

Malawi National AIDS Commission



NAC Activity Reporting System for HIV Interventions

Guidelines for Implementers of HIV Interventions

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Target Audience for this Document

This document is written for the IMPLEMENTERS of HIV/AIDS interventions in Malawi, as well as for the umbrella organisations and districts who will support the implementation of HIV interventions. It is also recommended that the FUNDERS of HIV/AIDS interventions read through this document to understand the responsibility that their IMPLEMENTERS will have in terms of reporting to NAC.

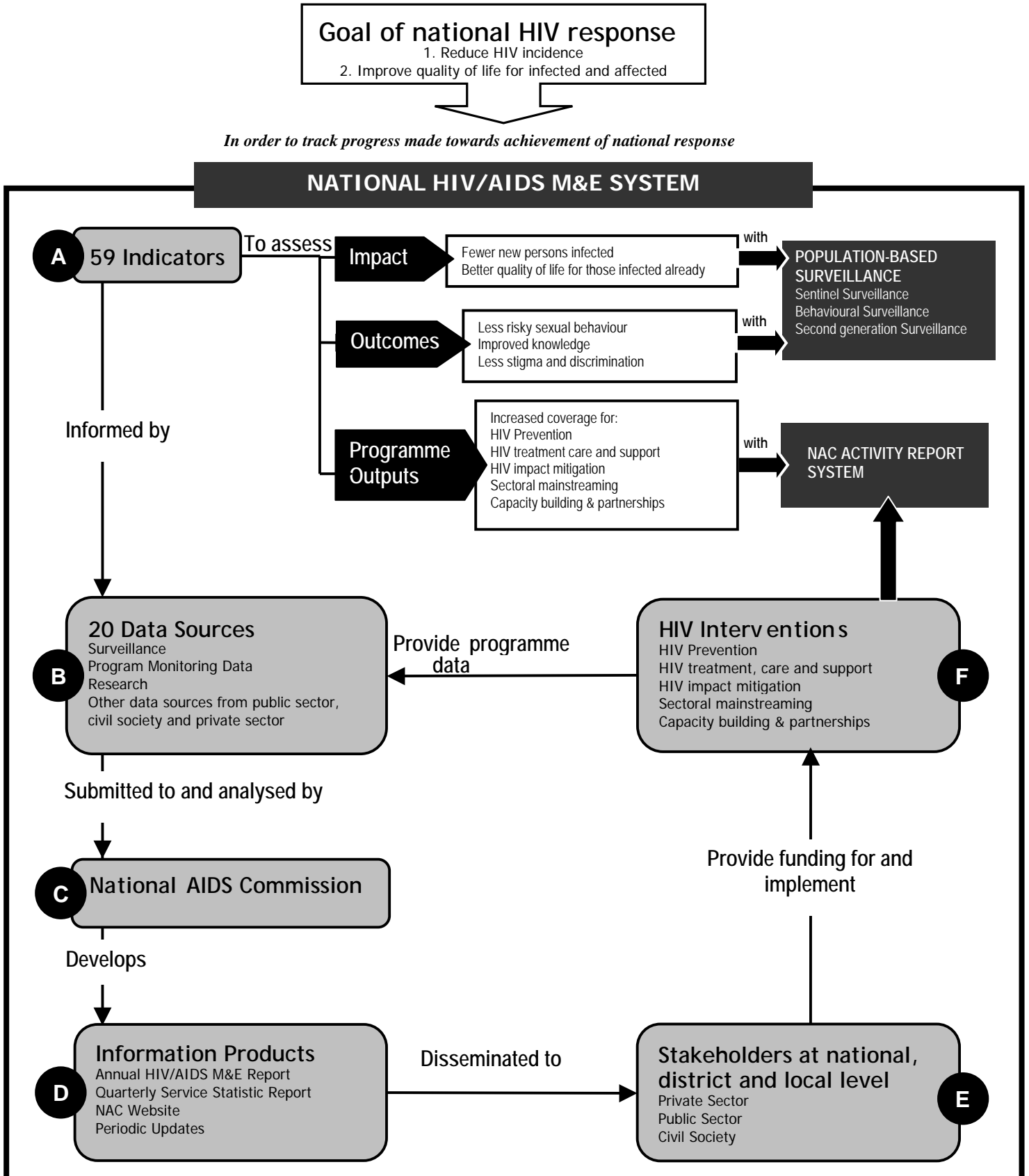
Other Documents In This Series

1. Malawi National HIV/AIDS M&E plan – Part A: Conceptual Framework
2. Malawi National HIV/AIDS M&E plan – Part B: Operations Plan
3. Malawi National HIV/AIDS M&E plan – Shortcut Guide

Both these documents are available from NAC on 01 727 900, or at www.aidsmalawi.org.mw

1 Introduction

The Malawi National AIDS Commission has developed a National HIV/AIDS M&E Plan to monitor progress made to achieve national HIV/AIDS goals. This plan defines all of the indicators and data sources that will be used to track the national response. One of these data sources is the *NAC Quarterly Service Coverage Report (QSCR)*. This report is the major output from the NAC Activity Report System, for which these guidelines have been designed. This relationship is illustrated below:



2 WHO should report to NAC?

All IMPLEMENTERS (organisations/ groups in the public sector, private sector and civil society that are implementing HIV-related interventions) have a responsibility to report HIV/AIDS-related activities to NAC and should submit this form. The responsibility to report to NAC is **in addition** to the responsibilities that your organisation has to report to any other institution (such as funders, Boards of directors, Principal Secretaries of ministries, etc.)

All IMPLEMENTERS of HIV interventions are asked to report to NAC on HIV/AIDS-related activities. This includes:

- o Organisations/institutions *funded by NAC* (through grants or sub grants)
- o Organisations/institutions *using their own funds*
- o Organisations/institutions that are *receiving funds from another source*, such as an international donor, and NOT from NAC.



All of the information that we ask you to collect and submit to NAC, is information that your organisation would be collecting in any case as part of your process of monitoring your programme.

3 WHAT should be reported on?

ALL HIV/AIDS-related activities implemented by your organisation in the MONTH that you are reporting should be reported on. This includes activities in the areas of HIV prevention, treatment, care, support and impact mitigation. HIV/AIDS related activities have been categorised as per the table below. You should report to NAC on ANY of the activities in this table that the organisation is implementing (even if your organisation is only implementing ONE of these activities).

