



OLIVE LEAF  
FOUNDATION



NOV 2010  
VOL 1.1



# Azisa support pack

For people managing  
field based information

## **Welcome**

Welcome to the Azisa support pack.

The word Azisa means 'to inform'. Our data capturing, storage and reporting system is called Azisa. This document has everything you need to collect and submit useful information, required by us to learn how to improve, and to demonstrate to our supporters what we did with their money. We called it the Azisa support pack, because, like a backpack, it contains the essential, lightweight, and useful tools that you need on your journey.

As an evaluation team words like useful, essential, lightweight, describe our approach to information gathering. Our vision of a data-capture system is one where the system is user-friendly, simple, and dependable. You will notice that we have removed much that is unnecessary from our previous electronic data management system.

Have a look at the table of contents on the next page. It will guide you to what you need. If not, let us know!

I encourage you to call me for help 021-8813029 This number is available during working hours from 4 October 2010. If I'm not in office I'll receive your messages.

Or else email Wessel on [wessel.vandenberg@olf.org.za](mailto:wessel.vandenberg@olf.org.za)

Our hope is that the system itself, and this support pack, will get the right information stored in the right place without any effort, so you can get on with doing what matters:

Enabling sustainable community development.

Good luck!

*The OLIVE LEAF Foundation evaluation team*





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## Where does data capturing fit into our M+E system?

Four words describe broadly how we manage what we know of our work. Planning, Monitoring, Evaluation and Reporting. These are the ways in which we approach information and knowledge about what we do.

**Planning** is a documented set of best guesses about the time that lies ahead, and how we intend to act. It usually takes the form of what we would need to put in place, and to do, to achieve certain objectives.

Once the resources are in place, and everyone is ready, we start to do our work.



Then, we need to ensure, as we are doing it, that we are on track. We need to know two things: if we are doing what we planned and how close we are to our objectives. This is called **monitoring**. We monitor how we are doing. **Data capturing** fits into this activity in the cycle.

Facts are collected from our clients, beneficiaries and staff, and submitted into our data-system. There are many ways of collecting these facts, or opinions, from people. We have made use in the past of paper forms we fill in, and submit to our evaluation team. For now we will keep on doing this, and add meaningful parts as we go along, such as submitting from your phone.

The difference between **data** and **information** is that someone is interested in information and can use it. Once we have a collection of data about a home, we then use it by evaluating our decisions with it and eventually reporting on it. Data then moved to being *informative*.

**Evaluation** is where we begin to ask **useful** questions about the information we have. Questions like: Are we actually making a difference in the lives of the children that we are serving? What kind of difference? We can then adapt our services and planning to match the communities' vision and our vision better.

**Evaluation** and **monitoring** can be likened to driving long distance with a full tank of fuel. Your dashboard dial helps you to monitor the level of fuel in your tank. You then evaluate if you have enough to get you to your destination. Deciding to pull over and fill up at a fuel station is a response to this evaluation.



Once we have gathered information through our monitoring and evaluation, and adapted our actions, we can report. **Reporting** happens on both monitoring and evaluation type information. Usually we report to those who are most interested in what we have done. This should be the communities we engage with, our own team members, and our



supporting donors. **Reports** about short-term achievements are usually produced regularly: monthly or quarterly. **Monitoring** produces these. **Evaluation** reports depend on the type of evaluation, but happen less often than monitoring reporting as it takes time to digest the information and learn from it.

Our planned evaluations for the next twelve months are:

- The first will be **summative** in nature and will involve gathering information from a representative sample of clients about the difference OLF has made in their lives during the time we have been involved with them, using a methodology called 'Most Significant Change'. Clients will be invited to submit stories about the most significant impact the organization has had on their lives. The most meaningful stories are selected by a panel according to domains that match the organization's objectives, such as health, gender and sustainability. These are then distributed for feedback and learning purposes.
- The second type of evaluation will be a mid-term process-evaluation of program activities. It will utilize focus group discussions and in-depth interviews with key informants. The main purpose will be to determine if the program activities are likely to achieve the planned outcomes, and what to change if they are not.
- The third type will utilize a quality of life questionnaire, drawn from a national survey package, to determine a baseline of quality of life of households served. OLF will repeat the survey with a sample of clients once a year. Results will be measured against two benchmarks: the previous OLF survey results and the results from national surveys using the same tool. We plan on using Stats SA's 'War on Poverty household assessment questionnaire'.

