**DATA DEFINITIONS FOR THE QUARTERLY**

**NATIONAL AIDS COUNCIL**

**STAKEHOLDER ACTIVITY REPORTING FORM**

**(SARF)**

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| **#** | **Question from SARF form** | **Data Definition**  |
| **SOCIAL BEHAVIOR CHANGE COMMUNICATION** |
| 1.  | 1a. How many Information Education Communication (IEC) materials were distributed by your organisation this quarter?**N/A: We do not distribute IEC materials** **NO materials distributed this quarter***Only fill box if your organisation distributed IEC materials this quarter*

|  |  |  |
| --- | --- | --- |
| **Type of IEC Material**  | **Number Distributed** | **Localized** **(only if YES)** |
| Books |  |  |
| Brochures  |  |  |
| Posters |  |  |
| T-shirts |  |  |
| TV spots |  |  |
| Radio spots |  |  |
| E-spots |  |  |
| Billboards |  |  |
| Drama |  |  |
| Other |  |  |

1.b Which of your materials were localized (produced according to local condition, culture, language etc.)? *Indicate using a checkmark in the above box.*  | **IEC materials distributed** **Description** An organisation should state the total number of IEC materials that it distributed for the quarter being reported on. The distributed IEC materials can include both materials received from other sources (e.g. Lusaka) and IEC materials produced or printed within the district. ONLY indicate the number of each IEC material on the list that your organization distributed. IEC materials shall include any print, visual, audio or performance directed at a specific target audience, that has a message aimed at influencing HIV related behaviorIf your organization does not distribute IEC materials, indicate “N/A we do not distribute IEC materials.” If your organization distributes IEC materials, but did not distribute any this quarter, indicate “NO materials distributed this quarter.”**IEC materials localized** **Description** An organisation should state the total number of IEC materials that it produced according to local condition for the quarter being reported on. The produced IEC materials can include materials designed in the district but produced or printed elsewhere (e.g. in Lusaka) but were made specific to local condition, culture, language, characters, etc.  |
| 2. | If you distributed Information Education Communication (IEC) materials this quarter who was your target audience?

|  |  |
| --- | --- |
| **Target Audience** |  **(Tick only if YES)** |
| Adolescents |  |
| Sex workers  |  |
| Youth  |  |
| Persons with disability |  |
| Mobile/ Migrant population |  |
| Men who have sex with men (MSM) |  |
| People who inject drugs (PWID) |  |
| Pregnant women |  |
| Inmates |  |
| People living with HIV (PLHIV) |  |
| Transgender |  |
| Discordant couples |  |
| General population |  |
| Other |  |

 | **IEC Target Audience** An organization should indicate which target groups IEC materials were distributed to this quarter. They should only indicate which groups they reached during the reporting quarter. If the target audience is not indicated on the list, they should tick Other and fill in box with the target group that is not on the list. * Adolescents/ youth –tick if you distributed IEC materials to young people aged 10-24 and shall include male and females
* Sex workers – tick if you distributed IEC materials to sex workers who include consenting female, male, and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex workers include people who may work either full time or part time, in brothels, bars, on the street or from home for example.
* Persons with disability –includes any person who is completely blind, profoundly deaf, have a physical disability, have a mental disability or learning impairment
* Mobile/ Migrant population – these includes people involved in work that involves them being away from the usual residence for long periods of time such as fish traders, truck drivers, long distance bus drivers, seasonal workers (plantations, farming, etc), construction workers (i.e those involved in construction of roads and may require camping for extended periods of time), etc
* Men who have sex with men (MSM) – these include males who engage in sexual intercourse with their fellow men regardless of sexual orientation
* People who inject drugs (PWID) – refers to people who inject non-medically sanctioned psychotropic (or psychoactive) substances, usually for recreational purposes. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes.
* Pregnant women – record if IEC materials were targeted at pregnant women
* Inmates – tick if you provided IEC materials to inmates. An inmate, also known as a prisoner, remands or detainee, is a person who is deprived of liberty against his or her will. This can be by confinement, captivity, or by forcible restraint. The term applies particularly to those on trial or serving a prison sentence in a prison.
* People Living with HIV – tick if your IEC materials were targeted at people who have tested positive to the HIV virus and they are either or not on ART
* Transgender – tick if your IEC materials were distributed to persons who identify themselves different from their birth sex (e.g. a male whose personal identify is that of female or female who personal identify is that of male)
* Discordant couples – tick if you distributed IEC materials to persons who are in relationships where one partner is HIV positive and the other is HIV negative
* General population – tick if you distributed IEC materials to everyone and not specifically targeting any of the listed categories of people
* Other – tick and elaborate if you distributed IEC materials to any special group not listed
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|  **SOCIAL BEHAVIOR CHANGE COMMUNICATION FOR KEY POPULATIONS** |
| 3. | Number of CSE trained teachers who taught lessons, in life skills based comprehensive sexuality education(CSE) this quarter  | **Description** The number of teachers should only include those who have been trained and are offering life skills comprehensive sexuality education. The indicator is collecting information on female and male teachers. **Definition of life skills based HIV and AIDS education*** Life skills-based comprehensive sexuality education can be an effective methodology that uses participatory exercises to teach behaviours to young people that help them deal with the challenges and demands of everyday life. Whilst there is no definitive list of life skills it can include: communication and interpersonal skills; negotiation and refusal skills; empathy; cooperation and teamwork; advocacy skills; decision making skills; critical and creative thinking skills; problem solving skills; self-awareness; skills for coping with emotions and stress, and managing feelings

