

Malawi National AIDS Commission



National HIV/AIDS Monitoring and Evaluation Plan

SHORTCUT GUIDE

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1 Purpose of this Guide

The purpose of this Guide is to provide an **overview** and **quick reference** to those individuals who would like to understand the main components or find a specific element of the Malawi national HIV/AIDS M&E Plan, without having to read through the whole of Parts A and B. This document does not replace the national HIV/AIDS M&E plan, but is rather complementary to this plan. The **main documents** referred to in this guide are:

- National HIV/AIDS M&E Plan: Part A (Conceptual Framework)
- National HIV/AIDS M&E Plan: Part B (Operations Plan)
- National AIDS Commission (NAC) Activity Report System

This **Shortcut Guide** provides:

- (a) an overview of the structure of the National HIV/AIDS M&E system;
- (b) a checklist of essential knowledge for you to be fully conversant with the national HIV/AIDS M&E system;
- (c) answers to frequently asked questions; and
- (d) an index of key terminology, and where the contents can be located in Part B of the national HIV/AIDS M&E plan.

2 Structure of National HIV/AIDS M&E System

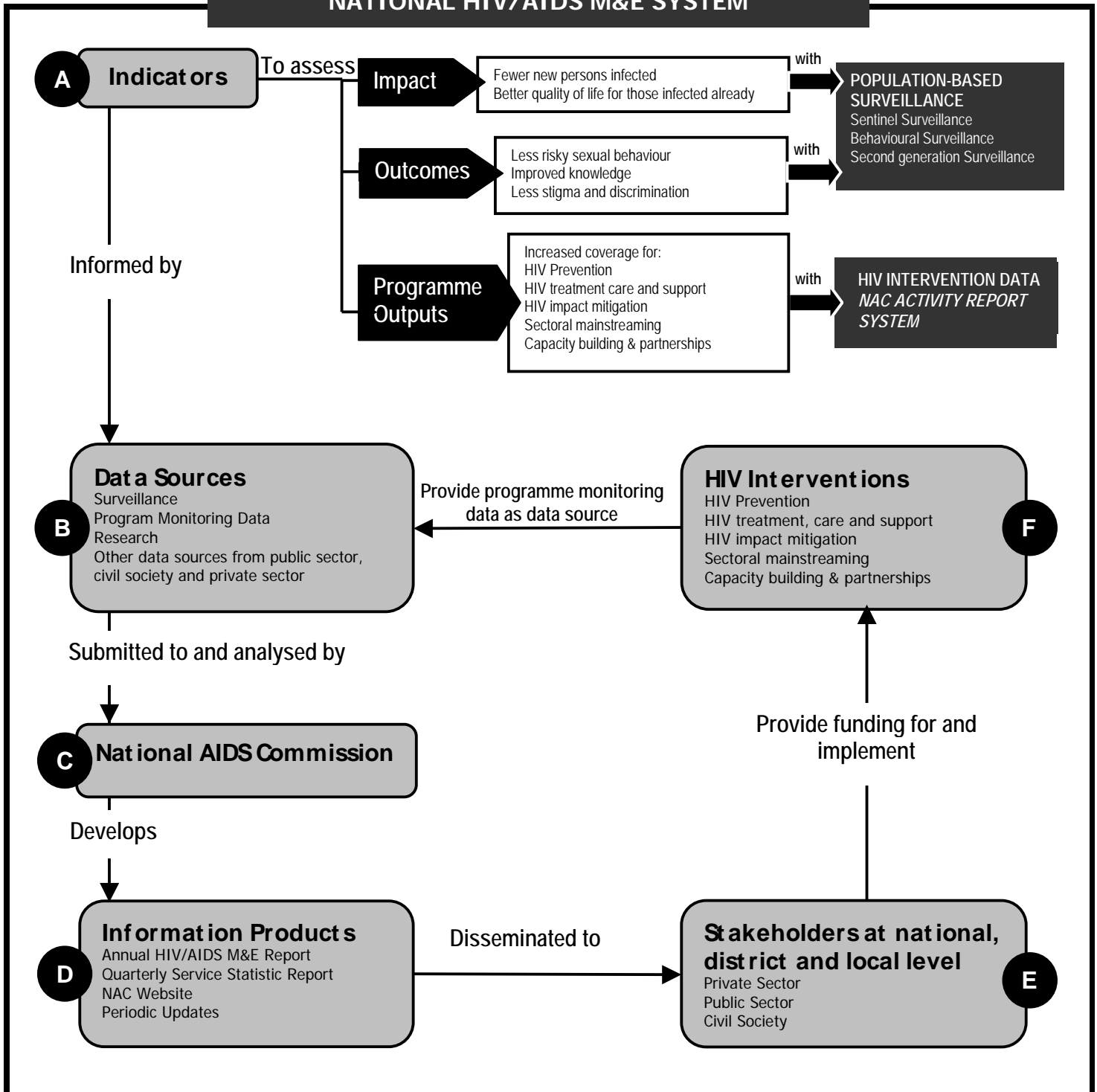
The National M&E Plan is the documentation of the National HIV/AIDS M&E System. The National HIV/AIDS System is visualised below:

Goal of national HIV response

1. Reduce HIV incidence
2. Improve quality of life for infected and affected

In order to track progress made towards achievement of national response

NATIONAL HIV/AIDS M&E SYSTEM



3 The Essentials

This section of this Shortcut Guide provides the reader with an outline of the bare essentials that a person needs to know in order to be fully conversant with the national HIV/AIDS M&E plan.