Our Azisa data-capturing system will therefore help us initially with our monitoring needs, but once we have gathered significant amounts of dependable information we can begin to evaluate from it.

### **The evaluation team**

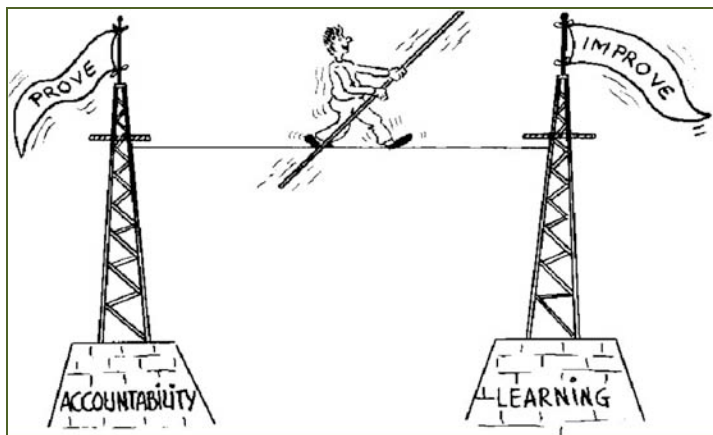
We have a team of people in OLIVE LEAF Foundation that care for our programme information and learning. We often refer to ourselves as 'the evaluation team' in this document. The team consists of the M&E manager, the Azisa database managers and our data-capturers.

We see data-capturers not as mechanical extensions of the database, but as actively involved colleagues that help you to use the information to learn and report. Our main job right now is to capture data, but we also want to play an M+E role.

The overarching principle is to constantly evaluate, while we are planning, monitoring and reporting.

This is why we call ourselves the evaluation team.





## 2. How does Azisa work?

### Reporting and data capturing

For the months of October, November and December 2010, Azisa will **not** be used for reporting to donors.

**Programme staff members are still responsible** for capturing the information that is necessary for their reports, as a SEPARATE process to data capturing.

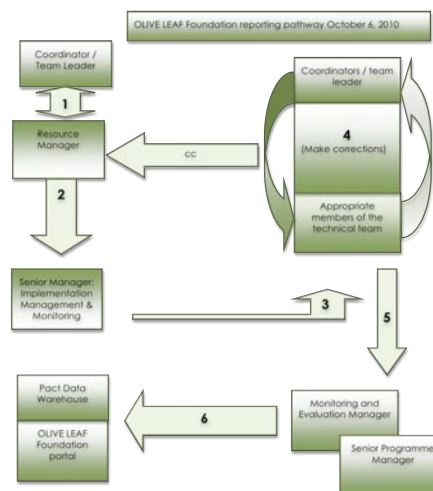
We believe the Azisa system can produce monitoring reports eventually, but we want to iron out the kinks first, and ensure we can use the system, before we depend on it entirely.

Therefore the information pathway communicated in September 2010 still holds for all reporting.

*Azisa is a web-based system*



This means that it can be accessed from any computer or device that has access to the Internet. The browser that works the best is [Mozilla Firefox](#). In OLIVE LEAF Foundation we mostly use Internet Explorer, but **Firefox** works better with Azisa. The Internet address for Azisa is [plus.azisa.info](http://plus.azisa.info) and will take you to a **login page**. You will only be able to log in once we give you a username and password. By the time this support pack goes out all of the data-captors will be familiar with logging in. Once the system is running, we will give access to the **technical team** and **resource managers**, and rights to draw their appropriate reports. The aim is that eventually the reports arrive automatically in your inbox a week after work has happened. The approximate date for this is by March 2011.