The indicator is cumulative implying that the number of teachers trained during the reporting quarter shall include those who were reported in the last quarter  |
| 3. | Number of Out of School children and young people aged 10-24 years provided with life skills- based comprehensive sexuality education within this quarter | **Description*** The number should only include the 10-24 year olds who are out of school for the current reporting quarter.
* The same 10-24 year olds who are out of school can receive life skills-based comprehensive sexuality education from one quarter to the next and be reported on.
* The question is not cumulative as explained above.
* An organisation needs to ensure that the correct age group (10-14; 15-19; 20-24 year olds) is captured and the number reported is split by female and male.

**Definition of life skills based HIV and AIDS education*** Life skills-based comprehensive sexuality education can be an effective methodology that uses participatory exercises to teach behaviours to young people that help them deal with the challenges and demands of everyday life. Whilst there is no definitive list of life skills it can include: communication and interpersonal skills; negotiation and refusal skills; empathy; cooperation and teamwork; advocacy skills; decision making skills; critical and creative thinking skills; problem solving skills; self-awareness; skills for coping with emotions and stress, and managing feelings

**Definition of out of school 10-24 year olds*** The term out of school refers to any person aged 10-24 years who is not enrolled in school, college or university.

**Data collection*** An organisation must exclude any in school 10-24 year olds and only record out of school 10-24 year olds who have received life skills based HIV and AIDS comprehensive sexuality education in the relevant quarter

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| 4. | How many sex workers were reached with HIV prevention programmes by your organisation this quarter? | **Description**An organisation should state the total number of sex workers reached in the current quarter through some form of HIV prevention activity or programme. The number is not cumulative. Therefore, the same commercial sex workers can be reached from one quarter to the next and be reported on. An organisation needs to ensure that the correct age group (10-14; 15-19; 20-24; 25- 29, 30-34, 35+ year olds) is captured and the number reported is split by female and male. **Definition of sex workers** * The term sex worker is intended to be non-judgmental and focuses on the working conditions under which sexual services are sold. Sex workers include consenting female, male, and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally.
* Sex workers include people who may work either full time or part time, in brothels, bars, on the street or from home for example.

**Definition of an HIV prevention programme** * This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. It includes health and non-health-sector services:
	+ HIV preventative health services include VCT, STI treatment, eMTCT, PEP, universal precautions and blood safety.

Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes, youth clubs, anti-AIDS clubs in schools. Data CollectionThis data will be reported quarterly by implementing partners and directly into the NACMIS. The reported number will be a count of all sex workers reached with HIV prevention programs  |
| 5. | How many inmateswere reached with HIV prevention programmes by your organisation this quarter? | **Definition of an inmate**An inmate, also known as a prisoner, remands or detainee, is a person who is deprived of liberty against his or her will. This can be by confinement, captivity, or by forcible restraint. The term applies particularly to those on trial or serving a prison sentence in a prison. Only those inmates receiving actual HIV prevention services during this quarter should be counted. The number reported is split by female and male.**Definition of an HIV prevention programme**This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. It includes health and non-health-sector services: * HIV preventative health services include HTS, STI treatment, eMTCT, PEP, universal precautions and blood safety
* Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes

**Data collection** This data indicator will be collected quarterly from Zambia Correctional Service. The reported number will be a count of inmates reached with HIV prevention services during the reporting period. Implementing partners will enter the reported counts directly into the NACMIS  |
| 7. | How many persons with disability were reached with HIV prevention programmes by your organisation this quarter? | **Description** **Persons with disability include people who:*** + Are blind or visually impaired.
	+ Are profoundly deaf or hard of hearing
	+ Have a physical disability.
	+ Have a mental disability or learning impairment.