- A** What are the **national HIV indicators**?
– see pages 4 - 7 of Part B

- B** What are the **core data sources** being used for the national indicators?
– see pages 10 – 11 of Part B

- C** What are my responsibilities towards NAC in terms of submission of data and how does the **NAC Activity Report System for HIV interventions** work?
- See the *Guidelines for the Implementation of the NAC Activity Report System*

- D** What are the **NAC information products** that will be disseminated by the National AIDS Commission that my organisation can use?
- E** – see pages 37 – 45 of Part B

- F** What are **HIV interventions** – what kind of activities do I need to report on?
– see the structure of the logical framework for a list of all types of HIV interventions (HIV programme areas)

4 Frequently Asked Questions

QUESTION 1: Why are there so many indicators?

Although the overall number of indicators in the national HIV/AIDS M&E system seems large (62 indicators in total), this is due to the multisectoral nature of the HIV response. No sub-category under the components of HIV prevention; HIV treatment, care and support; HIV impact mitigation, sectoral mainstreaming or capacity building and partnerships contains more than 3 indicators.

QUESTION 2: Why are there so many data sources?

Although the overall number of core data sources seems extensive, it should be taken into account that the majority of data sources are existing data sources compiled by NAC partners, and not by the National AIDS Commission itself. NAC draws from existing and established data sources. The variety and depth of data sources will ensure that the NAC is able to compare and triangulate data, thereby increasing the validity and credibility of annual M&E information.

QUESTION 3: How does this HIV/AIDS M&E system benefit my organisation?

This national HIV/AIDS M&E system provides an overall picture of the progress made with regards to the achievement of the goal of the national response. The NAC M&E system is useful for organisations in terms of planning, understanding where the national response needs to focus in future years and for annual work planning purposes. The HIV/AIDS M&E system will also assist on a national basis to add depth of meaning to other sets of indicators, such as the poverty reduction indicators. This is due to the widespread impact of HIV/AIDS on all sectors of society.

QUESTION 4: How does this M&E system affect my organisation?

The basic requirement is that ALL organisations that implement HIV interventions should submit programme monitoring data to the NAC using the NAC's Activity Report System. If you are an implementer or funder of HIV interventions, please ensure that you familiarise yourself with the NAC Activity Report System and submit data on a regular basis.

QUESTION 5: Who pays the additional costs of collecting/reporting the M&E data to NAC?

The NAC specifically designed the NAC Activity Report System to be as cost effective as possible. We ask of every implementer of HIV interventions to make sufficient copies of this report for his/her own use and for monthly reporting, as well as to carry the cost of faxing this report to NAC.

Since this NAC Activity Report System collects information that should already be available at your organisation, we do not envisage additional costs for data collection.

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National Indicators for HIV/AIDS M&E System

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
IMPACT ASSESSMENT			
Reduced HIV incidence	% of people who are HIV-infected (by age group (15 – 19, 20 – 24 and 25 – 49), gender and residence) (GFATM)	IA1	Sentinel surveillance report ¹ Second generation surveillance – to determine national prevalence estimates
	Syphilis prevalence among pregnant women (by age group (15-19, 20 – 24 and 25 – 49), and residence) (GFATM)	IA2	Sentinel surveillance report
	% of HIV-infected infants born to HIV-infected mothers	IA3	Formula-based estimate ²
Improved quality of life of those infected and affected ³	% of orphans and other vulnerable children to whom community support is provided (by gender and residence)	IA4	Population-based survey (e.g. DHS, BSS, CWIQ)
	Ratio of current school attendance among orphans to that among non-orphans, among 10-14 year-olds (by gender and residence)	IA5	Population-based survey (e.g. DHS, BSS, CWIQ)
OUTCOMES ASSESSMENT			
Reduced high-risk sexual behaviours	% of sexually active respondents who had sex with a non-regular partner within the previous 12 months (by gender, residence and marital status)	OA1	Population-based survey (e.g. DHS, BSS)
	% of people reporting the consistent use of a condom during sexual intercourse with a non-regular sexual partner ⁴ (by gender, residence and age (15 – 24, 25 – 49)) (GFATM)	OA2	Population-based survey (e.g. DHS, BSS)
	Median age at first sex among 15-24 year-olds (by gender, residence) (GFATM)	OA3	Population-based survey (e.g. DHS, BSS)
	% of young people aged 15-24 who had sex with more than one partner in the last 12 months (by gender, residence)	OA4	Population-based survey (e.g. DHS, BSS)
Increased knowledge of HIV/AIDS prevention	% of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (by gender and residence) (GFATM)	OA5	Population-based survey (e.g. DHS, BSS)
	% of people in general population exposed to HIV/AIDS media campaign (by gender, type of employment and residence)	OA6	Population-based survey (e.g. DHS, BSS, CWIQ)
Decreased stigma and discrimination among general population towards PLWHAs	% of population expressing accepting attitudes towards PLWHAs (by gender and level of education)	OA7	Population-based survey (e.g. DHS, BSS)