## Principles of Azisa

The evaluation team had a planning workshop at the end of September 2010 and a few principles emerged from the conversation that seemed to be really important. We'd like to share them with you here:

### Our 'stop doing' list:

- *Data-capturers stop delivering reports to programme staff. (There is no 'report' button in Azisa.)*
- *Nobody changes the data-management system without consulting the M&E manager (Wessel).*
- *Attacks on data-capturers stop now.*
- *'Training' on how to fill out forms again and again stops now.*
- *Edmes.*
- *People stop serving the system now.*

### Information management principles

- If it's not broken, don't fix it.
- Intended user for intended information. We will not ask a question unless we know who will use the answer.
- Mistakes are welcome but old and familiar mistakes are not as welcome as new mistakes.
- The system serves the people. Azisa is here to **make your life easier**, not harder. If this does not happen we need to adapt.
- Our staff members are clients too. Azisa will also help us to capture information about work done internally. When staff training happens, each participant fills out a form like an external client would.





### 3. Three important facts about Azisa :

We have **simplified the forms** you will use quite a lot. Before we go through the forms, there are three things you should know.

<b>FACT 1</b>	<b>Data forms ARE NOT programme forms</b>
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In your work, you will gather information in two kinds of forms. The first kind is **programme forms**. These are forms that keep valuable information about your work, and help you to do your work better. Examples are **Health assessment forms**, Referral forms, Client records, Weekly planning and **tracking sheets from data booklets** and workshop pre and post – test forms.



These are usually filed in your own programme files, per client, or in some programmes and sites per team.

As the Evaluation team, we will help you to get the right tools and forms in place for you to do your work best. The **programme forms** help with this. Your data-capturer on site does **not** want these forms and will **not** capture them.

The second kind of form we call a **Data form**. **It goes to your data-capturer in – tray.**

**You are responsible for submitting these forms to your data-capturer on a weekly basis.**



Depending on your site, the data-forms will be filed in your own office again, once captured, or in your data-capturer's office. The detailed pathway of each form will be explained below. These are the forms we will go through in the rest of this document. For now it is just important to understand the difference between the data-forms and programme forms.

If your system works, don't change much about it, just incorporate the new data- forms in the best way for you.



<b>FACT 2</b>	<b>Any person can use any form – the ACTIVITY CODE is linked to program areas</b>
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Information should be gathered about some of your work on a regular basis. For this purpose a set of **codes** have been generated to link your daily work to Azisa. Each **programme area** has generated a set of activity codes, **sites and districts** have codes and when you complete your forms, you fill these in. The programme areas are: OVC, OSP, HCT and CAS

Here is an example of some OVC activity codes:

OVC ACTIVITY CODES		
INDICATORS	ACTIVITIES	ACTIVITY CODES
OVC 10.1	Facilitate the conducting of nutritional assessments	CNS01
CLINICAL NUTRITIONAL SUPPORT	Facilitate Positive Deviance Inquiry	CNS02
	Provide nutritional supplements	CNS03
	Provide nutritional counselling and education	CNS04
	Provide workshop on new cooking, feeding and caring behaviours	CNS05
	Maintenance of existing food gardens	CNS06

All codes for all programmes and sites are attached in the reference section of this support pack in a document called **CODE SHEET**. You will need these, **so each person should have one printed out**. Instructions on where to fill in which codes will be explained where necessary for each form.






















<b>FACT 3</b>	<b>Forms ARE GENERAL and not programme specific</b>
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A **very important aspect** to understand about Azisa forms is that they are **not programme specific**. Towards enabling sustainable community development, we prefer to focus on **who** we work with, and then to decide which programme area responds best.

A fieldworker will use a child intake form for children we serve, and an adult intake form for the child's caregiver. THERE ARE NO AGP FORMS, OR OVC FORMS, OR OSP FORMS OR CAS FORMS.

This table shows which forms are needed by which programmes. There might be more that a programme is interested in, but these are essential. Find **your programme** on the table below and the forms you will need.



