



REPUBLIC OF ZAMBIA

STAKEHOLDER ACTIVITY REPORTING FORM (SARF)



NATIONAL AIDS COUNCIL

1. REPORT DETAIL

Report date:	DD / MM / YYYY: / /					
Quarter reporting on <i>(Please circle the correct quarter)</i>	Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sept)	Q4 (Oct-Dec)		
Name of the Organisation						
Type of Organisation <i>(Please circle the correct option)</i>	CBO	FBO	Local NGO	International NGO	Government	Private
Location	District			Province		
Report Compiled by	Name					
	Telephone					
	Email					

Please complete the form as accurately as possible from your own internal monitoring records. Ensure you only add data from the actual quarter you are reporting on. Refer to the SARFs Data Definitions to clarify the meaning of the activities or contact your **District AIDS Coordination Advisor (DACA)** or **DATF Chairperson** for further advice.

2. HIV ACTIVITIES IN WHICH YOUR ORGANISATION PARTICIPATES

SOCIAL BEHAVIOR CHANGE COMMUNICATION	Description	Number
1. How many IEC materials were produced and/or distributed by your organisation this quarter (for example, books / brochures / posters / t-shirts / TV spots / radio spots / e-spots)?	Produced	
	Distributed	
2. Number of in School children aged 10-24 years provided with life skills-based comprehensive sexuality education within this quarter (MoE Only)	Male	
	Female	
3. Number of teachers who have received training, and taught lessons, in life skills comprehensive sexuality education this quarter (MoE Only)	Male	
	Female	
4. Number of Out of School children aged 10-24 years provided with life skills-based comprehensive sexuality education within this quarter	Male	
	Female	
5. How many Sex workers were reached with HIV prevention programmes by your organisation this quarter?	Male	
	Female	
6. How many Prisoners were reached with HIV prevention programmes by your organisation this quarter?	Male	
	Female	
7. How many persons with disability were reached with HIV prevention programmes by your organisation this quarter?	Male	
	Female	
8. How many Long distance truck drivers (LTD) that were reached with HIV prevention programmes by your organisation this quarter?	Male	
	Female	
CONDOM PROGRAMMING	Description	Number
9. How many non-health facility condom service outlets providing condoms to end users were supplied by your organisation this quarter		
10. How many male and/or female condoms were distributed to end users by your organisation this quarter (from non-health facilities)?	Male	
	Female	
CRITICAL ENABLERS	Description	Number
11. Number of reported cases on Physical or Sexual violence from an intimate partner this quarter.	Male	
	Female	
12. Number of people aged 0-15 years who experienced physical or sexual	Male	



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violence.	Female	
13. Number of people aged above 16 years who experienced physical or sexual violence by a non-intimate partner.	Male	
	Female	
14. Number of people who experienced physical or sexual violence and accessed Post Exposure Prophylaxis (PEP) within 72 hours in accordance with national guidelines this quarter.	Male	
	Female	
15. How much funding (in Kwacha) was spent on HIV&AIDS activities this quarter?		K
SYNERGIES WITH OTHER DEVELOPMENT SECTORS	Description	Number
16. Does your organisation have a current HIV and AIDS Action Plan ?		Yes No
17. Does your organisation have an HIV AIDS workplace Programme?		Yes No
18. How many employees were reached through workplace programmes by your organisation this quarter?	Male	
	Female	
19. Number of capital projects Mainstreaming HIV and AIDS Programmes (Local Authorities Only)		
COMMUNITY HEALTH SYSTEMS	Description	Number
20. How many PLHIV support groups set up by your organisation are currently active ?		
21. How many PLHIV are currently enrolled in the active PLHIV support groups by your organisation?	Male	
	Female	
22. How many OVC in total received care and support from your organisation this quarter?	Male	
	Female	
MONITORING AND EVALUATION	Description	Number
23. Does your organisation have a functional M&E system for HIV and AIDS?		Yes No
24. Does your organisation have one or more Designated M&E persons?		Yes No

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

Supervisor's Name: _____

Signature: _____

Position: _____

Please return this form to your **DACA** or **DATF Chairperson** as soon as possible, and **retain a copy** for your own internal M&E records.