call attempts, please send the following text via SMS or WhatsApp to the participant using your allocated tablet: Sitakhela Likusasa study has started endline data collection. Please call or send &quot;Please call me&quot; SMS or WhatsApp to 76283414, 76807473, 76807394 or 76283196, 79283414, 79807473, 79807394 or 79283196 for an appointment. Thank you.</td>
</tr>
<tr>
<td>Initiate field tracing procedures.</td>
<td></td>
</tr>
<tr>
<td>Participant did not answer phone</td>
<td>After 3 days of unsuccessful call attempts, please send the following text via SMS or WhatsApp to the participant using your allocated tablet: Sitakhela Likusasa study has started endline data collection. Please call or send &quot;Please call me&quot; SMS or WhatsApp to 76283414, 76807473, 76807394 or 76283196, 79283414, 79807473, 79807394 or 79283196 for an appointment. Thank you.</td>
</tr>
<tr>
<td>Initiate field tracing procedures.</td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td>Action</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Participant not available</td>
<td>Set appointment for the next follow up call if person who answered call knows when participant will be available. If the participant is in South Africa and you are given the South African phone number, add the contact on the tablet and check if there is a WhatsApp account for the number, if so, please send the following message “Sitakhela Likusasa study is trying to reach {FULL NAME}, is this you?”. If the participants respond to confirm the name (i) send “Sitakhela Likusasa study has started endline data collection. Please call or send a WhatsApp message to 76283414, 76807473, 76807394 or 76283196, 79283414, 79807473, 79807394 or 79283196 for an appointment. Thank you.” (ii) call the number using WhatsApp. Ask the person that answered the phone whether where the participant is they can be reached on the alternative numbers provided or if they have another number where the participant currently is. If the person does not have any details, repeat calling back every hour up to 3 times a day (i.e. a total of 4 calls a day). After 3 days of unsuccessful call attempts, please send the following text via SMS or WhatsApp to the participant using your allocated tablet: Sitakhela Likusasa study has started endline data collection. Please call or send “Please call me” SMS or WhatsApp to 76283414, 76807473, 76807394 or 76283196, 79283414, 79807473, 79807394 or 79283196 for an appointment. Thank you. Initiate field tracing procedure (see step 1.3).</td>
</tr>
<tr>
<td>Wrong contact details</td>
<td>If an alternative number(s) is/are available, call the alternative number(s) right away. If unsuccessful, initiate field tracing procedures.</td>
</tr>
<tr>
<td>Call back later</td>
<td>Call back later at the date and time agreed upon. This should supersede the calling schedule for the agreed call back time and day.</td>
</tr>
</tbody>
</table>

6.8.3 Step 1.3: Field Tracing Procedures
For all participants that are referred to the field team, the field referral process is as follows:

Tracing participants by the field team: Once a case has been referred to the field team, the field team will include this case in their daily schedule of follow-up. Tracing of the participants will be followed-up for up to 30 days from when the last unsuccessful phone attempt was made.

a) For participants who were enrolled on the last day of baseline enrolment, their follow up will last up to 31 March 2019, allowing up to 30 days of tracing. This duration does not include call attempts to reach the participants through a phone call by the fieldworkers.

b) Every fieldwork attempt made will be recorded in the PNF and a GPS location taken of the area in which the field tracing was done.
c) The first location for field tracing for the participant will be the last reported location logged in the CLF. If the field trace is successful, it will be recorded as such in the ENF. The fieldworker will make an appointment with the participant for endline data collection. GPS coordinates will be logged of every successful and unsuccessful field trace made. GPS coordinates are taken at the point where the field trace was done.

d) In the event that the field trace is unsuccessful the team will either

a. Field trace the participant at the new location as provided by the informant at the location where the participant was first field traced.
b. In the even that there is no informant with knowledge of the new whereabouts the team will field trace the participant at the last known location as recorded in the database.
c. If the field trace is successful the fieldworker will make an appointment with the participant for endline data collection. GPS coordinates will be logged of every successful and unsuccessful field trace made. GPS coordinates are taken at the point where the field trace was done.
d. If the field trace is unsuccessful the fieldworker will log this in the ENF and any supporting and required documentation

e) If there are 2 unsuccessful field tracing attempts, the participant will either be classified as “not reachable” in the ENF or, if the possibility of reaching him at another location exists, matter will be referred to the World Bank for approval for additional funds for more field tracing.

6.8.4 Step 1.4: Set participant appointment for endline using ENF

(a) Use the ENF to set up the appointment.

(b) Mention that the participant will receive an E100 cash as an inconvenience fee to thank them for going to the study site on the agreed date. If the participant is collected by the Fieldwork team, an inconvenience fee of E30 is paid to the participant. If the participant is in school, inform the participant that they should not miss school to go to the site for the appointment – the appointment will be set up outside of school hours.

(c) Remind participant to bring participant ID card with them to study site.

(d) Address any queries or questions the participants may have

6.8.5 Step 1.5: Appointment Reminder before the Site Visit

a) The week before a given schedule at a study site, send WhatsApp or SMS messages, or call participant to confirm appointments. Remind the participant to bring to the site: her participant ID card

b) Call or SMS again the day before the appointment to remind them. Record all possible alternative phone numbers when making appointment on the Participant Appointment
Form. Remind the participant to bring to the study site: her participant ID card AND cell phone (or SIM card, if the person does not have a cell phone but only a SIM card).

6.9 Step 2: At the study site: Study Participant Verification

The following steps are to be taken when identifying the participant at the site.

- The Fieldworker is to verify the identity of the participant against the PID card presented by the participant.
- In the event that the participant has lost their PID card or do not have it available the fieldworker is to initiate the alternative verification method.
- In alternative verification the participant will be asked a number of questions regarding information about the last time they met with the SL study team, information such as phone numbers, location, schooling information that they have reported.
• If the information provided by the participant to these questions matches that on the data file available to the fieldworker then that participant shall be considered verified.
• If unsuccessful the fieldworker is to end the interview and ask the participant to set another appointment where they can return with their PID card.
• If it is not possible, for an unsuccessful verification, for the participant to get their PID then the matter is to be referred to one of the supervisors or PM for further investigation

6.10 Step 3: Administer the Endline Behavioural Questionnaire
Before administering the endline questionnaire, the fieldworker will update the contact and location information of the participant.

a) Administer the endline questionnaire. Remind the participant that all answers are strictly confidential. Methodically work through all 16 sections of the Endline questionnaire.

b) After the endline questionnaire is complete, ask the participant if she has any questions about the questionnaire that was just administered.