Form names	OVC	OSP	HCT	CAS	OLF
<b>Adult intake form</b>					
<b>Child intake form</b>					
<b>Client group activities</b>					
<b>Client Individual activities</b>					
<b>Client In-depth individual activities</b>					
<b>Household form</b>					
<b>Groups Attendance Register</b>					
<b>HCT Data tool</b>					

The OLF column refers to activities we do with staff members. HCT is the only exception – the other programmes all use the same pack of forms.

*Forms should be complete, but still hand in any information you can find*  
 We obviously would like to have every field correct and complete. We do however know that all the information is not always available or a person might not want to share it. **That is fine!** You still have to submit your form weekly to the data-capturer. Azisa will highlight the gaps to you and your manager, as a follow – up system.

Your next question is likely to be: 'So what is the minimum information before we submit?'

The answer is: The person's name and surname. We will remind and support you to complete the rest throughout the year.





#### 4. Data forms and explanations

Country code		District code		Site code		Doc no	
Site		Household no		Civic File no			
<b>ADULT INTAKE FORM</b>							
- This form is filed in PERSONAL RECORD folder -							
<b>ADMINISTRATION</b>							
Completed By Staff Name		Staff Number		Signature			
Date Completed		Date Checked					
Checked By Staff Name		Staff Number		Signature			
<b>DETAIL</b>							
<b>IDENTIFICATION</b>							
Birth Cert Passport		ID					
<b>PERSONAL DETAIL</b>							
First Name		Second Name					
Last Name		Surname					
Date of Birth		Disability					
Spouse Children in household		Adults in household		Language			
Citizen Status		Nationality		Employment status			
Family income		per month					
<b>CONTACT DETAILS</b>							
Tel No		Cell No					
<b>PHYSICAL ADDRESS</b>							
Country		District/Province					
City/Town		Suburb/Ward					
Address		Postal Code		Years living here			
<b>EMERGENCY CONTACT PERSON</b>							
<b>IDENTIFICATION</b>							
Birth Cert Passport		ID					
<b>PERSONAL DETAIL</b>							
First Name		Surname					
<b>CONTACT DETAILS</b>							
Tel no		Cell No					
<b>PHYSICAL ADDRESS (if different from CLIENT)</b>							
Country		District/Province					
City/Town		Suburb/Ward					
Address		Postal Code		Years living here			
<b>VERIFICATION</b>							
Verified by Tel No		Signature		Verified Date			

#### Purpose of the form

To open and update a folder for a community member that we plan on building relationship with. These are likely to be caregivers, CAS support group members and staff-members that attend our training.

#### Who will use it most?

- OVC fieldworkers
- CAS fieldworkers
- OLF staff members that train other staff members

#### How to use the form

When you first meet the person, explain the purpose of the form and complete the information with them.

#### Look out for:

*Family Income.* When you ask the person for their level of income make sure they understand that it is confidential. Be clear that you are not planning to improve their income, but that it is a criterion for us to be able to work with them.



### Purpose of the form

To open and update a folder for a child that we plan to support. These are likely to be OVC, children of CAS clients, or under-18 participants in OP workshops.

### Who will use it most?

- OVC fieldworkers
- OP fieldworkers
- CAS fieldworkers

### How to use the form

The form is filed out by the caregiver, and a consent form should accompany this form. An adult intake form should also accompany the form for the caregiver to complete. We cannot work with a child that we do not have a consent form for. The form is filed in the child's personal record folder.

### Look out for:

*Children in household.* If there are other children you should decide if they should also have forms completed for them.

*CAS clients' children are not necessarily vulnerable!* The fact that someone is living with HIV does not mean his or her children are vulnerable. Be sure to complete the tick-boxes in the rapid vulnerability assessment under OVC eligibility criteria.







The form is titled "CLIENT INDIVIDUAL ACTIVITIES" and is a "PROGAM ACTIVITY RECORD FORM". It includes logos for USAID, OLIVE LEAF FOUNDATION, and iCover. The form is divided into several sections: "ADMINISTRATION" with fields for Client ID, Name, Address, and Date; "PERSONAL" with a large grid for recording activities; and "VERIFICATION" with fields for Date and Signature. At the bottom, there are logos for iCover, Sanlam, and Olive Leaf Foundation, along with a note about a 14-day personal account closure period.