The number reported is split by female and male.**Definition of an HIV prevention programme** This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. It includes health and non-health-sector services: * HIV preventative health services include HCT, STI treatment, eMTCT, PEP, universal precautions and blood safety
* Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes.

Data Collection and reportingThis data will be reported quarterly by implementing partners. The reported number will be a count of persons with disability reached with HIV prevention programmes. Reporting will be done by an implementing partners who will enter the counts directly into the NACMIS |
| 8. | How many mobile workers were reached with HIV prevention programmes by your organisation this quarter? | **Description**The number reported is split by female and male.**Definition of a mobile worker** A mobile worker is an individual who has traveled outside their place of home for a period of time in order to earn a living. A mobile worker includes the following: * Long distance truck drivers
* Fish traders
* Miners
* Cross-border traders
* Seasonal workers (plantations, farming, etc.)
* Construction workers

**Definition of an HIV prevention programme** This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. It includes health and non-health-sector services: * HIV preventative health services include HCT, STI treatment, eMTCT, PEP, universal precautions and blood safety
* Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes.

Data CollectionThis data shall be reported quarterly by implementing partners. The reported numbers will be a count of mobile populations reached with HIV programs and the partner will enter this information directly into the NACMIS |
| 9. | Which types of mobile populations did your organization reach this quarter?

|  |  |
| --- | --- |
| **Type of mobile population** | **(Check only if reached)** |
| Long-distance truck drivers |  |
| Fish traders |  |
| Miners |  |
| Cross-border traders |  |
| Seasonal workers |  |
| Construction workers |  |
| Other |  |

 | **Description**If the organisation reached a mobile population with prevention programmes (as defined above) they should indicate which type of mobile population they reached by checking in the box(s) applicable. If the type of mobile population reached is not in the list, select “other” and indicate.  |
| 10.  | How many men who have sex with men (MSM) were reached with HIV prevention programmes by your organization this quarter? | **Description****Definition of MSM**A man who engages in sex with another man regardless of sexual orientation.**Definition of an HIV prevention programme** This term refers to the entire scope of activities aimed at keeping HIV negative individuals’ HIV negative. It includes health and non-health-sector services: * HIV preventative health services include HCT, STI treatment, eMTCT, PEP, universal precautions and blood safety
* Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes.

Data collectionData for this indicator will be collected quarterly. The data will be a count of MSMs reached with prevention programs during the quarter and it shall be entered in the NACMIS directly by implementing partners |
| 11. | How many transgender individuals were reached with HIV prevention programmes by your organisation this quarter? | **Definition of a transgender*** Transgender is an encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth.
* The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life.

**Definition of an HIV prevention programme** This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. It includes health and non-health-sector services: * HIV preventative health services include HTS, STI treatment, eMTCT, PEP, universal precautions and blood safety
* Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes.

ReportingData for this indicator will be collected quarterly. The data will be a count of transgender individuals reached with prevention programs during the quarter and it shall be entered in the NACMIS directly by implementing partners |
| 12. | How many people who inject drugs (PWID) were reached by HIV prevention programmes by your organisation this quarter? | **Description** * The number reported is split by female and male.

**Definition of a person who injects drugs****People who inject drugs** refers to people who inject non-medically sanctioned psychotropic (or psychoactive) substances usually for recreational purposes. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes. This definition of injecting drug use does not include people who self-inject medicines for medical purposes, referred to as “therapeutic injection”, nor individuals who self-inject non-psychotropic substances, such as steroids or other hormones, for body shaping or for improving athletic performance. **Definition of an HIV prevention programme** This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. It includes health and non-health-sector services: * HIV preventative health services include HTS, STI treatment, eMTCT, PEP, universal precautions, blood safety, and harm reduction programmes.
* Non-health-sector services cover, for example, mass media campaigns, one-to-one communication strategies, peer education programmes.