¹ Sentinel surveillance report is used, together with other data sources such as HIV prevalence data from the Blood Transfusion Service, VCT clinics and AIDS Case reports to determine annual prevalence estimates

² The formula is as follows: $Indicator\ score = \{T \cdot (1-e) + (1-T)\} \times v$, with T = % of HIV infected pregnant women with ARV treatment, v = MTCT rate in absence of treatment and e = efficacy of treatment provided (50%)

³ It is recognised that there is a need for a special Quality of Life survey to be undertaken in order to accurately measure the quality of life, and change in the quality of life of those infected and affected by HIV/AIDS. This will be included in the national HIV/AIDS research strategy.

⁴ The UNGASS indicator only refers to % of young people aged 15 – 24, but the NAC felt that it wanted the statistics for all age groups. The statistics for young people will then be extracted for UNGASS reporting purposes.

National Indicators for HIV/AIDS M&E System (continued)

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
MONITORING PROGRAMME OUTPUTS			
Area 1: HIV Prevention	<i>Objective: To Reduce HIV Incidence in Malawi</i>		
<u>Information, Education, and Communication (IEC)</u> - Improved, standardized, comprehensive, and effective IEC strategy	# of HIV/AIDS radio/television programs produced and number of hours aired in the past 12 months (by type of media)	IEC1	Quarterly Service Coverage Report
	# of HIV/AIDS brochures/booklets produced and number of copies distributed in last 12 months (by district)	IEC2	Quarterly Service Coverage Report
<u>Promotion of Safer Sex Practices (ABCs)</u> Reduced high-risk sexual behaviour, especially among priority groups such as youth	% of schools with teachers who have been trained in life-skills-based HIV/AIDS education and taught it during the last curriculum year (by type of school (primary/secondary, school proprietor (public / private) and school location (rural / urban)) (GFATM)	ABC1	MOEST Inspection Report
	# of young people aged 15 – 24 exposed to life-skills-based HIV/AIDS education (by gender, district and whether they are in-school or out-of-school youth) in last 12 months	ABC2	Quarterly Service Coverage Report
	# of condoms distributed by social marketing agencies to retail outlets (i.e. for selling) or to clinics (for free distribution by clinics) in last 12 months (by district, relating distribution to population size in district)	ABC3	Quarterly Service Coverage Report Data from social marketing agencies
	# of condoms dispensed to end user ⁵ in last 12 months (by type of institution and district)	ABC4	Supply Chain Manager Report
<u>Prevention of Mother-to-Child Transmission (PMTCT)</u> Reduced mother-to-child (vertical) transmission of HIV	% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT (by type of provider) (GFATM)	PM1	Census Data HMIS Annual Report
	% of health facilities providing at least the minimum package of PMTCT services in the past 12 months (by location and district)	PM2	Health Facility Survey
	% of pregnant women who have been counselled in PMTCT, tested and received their serostatus results in the past 12 months (by age group (15 – 24, 25 – 49), type of institution (private/public) and district)	PM3	Quarterly Service Coverage Report HMIS Annual Report
	% of pregnant women that have been tested, who are HIV positive in the past 12 months (by age group (15 – 24, 25 – 49) and district)	PM4	Quarterly Service Coverage Report HMIS Annual Report
	% of HIV positive pregnant women who have been provided with 3 month supply of alternative infant feeding in the past 12 months (by district)	PM5	Quarterly Service Coverage Report
	% of HIV positive pregnant women offered PMTCT who are referred for care and support services in the past 12 months (by district)	PM6	Quarterly Service Coverage Report
<u>STI Treatment</u> Improved management and reduced incidence of STIs other than HIV	% of patients with STIs at health facilities who have been diagnosed, treated, and counselled according to national management guidelines (by gender and age (> 20, and 20 years and older) (GFATM)	STI1	Health facility survey
	% of health facilities with STI drugs ⁶ in stock and no STI drug stock outs of >1 week within last 12 months (by district)	STI2	Drug Stock Supply Report
	# of STI cases seen at health facilities in the past 12 months (by type of case (new case or referred partner), district and by gender)	STI3	HMIS Annual Report
<u>Blood Safety, Injection Safety, and Health Care Waste Management</u> Improved blood safety, injection safety, and health care waste management	% of health facilities that apply national guidelines for blood screening, storage, distribution & transfusions (by district)	BS1	Health facility survey
	% of health care facilities that apply national standards for infection prevention and health care waste storage and disposal (by district)	BS2	Health facility survey
	% transfused blood units in last 12 months that have been screened for HIV according to national guidelines (by district)	BS3	NBTS report
<u>Voluntary Counseling and Testing (VCT)</u> Improved access to ethically sound VCT services	% of districts where VCT sites (integrated or stand alone) are located as per national guidelines (every 8 kms in rural areas, and 1 site for every 10 000 people in urban areas)	VCT1	HMIS Annual Report
	# of clients tested for HIV at VCT sites and receiving their serostatus results in the past 12 months (by age (15 – 24 , 25 – 49), district and gender)	VCT2	Quarterly Service Coverage Report HMIS Annual Report
	% of clients who have been tested for HIV, who are HIV positive in the past 12 months (by age (15 – 24 , 25 – 49), district and gender)	VCT3	Quarterly Service Coverage Report
	% of HIV positive VCT clients who are referred to care and support services in the past 12 months (by age (15 – 24 , 25 – 49), district and gender)	VCT4	Quarterly Service Coverage Report