### Purpose of the form

To capture activities conducted with clients that differ from client to client. For example a CAS fieldworker that visits three different HBC clients and conducts a different activity with each, or an OVC fieldworker that visits a few children at their different homes, and does a different activity with each.

### Who will use it most?

- OVC fieldworkers
- CAS fieldworkers

### How to use the form

Fill out each client's details after the visit.





**HOUSEHOLD**  
— This form is filed in PERSONAL RECORD of HEAD OF HOUSEHOLD folder —

Household No. \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATION**

Completed by Staff Name \_\_\_\_\_ Start Number \_\_\_\_\_ Date Checked \_\_\_\_\_ Signature \_\_\_\_\_

Checked by Staff Name \_\_\_\_\_ Start Number \_\_\_\_\_ Date Checked \_\_\_\_\_ Signature \_\_\_\_\_

**DETAILS**

Date \_\_\_\_\_ Details \_\_\_\_\_

Date \_\_\_\_\_ Details \_\_\_\_\_

Date \_\_\_\_\_ Details \_\_\_\_\_

Date \_\_\_\_\_ Details \_\_\_\_\_

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Date \_\_\_\_\_ Details \_\_\_\_\_

### Purpose of the form

To link head of households to children and other household members that we serve. Our vision of enabling sustainable community development depends on the ability to work with a household at a time. This form is the anchor for all the clients we work with that share a household. It allows us to investigate for caregivers, children or siblings.

### Who will use it most

- OVC fieldworkers
- CAS fieldworkers

### How to use the form

- 1 DATA CAPTURER or FIELDWORKER identifies potential new household with new address (not captured on the system) on an INTAKE FORM
- 2 FIELD WORKER visits ADDRESS and confirms that the HOUSEHOLD is not listed yet.
- 3 FIELD WORKER lists all CLIENTS on HOUSEHOLD form
- 4 DATA CAPTURER captures HOUSEHOLD form and with all clients listed; system inserts HOUSEHOLD NO. For all captured clients.
- 5 DATA CAPTURER files HOUSEHOLD form in HOUSEHOLD HEAD FILE





**Purpose of the form**

To capture confidential information about people that are served with HCT services.

**Who will use it most?**

- HCT focused staff members
- OP fieldworkers

**How to use the form**

Fill in the client clinic file number, or ID number or name, whichever is most appropriate to your context.

Tick the boxes that apply to the services you provide.

In the box called 'RES' you write a P or N depending on their result.



## HCT Data tool tick-boxes

PRE	Pre-test counselling conducted
TEST	Individual tested for HIV
POST	Post-test counselling conducted
OUT	Opted out of testing
RES	Result (P or N)
COUP	Individual is part of a couple being tested as a couple.
C.OUT	Individual as part of couple opting out.
C.RES	Individual as part of couple result (P or N)
STB	Screened for TB
TBS	TB support provided
CD4	Referred for CD4 test
<350	CD4 result less than 350



## 5. Office workflow for data forms

*Remember: If your system works, don't change much about it, just incorporate the new forms in the best way for you.*

- Staff members print blank data forms according to their weekly planning. Azisa forms should be filled in DAILY. A new form every day for the same group.
- Staff members fill out forms during week.
- On Monday, each person collects his / her data forms and staples them for checking by their superior.
- Team leaders check forms, hand back to staff members.
- Data capturers receive the data forms from staff members placed in in-trays on Monday before 4pm.
- Data capturer checks data forms.
- Errors are logged on error sheets and placed in pending tray.
- Error sheet goes to RM or straight into filing.
- Data from forms are captured. Data – capturer has to add document number from Azisa screen.
- Completed forms are stamped and placed in out tray to file.
- Filing happens by staff members and data capturers.
- Option A: DC's keep regulars – coordinators keep register/client records.
- Option B: DC's keep all.
- Sometimes data forms are signed out and back when staff members need information.

## 6. Reference section

- PDF CODE SHEET
- PDF DATA CAPTURE FORMS