6.11 Step 4: Conduct GBV screening
During endline, all participants will be proactively screened for gender-based violence (GBV) using the GBV Questionnaire to determine whether they have been exposed to any form of abuse including emotional abuse, physical abuse, sexual abuse and neglect:

• The screening will be conducted by HTS counselors who will undergo GBV training by SWAGAA on identifying and referring abuse. All cases to be referred to SWAGAA the following day by the biomedical supervisor.
• For urgent cases, the HTC counselor is to contact the Assistant Field Manager (Biomedical) immediately who will in turn be in contact with the relevant case officer from SWAGAA. The HTC counselor will also fill out the national referral card, which will be submitted to SWAGAA within a week.
  Urgent cases are outlined as follows:
  o Cases of sexual abuse that has occurred within the last 3 months.
  o Cases of severe physical abuse or neglect.
The Assistant Field Manager (Biomedical) will follow up with SWAGAA to ensure that all cases have been attended to; follow-ups for urgent cases will take place within one week and two weeks for non-urgent cases.

6.11.1 Process for dealing with sexual violence and abuse
The following process will be followed for reported cases of GBV:
• The Assistant Field Manager (Biomedical) will support the participant with HIV testing to establish status whilst SWAGAA will support the participant to access appropriate counselling and follow up. This might include, if the participant prefers, to be escorted to a facility, or arrange for someone else (a female or trusted friend) to escort the participant.
• Victims of sexual violence must then be offered HIV Testing using the national testing algorithm. Consent must be acquired prior to testing (Assistant Field Manager (Biomedical) to make sure of this).
• If the AGYW tests positive for HIV
  o inform her of the results,
  o provide the post-test counselling and,
  o immediately refer to SWAGAA for post violence counselling.
  o Assistant Field Manager (Biomedical) to follow up and ensure linkage to care and treatment using SOP2.
• The Assistant Field Manager (Biomedical) will also refer the participant to SWAGAA, using the national referral form
• The Assistant Field Manager (Biomedical) will makes follow up calls to SWAGAA within 48 hours to ensure participants have accessed PEP and post violence counselling.
• The Assistant Field Manager (Biomedical) will follow up within a week of HIV testing and ensure that the participant has accessed post-sexual violence counselling.
• The Assistant Field Manager (Biomedical) to remind the participant that they are free to opt out of the study at any time.
• The Assistant Field Manager (Biomedical) to carefully document on the Testing and Screening Form (TSF) the follow up actions taken and whether the person choose to remain as part of the Impact Evaluation.

6.11.2 Follow up for participants referred for GBV
• The Assistant Field Manager (Biomedical) will call the participant to find out if they went to SWAGAA as referred and received care
• SWAGAA will prepare a report of participants referred to them for GBV further assessment after every round
• Participants for follow up will be updated in the GBV Biomedical follow up form by SWAGAA
• Make a follow up on participants who eventually did not go to SWAGGAA and find out the reasons

6.12 Step 5: Undertake STI and HIV counselling and testing

HIV, TV and Syphilis pre-test counselling, testing and confirmatory testing will be done as per the procedure described in SOP2.
7 Section 7: Data Quality Assurance

Data quality assurance will be carried out at endline as indicated in detail in SOP 20, which guides all data quality assurance and checks.

7.1 Aspects of Data Quality Assurance

Data quality assurance is the most important stage of the data collection process and consists of six key features: completeness, consistency, conformity, accuracy, integrity and timeliness. Endline data collection team members should strive to adhere to and facilitate the implementation of these principles of data quality assurance.

a. **Completeness**: Completeness is defined as expected comprehensiveness. All applicable responses should be completed correctly including correct values for “missing,” “unavailable” and “none.” If one could not complete their interview for one reason or the other it should be clearly stated. Before submitting data to the next level, it is imperative that one completes all relevant sections. Incomplete questionnaires will attract a penalty to the administrator of the questionnaires.

b. **Consistency**: Consistency means data across all responses reflect the same information and are in sync with each other across all the fieldworkers. In case of any doubt or confusion the research assistant should consult the data dictionary or their supervisor for reference and clarity.

c. **Conformity**: Conformity means the data is following the set of standard data definitions like data type, size and format. The issue is addressed by the data dictionary, to define general terms, abbreviations, and question by question interpretation.

d. **Accuracy**: Accuracy is the degree to which data correctly reflects the reality in the data sources and interviewees’ responses. All effort should be directed to collecting accurate information at all cost. Arithmetical calculations should be as correct as possible. For example, if a stock card has an incorrect calculation, one cannot deliberately copy and enter the incorrect information.

e. **Timeliness**: References whether information is available when it is expected and needed. Timeliness of data is very important. All data collection should be done between the set out time frame with no possibility of extension. It is important that all teams try as much as possible to comply with the agreed dates. If the team feels that they cannot meet deadlines for any reason, they should advise the Field Manger.

f. **Integrity**: Means valid and verifiable data. To ensure that this objective is met, 10% of all endline questionnaires will be back checked to ensure that the interview took place with the indicated respondents. A randomly selected set of questions will be asked of the respondent to see if they match the responses captured in the original interview.

7.2 Quality Assurance using CAPI Software

Survey Solutions software is a World Bank software that will be used for endline data collection. The software has an in-built data quality assurance process, which are described below.

a) During **data capture**, the Survey Solutions software will identify unanswered sections of the questionnaire and it will identify and alert the user as to areas of the questionnaires where there have been errors. These details are provided on the page where you will be asked to enter time and date of completing the data entry.
One can tap on the sections highlighting unanswered questions and errors and the software will take you back to these sections so that you can complete them. This software if used properly will ensure that there will be very few if any unanswered questions and errors during the data collection process.

b) Once a research assistant has submitted the questionnaire, the **IHM data quality assurance officers** will **review** the questionnaire to check for errors, omissions, and the quality of photographs. They will also quality assure the questionnaire using a set of guidelines or checklist. The **IHM data quality assurance officers can either accept or reject** each questionnaire. When rejecting – question must be flagged and a comment provided in survey solutions.

c) The DQAOs (Data Quality Assurance Officers) will not have their own accounts but will access supervisor accounts. They will review research assistant questionnaires and either approve or reject them.

d) Once the IHM DQAO approves the questionnaire, it will go to the World Bank for secondary and final review. The **World Bank can either accept or reject every questionnaire.** If the WB rejects the questionnaire, it will go back to the research assistant to address the issues with it.

e) Weekly, the IHM Data Management team will download the data from the cloud and do further verification and quality assurance checks. Questionnaires may also be referred back to the research assistant at this stage.
The flowchart below illustrates this process.
7.3 Quality Assurance through Training

Training of survey team is the key to quality. Based on training plan and program that will be collaboratively developed with project implementers, IHM will ensure that the survey team is appropriately trained on the methodological procedure for the survey and data collection tools for the survey. The training will ensure a uniform application of the survey methods, tools and all other survey materials. In terms of quality control, research assistants will be trained on how to accurately collect data in the field; to ensure that data collection tools are filled completely with valid, consistent and correct responses; and ensure integrity, privacy and security of data during fieldwork. During training, the research assistants will also do role playing of data collection to test their competency in conducting interviews and ensuring quality as they complete survey forms. They will also be trained on how to review and check completed data collection tools for possible errors and cleansing of any data defects before submitting to Field Supervisors. Field supervisors, on the other hand, will be trained on how to check that research assistants are collecting, and accurately and completely documenting data in the survey forms, for instance.