⁵ These are condoms distributed by MOHP and tracked in MOHP's Supply Chain Manager System

⁶ Refer to Annexure L for a list of STI drugs that will be tracked

National Indicators for HIV/AIDS M&E System (continued)

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
Area 2: HIV/AIDS Treatment, Care, and Support	Objective: To Improve the Quality of Life of individuals and families infected and affected by HIV/AIDS		
<u>Clinical Care (including OI Treatment and ARV Therapy)</u> Increased access to improved and comprehensive health treatment for persons infected with HIV	<i>% of persons with advanced HIV infection receiving ARV therapy</i> (By age group (< 20 and 20 and older), gender and by type of health facility (public/private)) (GFATM)	CC1	Quarterly Service Coverage Report
	% of AIDS cases managed for OIs in the past 12 months (by gender and district) (GFATM – but different wording)	CC2	HMIS Annual Report
	% of health facilities with drugs for OIs ⁷ in stock and no stock outs of > 1 week in last 12 months (by district)	CC3	Drug Stock Supply Report
	% of health facilities where ARV services are being offered with no ARV drug ⁶ stock outs of > 1 week in last 12 months (by district)	CC4	Drug Stock Supply Report
	% of detected TB cases who have successfully completed the treatment (by gender, district and by type of TB)	CC5	HMIS Annual Report
<u>Community and Home-based Care and Support</u> Improved quality of life for PLWAs and affected communities	# of households receiving external assistance in the past 12 months to care for adults who have been chronically ill for 3 or more months during the past 12 months (by residence, district and type of help)	HBC1	Quarterly Service Coverage Report
	# of persons enrolled at PLWA organisations in the past 12 months (by gender, district and age group (15 – 24, 25 – 49))	HBC2	Quarterly Service Coverage Report
	# of community home based care visits in the past 12 months (by residence, district and by type of visit (health care worker / volunteer))	HBC3	Quarterly Service Coverage Report
Area 3: HIV/AIDS Impact Mitigation	Objective: To Improve the Quality of Life of individuals and families affected by HIV/AIDS		
<u>Support for Orphans and Vulnerable Children (OVC)</u> Increased social, financial and legal support for orphans and vulnerable children	# of orphans and other vulnerable children receiving care/support in past 12 months (by type of support (psychosocial, nutrition, financial), district and gender)	OVC1	Quarterly Service Coverage Report
	# of community initiatives or community organizations receiving support to care for orphans in the past 12 months (by district)	OVC2	FMA Financial Management System Report
Area 4: Sectoral Mainstreaming			
<u>Sectoral Mainstreaming⁸</u> Increased level of resources, effort, and coordination to respond to the HIV/AIDS epidemic in all sectors of the economy	<i>% of large private companies and public institutions that have HIV/AIDS workplace policies and mainstreaming programmes</i> (by type of institution (public/private) and by type of expenditure) (GFATM)	SM1	Workplace survey
	# and % of employees and their spouses in all sectors that have been reached by interventions defined in their employers' workplace policy in the past 12 months (by sector (public/private/civil society), gender and type of support (prevention / care & support))	SM2	Quarterly Service Coverage Report
Area 5: Capacity building and partnerships			
<u>Capacity Building and Partnerships</u> Increased capacity and participation in decision-making and action among all organizations engaged in the national response to the HIV/AIDS epidemic	Amount and % of overall funding received by the NAC that is granted to CBOs, local NGOs, international NGOs, FBOs, government, private sector, educational institutions and international organisations in the last 12 months (by type of organisation) (GFATM)	OC1	FMA Financial Management System Report
	# of CBO alliances created by the NAC or in which the NAC participates in order to increase demand for and supply services to target population (GFATM)	OC2	NAC database
	Average # of days for grant proposals received by NAC in the past 12 months to be processed (from when the grant proposal is received to when funding is provided)	OC3	FMA Financial Management System Report
	# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months (by gender and district)	OC4	Quarterly Service Coverage Report

⁷ Please refer to Annexure L for a list of OI drugs and ARV drugs for Drug Stock Supply survey

⁸ It is recommended that the effectiveness of training be added as an item on NAC's research agenda