Table 1: HIV Intervention areas

HIV INTERVENTION CATEGORY	HIV PROGRAMME AREA	EXAMPLES
1. HIV Prevention	Information, Education and Communication	Conducting a talk show about HIV/AIDS on the radio
	Promotion of Safe Sex Practices (ABCs)	Having a peer education session
	Prevention of Mother-To-Child Transmission (PMTCT)	Counseling HIV positive pregnant women on ways in which to minimise the chances of their babies being born HIV positive
	Voluntary Counselling and Testing (VCT)	Operating a site that offers voluntary counselling and testing for persons who want to know their HIV status
2. HIV/AIDS Treatment, Care, and Support	Clinical Care including OI treatment and ARVs	Treatment of HIV positive TB patients
	Community and Home-based Care and Support	Running a project that provides volunteers to go to chronically ill patients' homes every week
3. HIV/AIDS Impact Mitigation	Support for Orphans and Other Vulnerable Children	Providing school fees to orphans
4. Workplace programmes	Any activity as defined in the organisation's HIV workplace programme	Running an HIV testing clinic for employees

Please note that your organisation/institution should report on BOTH activities focusing on the EMPLOYEES of your organisation/institution, as well as those activities focusing on the BENEFICIARIES/CLIENTS/CUSTOMERS of your organisation/institution.

4 HOW will you report to NAC?

Every organisation/institution will use the same form – the NAC Activity Report Form - to report on HIV/AIDS activities to NAC. This form is in **Annexure A** of this set of guidelines. This NAC Activity Report Form needs to be submitted on a monthly basis, and must ONLY contain data of HIV interventions for the MONTH that you are reporting on. A SEPARATE form needs to be submitted for every DISTRICT that your organisation is operating in this month.

5 WHEN will data be submitted to NAC?

The NAC Activity Report Form needs to be **completed** on a monthly basis and needs to include all HIV activities implemented that month. This NAC Activity Report Form then needs to be **submitted** to the relevant organisation, as per the flowcharts listed on pages 5 – 7, by the *15th of the following month*.

6 WHO will submit data to NAC?

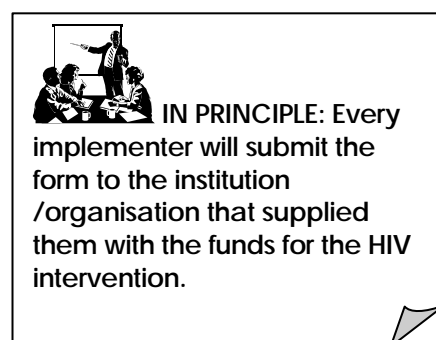
The most important concept to remember is that:

IN LINE WITH THE HIV POLICY, IT IS COMPULSORY FOR **IMPLEMENTERS** OF HIV/AIDS INTERVENTIONS NEED TO COMPLETE THE MONTHLY NAC ACTIVITY REPORT FORM AND SUBMIT THE DATA TO THE **ORGANISATION THAT FUNDS** THE IMPLEMENTER.

The above principle is the default arrangement for data flow. There is the possibility that the organisation that funds the implementer (“funder”) indicates that it would prefer for forms to be submitted to NAC directly, and only copied to the funder. This can only be done after discussion between the funder and the implementer, and after a specific decision has been made in this regard.

As an implementer, you will need to complete the NAC Activity Report Form every month. Depending on whether you got funding from NAC or not, and who you report to in terms of financial reporting, NAC has defined specific ways in which the data will be submitted to NAC. The way in which data should flow from the implementer to the FMA is detailed in the flowchart overleaf.

Ultimately, all NAC Activity Report Forms will be submitted to the NAC’s contractor, who has been given the responsibility of managing the NAC Activity Report System. This is the Financial Management Agent (FMA).



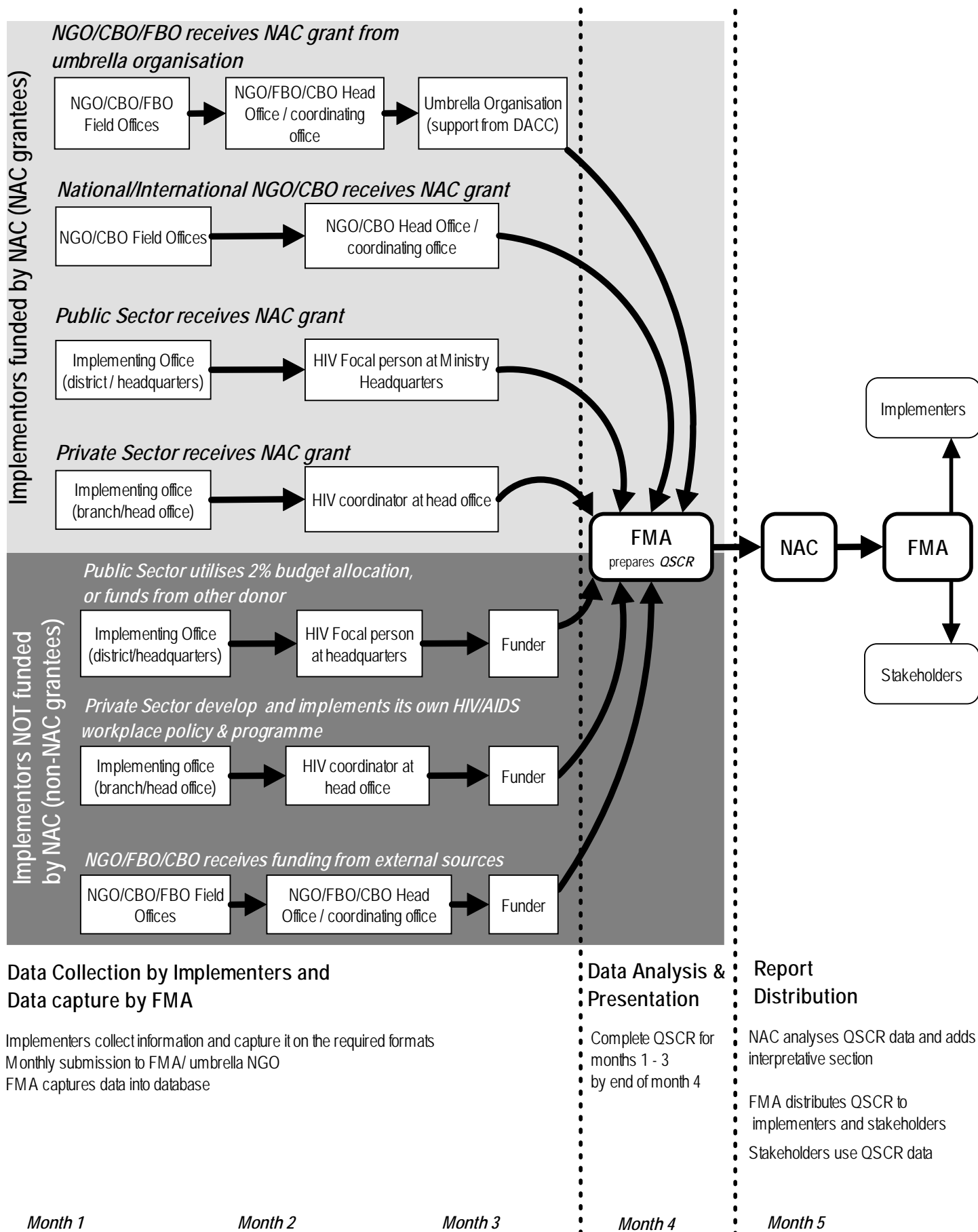
7 HOW will quality of data be monitored?