7.4 Quality control during fieldwork

During fieldwork, the AFMs/Supervisors will ensure that each team is gathering data from the right respondent. The AFMs/Supervisors will also ensure that all protocols are followed during endline fieldwork. Each AFM/Supervisor will meet with the interview team regularly to discuss any DQ issues that may have been flagged at any of the various QA processes and ensure these are addressed. The AFMs/Supervisors will also conduct 10% back checks of interviews done.

7.5 Reporting Indicators

The following indicators will be reported on during the endline data collection period

<table>
<thead>
<tr>
<th>#</th>
<th>Task</th>
<th>Who will do it</th>
<th>Indicators to be reported to the WB</th>
<th>Additional requirements/task description</th>
</tr>
</thead>
</table>
| 1 | Survey Solutions-based verification of all data | IHM DQA officers (8 will be appointed for the 15 weeks of endline data collection) | i. Cumulative number of forms approved  
ii. Number of forms rejected/sent back to RAs | Included in SurveySolutions and reports available from there |
| 2 | Report of issues encountered by DQAOs | 8 DQAOs | i. Report of issues encountered, and corrective measures taken if any | Approval/rejection weekly reports with issues encountered  
During first 2 weeks of Endline data collection – should be daily reviews and meetings to deal with implementation issues if relevant. |
| 3 | Report of issues encountered by supervisors | 5 supervisors (3 supervisors and 2 AFMs) | i. Report of issues encountered, and corrective measures taken if any | Supervisor endline checklists to be completed by supervisors every week  
During first 2 weeks of Endline data collection – should be daily reviews and meetings to |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Reports by assistant field managers</td>
<td>2 assistant field managers</td>
</tr>
<tr>
<td></td>
<td>ii. Reports by assistant field managers</td>
<td>Assistant field manager weekly checklists to be completed by 2 assistant field managers every week. During first 2 weeks of Endline data collection – should be daily reviews and meetings to deal with implementation issues if relevant.</td>
</tr>
<tr>
<td>5</td>
<td>Field visit report</td>
<td>3 supervisors 2 assistant field managers</td>
</tr>
<tr>
<td></td>
<td>i. Field visit report</td>
<td>Report for every field visit to be prepared separately, using the DQA field visit checklist.</td>
</tr>
<tr>
<td>6</td>
<td>Withdrawals</td>
<td>2 assistant field managers</td>
</tr>
<tr>
<td></td>
<td>ii. Cumulative number of withdrawals</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>iii. Cumulative proportion of signed withdrawal forms</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>iv. Cumulative proportion of uploaded withdrawal forms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v. Number of signed withdrawal forms within the reporting period</td>
<td>Scanned of all pages of withdrawal pages</td>
</tr>
<tr>
<td>7</td>
<td>Field tracing</td>
<td>Field tracing teams</td>
</tr>
<tr>
<td></td>
<td>i. List of PIDs and reason for field tracing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii. List of PIDs from previous reporting period, reason for field tracing, and outcome of field tracing</td>
<td></td>
</tr>
</tbody>
</table>

### 7.6 DQA reporting

#### 7.6.1 Endline Progress Report

The **Endline Progress Report** will be a weekly report, prepared based on the daily Survey Solutions submissions made by fieldworkers. The Endline progress report will track the following details, per week & cumulatively:

- the targeted number of interviews;
- the number of interviews conducted; the variance.
- The number of SPs referred for field tracing and the outcome of this activity.

#### 7.6.2 Endline Daily Field Diary for Research Assistants & Daily Report Schedule

Fieldworkers are required to keep a written daily journal, to record their progress and exceptional issues that need to be referred to Field work and Project Management. A report template will be shared via Survey Solutions () that requires research assistants to summarize critical issues from their written daily journal, to populate the Daily Report Schedule. The Daily report schedule allows for:
• Summary statistics related to participants reached, appointments made, appointments cancelled, appointments rescheduled, etc.
• Description of challenges encountered, action taken and current status
• Any indications of withdrawals or possible breach of protocol
• Number of completed forms uploaded
• Indication of airtime vouchers for inconvenience fee – and airtime vouchers held in hand.
• Indication of data and calling time available on each tablet within the team
• Reconciliation of stock used in the field, as well as highlighting where stock needs to be replenished.
### 8 Annexures

#### 8.1 Annex 1: Implementation Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Start</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sitakhela Likusasa: Endline Implementation Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-preparations required</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Awareness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Briefing of all partners: MoET, MoH, NRL, SWAGAA</td>
<td>22-Jun-18</td>
</tr>
<tr>
<td>2</td>
<td>Prepare and run insertion in newspaper, notification for radio announcement</td>
<td>01-Oct-18</td>
</tr>
<tr>
<td>3</td>
<td><strong>Bulk SMS to all active study participants</strong></td>
<td>08-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Prepare requisition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Draft Bulk SMS message</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Share message with the WB for approval</td>
<td></td>
</tr>
<tr>
<td><strong>Community mobilisation</strong></td>
<td>17-Sep-18</td>
<td>12-Oct-18</td>
</tr>
<tr>
<td>1</td>
<td>NERCHA to make community leaders aware of Endline activities</td>
<td>17-Sep-18</td>
</tr>
<tr>
<td>2</td>
<td>NERCHA to make all managers of medical facilities (clinics and sites) aware of fieldwork - and possible use of sites</td>
<td>24-Sep-18</td>
</tr>
<tr>
<td>3</td>
<td>NERCHA to make all managers of Gogo centres and community centres aware of fieldwork - and possible use of sites</td>
<td>02-Oct-18</td>
</tr>
<tr>
<td>4</td>
<td>NERCHA to obtain letters of introduction for teams</td>
<td>24-Sep-18</td>
</tr>
<tr>
<td><strong>Materials development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Task Description</td>
<td>Start Date</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1</td>
<td>Develop guidelines for each team member of field work team (Nurse, HTC, Driver, RA)</td>
<td>16-Jul-18</td>
</tr>
<tr>
<td>2</td>
<td>Develop guidelines for office team members - administrator; AFM fieldwork; AFM biomedical; Data team; PM</td>
<td>16-Jul-18</td>
</tr>
<tr>
<td>3</td>
<td>Develop Training Curriculum</td>
<td>07-May-18</td>
</tr>
<tr>
<td>4</td>
<td>Develop Training Materials (PPT, handouts, Exercises &amp; activities)</td>
<td>09-Jul-18</td>
</tr>
<tr>
<td>5</td>
<td>Seek approval from WH for all materials developed</td>
<td>10-Sep-18</td>
</tr>
</tbody>
</table>