National Indicators for HIV/AIDS M&E System (continued)

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
MONITORING NATIONAL EFFORT			
<u>National Management and Commitment</u> Improved national commitment, leadership, and management of the national response to the HIV/AIDS epidemic	<i>Amount of funds spent on HIV/AIDS (by category of expenditure and funding source (government, civil society and donor agencies))</i>	NC1	UNAIDS/NCPI Financial Resource Flow survey
	<i>National Composite Policy Index (by questionnaire component)</i>	NC2	NCPI Questionnaire
	<i># of times in which the NAC decision-making structures operate to review progress data or to decide program management issues in the past 12 months (# of meetings, agenda, list of participants, decisions made) (GFATM)</i>	NC3	NAC meeting minutes
<u>Monitoring and Evaluation</u> To generate empirical data and information through biological and behavioural surveillance, research, programme monitoring, and financial monitoring that will direct HIV/AIDS prevention, care and support, and impact mitigation efforts.	Dissemination of annual publication, the National HIV/AIDS M&E Report, by NAC at the annual NAC M&E dissemination seminar (by sector)	ME1	National HIV/AIDS M&E Report
	% of organisations that have submitted the required number of completed NAC Activity Report Forms on time to NAC in the past 12 months (by type of organisation and whether the organisation is funded by NAC or not)	ME2	NAC Activity Report Forms NAC database
	Annual sentinel surveillance ⁹ at antenatal clinics has been completed on time by MOHP	ME3	National HIV/AIDS M&E Report
	Development of functioning, accessible research inventory database that registers HIV/AIDS-related research implemented in Malawi	ME4	National HIV/AIDS research database
	% of HIV/AIDS-related research studies in Malawi that are in line with national research strategy, and tracked annually in the national HIV/AIDS research database (by HIV programme area)	ME5	National HIV/AIDS research database
	% of new research studies submitted to the NAC research inventory database in the past 12 months that have been approved for submission at the annual HIV/AIDS Research conference (by HIV programme area)	ME6	Abstract Book from HIV/AIDS research dissemination conference

Please note that throughout this report, wherever it refers to “rural” and “urban”, the definitions are as follows (in line with NSO definitions) –

- URBAN is defined as any activity that takes place in the boundaries of the city assemblies of Lilongwe, Blantyre, Mzuzu or Zomba.
- RURAL is defined as all activities that take place in any other area.

⁹ **Sentinel Surveillance** is an epidemiology term, and is surveillance that is based on the collection of data from a sample (random or non-random) of collecting sites as indicator data for the rest of the population, in order to identify cases of a disease early or to obtain indicative data about trends of a disease or health event. One instance of sentinel surveillance is the use of a particular population group (e.g., monitoring the serology of syphilis or HIV infection among pregnant women as an indicator of trends in the general population).

Summary of All Core Data Sources to be Commissioned and Funded by NAC

DATA SOURCE	INDICATOR REFERENCE	TIME PERIOD COVERED IN DATA SOURCE	PUBLICATION DATE	FREQUENCY OF DATA COLLECTION	INSTITUTIONAL RESPONSIBILITY	DOES DATA SOURCE IN CURRENT FORMAT FULFIL NAC DATA NEEDS?	LEVEL OF READINESS			NAC M&E FUNDING?
1. FMA Financial Management System Report	OC1, OC3, OVC2	Jan - December	January (1 st one by Jan 2004)	Monthly	Financial Management Agency (FMA)	It will meet all needs, as it will be designed for specific purpose	ND	Data specifications	Defined in contract	Yes
								Methodology	Agreed in contract	
								Budget	Prepared – in FMA contract	
2. Quarterly Service Coverage Report	ABC2, CC1, HBC1, HBC2 HBC3, IEC1, IEC2, OC4 OVC1, PM3, PM4, PM5, PM6, SM2, VCT2, VCT3, VCT4	3 calendar months (preceding quarter)	4 weeks after end of the quarter (1 st one by Dec 03)	Monthly submission to FMA	Financial Management Agency (FMA)	It will meet all needs, as it will be designed for specific purpose	ND	Data specifications	Defined in this plan	Yes
								Methodology	Agreed in contract	
								Budget	Prepared – in FMA contract	
3. Workplace survey	SM1	Survey data collection period	January (1 st one by Jan 2005)	Biennial	Ministry of Labour and Vocational Training (MOVLT)	It will meet all needs, as it will be designed for specific purpose	ND	Data specifications	Defined in UNGASS guide	Yes
								Methodology	To be agreed with MOLVT	
								Budget	To be prepared	
4. Health facility survey	BS1, BS2, ST11, VCT1, PM2	Combined with health facility supervision (July)	November (1 st one by Nov 2003)	Annual	Ministry of Health & Population (MOHP) - Planning Unit	It will meet all needs, as it will be designed for specific purpose.	ND	Data specifications	Defined in this plan	Yes
								Methodology	To be agreed with MOHP	
								Budget	To be prepared	
5. Behavioural Surveillance Survey	IA4, IA5, OA1, OA2, OA3, OA4, OA5, OA6, OA7	Survey data collection period	January (1 st one in 2004)	Biennial	Ministry of Health & Population (MOHP) - CHS Unit	It will meet all needs, as the Technical Working Group on Behavioural Surveillance will design it for specific purpose.	ND	Data specifications	Defined in this plan	Yes
								Methodology	Agreed: international practice	
								Budget	To be prepared	
6. Abstract Book from HIV/AIDS Research conference	ME6	New research in the last 12 months	January (1 st one in Jan 2004)	Annual	National AIDS Commission	It will meet all needs, as it will be designed for specific purpose	ND	Data specifications	Partly defined in this plan	Yes
								Methodology	To be agreed	
								Budget	Prepared – in this plan	
7. National HIV/AIDS M&E Report	ME3	Jan – Dec of previous year	March (1 st one in March 2004)	Annual	National AIDS Commission	It will meet all needs, as it will be designed for specific purpose	ND	Data specifications	Defined in this plan	Yes
								Methodology	Agreed in this plan	
								Budget	Prepared – in this plan	
8. National HIV/AIDS research database	ME4, ME5	Cumulative data submitted to database	Not relevant – available online	Periodic updates as and when information is submitted	National AIDS Commission	It will meet all needs, as it will be designed for specific purpose	ND	Data specifications	Partly defined in this plan	Yes
								Methodology	To be agreed	
								Budget	Dev budget this plan	
9. NAC database	ME2, OC2	Cumulative data submitted to database	Not relevant – available online	Periodic updates as and when information is submitted	National AIDS Commission	Current database needs to be updated to include registration of NGO/CBO alliances	NF	Data specifications	Partly defined in this plan	Yes
								Methodology	To be agreed	
								Budget	Dev budget in this plan	
10. NCPI questionnaire	NC2	Cumulative data on status of policy development	Not relevant – part of UNGASS report	Biennial, when UNGASS report is prepared	National AIDS Commission	Yes	FF	Data specifications	Defined in this plan	Yes
								Methodology	Agreed	
								Budget	Prepared	