**Reporting** Data for this indicator will be reported quarterly. The data will be a count of people who inject drugs reached with prevention programs during the quarter and it shall be entered in the NAMIS directly by implementing partners |
|  **CONDOM PROGRAMMING** |
| 13. | How many condom service distribution points were supplied by your organisation this quarter? (\*excluding health facilities) | **Description** This indicator is speaking to number of distribution points where condoms were distributed **not** the number of condoms. A condom distribution point is a location where a condom can be accessed/collected by and end user. Such a collection point may be a condom dispenser, basket, vessel, etc where multiple people could easily access, such as those placed in toilets, reception areas, retail shops, etc**Data collection** * An organisation should state the total number of condom distribution points that it supplied condoms to for the quarter.
* The question is not cumulative.
* The figure could be equal to or less than the total number of outlets set up by the organisation as some distribution points may not have been supplied with condoms in a quarter (i.e. inactive).
* For a condom distribution point to be active it must have been supplied with condoms for the quarter.
* If a distribution point was not supplied with any condoms in a quarter then the distribution point should ***not*** be recorded in the SARF form.
* The number of condom distribution points must also take into account new condom service outlets established by the organisation.

**Definition of a condom distribution point** * A condom distribution point can be a fixed distribution point or mobile unit with fixed schedules that provides condoms for free or for sale to the general public.
* A non-health facility distribution point can be a bar, club, restaurant, supermarket, public toilets etc.
* For example: if an organization supplies a bar with condoms to place in bathrooms and there are both male *and* female toilets than the organization would record 2 distribution points

ReportingData for this indicator will be reported quarterly. The data will be a count of condom distribution points/outlets that were supplied with condoms during the quarter and it shall be entered in the NAMIS directly by implementing partners |
| 14. | How many male and/or female condoms were distributed to end users by your organisation this quarter (excluding health facilities)?  | **Description** The activity relates to the distribution of male and/or female condoms from programmes that are from non- health facilities. The condoms refer to both free condoms and condoms for sale (e.g. socially marketed condoms). * The figure is not cumulative, so an organisation should only include condoms distributed for the current reporting quarter and should not include condoms distributed in a previous quarter.

**Definition of end users** * An end user shall be defined as the person who collects the condom with the intention to use during sexual intercourse.. The condoms may be collected from dispensers, individual distribution, or for retail purposes.

**Data collection and reporting** * The figures reported for male and/or female condoms need to count the number of individual pieces of condoms collected by end users and not boxes.
* Reporting for this indicator will be a count of pieces of condoms collected by end users as a difference of the number distributed and what is currently in stock during the reporting quarter and this shall be entered into the NACMIS directly by implementing partners.
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| **CRITICAL ENABLERS** |
| 15. | What is the total number of **reported** cases on physical OR sexual violence OR any other type of gender based violence by your organisation this quarter? | **Description**Gender based violence shall mean any physical, mental, social or economic abuse against a person because of that person’s gender.—. An organisation needs to ensure that the correct age group (>10; 10-14; 15-19; 20-24; 25+ year olds) is captured and the number reported is split by female and male. * People who experienced gender based violence (GBV) refer to reported cases **of economic abuse** – depriving a person of any economic or financial resources, the right to engage in economic activities, intentionally destroying property of the victim and may include property grabbing, etc; **emotional, verbal and psychological abuse** – which is any pattern of degrading or humiliating conduct towards a person including insults; harassment which entails engaging in a pattern of conduct that induces in a person the fear of imminent harm of feelings of annoyance and aggravation including sexual contact without consent, pursuing or accosting a person etc; **physical abuse/violence** which means any act or omission which is likely to result in the direct infliction of physical injury (e.g. battery, unlawful wounding, etc); **sexual abuse** includes the engagement of another person in sexual contact which abuses, humiliates or degrades the other person, , threats (e.g. rape, defilement, etc); Other types of GBV include child marriage, assault on a child, forced marriage, etc etc.

**Data collection and reporting**The figures reported should include a count of ALL persons who experienced physical or sexual violence or another type of GBV it can be from an intimate or non-intimate partner during the quarter. The total count should be entered directly into the NACMIS by the implementing partner.  |
| 16. | How many individuals **experienced** physical violence this quarter? | **Description** This is total number of individuals who experienced *physical* violence ONLY. * An organisation needs to ensure that the correct age group (<10; 10-14; 15-19; 20-24; 25+ year olds) is captured and the number reported is split by female and male.

**Definition of physical violence*** Physical violence may include spitting, scratching, biting, grabbing, shaking, shoving, pushing, restraining, throwing, twisting, slapping (with open or closed hand), punching, choking, burning, and/or use of weapons (e.g., household objects, knives, guns) against the survivor.
* The physical assaults may or may not cause injuries.