**Preparation for fieldwork**

<table>
<thead>
<tr>
<th></th>
<th>Task Description</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Systems and Processes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Draft SOP 10 (including Training manual)</td>
<td>Apr-18</td>
<td>Jun-18</td>
</tr>
<tr>
<td>2</td>
<td>Develop Endline Questionnaire - with input from all partners and TOC members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOC comments worked into the revised QNR shared with WB, NERCHA and IHM</td>
<td>15-Jun-18</td>
<td>28-Jun-18</td>
</tr>
<tr>
<td></td>
<td>Revised QNR is approved by Co-PIs and sent for translation</td>
<td>29-Jun-18</td>
<td>29-Jun-18</td>
</tr>
<tr>
<td></td>
<td>SiSwati translation of Endline questionnaire</td>
<td>13-Jul-18</td>
<td>17-Jul-18</td>
</tr>
<tr>
<td></td>
<td>Questionnaire submitted to WIRB and NHRB</td>
<td>18-Jul-18</td>
<td>18-Jul-18</td>
</tr>
<tr>
<td></td>
<td>Approval received from WIRB and NHRB</td>
<td>19-Jul-18</td>
<td>03-Sep-18</td>
</tr>
<tr>
<td>3</td>
<td>Programming of Endline Questionnaire on Survey Solutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Programming of Endline questionnaire commence</td>
<td>29-Jun-18</td>
<td>13-Jul-18</td>
</tr>
<tr>
<td></td>
<td>Pre testing and Programming of Endline questionnaire</td>
<td>03-Sep-18</td>
<td>21-Jul-18</td>
</tr>
<tr>
<td></td>
<td>Programming of Endline questionnaire finalized</td>
<td>28-Sep-18</td>
<td>01-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Endline questionnaire loaded onto tablets &amp; tested</td>
<td>28-Sep-18</td>
<td>03-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Questionnaire ready for Endline RA training</td>
<td>08-Oct-18</td>
<td>08-Oct-18</td>
</tr>
<tr>
<td>Step</td>
<td>Task Description</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td>Pilot Endline questionnaire - part of RA Training</td>
<td>17-Oct-18</td>
<td>18-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Revise programmed questionnaire</td>
<td>19-Oct-18</td>
<td>25-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Final test and publish Endline questionnaire</td>
<td>26-Oct-18</td>
<td>29-Oct-18</td>
</tr>
<tr>
<td>4</td>
<td>Data Quality systems for Endline data collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop daily QA and reporting formats</td>
<td>28-Sep-18</td>
<td>01-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Endline questionnaire loaded onto tablets and set up daily QA and reporting summaries</td>
<td>29-Oct-18</td>
<td>01-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Include a review of QLFs logged during Endline</td>
<td>11-Oct-18</td>
<td>19-Mar-18</td>
</tr>
<tr>
<td>5</td>
<td>Development of Data Dictionary</td>
<td>29-Jun-18</td>
<td>28-Sep-18</td>
</tr>
<tr>
<td>6</td>
<td>Set up stock tracking system</td>
<td>03-Aug-18</td>
<td>22-Aug-18</td>
</tr>
<tr>
<td></td>
<td>Set up stock tracking sheet</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
</tr>
<tr>
<td></td>
<td>Confirm stock in hand</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
</tr>
<tr>
<td></td>
<td>Write off stock as required ( &amp;report on this)</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
</tr>
<tr>
<td></td>
<td>Determine stock required (bio medical, consumables and site set up)</td>
<td>13-Aug-18</td>
<td>22-Aug-18</td>
</tr>
<tr>
<td></td>
<td>Fieldwork preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Develop FW schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confirm data listing of active study participants by midline testing date</td>
<td>10-Sep-18</td>
<td>10-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Do cluster/network analysis to consider how best to deploy FW teams</td>
<td>12-Sep-18</td>
<td>14-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Develop weekly site maps, linked to targeted SPs &amp; sites to be shared with the Teams</td>
<td>11-Sep-18</td>
<td>14-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Develop calling lists matched to the FW site maps for each team</td>
<td>13-Sep-18</td>
<td>13-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Share endline FW schedule with WB and NERCHA</td>
<td>14-Sep-18</td>
<td>14-Sep-18</td>
</tr>
<tr>
<td>2</td>
<td>Site identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue</td>
<td>Start Date</td>
<td>End Date</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Identify suitable sites for interviewing and testing</td>
<td>17-Sep-18</td>
<td>21-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Identify suitable sites for interviewing and testing &amp; determine</td>
<td>17-Sep-18</td>
<td>21-Sep-18</td>
<td></td>
</tr>
<tr>
<td>where temp sites are to be set up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaise with community about setting up temporary sites</td>
<td>18-Sep-18</td>
<td>21-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Liaise with MoH about use of health sites</td>
<td>22-Sep-18</td>
<td>28-Sep-18</td>
<td></td>
</tr>
<tr>
<td><strong>3 HR issues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruiting of field team members - RAs, Drivers, HTCs and Nurses</td>
<td>03-Sep-18</td>
<td>09-Oct-18</td>
<td></td>
</tr>
<tr>
<td>Short listing and Motivation to the World Bank</td>
<td>06-Aug-18</td>
<td>31-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Approval granted for the recruitment of teams</td>
<td>04-Sep-18</td>
<td>06-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Contracting of field teams - RAs, Drivers, HTCs and Nurses</td>
<td>10-Sep-18</td>
<td>14-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Ensure that &quot;confidentiality&quot; contracts are signed - prior to training session</td>
<td>24-Sep-18</td>
<td>04-Oct-18</td>
<td></td>
</tr>
<tr>
<td>Ensure that all Fieldworkers (excluding drivers) complete the Ethics and Research On line Qualification</td>
<td>24-Sep-18</td>
<td>08-Oct-18</td>
<td></td>
</tr>
<tr>
<td>Identification of 8 DQAO</td>
<td>06-Aug-18</td>
<td>31-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Motivation to the World Bank</td>
<td>04-Sep-18</td>
<td>06-Sep-18</td>
<td></td>
</tr>
<tr>
<td>DQAO contracted</td>
<td>10-Sep-18</td>
<td>14-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Identification of 2 Supervisors</td>
<td>06-Aug-18</td>
<td>31-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Motivation to the World Bank</td>
<td>04-Sep-18</td>
<td>06-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Supervisors contracted</td>
<td>10-Sep-18</td>
<td>14-Sep-18</td>
<td></td>
</tr>
<tr>
<td><strong>4 Procurement of field equipment and supplies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using stock control sheet determine stock items to be purchased:</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Fieldwork equipment - tablets, chargers, telephones, stationery etc.</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Biomedical needed for training</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Start Date</td>