Once the data has been submitted to the FMA, data from a selection of organisations will be verified by the FMA or umbrella organisations (with support from District AIDS Coordinator). This verification will take place on a quarterly basis through field visits to a selection of organisations. The purpose of these **data audits** will be to ensure that data has been accurately collated and that it is based on the content of the relevant registers kept by the organisations. The data audits by the FMA

and the umbrella organisations (with support from the District AIDS Coordinators) will ensure that accurate data has been collected and captured onto the NAC Activity Report System.

In addition to the data audits, quality monitoring will also take place through completion of a set of **quality checklists** by the FMA or umbrella organisations (supported by the District AIDS Coordinator).

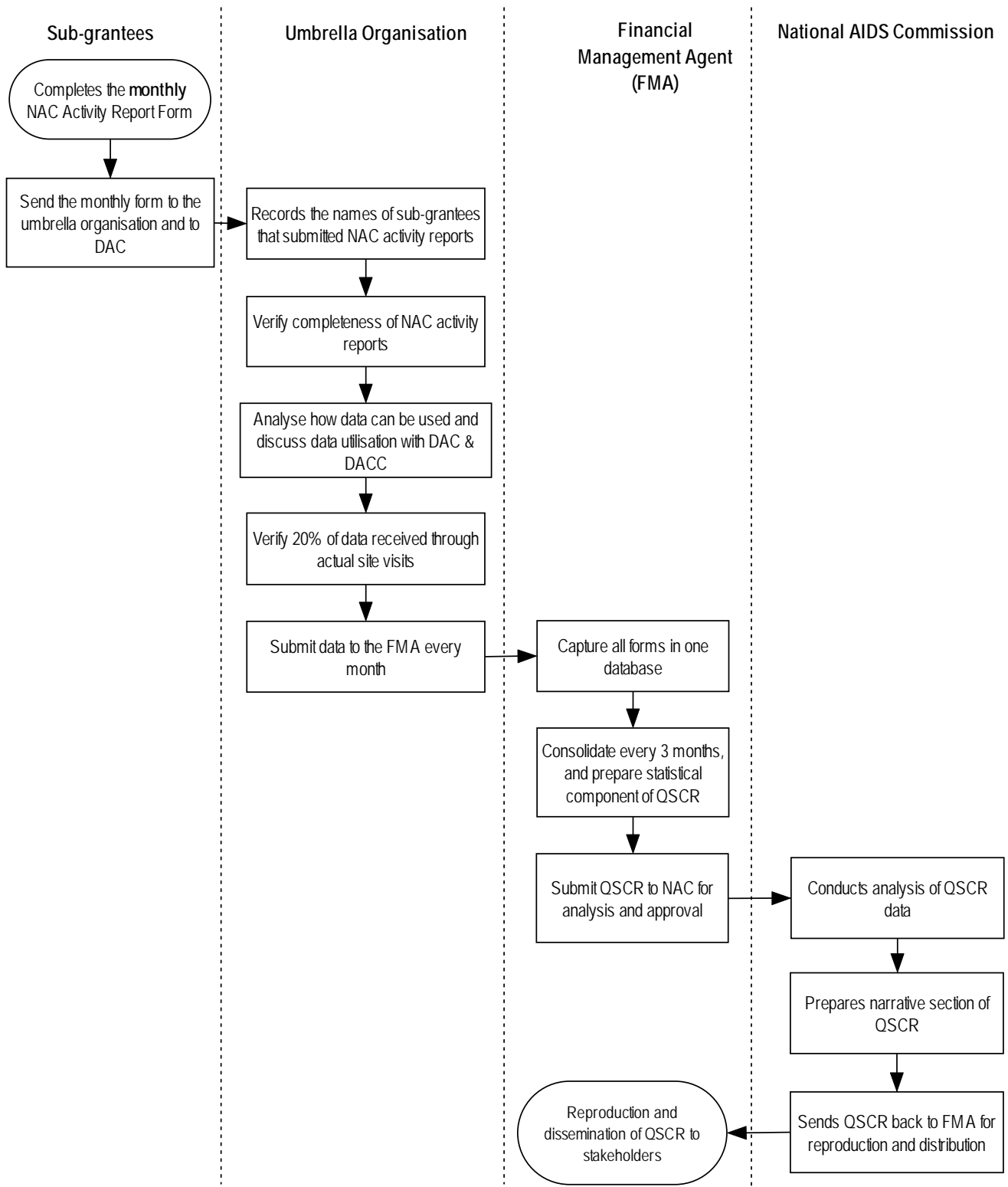
OVERALL DATA FLOW FOR NAC ACTIVITY REPORTING SYSTEM