**Reporting** **Reporting on this indicator will be a count of individuals who experienced physical violence during the reporting quarter. The count shall be entered directly into the NACMIS by implementing partners** |
| 17. | How many individuals **experienced** sexual violence this quarter? | **Description** This is total number of individuals who experienced *sexual* violence ONLY. * An organisation needs to ensure that the correct age group (<10; 10-14; 15-19; 20-24; 25+ year olds) is captured and the number reported is split by female and male.

**Definition of sexual violence*** Sexual violence can take many forms and take place under very different circumstances. A person can be sexually violated by one individual or several people (e.g. gang-rapes); the incident may be planned or a surprise attack.

Some examples include: * rape and martial rape
* child sexual abuse, defilement, and incest
* forced sodomy/ anal rape
* attempted rape or attempted forced sodomy/ anal rape
* sexual abuse
* sexual exploitation
* forced prostitution
* sexual harassment
* forced pregnancy, forced sterilization or forced abortion
* forced marriage
* female genital mutilation, and virginity tests

This list is not exhaustive of all types of sexual violence. ReportingReporting on this indicator will be a count of individuals who experienced sexual violence during the reporting quarter. The count shall be entered directly by implementing partners in to the NACMIS.,m  |
| 18. | Number of people who experienced physical or sexual violence and **were referred** for Post Exposure Prophylaxis (PEP) within 72 hours in accordance with national guidelines this quarter. | **Definition**An organisation should state the total of individuals who experienced physical or sexual violence **and were referred** for PEP during this quarter. * Physical violence: People who experienced bodily harm (stabbing; burning)
* Sexual violence: Rape (penetrative)
* An organisation needs to ensure that the correct age group (>10; 10-14; 15-19; 20-24; 25+ year olds) is captured and the number reported is split by female and male.

**Definition of a referral**The individual who experienced physical or sexual violence was directed within 72 hours of the incident (as a medical case or a patient) to an appropriate center, agency, health facility or non-health facility that would be able to provide the individual with PEP.**Definition of post-exposure prophylaxis PEP**Post-exposure prophylaxis (PEP) involves taking anti-HIV medications as soon as possible (within 3 days) after one has been exposed to HIV to try to reduce the chance of becoming HIV positive. **Description** * PEP is used by health care workers who have been exposed to HIV-infected fluids on the job or anyone who may have been exposed through unprotected sex, needle-sharing injection drug use, or sexual assault.

**Data Collection and reporting*** Data on this indicator will be collected quarterly. Reporting will be a count of the number of people who reported experiencing GBV and were refered for PEP during the reporting period. The data shall be entered directly into the NACMIS by implementing partners
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| 19. | How many individuals were referred for pre-exposure prophylaxis (PrEP) by your organization this quarter? | **Description*** An organisation needs to ensure that the correct age group (15-19; 20-24; 25+ year olds) is captured and the number reported is split by female and male.

**Definition of a referral**An HIV negative individual who meets the requirements for being “high risk” is provided with a referral and directed to an appropriate center, agency, health facility or non-health facility that would be able to provide the individual with PrEP.**Definition of pre-exposure prophylaxis (PrEP)**Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. The goal of PrEP to help prevent an HIV-negative person from getting HIV. Data collection and ReportingData on this indicator will be collected quarterly. Reporting will be a count of the number of people referred for PrEP during the reporting period. The data shall be entered directly into the NACMIS by implementing partners |
|  **SYNERGIES WITH OTHER DEVELOPMENT SECTORS** |
| 20. | How many employees were reached through workplace programmes by your organisation this quarter?  | **Description*** An organisation should answer YES if it has its own HIV and AIDS workplace program.
* The answer should be NO if there is no HIV and AIDS workplace programme.

**Definitions of a workplace programme**An HIV and AIDS workplace programme (as part of an overall policy) should define the interventions that an organisation will carry out in response to the HIV and AIDS issues that it has identified. A programme will typically include: * Management strategies including employment and personnel issues
* Internal workplace activities covering prevention, and treatment, care and support for employees
* External outreach activities covering the family of the employees and/or the wider community of the organisation

Data collection and ReportingReporting on this indicator will be a count of individuals reached through workplace program during the quarter. Reporting on this indicator will be done by implementing partner and entered into the NACMIS |
|  **COMMUNITY HEALTH SYSTEMS** |
| 21. | How many support groups/ clubs/ after school groups set up by your organisation were **active** this quarter ? | **Description** An organisation should state the number of support groups / clubs/ after school programs that it has set up and are currently active in the current quarter. * The figure could be less than the total number of groups set up by the organisation as some groups may be inactive for the current quarter.
* The figure is not cumulative. The reporting of support groups/ clubs/ after school groups must take into account new groups established by the organisation in the current quarter and exclude any support groups that have been disbanded or no longer exist.