<td>End Date</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Biomedical needed for Endline - including QA, Treatment &amp; referrals</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Resources for mobile/temp testing sites</td>
<td>03-Aug-18</td>
<td>10-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Determine if other services or equipment needed - Quantify this</td>
<td>20-Aug-18</td>
<td>24-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Prepare place for stock to be received and stored</td>
<td>21-Aug-18</td>
<td>23-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Remind Wold Bank about items and services they are to procure</td>
<td>27-Aug-18</td>
<td>28-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Planning for payment of per diems</td>
<td>24-Aug-18</td>
<td>28-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Arrange for fuel facility</td>
<td>24-Aug-18</td>
<td>28-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Procurement of materials needed for training</td>
<td>Sep-18</td>
<td>28-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Procurement of Vehicles &amp; Equipment for Endline</td>
<td>24-Aug-18</td>
<td>28-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Procurement of resources for mobile/temp site set up</td>
<td>24-Aug-18</td>
<td>28-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Procurement of other resources, including consumables</td>
<td>24-Aug-18</td>
<td>28-Aug-18</td>
<td></td>
</tr>
<tr>
<td>Update Stock take/control tracking sheet</td>
<td>03-Sep-18</td>
<td>07-Sep-18</td>
<td></td>
</tr>
<tr>
<td>Align procurement of ALL goods to the integrated budget for Endline</td>
<td>13-Aug-18</td>
<td>17-Aug-18</td>
<td></td>
</tr>
<tr>
<td>As stock is received, issued and returned - update the Endline Stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracking Tool</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Fieldwork mobilisation - preparation for deployment**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readiness Assessment required for Endline</td>
<td>24-Sep-18</td>
<td>25-Sep-18</td>
</tr>
<tr>
<td>Assessment is conducted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback received</td>
<td>26-Sep-18</td>
<td>26-Sep-18</td>
</tr>
<tr>
<td>Remedial steps taken and gaps addressed</td>
<td>01-Oct-18</td>
<td>03-Oct-18</td>
</tr>
<tr>
<td>WB to sign off on this</td>
<td>04-Oct-18</td>
<td>05-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Training fieldwork team</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procurement of training venue and refreshments</td>
<td>10-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Preparing training materials</td>
<td>05-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Confirm training agenda</td>
<td>18-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Review training materials</td>
<td>25-Sep</td>
</tr>
<tr>
<td></td>
<td>Trainers to do a dry run of training programme</td>
<td>02-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Preparation and packaging of training materials and equipment (including logins and passwords)</td>
<td>28-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Endline questionnaire loaded onto tablets and set up daily QA and reporting summaries</td>
<td>28-Sep-18</td>
</tr>
<tr>
<td></td>
<td>Arrange for Pilot to be conducted as part of training</td>
<td>02-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Conduct training - as per programme design, and allow for daily reflection</td>
<td>08-Oct-18</td>
</tr>
<tr>
<td></td>
<td>To focus on training nurses, HTCs, Drivers and RAs</td>
<td>08-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Conduct Pilot of Endline Questionnaire on Survey Solution - as part of FW training session</td>
<td>17-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Reflect on lessons learnt during pilot</td>
<td>18-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Review the Survey Solutions programming as required</td>
<td>18-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Re-orientate the teams as required</td>
<td>19-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Conduct a formal competency assessment of all those trained</td>
<td>19-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Fieldwork packs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preparation of Field Packs</td>
<td>Sep-18</td>
</tr>
<tr>
<td></td>
<td>Stationery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bio medical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FW Equipment - tablets, chargers, phones, data and calling time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access to materials for setting up the sites</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stock Control steps explained</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signing for materials, resources and equipment received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to replenish materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Return of materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tracking and reporting requirements</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Materials issued</th>
<th>Team familiarise themselves with the materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-Nov-18</td>
<td>02-Nov-18</td>
<td>02-Nov-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>Start making appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fieldworkers are assigned to their teams, and teams to the areas/regions</td>
<td>22-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Teams are assigned calling lists - and guided on the area to target first</td>
<td>22-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Sites are confirmed for the first two weeks of testing - and linked to the targeted areas</td>
<td>29-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Teams start phoning RAs (aligned to the SOP) and making appointments . Logged in the PNF and PAF</td>
<td>29-Oct-18</td>
</tr>
<tr>
<td></td>
<td>For each successful call made the CLF is to be updated</td>
<td>29-Oct-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>FW teams deployed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Once teams have firm appointments for 3 days they may be deployed</td>
<td>01-Nov-18</td>
</tr>
<tr>
<td></td>
<td>Teams to ensure all items for deployment checklist have been checked</td>
<td>31-Oct-18</td>
</tr>
<tr>
<td></td>
<td>Teams are then deployed to commence fieldwork</td>
<td>05-Nov-18</td>
</tr>
</tbody>
</table>
Necessary support structures for field work are in place 04-Nov-18 04-Nov-18