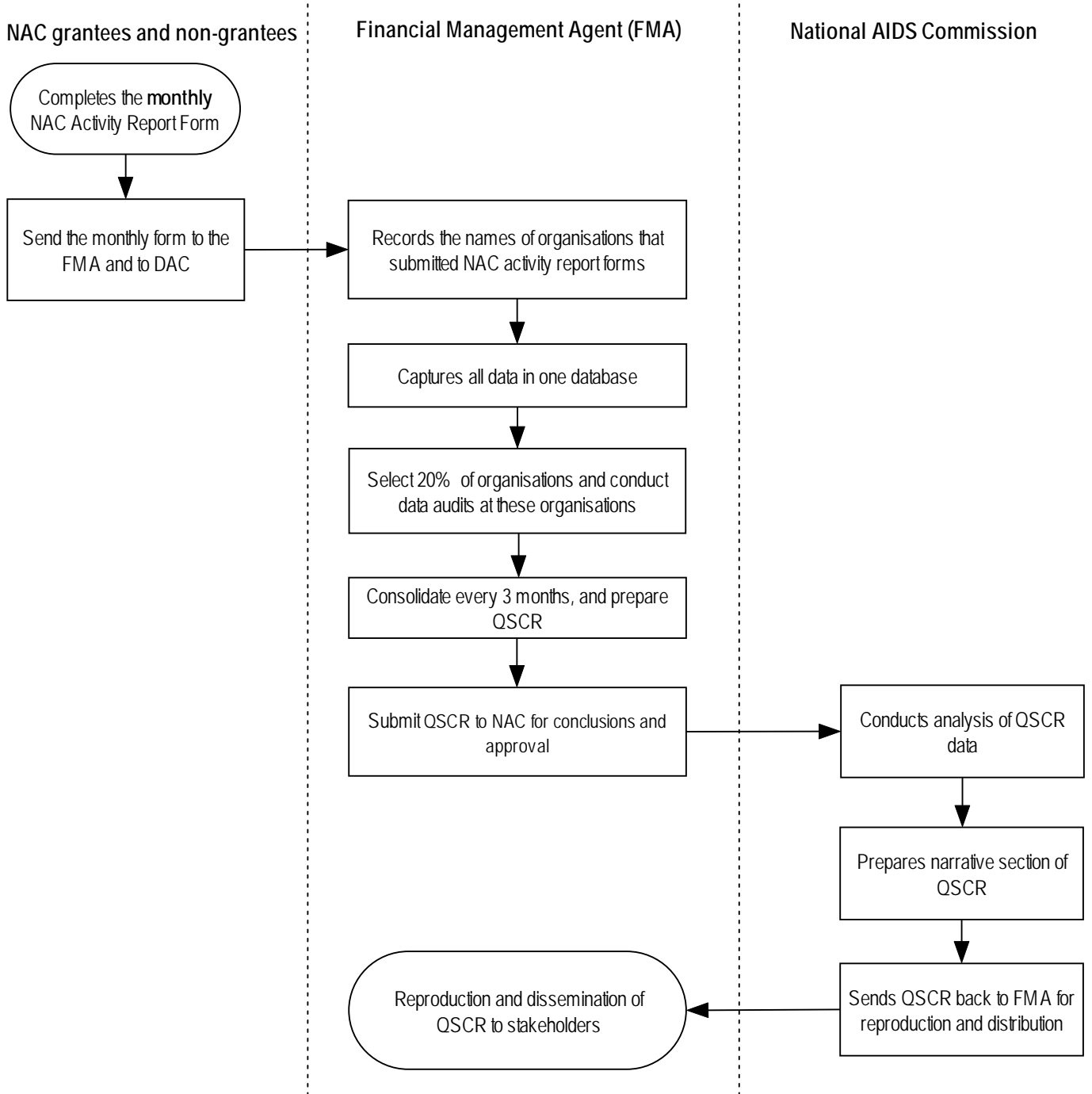
8 WHAT are your responsibilities?

Your responsibilities depend on what kind of organisation you are from, and what your functions within the organisation are. The following flowcharts provide guidance on how data will flow and what your responsibilities are to ensure that data flows as intended.

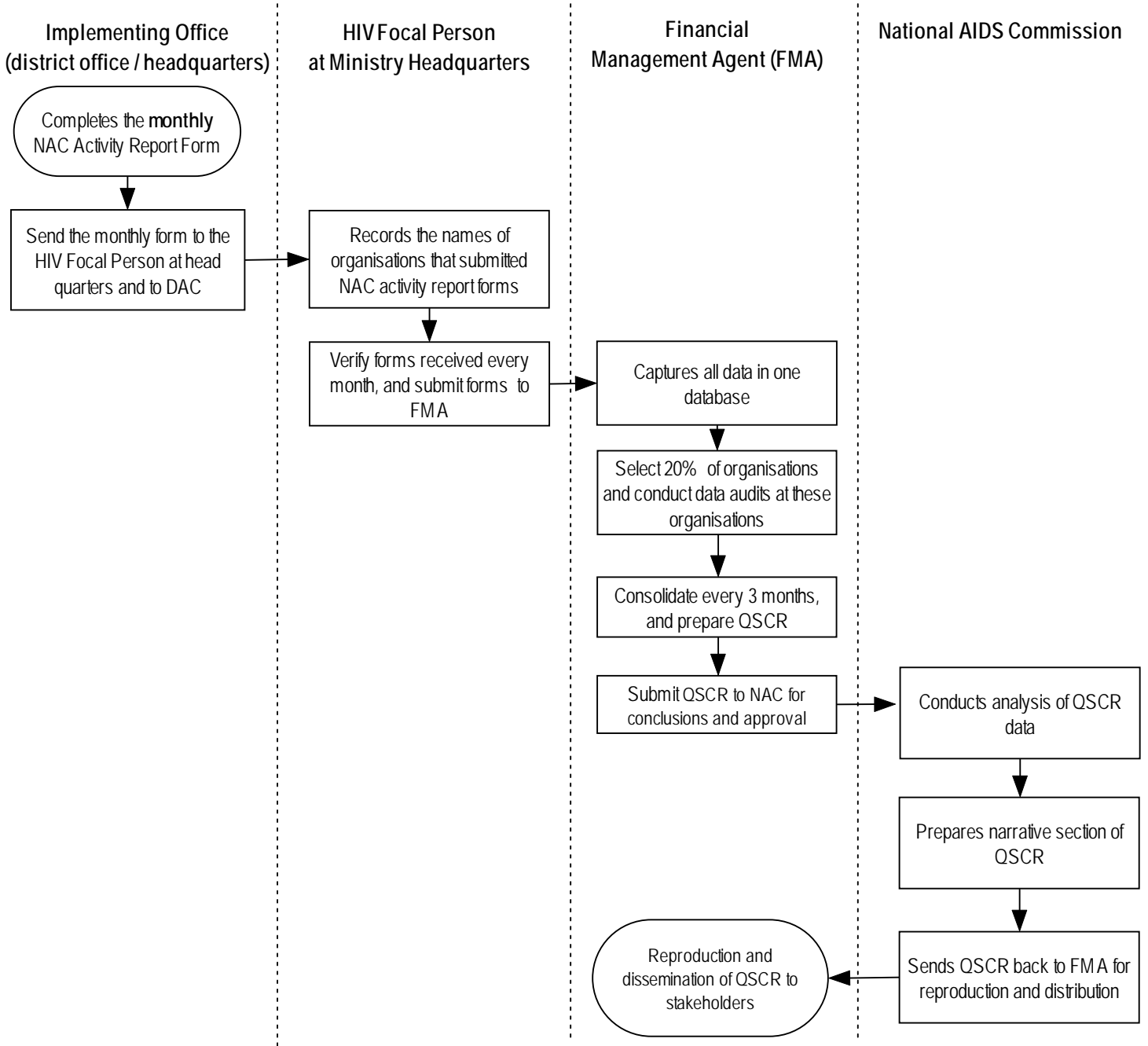
8.1 NGO/CBO/FBO receiving NAC grant from Umbrella Organisation