NOTES:
Functional, but not funded

ND = New data source

FF = Functional and funded

NF = Not Functional

FNF

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Summary of All Core Data Sources to be Commissioned and Funded by other Stakeholders

DATA SOURCE	INDICATOR REFERENCE	TIME PERIOD COVERED IN DATA SOURCE	PUBLICATION DATE	FREQUENCY OF DATA COLLECTION	INSTITUTIONAL RESPONSIBILITY	DOES DATA SOURCE FULFIL NAC DATA NEEDS?	LEVEL OF READINESS		NAC M&E FUNDING?
11. MOEST Inspection Report	ABC1	Jan - December	January (1 st one in Jan 2004)	Per term reports	Ministry of Education Science and Technology	No – PISAD form need to have column added to capture HIV education	FF	<i>Data specifications</i> Defined in this plan <i>Methodology</i> Agreed in MOEST plan <i>Budget</i> MOEST budget	No
12. Sentinel surveillance Report	IA1, IA2	Time period that survey was undertaken	January (next one in Jan 2004)	Annual	MOHP (CHS Unit)	Yes	FF	<i>Data specifications</i> Defined by MOHP <i>Methodology</i> Defined (MOHP/WHO) <i>Budget</i> Donor funding secured	No
13. Drug Stock Supply Report	CC3, CC4, STI2	Oct (year 1) – September (year 2)	October	Annual	MOHP (RH unit)	Yes – NAC needs to provide list of all drugs to be tracked	FF	<i>Data specifications</i> Defined by RHU <i>Methodology</i> Agreed by MOHP <i>Budget</i> MOHP budget	No
14. HMIS Annual Report	CC2, CC5, PM1, STI3	Jan – December	January (1 st one in Jan 2004)	Monthly	MOHP (HMIS unit)	No – data to be aggregated on calendar year basis	FF	<i>Data specifications</i> Defined in this plan <i>Methodology</i> Agreed by HMIS <i>Budget</i> MOHP budget	No
15. Supply Chain Manager Report	ABC4	Jan - December	January (1 st one in Jan 2004)	Monthly	MOHP (RH Unit)	No – data needs to be aggregated on annual basis	FF	<i>Data specifications</i> Defined by RHU <i>Methodology</i> Agreed by MOHP <i>Budget</i> MOHP budget	No
16. NBTS Report	BS3	Jan - December	January (1 st one in Jan 2004)	Annual	National Blood Transfusion Service	Yes	FF	<i>Data specifications</i> Defined by NTBS <i>Methodology</i> Agreed by NTBS <i>Budget</i> NTBS budget	No
17. CWIQ Survey	IA4	Time period that survey was undertaken	January (next one in Jan 2004)	Annual	National Statistics Office	No, want to add a question about life skills education for youths	FNF	<i>Data specifications</i> Defined by NSO <i>Methodology</i> Agreed by NSO <i>Budget</i> Donor funding needed	NAC cost sharing
18. Demographic and Health Survey	IA4, IA5, OA1, OA2, OA3, OA4, OA5, OA6, OA7	Time period that survey was undertaken	December (next one in 2005)	Every 5 years	National Statistics Office	No – cross tabulations should be as per this Ops Plan requirements	FF	<i>Data specifications</i> Defined in this report <i>Methodology</i> MEASURE method <i>Budget</i> Donor funding secured	NAC cost sharing
19. Condom distribution data from social marketing agencies	ABC3	Jan - December	January (1 st one in Jan 2004)	Monthly	Sales Agencies (PSI, BLM, etc.)	No – data needs to be aggregated on annual basis	FF	<i>Data specifications</i> Defined in this plan <i>Methodology</i> Agreed, by agencies <i>Budget</i> Agency budget	No
20. UNAIDS Financial resource flow Survey	NC1	Cumulative totals for last fiscal year	January (1 st one in Jan 2005)	Biennial	UNAIDS Country Office	Yes	FF	<i>Data specifications</i> As per UNGASS guide <i>Methodology</i> UNAIDS method <i>Budget</i> UNAIDS budget	No

