

National State STD/AIDS Control Programme, Sri Lanka
DATA QUALITY ASSESSMENT (DQA) TOOL

I. Site and KP Identification

The information needs to be pre-filled by the validation team based on the sampled client for DQA.

1.	Name of the sub-sub-recipient	
2.	Sub-sub-recipient Code	
3.	Hotspot Name	
4.	Hotspot Code	
5.	Client Registration Number	-

II. Validation of Individual

Do not record personal details of client anywhere. Use the sample master list and the criteria listed against each to validate the client. Ask the client about the information asked below and record; check if it matches with the information available in the sample master list. Tick each item to validate the client's identifying information.

S.No.	Variable	Recorded	Validation
1.	Name of the FSW		
2.	Nickname/Other Name Used by the FSW		
3.	Age in Years		
4.	Marital Status		
5.	Occupation (if any other than sex work)		
6.	Telephone No.		
7.	NIC Number		
8.	Address (present and permanent if migrated)		

III. Validation of KP Status

Check each of the items listed below to validate the client's KP status.

S.No.	Variable	Validation
1.	Did you engage in consensual sex with males other than your spouse and regular partner?	
2.	(If the response to 1 is 'Yes') Did you receive money or payment in kind for having sex?	
3.	(If the response to 2 is 'Yes') Is selling sex your main source of income?	
4.	How do you solicit clients ¹ ?	

IV. Validation of Outreach

Record data in the column named 'Recorded' from the MIS before the visit to the sampled client. Validate the information for each item through discussion with the client and tick the matching items in the column named 'Validation'.

S.No.	Variable	Recorded	✓ Validation
1.	Client was able to mention the name of the field supervisor	XXXX	
2.	Client able to recall the date when he/she last met the field supervisor	(DD/MM/YYYY)	
3.	Client was able to mention the name of the peer educator	XXXX	
4.	Client was able to recall the date when he/she last met the peer educator	(DD/MM/YYYY)	
5.	Client was able to mention the number of times he/she met the peer educator during the last one month	##	

¹ 1. Brothel; 2. Street; 3. Home; 4. Lodge/Hotel; 5. Bar; 6. Highway; 7. Beach; 8. Telephone/Internet; 9. Other

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V. Validation of Commodities Provided

Record data in the column named 'Recorded' from the MIS before the visit to the sampled client. Validate the information for each item through discussion with the client and tick the matching items in the column named 'Validation'.

S.No.	Variable	Recorded	✓ Validation
1.	Did the client receive condoms free of charge from the peer educator?	Yes/No	
2.	Number of condoms the client received from the peer educator during the last fortnight (13 calendar days)	##	

Check each of the items listed below to assess the client's knowledge on current use of condoms.

S.No.	Variable	Validation
1.	Tear open the sealed condom pack from the indented edge to take out the condom	
2.	Ensure that nails do not cause a tear in the condom	
3.	Squeeze the tip of the condom to take out air and prevent the condom from bursting	
4.	Hold the condom at the tip and unroll the condom down the shaft and to the base of the penis	
5.	Slide-off the condom from the penis and ensure the semen collected does not spill/leak out	

VI. Validation of IEC Material Received

Check each of the items listed below to assess the receipt of IEC material and its content.

S.No.	Variable	✓ Validation
1.	Client received any IEC material/leaflet from the peer educator during the last one year.	
2.	Client correctly identified the IEC material/leaflet received from the peer educator.	
3.	Client is aware of the contents of the IEC material/leaflet received from the peer educator.	

VIII. Validation of STD clinic visits

Record data in the column named 'Recorded' from the MIS before the visit to the sampled client. Validate the information for each item through discussion with the client and tick the matching items in the column named 'Validation'.

S.No.	Variable	Recorded	✓ Validation
1.	Did you visit to STD clinic during this year?	Yes/No	
2.	If yes, date / month of the latest visit	DD/MM/YYYY	
3.	I went to STD clinic with my peer educator	Yes/No	

IX. Details of DQA Team Members

1.	Name of the Validator	
2.	Signature of the Validator	
3.	Date of Validation	