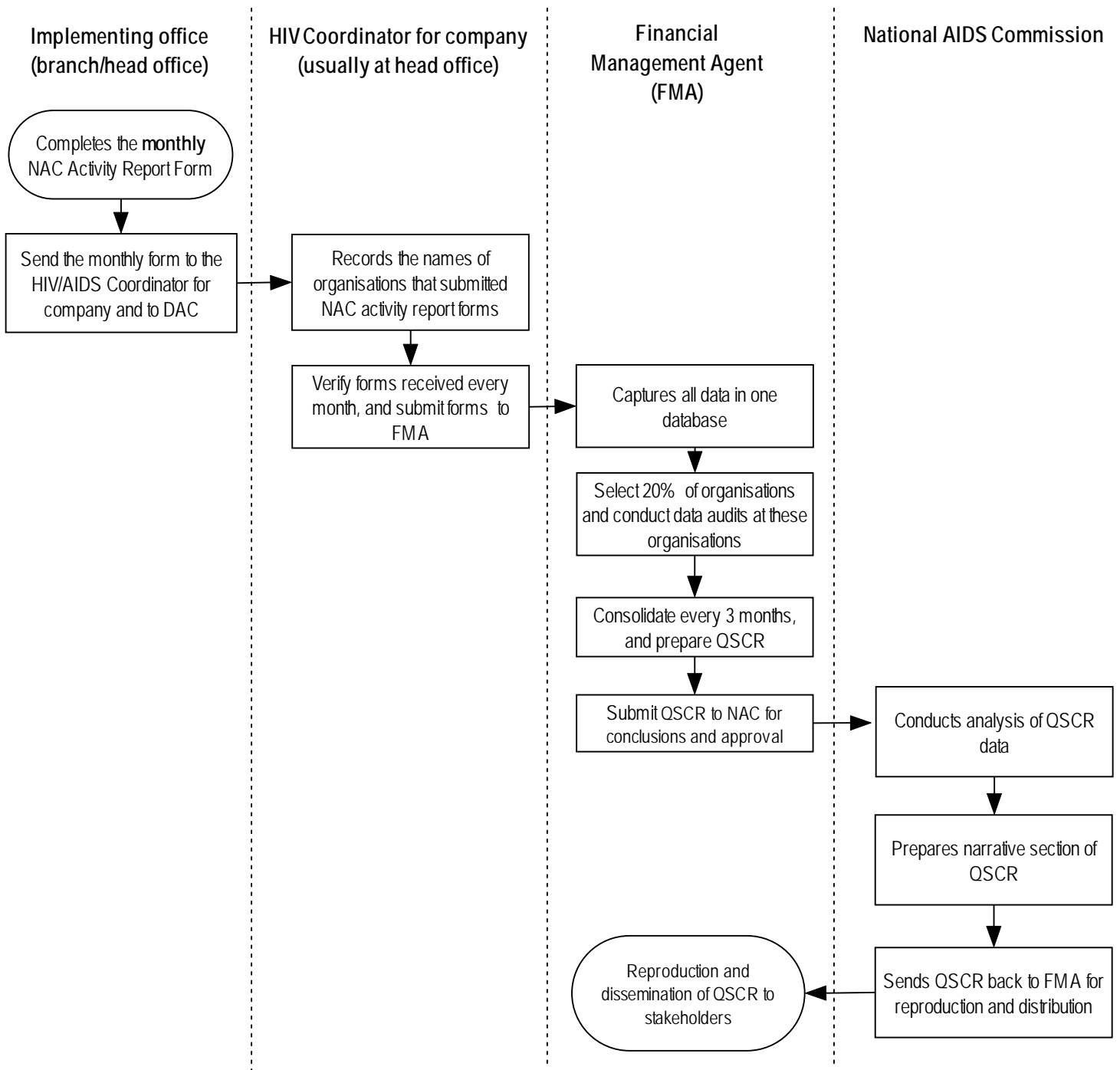
8.2 Regional/National/International NGO/CBO/FBO



8.3 Public sector (sector ministry, central ministry, parastatal)



8.4 Private sector



9 What should you do next?

After reading this set of guidelines about the NAC Activity Report System, you might ask yourself the question – *what should I do to ensure that my organisation complies with the NAC Activity Report System?* This is detailed in a step-by-step manner below:

- STEP 1: Assign a person in your organisation that will be responsible for data collection and for the monthly completion of the NAC Activity Report Form.
- STEP 2: Make sure that everyone in the organisation knows about the NAC Activity Report Form, and what should be reported.
- STEP 3: Inform the funder of your programme about the new NAC reporting requirements, and confirm with the funder who will be responsible for data collection and submission.
- STEP 4: Obtain a copy of the NAC Activity Report Form and the Guidelines on how to complete them
- STEP 5: Circulate the NAC Activity Report Form Guidelines to all offices in your organisation.
- STEP 6: Train and orientate all relevant persons in your organisation on:
 - i. The information that should be collected on a monthly basis to enable completion of the NAC Activity Report Form
 - ii. How information should be captured on a monthly basis
 - iii. How to complete the monthly NAC Activity Report Form
- STEP 7: Familiarise yourself with the data to be completed in this form
- STEP 8: Develop the necessary registers, as per the Guidelines (see Annex A)
- STEP 9: Complete the data for the first month, and check that you know that it has been completed correctly
- STEP 10: Send the NAC Activity Report Form on a MONTHLY BASIS to the institution identified in one of the options described in the section above.

10 What about the cost implications?

The NAC specifically designed the NAC Activity Report System to be as cost effective as possible. NAC asks 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. Should there be additional costs, these would need to be carried by your organisation.