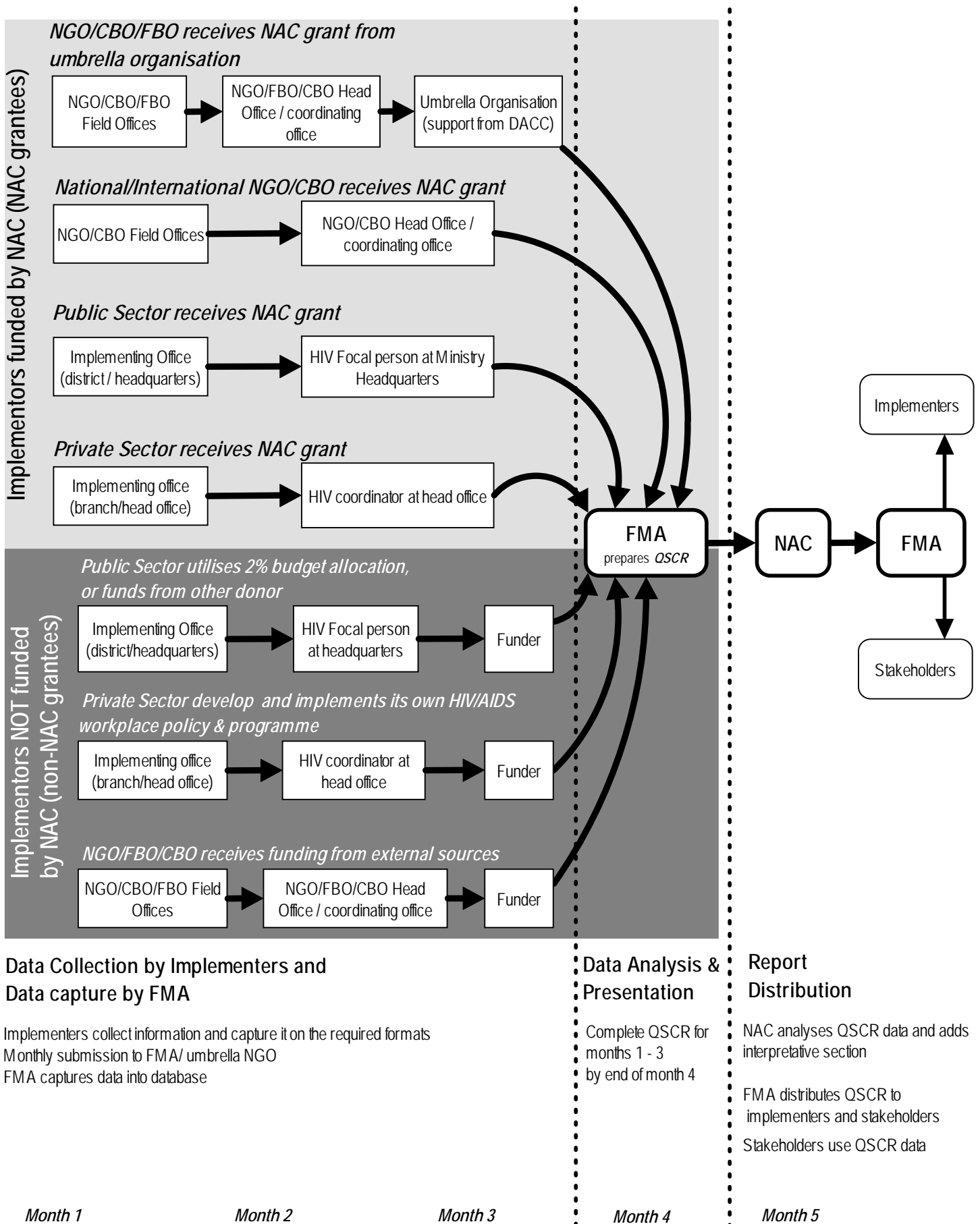
NOTES: ND = New data source
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FF = Functional and funded