**Definition of an active support group / club/ after school group** * Support groups/ clubs/ after school groups can serve multiple purposes. In some instance it can be to give and receive emotional, social and spiritual support. They can also be a way of meeting to discuss a variety of HIV topics. For example one such group could meet in a bar to discuss health issues.
* For a support group to be seen as active at the very least the members need to be meeting frequently. The support group may also be carrying out additional activities such as community sensitisation, advocacy, participation in events, research, and training.

**Data collection** * The reported number of support groups/ clubs/ after school groups can be less, equal or higher than the figure for the previous quarter as it will be dependent on the number of new groups formed and/or disbanded

Data collection and ReportingReporting on this indicator will be a count of supported groups formed by yout organization during the quarter. Reporting on this indicator will be done by implementing partner and entered into the NACMIS |
| 22. | How many individuals are currently enrolled in support groups/ clubs/ after school groups set up by your organisation this quarter?  | **Description*** The figure should only include the current number of individuals that are enrolled in the active support groups/ clubs/ after school groups set up by the organisation).
* It should take into account the organisation enrolling new people in the current quarter as well as drop-outs (people who left or disengaged from the group for various reasons) during the same quarter.
* The figure is not cumulative.
* The figure needs to be split by female and male.

**Data collection and reporting** * The reported number of people enrolled in the active support groups/ clubs / after school groups can be less, equal or higher than the figure for the previous quarter as it will be dependent on the number of new enrolments and the numbers of drop-out
* Reporting on this indicator will be a count of individuals newly enrolled into the support supported groups during the quarter. Reporting on this indicator will be done by implementing partner and entered into the NACMIS
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| 23. | How many vulnerable people in total received support and care from your organisation this quarter? | **Description** The number should only include vulnerable individuals for the current reporting quarter. The same vulnerable individuals can receive care and support from an organisation from one quarter to the next and be reported on. The figure is not cumulative.* An organisation needs to ensure that the correct age group (>10; 10-14; 15-19; 20-24; 25+ year olds) is captured and the number reported is split by female and male.

**Definition of a vulnerable person**An individual who is at risk due to life circumstance and all of the following factors that result from HIV/AIDS: * Is HIV-positive;
* Lives without adequate support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child);
* Lives outside of family care (e.g., in residential care or on the streets);
* Is marginalized, stigmatized, or discriminated against

**Definition of care and support** * A household will have received at least one type of free basic external support
* The care and support can include: food and nutrition; shelter and care; protection and legal aid; health care; psychosocial; social support; spiritual support; education and vocational training; and economic strengthening

Data Collection and ReportingReporting on this indicator will be a count of individuals who received support from your organization during the quarter. Reporting on this indicator will be done by implementing partner and entered into the NACMIS |
| 24. | What types of support and care does your organization provide? (select all that apply) | **Definition of care and support** * A household will have received at least one type of free basic external support
* The care and support can include: food and nutrition; shelter and care; protection and legal aid; health care; psychosocial; social support; spiritual support; education and vocational training; and economic strengthening

**Type of care and support** An organization should place a check next to the types of care and support they provided during the reporting quarter.  |
| **BELOW SECTION TO BE FILLED BY DACA/ LOCAL AUTHORITY ONLY:**  |
| 25. | 1. Number of capital projects in the district\_\_\_

 | **Description** **Definition of a capital project*** Comprises a project with significant financial outlays relating to infrastructure development (e.g. roads, bridges, pipelines, dams, airports, harbours and ports), mines, power generation or large-scale commercial agricultural schemes, where a temporary workforce is required for construction, and a usually smaller permanent workforce is required to operate the facility.
* The project is anticipated to have significant adverse environmental and social impacts that are sensitive, diverse, or unprecedented.
* These projects may affect an area broader than the sites or facilities subject to physical works.

**Data collection** * The information can be collected from the monthly reports submitted by service providers to the contractor as dictated in contract agreements.

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| 26. | Number of capital projects mainstreaming HIV and AIDS Programmes district | **Capital projects mainstreaming HIV and AIDS programmes*** Projects that have set aside a portion of their budget for HIV/AIDS programming and have actually started the implementation of the programs upon commencement of the works such activity funds disbursed, etc

**Data collection** * Number of Workers and community members reached with HIV services paid for by the capital project
* The information can be collected from the monthly reports submitted by service providers to the contractor as dictated in contract agreements.
 |