11 How does this NAC Activity Report System benefit my organisation?

The Quarterly Service Coverage Report, the main product of the NAC Activity Report System, and the NAC Activity Report System itself will have the following benefits for your organisation:

- A) It will enable better planning of your own HIV interventions
- B) It will allow you to understand what is happening in other districts and other sectors

- C) It standardises reporting to the National AIDS Commission and takes the guesswork out of what the National AIDS Commission requires
- D) It helps an organisation to improve and focus its own monitoring and evaluation systems

Annex A

NAC Activity Report Form

**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 Grants 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	Number of interventions this month	Workshops		
			Individual counselling		
			Other (specify)		
		PERSONS REACHED	MALE	FEMALE	TOTAL
	WP2	Total # of current employees & spouses in organisation			
	WP3	Number of employees & spouses reached this month			
<i>Care and Support</i>	WP4	Number of employees & spouses reached this month			

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 and others)							
IEC4	# of people directly reached this month through interventions listed in IEC3							
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 years	Older than 24	TOTAL
PMT1	# pregnant women who have been seen by provider this month			
PMT2	# pregnant women counselled on PMTCT, tested for HIV & receiving serostatus results 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 – 12 years		12+ to 24 years		Older than 24 years		TOTAL
		Male	Female	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 to 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 – 15 years		15+ to 24 years		Older than 24 years		TOTAL
		Male	Female	Male	Female	Male	Female	
CAR5	# new persons enrolled at PLWA organisations in this month							
CAR6	TOTAL # of persons enrolled at PLWA organisation in this month							
CAR7	TOTAL # of persons enrolled at PLWA organisations that received support this month							

CAR8	Total # households with one or more chronically ill adult 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	TYPE OF SUPPORT	# OF RURAL HOUSEHOLDS	# OF URBAN HOUSEHOLDS
		Psychosocial support		
		Nutrition / food support		
		Financial / resource support		
		Medical support		
		Domestic Support		

g) ARV treatment		0 – 12 years		12+ to 20 years		Older than 20 years		TOTAL
		Male	Female	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) Support to orphans and other vulnerable children		TYPE OF SUPPORT	# Male	# Female
OS1	List the # of orphans and other vulnerable children that received the following types of support:	Psychosocial support		
		Nutrition		
		Financial		
		Other, please specify		

i) Training		Subject of training (align with HIV intervention categories)	# 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: _____

Guidelines for completion of NAC Activity Report Form

DEFINITIONS

- **HIV interventions** are defined as projects/activities that include one or more of the following:

1. HIV Prevention

Information, Education and Communication
Promotion of Safe Sex Practices (ABCs)
Prevention of Mother-To-Child Transmission (PMTCT)
Sexually Transmitted Infections (STIs) Treatment and Prevention
Voluntary Counselling and Testing (VCT)

2. HIV/AIDS Treatment, Care, and Support

Clinical Care including ARV
Community and Home-based Care and Support

3. Impact Mitigation

Support for Orphans and Other Vulnerable Children

4. Sectoral Mainstreaming

5. Capacity Building and partnerships

- **Urban** is any activities that are implemented in Blantyre city, Lilongwe city, the town of Mzuzu or the town of Zomba. Activities implemented in ALL other geographical areas should be listed as **rural**.
- **Beneficiaries** within the context of this report are defined as those individuals/ communities/ clients/ customers who directly benefit through the project or the work that your organisation does (everyone who is NOT employees, but who benefits from, or is in contact with your organisation)
- **A Health Care Worker** is defined as a nurse or a doctor that is medically qualified to provide home-based clinical care to PLWAs
- Please remember that this form is ONLY for activities that your organisation has implemented
- Please remember to complete a SEPARATE form for EVERY district where your organisation has provided HIV services this month

HOW DO I COMPLETE THE FORM

a) Section 1: Report Details

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
RD1	<i>Date of report</i>	This is the date that compilation of the report was completed by the implementer
RD2	<i>Month reporting on</i>	This is the month for which statistics is provided in the report. The specific dates should be listed – for example: 2 January 2003 to 29 January 2003. All the data that you provide, will ONLY be for this month.
RD3	<i>Name of Organisation</i>	This is the name of your organisation. Please list if this is a branch office or a head office completing this form.
RD4	<i>Type of Organisation</i>	Indicate a tick next to the type of organisation – if you are working for government, it is <i>public sector</i> , if you work for a private company, it is <i>private sector</i> or if you work for <i>civil society</i> , it is either an NGO, CBO or FBO.
RD5	<i>NAC Grants Management Code</i>	This is ONLY applicable if your organisation is receiving a NAC grant. If your organisation did not receive funding from NAC for its HIV/AIDS activities, do NOT complete this section
RD6	<i>Report Compiled by</i>	This is the name of the person who filled in the information on the report
RD7	<i>For more information about the report, contact</i>	This is the name, telephone number, fax number and email address of the person who NAC should contact if they have any questions about what was completed on the report
RD8	<i>District</i>	Complete this for the DISTRICT where your project is based. Complete ONE form for EVERY district that your organisation has provided HIV services this month. If your organisation has more than one office/branch in one district, combine the results from these branches/offices and sub ONE form for every district.

b) Section 2: Data about activities focusing on employees of the organisation

This section is ONLY applicable for HIV interventions that focus on EMPLOYEES and their spouses of the organisation completing the form.

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
WP1	<i>Number of interventions</i>	This is the number of different HIV prevention interventions held at your workplace in the month that you are reporting on. Please separate per type of HIV intervention. An HIV prevention intervention would be, for example, one of the following: <ul style="list-style-type: none"> • A workshop on HIV/AIDS with employees • Developing an HIV workplace programme • A VCT day at the work place for employees • Individual counselling sessions with a trained counsellor Please specify if your organisation has done an HIV intervention that cannot be categorised into one of the main categories listed.
WP2	<i>Number of current employees & spouses in organisation</i>	This is the total number of employees and their spouses in your organisation for the MONTH that you are reporting on
WP3	<i>Number of employees & spouses reached this month</i>	This is the total number of employees who were reached through these HIV prevention interventions. You can get the number of employees by adding up the number that attended each of the different interventions. There might be some double counting if the same people attended more than one intervention, but that is in order.
WP4	<i>Number of employees & spouses reached this month</i>	This is the total number of employees in your organisation who are reached through either ARV therapy, treatment for opportunistic infections or through visits by community home-based care workers on a regular basis. Please obtain this data from our organisation, although it might be confidential, without harming the confidentiality of the person who access these services.