### Implementation of Endline data collection

<table>
<thead>
<tr>
<th></th>
<th>Fieldwork visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Prepare the site for interview and testing</td>
</tr>
<tr>
<td></td>
<td>Welcome SP and conduct interview, capture all responses on Survey Solution form</td>
</tr>
<tr>
<td></td>
<td>Pre -Counselling by HTC</td>
</tr>
<tr>
<td></td>
<td>GBV screening</td>
</tr>
<tr>
<td></td>
<td>Testing for STI, including HIV &amp; record results</td>
</tr>
<tr>
<td></td>
<td>Post test counselling and sharing results</td>
</tr>
<tr>
<td></td>
<td>Treatment issued if required</td>
</tr>
<tr>
<td></td>
<td>Pay and record the inconvenience fee received, thanks and greet participant</td>
</tr>
<tr>
<td></td>
<td>Escalation of issues if required</td>
</tr>
<tr>
<td></td>
<td>Complete reporting</td>
</tr>
<tr>
<td></td>
<td>AFM to do regular (unannounced) QA visits to the field</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Confirmatory and QA testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Every 10th (randomly assigned starting point) participant to provide a full urine and blood sample</td>
</tr>
<tr>
<td></td>
<td>All Trich positive participants to provide a full urine sample</td>
</tr>
<tr>
<td></td>
<td>All HIV positive participants to provide a full blood sample</td>
</tr>
<tr>
<td></td>
<td>Samples to be stored correctly</td>
</tr>
<tr>
<td>4</td>
<td>In field follow up</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Samples to be delivered to NRL</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>NRL to provide reports on NRL confirmatory testing (every fortnight)</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>NRL to do site visits to QA bio medical, testing and related processes</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>SPs who indicate they wish to withdraw ahead of completing the interview</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Tracing SPs who cannot be reached</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Those who test positive for HIV - linkage and referrals</strong></td>
<td>19-Nov-18</td>
</tr>
<tr>
<td><strong>Those who tested positive for Trich and Syphilis</strong></td>
<td>19-Nov-18</td>
</tr>
<tr>
<td><strong>The GBV referred cases</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Weekly reports on the follow up cases</strong></td>
<td>26-Nov-18</td>
</tr>
<tr>
<td>5</td>
<td>Data management and QA</td>
</tr>
<tr>
<td><strong>RA to confirm data completed (all qnrs answered and sections of form completed) and upload this</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>RA to ensure the photograph taken is of good quality (and acceptable to SOP guidelines)</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Data to be synced after each interview</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Driver and RA to record the GPS reading - especially for field tracing attempts</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Data supervisors to check the data uploaded from the field on a daily basis - and approve or refer back</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>WB to also check the approved data and confirm this on a daily basis - approve or refer back</strong></td>
<td>05-Nov-18</td>
</tr>
<tr>
<td><strong>Hold regular DQ feedback forums with field teams based on DQ reports</strong></td>
<td><strong>05-Nov-18</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Data to be downloaded regularly (period to be confirmed)</strong></td>
<td><strong>05-Nov-18</strong></td>
</tr>
<tr>
<td><strong>Data at 20% completion intervals to be shared with WB</strong></td>
<td><strong>05-Nov-18</strong></td>
</tr>
<tr>
<td><strong>Weekly reports to WB and NERCHA about data collection progress</strong></td>
<td><strong>23-Nov-18</strong></td>
</tr>
</tbody>
</table>

### 6 Data Cleaning

<table>
<thead>
<tr>
<th><strong>Define data quality analysis and cleaning procedure</strong></th>
<th><strong>15-Mar-19</strong></th>
<th><strong>01-Apr-19</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endline data cleaning</strong></td>
<td><strong>01-Apr-19</strong></td>
<td><strong>10-Apr-19</strong></td>
</tr>
<tr>
<td><strong>Submission of initial clean and validated Endline dataset</strong></td>
<td><strong>11-Apr-19</strong></td>
<td><strong>12-Apr-19</strong></td>
</tr>
</tbody>
</table>

### 7 Analysis of Endline data

<table>
<thead>
<tr>
<th><strong>Define analysis framework or plan for endline</strong></th>
<th><strong>15-Mar-19</strong></th>
<th><strong>18-Apr-19</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Create dummy tables for endline data</strong></td>
<td><strong>19-Apr-19</strong></td>
<td><strong>30-May-19</strong></td>
</tr>
<tr>
<td><strong>Writing workshop conducted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Required analysis conducted</strong></td>
<td><strong>29-Mar-19</strong></td>
<td><strong>11-Apr-19</strong></td>
</tr>
<tr>
<td><strong>Narrative text written up and reviewed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endline report prepared</strong></td>
<td><strong>12-Apr-19</strong></td>
<td><strong>25-Apr-19</strong></td>
</tr>
<tr>
<td><strong>Report for partners and donors prepared</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Submission of endline report</strong></td>
<td><strong>09-May-19</strong></td>
<td><strong>09-May-19</strong></td>
</tr>
<tr>
<td><strong>Endline report reviewed and changes made</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Review report for DFID</strong></td>
<td><strong>19-Apr-19</strong></td>
<td><strong>25-Apr-19</strong></td>
</tr>
<tr>
<td><strong>Disseminate endline report</strong></td>
<td><strong>14-Jun-19</strong></td>
<td><strong>27-Jun-19</strong></td>
</tr>
<tr>
<td><strong>Secondary analysis conducted</strong></td>
<td><strong>13-Jun-19</strong></td>
<td><strong>27-Jun-19</strong></td>
</tr>
<tr>
<td>Task</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Academic journal preparation for Endline</td>
<td>Jun-19</td>
<td>Jul-19</td>
</tr>
<tr>
<td><strong>8</strong> Project Close Out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document, materials and data archiving</td>
<td>Apr-19</td>
<td>May-19</td>
</tr>
<tr>
<td>Handover of data to CSO</td>
<td>Jun-19</td>
<td>Jun-19</td>
</tr>
<tr>
<td>Final reconciliation of project expenditure</td>
<td>Jul-19</td>
<td>Jul-19</td>
</tr>
<tr>
<td>Project Close Out Report</td>
<td>Aug-19</td>
<td>Aug-19</td>
</tr>
</tbody>
</table>
8.2 Annex 2: List of Biomedical Consumables and Equipment
The following is a list of all the biomedical consumables and equipment to be used at Endline

1. 18G needle
2. 21G needle
3. Adrenaline per 100 amp
4. Alcohol swabs
5. Benzathine pen 2.4MG
6. Biohazard bags red
7. Black linners
8. Ciprofloxacin 500mg
9. Cefixim Tablets 250mg
10. Cotton wool balls
11. Determine syphillis
12. Determine HIV Test Kit
13. Doxycycline 100mg
14. Unigold HIV test kit
15. Purple Tops Blood specimen cube
16. Trichomonas Vaginalis test Kits
17. Elastoplast
18. Erythromycin 250mg
19. Hand wash sanitiser
20. Hydrocortisone 100mg injection
21. IV cannula 18G
22. IV cannula 22G
23. Jik 25l
24. Lancet safety pricking needles 23G
25. Latex gloves
26. Medicine envelopes 75x90mm
27. Methylated spirit
28. Metronidazole 400mg b/1000
29. Paper bags small
30. Paper towels jumbo rolls
31. Sharps containers 13l/5l
32. Spray bottles
33. Syringes 10ml
34. Sterile gloves
35. Syringes 5ml
36. Timer/stop watch
37. Toniquet per each
38. Water for injection
39. Cooler Box
40. Ice Packs
41. Male condoms
42. Female Condoms
43. Penis model
8.3 Annex 3: Fieldwork Packs

Fieldworkers Bag (RA, HTC & Nurse)
- Tablet with data
- Charger
- Small phone
- Phone charger
- Notebook
- Pen
- Clipboard
- Stopwatch
- Inconvenience fee acknowledgement form
- Calling Airtime
- Lab forms for urine specimens
- Medical stock receipt acknowledgment form
- SP list
- Stock control reporting form
- Torch/light