NF = Not Functional

FNF =

OVERALL DATA FLOW FOR NAC ACTIVITY REPORTING SYSTEM



Malawi National AIDS Commission
NAC Activity Report Form

For Activities for THIS MONTH ONLY

1. REPORT DETAILS

Report date:								RD1	
Month reporting on	From:						to:	RD2	
Name of Organisation								RD3	
Type of Organisation	NGO		CBO		FBO		Private Sector	Public Sector	RD4
NAC Grant Management Code								RD5	
Report Compiled by								RD6	
For more information / questions about the report, contact:	Name:							RD7	
	Tel number:					Fax:			
	Email:								
District								RD8	

2. INTERVENTIONS FOCUSING ON YOUR OWN EMPLOYEES

REPORT ON ACTIVITIES FOR THIS MONTH ONLY

Does your organisation have an HIV/AIDS workplace policy?	YES	NO
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TYPE OF INTERVENTION		DATA NEEDED	TYPE OF INTERVENTION		TOTAL
<i>HIV Prevention</i>	WP1	<i>Number of interventions this month</i>	Workshops		
			Individual counselling		
			Other (specify)		
		PERSONS REACHED	MALE	FEMALE	TOTAL
	WP2	<i>Total # of current employees & spouses in organisation</i>			
	WP3	Number of employees & spouses reached this month			
<i>Care and Support</i>	WP4	<i>Number of employees & spouses reached this month</i>			

3. INTERVENTIONS FOCUSING ON THE BENEFICIARIES OF YOUR PROJECT/S

REPORT ON ACTIVITIES FOR THIS MONTH ONLY

a) Information, Education and Communication (IEC) materials		RADIO		TV		PRINTED		
		#	Hours aired	#	Hours aired	# types	# printed	# distributed
IEC1	# new radio / TV programmes this month							
IEC2	# IEC materials printed and distributed this month							
IEC3	# interventions (workshops, counselling sessions)							
IEC4	# of people reached this month							

b) Socially marketed condoms		Male condoms		Female condoms		TOTAL
		Rural	Urban	Rural	Urban	
ABC1	# of condoms distributed to end users this month					

c) Life skills education		In-school		Out-of-school		TOTAL
		Male	Female	Male	Female	
ABC2	# of young people aged 15 – 24 exposed to life skills education					

d) Prevention of Mother to Child Transmission (PMTCT)		0-24 yrs	25+ yrs	TOTAL
PMT1	# pregnant women who have been seen by provider this month			
PMT2	# pregnant women counselled on PMTCT and tested for HIV this month			
PMT3	# of pregnant women tested for HIV who are HIV positive this month			
PMT4	# HIV positive pregnant women provided with Nevirapine this month			
PMT5	# HIV positive pregnant women provided with replacement infant feeding this month			
PMT6	# of HIV positive pregnant women referred for care & support services this month			

e) Voluntary Counselling and Testing (VCT)		0-24 yrs		25+ yrs		TOTAL
		Male	Female	Male	Female	
VCT1	# clients who receive pre test counselling					
VCT2	# clients counselled and tested this month					
VCT3	# VCT clients receiving their test results this month					
VCT4	# VCT clients who are HIV positive					
VCT5	# HIV positive VCT clients referred for care & support services					
VCT6	# standalone VCT sites supported					

f) Community Home Based Care (CHBC)		RURAL	URBAN	TOTAL
CAR1	# of NEW persons who enrolled for CHBC services in this month			
CAR2	TOTAL # persons who received CHBC services in this month			
CAR3	# community home based care visits by health care worker/s in this month			
CAR4	# community home based care visits by volunteer/s in this month			

		0-24 yrs		25+ yrs		TOTAL
		M	F	M	F	
CAR5	# new persons enrolled at PLWA organisations in this month					
CAR6	TOTAL # of persons enrolled at PLWA organisations					
CAR7	TOTAL # of persons enrolled at PLWA organisations that received support this month					

CAR8	Total # households where your organisation has provided help this month	
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CAR9	List the types of support that your organisation provides during community home based care visits, and the # of households that has been targeted through each type of support this month	<i>TYPE OF SUPPORT</i>	<i># OF RURAL HOUSEHOLDS</i>	<i># OF URBAN HOUSEHOLDS</i>
		Psychosocial support		
		Nutrition / food support		
		Financial / resource support		
		Medical support		
		Domestic Support		

g) ARV treatment		0-24 yrs		25+ yrs		TOTAL
		Male	Female	Male	Female	
ARV1	Total # of PLWA currently on ARV					
ARV2	# people started ARV for first time this month					
ARV3	# PLWA who fail to adhere this month					

h) Orphan support		TYPE OF SUPPORT	MALE	FEMALE
OS1	List the # of orphans that received the following types of support:	Psychosocial support		
		Nutrition		
		Financial		
		Other, please specify		

i) Training		Subject	# male	# female
CB1	# project staff trained this month			
CB2	# volunteers trained this month			

I verify that this information is complete and correct and that I have not misrepresented any information in this report

Signed: _____

Designation: _____

Date: _____