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information for all your workplace programmes:

Date	Type of intervention	Description of intervention	Number of employees involved		Comments
			Male	Female	

c) Section 3: Data about activities focusing on beneficiaries/ customers / clients of the organisation

INFORMATION, EDUCATION AND COMMUNICATION (IEC)

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
IEC1	# new radio/TV programmes this month	This is the amount of different IEC materials that have been produced in the month that you are reporting on. For example – if your organisation has produced 2 new booklets on PMTCT in the last month and have had 40 copies made of each, you will indicate 2 in the data column for this question, because there are 2 new booklets (irrespective of the number that have been printed)
IEC2	# IEC materials printed and distributed	This is the amount of IEC materials that your organisation has printed and distributed in the month that you are reporting on. For example, if you have distributed 35 of booklet 1 and 40 of booklet 2, the total number distributed will be equal to 75.
IEC3	# interventions	This is the number of HIV advocacy interventions that you held this month – including workshops, peer counselling sessions, etc. please count every intervention separately – for example, if you held 3 workshops and 19 peer education sessions, the total number of interventions would be equal to 22 (3 + 19)
IEC4	# of people reached through interventions defined in IEC3 this month	This is the estimated number of persons that you have reached with the interventions that your organisation held this month. If you have, for example, had attendance of 20 at workshop A, 30 at workshop B and 15 individual peer counselling sessions, the total # of people reached would be equal to 65 (20+30+15).



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:

Date	Type of IEC material	Description of material	Number distributed	Estimated # people reached	Comments

PROMOTION OF SAFER SEX PRACTICES (ABCs)

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
ABC1	# of condoms distributed to end users	This is the total number of socially marketed male and female condoms that have been distributed to end-users. An end user is an individual or couple to whom condoms were distributed, and NOT another organisation. Please note the definition for rural and urban – urban if the condoms was distributed to a person living in Lilongwe, Mzuzu, Zomba or Blantyre, and rural if the person lives in any other area. Please do NOT include any MOHP condoms distributed to end users in these statistics. This is ONLY a count of all socially marketed condoms (currently distributed by PSI and BLM).
ABC2	# of young people aged 15 – 24 exposed to life skills education	This is the total number of on school and out of school youth that has been exposed to lifeskills-based HIV education. This includes group workshops and individual peer education sessions, both in school and out of school environments.

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
PMT1	# pregnant women who have been seen by ANC provider this month	This is the total number of women who have attended antenatal services at the health facility in the month that you are reporting on.
PMT2	# pregnant women counselled on PMTCT, tested for HIV and receiving their result this month	This is the total number of women, of those that attended the antenatal services, who were counselled on PMTCT, who elected to have an HIV test done and who received their results in the month that you are reporting on. This number cannot exceed PMT1.
PMT3	# of pregnant women tested for HIV who are HIV positive this month	This is the number of pregnant women at the facility who have been tested for HIV and who are HIV positive this month
PMT4	# HIV positive pregnant women provided with Nevirapine this month	This is the number of HIV positive pregnant women who received a course of Nevirapine during delivery in the month that you are reporting on.
PMT5	# HIV positive mothers provided with replacement infant feeding this month	This is a total number of mothers who were given a 3 month supply of infant feeding in the month that you are reporting on.
PMT6	# of HIV positive pregnant women referred for care & support services this month	This is the number of HIV positive pregnant women who have been referred to care and support services



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:

Date	ANC service accessed (Yes/No)	For ANC clients, Counselling on PMTCT? (yes/no)	HIV test (yes/no)	Infant feeding supplied (yes/no)	Provided with Nevirapine during delivery?	Referred for care & support services (yes/no)

You will also need to report this information to your nearest health facility in order for them to capture it onto the HMIS. However, you will need to report to BOTH the HMIS and the NAC activity report form the same data.

VOLUNTARY COUNSELLING AND TESTING (VCT)

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
VCT1	<i># clients who receive pre-test counselling</i>	This is the number of persons who have come to the facility for pre-test counselling, irrespective of whether they underwent an HIV test or not. This should EXCLUDE pregnant women who attend a VCT service as part of a PMTCT programme.
VCT2	<i># VCT clients counselled and tested</i>	<p>This is the number of clients who were counselled on VCT services, and who received their test results. Please note that this should EXCLUDE pregnant women who come for VCT services as part of PMTCT. This should also EXCLUDE persons whose HIV serostatus are determined without a pre- and post-test counselling process as defined in the national VCT guidelines. Blood donors should be excluded from this count, unless they have undergone a full VCT process.</p> <p>In summary: VCT clients are only reported for all persons who undergo a full VCT process, irrespective of whether they came voluntary, or if they were referred by and in-patient or out-patient department at a hospital. The key to determining whether or not to add the person in the count, is to ask the following questions:</p> <ol style="list-style-type: none"> Did the person undergo full pre-test and post-test counselling? Was the person provided with a choice whether or not to undergo the HIV test? Was the person given a choice whether or to receive his/her results? <p>If the answer to all 3 questions is YES, then the person should be added to this statistic.</p>
VCT3	<i># VCT clients receiving their test results this month</i>	This is the number of clients who have received their serostatus test results for the month that you are reporting on
VCT4	<i># VCT clients who are HIV positive</i>	This is the number of patients out of those who were tested in the month that you are reporting on, who were HIV positive.
VCT5	<i># VCT clients who are HIV positive who are referred for care & support services</i>	These are the # of HIV positive clients that have been referred for care and support services in the month that you are reporting on
VCT6	<i># standalone VCT sites supported</i>	This is the number of standalone VCT sites that your organisation has supported/run in the last month



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:

Date	Sex	Age	Counselled? (yes/no)	HIV test (yes/no)	HIV result	Results Received?	Referred for care & support?

You will also need to report this information to your nearest health facility in order for them to capture it onto the HMIS. However, you will need to report to BOTH the HMIS and the NAC activity report form the same data.

COMMUNITY HOME BASED CARE (CHBC)

Please note: Since it is not possible to distinguish between chronically ill HIV positive and chronically ill HIV negative patients, no distinction should be made between these 2 types of chronically ill patients. ALL chronically ill patients statistics for THIS month should be reported in this section.