Drivers Bag
- Vehicle checklist form
- Vehicle log book
- Tablet with data and MTN VTU
- Charger
- Inconvenience fee acknowledgement form
- Driver’s licence
- Notebook
- Pen

Medical Bag
- Biomedical consumables
- Stock control checklist form
- Sharps container
- Cooler box
### 8.4 Annex 4: Communication & Sensitisation plan

<table>
<thead>
<tr>
<th>MAIN ACTIVITY</th>
<th>OBJECTIVE</th>
<th>SUB-ACTIVITIES</th>
<th>RESPONSIBLE PERSON</th>
<th>TIME FRAME</th>
</tr>
</thead>
</table>
| Project partners orientation                  | • Informing of stakeholders/partners involved in the Sitakhela Likusasa project about the start of Endline data collection and their roles and responsibilities in the activity. (MOH, SWAGAA, NRL, IHM and NERCHA)  | SL team needs to prepare the pack to be shared at the meeting  
  o Develop a schedule of the R&R of various role players and partners  
  o Update the brochures  
  o Print & package the necessary  
Meeting invite  
  o Draft the invite  
  o Get draft of invite approved  
  o NERCHA to share meeting invites  
Partner meeting  
  o Share agenda and hand outs  
  o Circulate attendance register  
  o Share record of decisions of meeting | IHM to draft  
NERCHA to approve | August 2018 |
|                                               | • Share all tools to be used during the activity including relevant standard operating procedures |                                                                              | IHM to draft  
NERCHA to circulate | |
|                                               |                                                                           |                                                                              | NERCHA to chair  
IHM to appoint secretariat | |
|                                               |                                                                           |                                                                              | IHM to draft  
NERCHA to circulate | |
| Health facilities awareness & FW letter of approval | • Informing health facilities about endline data collection for the teams to get access to health facilities during the activity.  
• Have a signed introductory letter from the ministry of health to be given team during field visits | Introductory letter  
  o Draft wording of the introductory letter to health facilities  
  o Share wording with the WB for approval  
  o Share letter with PS Ministry of Health  
MOH to inform all sites involved | IHM to draft  
NERCHA to approve and share with WB and MOH | 20 – 31 Aug 2018 (12 Days) |
<p>|                                               |                                                                           |                                                                              | MOH                          | September – 8 Oct 2018 |</p>
<table>
<thead>
<tr>
<th>MAIN ACTIVITY</th>
<th>OBJECTIVE</th>
<th>SUB-ACTIVITIES</th>
<th>RESPONSIBLE PERSON</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local leadership sensitization (Chiefdoms)</td>
<td>• Obtain community introductory letters for field teams.</td>
<td>Introductory letter for FW teams</td>
<td>IHM to draft</td>
<td>20 – 31 Aug 2018 (12 Days)</td>
</tr>
<tr>
<td></td>
<td>• Inform local authorities about the start date of Endline data collection.</td>
<td>o Draft wording of community introduction letter</td>
<td>NERCHA</td>
<td>September 2018 After Umhlanga ceremony and before seclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Share draft with the WB for approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Share with NERCHA communications for approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Share letter with NERCHA Director for signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting with Chiefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o NERCHA to ensure that the SL study team be invited to be part of the Chiefs’ Monthly Meetings (September)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o SL team needs to prepare the pack to be shared at the meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Update the brochures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Ensure documents are translated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Print &amp; package the necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o SL study team to attend the meeting with chiefs to inform them of the study, share timeline, the study brochure, FW letter of introduction to the community and the ethics clearance letter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAIN ACTIVITY</td>
<td>OBJECTIVE</td>
<td>SUB-ACTIVITIES</td>
<td>RESPONSIBLE PERSON</td>
<td>TIME FRAME</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------</td>
<td>----------------</td>
<td>-------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| Media insertions - to announce the start of Endline Data collection | • Have a complete newspaper advert, regarding the start of Endline and the need for participants to call into study help desk if their contact numbers have changed, to be inserted before field work starts | Draft of wording newspaper advert  
- IHM to share draft wording of the newspaper advert  
- Share wording with WB for approval  
- Share wording with NERCHA communications manager for approval  
Advert design and approval  
- Wendy to share approved wording of the advertisement with graphic designer  
- NERCHA to ensure that layout is shared with NERCHA communications manager for approval  
Run Advert (Swazi Observer and Times of Swaziland) after ethics clearance received  
A 2nd round of media inserts to be included in November | IHM to draft  
NERCHA and WB to approve | 28 Sept – 4 Oct 2018 (7days) |
| Radio announcement – to announce the start of Endline Data collection | Have a complete radio announcement, regarding the start of Endline and the need for participants to call into study help desk if their contact numbers have changed, to be inserted before field work starts (but not before ethics clearance received). | Draft Script for radio advert  
- IHM to draft script for radio advertisement  
- IHM to ensure that the script is translated  
- Share Script with WB for approval  
- Share script with NERCHA communications manager for approval  
NERCHA to ensure that the announcements are made in good time – before the start of Endline fieldwork, but after ethics clearance received. | IHM to draft  
NERCHA and WB to approve | 28 Sept – 4 Oct 2018 (7days) |
| Bulk SMS to active study Participants | Before Endline field work starts, send out a bulk SMS to active participants regarding the start of Endline and the need for them to call into study help desk if their contact numbers have changed (but not before ethics clearance received). | Drafting Bulk SMS  
- Draft the message  
- Translate the message  
- WB to confirm the message content  
Send out the message  
- Get financial approval  
- DMT to prepare the SP contact numbers  
- Share with Swazi MTN  
- Obtain proof of SMS of being sent  
Follow up  
- Brief Help Desk RAs on SMS sent out – in case of SPs phoning in | IHM  
IHM  
IHM | 2-5 Oct 2018 (4 Days)  
8 Oct 2018 (1 Day) |
8.5 Annex 5 - The Role of a Questionnaire

The basic instrument used in a survey is a questionnaire, which is a formalized set of questions for obtaining information from a respondent. It is the most common measuring tool in research and one of the most critical elements in a study.

8.5.1 Description of Different Elements in a Questionnaire

Normally a questionnaire consists of the following types of questions:

a) verification/screening questions
b) close-ended questions
c) open-ended questions
d) demographic questions
e) research assistant’s comments box / code

Verification Questions
The screening questions appear on the first pages or at the beginning of a questionnaire. They are used to determine the respondent’s eligibility to participate within the study or to verify that the research assistant is speaking to the right person (in the case of longitudinal studies).

Close-ended Questions
With pre-coded questions, the answers are recorded by selecting on the appropriate code number or letter. The number of selections depends on whether the question is a single select or multiple select.

There are two types of pre-coded questions, i.e. completely pre-coded and partially pre-coded:

In completely closed-ended questions, all possible answers will be displayed in a list or drop-down menu.

In partially pre-coded questions, the question could have a variety of possible answers, but only the most common are listed on the questionnaire, where there is an option to select...
‘others’ at the end of the list. Thus, where a pre-code does not apply, it is important that a full description is given under ‘other (specify)’.

From the example below, it is clear that a space opens up if “other (specify)” is selected for the other options mentioned by the respondent to be written.

**Open-ended Questions**
Open-ended questions are questions where the respondent has to express his/her own opinions and reactions. The initial answers of the respondents are often not exactly what is desired as they may be irrelevant, unclear, incomplete, or all three.

**Probing**
Open-ended questions do not give the respondents any pre-coded choice of answers. The initial answers of the respondents are very often not the ones being looked for. Therefore, typically, the research assistants should probe until the answers appear both clear and complete This should be the goal unless there are instructions to the contrary

**Vague Answers**
Probably the most common type of answers needing probing in an open-ended question. Usually they are too vague to be meaningful.
Probes are neutral and do not suggest any particular answers to the respondent. Research assistants should always repeat what the respondents say together with the follow up – “You just told me that you ....... Can you please explain this to me in detail?”

Example

Two frequently used open questions are – “Why do you prefer Option A to Option B?” and “What do you like about this product/pack?”

The responses to these questions very often need probing. It is always better to be on the lookout for answers such as the following:

<table>
<thead>
<tr>
<th>The Unsatisfactory Answers</th>
<th>Useful Ways of Probing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Its better</td>
<td>In which way is it better?</td>
</tr>
<tr>
<td>Just habit</td>
<td>How did it become a habit?</td>
</tr>
<tr>
<td>I prefer it</td>
<td>Why do you prefer it?</td>
</tr>
<tr>
<td>It’s convenient</td>
<td>In what way is it convenient?</td>
</tr>
<tr>
<td>Its colour</td>
<td>Why do you say that?</td>
</tr>
<tr>
<td>Don’t know</td>
<td>Is there anything at all that you liked/disliked about the specific brand?</td>
</tr>
<tr>
<td>It is okay/I like it / It is better/worse than my regular brand</td>
<td>Could you explain this to me in some more detail?</td>
</tr>
<tr>
<td>Works/does not work well</td>
<td></td>
</tr>
<tr>
<td>Does a good/poor job</td>
<td></td>
</tr>
<tr>
<td>Like/do not like package/product</td>
<td></td>
</tr>
<tr>
<td>Effective/not effective</td>
<td></td>
</tr>
<tr>
<td>Good/poor product</td>
<td></td>
</tr>
</tbody>
</table>

Incomplete Responses are common. Many questions are answered in such a way that one does not know whether the answer is complete or not. If there is any doubt, then this should always be probed. If a respondent mentions one thing that he/she likes about the product, one should always probe until he/she has mentioned all of the things liked about it. Useful questions for complete responses are “Is there anything else?” or “What else”? or “Are there any other reasons?”

Demographic Questions
Demographic questions determine the characteristics of the respondents such as age, income groups, educational level, and size of the household. These questions are always asked at the end of the questionnaire.
8.6 Annex 6: The Lenovo Tablet

The Lenovo Tab 4 pictured below will be used for endline data collection. The tablet has the following minimum specs: 2.0 GHz, 2GB of RAM, large battery to last for at least 10 hours, Android-based, GPS-enabled, cell phone data-enabled, Wi-Fi-data enabled, and 16GB of internal storage.

8.6.1 Using the Lenovo Tablet
8.6.1.1 ON/OFF

ON
Hold in the power button until the Lenovo Logo appears. Release the power button and wait for the pass code and keypad. Next, enter the pass code.

OFF
Hold the in the power button until the Power Off menu appears and select the Power Off option. Tablet will vibrate as it switches off.

Locking/Unlocking the screen

Locking the Screen
After 5 - 15 minutes of inactivity the Tab 4 will enter sleep mode, locking the screen. Sleep mode can also be activated by pressing the power button once. This mode pauses the current activity, placing the Tab 4 into a low power state. During survey periods, you should use sleep mode between interviews and only power down completely at the end of the day.

Unlocking the Screen (Restore from Sleep Mode)
Press either the power button or the home button. Slide your finger along the white arrow at the bottom of the screen. Then touch the keys to enter the pass code.
8.6.1.2 Charging the Tab 4
The USB end of the black charging cord goes into the power adapter. This is plugged into the power socket. Plug the small flat end (the non-USB end) into the charging port at the top of your Tab 4.

Research assistants should charge the Tab 4 each night after their work is complete. The Tab 4 has a battery life of approximately 12 hours. Unlike a cell phone battery, it is ok to charge the Tab 4 each night even if the battery is not drawn all the way down to 0% power. It is also ok to plug the Tab 4 in to charge with the power still on.

8.6.1.3 Using the Keypad
Touch inside an input area on the screen of the Tab 4 and the keyboard will automatically display for typing.

![Keyboard Image]

The wording on this key will change depending on what you are doing. (Go, Search, Return, Join etc.). Press this key to close the keyboard.

Press either key that has "?123" on it to get the numerical/symbol keyboard. The keys then change to "ABC", press again to toggle back to the letter keyboard.

8.6.1.4 Opening Applications
To open an application, press on the desired icon. (An icon is a square looking colorful item on the home page of the Tab 4.)

8.6.2 Damaged, Malfunctioning or Lost or Stolen Tablets
Lost or Stolen:
In the event that a tablet is lost or stolen, you should do the following:

Call the supervisor and inform him/her of the issue.

If you do not speak to your supervisor, you should call the Office immediately and report what happened.

Damaged/Malfunctioning:
If Tablet is damaged or malfunctioning report the matter to your supervisor. If supervisor is unable to resolve it they will call the office for technical support.

8.6.2.1 Cleaning the Tablet
Fingerprints, dust and household chemicals will adhere to the screen, degrading picture quality. A microfiber cloth is provided to clean the tablet. This cloth has been specially formulated to attract and remove dust and oils, without damaging the screen.

Helpful Hints:
Make sure the cloth is clean before use.
Turn off the tablet to allow the screen to cool.
Wipe surface using light pressure.
Do NOT use household cleaners or fabric softener sheets.

The microfiber cloth itself needs to be washed (after use) by hand or using a washing machine (no bleach). Dry at a low heat.

Do not use a pencil or pen to tap on the Tablet.
Do not use the Tablet while driving.
Do not place the Tablet where food or drink could spill on it.
Keep the Tablet out of extreme temperatures. (Do not leave it in the car during extreme temperatures).
Never attempt to repair a Tablet if it is broken.