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
CAR1	# of NEW persons enrolled for CHBC services this month	This is the total number of NEW chronically ill patients who enrol for CHBC services with your organisation in the MONTH that you are reporting on. You should add ALL new persons enrolled this month, irrespective of whether they were enrolled with another CHBC organisation in the past.
CAR2	TOTAL # of persons who received CHBC services this month	This is the TOTAL number of persons who received CHBC services this month, including the new persons who enrolled for CHBC services and patients from the previous month.
CAR3	# community home based care visits by health care worker/s in this month	This is the total number of times that patients were visited during THIS MONTH for a home-based care visit by a health care worker, and whose visit entailed follow-up and providing appropriate treatment. A health care worker is defined as a person who has a formal qualification as a health worker in a health facility, such as nurses, doctors or health service assistants. Double counting is possible, as follows: <i>This is the number of VISITS, irrespective of the number of patients. If a patient was visited more than once in one month, count every unique and individual visit. If a health care worker and a volunteer visited a patient in the same month but at separate times, count every visit as a separate visit. However, if a health care worker and a volunteer visits a patient at the same time in one month, count it as only ONE unique visit for that month.</i>
CAR4	# community home based care visits by volunteer/s in this month	This is the total number of times that patients were visited during THIS MONTH for a home-based care visit by a volunteer, and whose visit entailed follow-up and providing appropriate treatment. A volunteer is defined as a person who supports your organisation by donating some of their time to provide CHBC services. Such a person may be given incentives, but financial remuneration is not the main compensation that this person receives. Double counting is possible, as follows: <i>This is the number of VISITS, irrespective of the number of patients. If a patient was visited more than once in one month, count every unique and individual visit. If a health care worker and a volunteer visited a patient in the same month but at separate times, count every visit as a separate visit. However, if a health care worker and a volunteer visits a patient at the same time in one month, count it as only ONE unique visit for that month.</i>
CAR5	# new persons enrolled at PLWA organisations this month	This is the number of NEW persons that are enrolled at a PLWA organisation that you are aware of in this month. This is a NOT cumulative total of the total number of persons enrolled during this month, but only persons who enrolled in the month that you are reporting on.
CAR6	Total # of persons enrolled at PLWA organisation in this month	This is the number of persons that are enrolled at a PLWA organisation that you are aware of in the current month. This is a cumulative total of the total number of persons who are currently enrolled during this month.
CAR7	Total # of persons enrolled at PLWA organisations who received support this month	This is the total number of persons enrolled at PLWA organisations that have received support in this month.
CAR8	Total # of households with one or more chronically ill adults where your organisation provided help this month	This is a cumulative total of all the households with one or more chronically ill adult where your organisation has provided help in the month that you are reporting on. Please note that an ADULT is defined as a male or female person that is 18 years or older of age. This should include all households where support is provided as per CAR9 (the total number of households in CAR9 cannot exceed the total number of households listed in CAR8).
CAR9	List the types of support that your organisation has provided to households in this month	List all types of support that your organisation has provided to urban and rural households in this calendar month. Examples of types of support include nutrition support, school fee support and psychosocial support. Please remember the definition for rural and urban – urban if the support was provided to households in Lilongwe city, Mzuzu city, Blantyre city or Zomba. For support to households in any other areas, list it as rural. Please note that all kinds of support to households should be added and that double counting is possible – <i>for example if a household has received more than one kind of support, count it under EVERY kind of support.</i>

Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:



Date	Patient	Age	Sex	Services provided	Comments

PROVISION OF ANTI RETROVIRAL (ARV) TREATMENT

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
ARV1	# of PLWA currently on ARV	This is the TOTAL number of patients that are currently on ARVs in the month that you are reporting on
ARV2	# people started ARV for first time this month	This is the number of NEW patients who started on ARVs during the month that you are reporting on. This will also include patients who were taken off ARVs in previous months due to drug toxicity, but who have been RESTARTED on ARVs, but on a different treatment regimen to eliminate the drug toxicity problem previously encountered.
ARV3	# PLWA who fail to adhere	This is the number of patients who have stopped to be on ARVs for that month that you are reporting on. Reasons for stopping ARVs could include death, side effects and drug resistance.



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:

Date	Patient	Age	Sex	Date started ARVs	Date stopped ARVs	Reason for stopping ARVs	Comments

You will also need to report this information to your nearest health facility in order for them to capture it onto the HMIS. However, you will need to report the same data to BOTH the HMIS and the NAC activity report form.

SUPPORT TO ORPHANS AND OTHER VULNERABLE CHILDREN (OVCs)

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
OS1	List the # of orphans AND other vulnerable children provided with the following type of support	This should be the number of orphans that have been provided with the specific type of support listed in the NAC Activity Report Form. If one orphan has been provided with more than one type of support, do NOT double count that orphan, but add that orphan to the type of support that was the MOST substantial. An orphan is defined as any person younger than 18 who have lost a mother, or a father, or both parents. An "other vulnerable child" is defined as any person of younger than 18 years of age that has not yet lost a mother or father, but who is affected by a chronically ill patient in the home (for example - the need for more domestic chores by children due to parents' continuing illness). <i>Psychosocial support</i> is defined as any kind of counselling or other support that is provided to help the orphan develop mentally, intellectually and spiritually. <i>Nutrition support</i> is defined as any kind of nutrition-related support, such as providing food to a household where an orphan is based or advice about nutrition <i>Financial support</i> is defined as any kind of financial resources, such as school fees and provision of clothes



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:

Date	Name of orphan / other vulnerable child	Type of Support provided	Support required	Comments

CAPACITY BUILDING

DATA CODE	DESCRIPTION OF DATA NEEDED	COMMENTS / NOTES
CB1	<i># staff trained</i>	<p>This is the number of staff members (persons working on the HIV interventions themselves) who have been trained in one or more aspects of the HIV intervention that your organisation is implementing, in the month that you are reporting on. Please provide detailed information about the subject areas that was covered in the training, and align these subject areas with the categories of HIV interventions.</p> <p>It is important to note that:</p> <ul style="list-style-type: none"> • “Staff” is defined as all the persons, either permanent employees or on contract (full time or part time), who are working on HIV interventions in/for your organisation and who receives financial remuneration as their main form of compensation for work done • The purpose of this training of staff is for them to WORK on HIV interventions, and NOT training for advocacy purposes. • Double counting can take place if a person was trained in more than one subject in a particular month.
CB2	<i># volunteers trained</i>	<p>This is the number of persons who are NOT project staff, but either volunteers or community members, who were trained to provide support in the HIV intervention/s that you are implementing, in the month that you are reporting on. Please provide detailed information about the subject areas that was covered in the training.</p> <p>It is important to note that:</p> <ul style="list-style-type: none"> • “Volunteer” is defined as all the persons, either full time or part time, who are working on HIV interventions in/for your organisation without financial remuneration as their main form of compensation for work done (although some incentives might be provided). • The purpose of this training of volunteers is for them to WORK on HIV interventions, and NOT training for advocacy purposes. • Double counting can take place if a person was trained in more than one subject in a particular month.



Please note that in order for you to be able to complete this section of the form, you are going to have to make sure that your organisation keeps some kind of record about the data that is required above. We suggest that you keep a register with the following information:

Date	Person name	Category (staff/volunteer)		Describe training provided	Comments
		Male	Female		

WHERE SHOULD I SUBMIT THE FORM TO ONCE IT HAS BEEN COMPLETED

This form needs to be completed within **2 weeks of the end of the month**, and should be approved by the manager/supervisor of your organisation. Once this form has been completed, it should be submitted to:

Name:

Organisation:

Tel Nr:

Fax Nr: