The United Republic of Tanzania
Prime Minister's Office

Tanzania National Multisectoral HIV and AIDS Monitoring and Evaluation System

Guidelines for the Tanzania Output Monitoring System for non-medical HIV and AIDS interventions (TOMSHA)
Guidelines for the Tanzania Output Monitoring System for non-medical HIV and AIDS interventions (TOMSHA)
FOREWORD BY TACAIDS

As a country, Tanzania is committed not only to responding to HIV, but also to be successful in responding to the epidemic – in line with the principles of MKUKUTA. So how will Tanzania know whether or not it has been successful in responding to HIV? Through establishing a national HIV monitoring and evaluation system that tracks the progress that the country has made with the objectives defined in the National Multisectoral HIV Strategic Framework (NMSF).

Given that coordinating the implementation of the objectives of the NMSF is the responsibility of the Tanzania Commission for AIDS – a responsibility to which TACAIDS is fully committed – TACAIDS is also responsible for coordinating the monitoring and evaluation of the achievement of the NMSF objectives.

To assist the country in monitoring and evaluating the implementation of the HIV response in Tanzania, the government developed a National Multisectoral HIV Monitoring and Evaluation System (HIV-MES). The goals of the HIV-MES are to enable Tanzania to track: (a) the spread of the epidemic; (b) the nature and extent of the response to the epidemic (that is, which organisation is providing which HIV service in which area for which target group); and (c) the impact or results of the HIV services that are being provided.

The first goal of the HIV-MES is achieved through sentinel surveillance and the third goal is achieved through a number of independent surveys. To achieve the second goal of the HIV-MES, data about HIV service delivery is required from all organisations that implement HIV services (these are HIV prevention, treatment care and support, and impact mitigation services).

For Tanzania to accurately measure the extent of HIV services, it requires STANDARDISED information from all stakeholders. For this reason, TACAIDS has established the Tanzania Output Monitoring System for HIV and AIDS (TOMSHA). TOMSHA is a routine system through which the Council HIV and AIDS Coordinators and TACAIDS collects data about HIV services from HIV implementers, analyse the data, and provide summarised information about HIV services to those that supplied the information – thereby enabling everyone to improve the reach, coverage and quality of HIV services being delivered.

TACAIDS is delighted to present to you the TOMSHA guidelines. These guidelines specify how HIV implementers should report TOMSHA data, how they can use TOMSHA data, and what is TACAIDS’s commitment to provide TOMSHA data.

A number of organisations assisted TACAIDS in developing the TOMSHA guidelines – TACAIDS is indebted, in particular, to the members of the Tanzania Monitoring and Evaluation Technical Working Group, UNAIDS, UNDP, UNFPA, WHO, and other members of the UN family, the World Bank’s Global AIDS M&E Team, the Council HIV and AIDS Coordinators, all stakeholders that played a role in piloting the guidelines, and to the organisations that commented on the guidelines. Asante sana!

TOMSHA can only work if all organisations involved in the HIV response in Tanzania contribute to it. It is on this basis that TACAIDS implores you to positively contribute to the fight against AIDS in Tanzania by supplying us with the data that are required. TACAIDS asks this not only because it is a requirement in the NSMF that all HIV implementers report to TACAIDS, but mainly because submitting data will help all of us to plan better HIV service delivery and improve the lives of those affected by this epidemic.

Sincerely,

Dr Fatuma Mrisho
Executive Chairman, Tanzania Commission for AIDS
September 2007
# Table of Contents

**Foreword by TACAIDS** ............................................................................................................................................................................................ i  
**Table of Contents** .............................................................................................................................................................................................. ii  
**Acronyms** ................................................................................................................................................................................................. iv  
**Target Audiences for the TOMSHA Guidelines** ................................................................................................................................................................. v  
**Other Documents Related to TOMSHA Guidelines** ........................................................................................................................................................................ v  
**Executive Summary: TOMSHA Information Sheet** ......................................................................................................................................................................................... vii  

**Section 1: Introduction to TOMSHA and the TOMSHA Guidelines** ............................................................................................................................ 1  
  1.1 What is TOMSHA? ............................................................................................................................................................................................. 1  
  1.2 What is the purpose and structure of the TOMSHA Guidelines? ......................................................................................................................... 1  

**Section 2: Introduction to Monitoring and Evaluation of HIV and AIDS in Tanzania Mainland** ................................................................................................................................................. 2  
  2.1 Overview of Tanzania National Multisectoral HIV Monitoring and Evaluation Operational Plan ........................................................................................................................................................................ 3  
  2.2 Types of Data Sources in the National M&E Operational Plan ................................................................................................................................. 4  
  2.3 Introduction to Tanzania Output Monitoring System for Non-Medical HIV and AIDS Interventions (TOMSHA) ....................................................................................................................................................... 5  

**Section 3: How Will TOMSHA Benefit Your Organization** ................................................................................................................................................................. 6  

**Section 4: What data will be collected through TOMSHA?** ................................................................................................................................................................................. 8  

**Section 5: TOMSHA Reporting Requirements** ................................................................................................................................................................. 9  
  5.1 Who Should Report HIV Data ..................................................................................................................................................................................... 9  
  5.2 TOMSHA Data Submission Formats for HIV Implementers ........................................................................................................................................................................... 9  
  5.3 Documentation for TOMSHA Reporting ................................................................................................................................................................. 11  
  5.4 Individuals Responsible for Submitting TOMSHA Forms ..................................................................................................................................................... 11  
  5.5 Data Flow for TOMSHA Forms ................................................................................................................................................................................. 12  
  5.6 Use of TOMSHA Data ............................................................................................................................................................................................ 18  
  5.7 Funding TOMSHA Reporting and TOMSHA Management ....................................................................................................................................................... 19  
  5.8 Building Capacity and Data Verification ............................................................................................................................................................... 20  

**Section 6: Stakeholder Roles in TOMSHA** ................................................................................................................................................................. 22  
  6.1 TOMSHA Focal Persons (one person from each implementer of non-medical HIV activities) ........................................................................................................................................................................ 22  
  6.2 TACAIDS M&E Section .................................................................................................................................................................................... 23  
  6.3 Umbrella Organisations ...................................................................................................................................................................................... 24  
  6.4 Regional Administrative Secretariat ................................................................................................................................................................. 25  
  6.5 Council Multisectoral AIDS Committees (CMACs) ....................................................................................................................................................... 25  
  6.6 Council HIV and AIDS Coordinators (CHACs) ........................................................................................................................................................... 26  
  6.7 Regional Facilitating Agencies ........................................................................................................................................................................... 27  
  6.8 Development Partners Involved in HIV Services ..................................................................................................................................................... 27  

**Section 7: TOMSHA Reporting Costs** ................................................................................................................................................................. 28
SECTION 8: INITIATING TOMSHA REPORTING

8.1 STEP-BY-STEP GUIDE TO TOMSHA REPORTING
8.2 TIPS FOR THE IMPLEMENTATION OF TOMSHA
8.3 FREQUENTLY ASKED QUESTIONS (FAQs)

SECTION 9: GLOSSARY OF TERMS

ANNEX A: QUARTERLY TOMSHA FORM
ANNEX B: ANNUAL TOMSHA RESOURCE TRACKING FORM
ANNEX C: DATA ELEMENT DEFINITIONS FOR THE QUARTERLY TOMSHA FORM
ANNEX D: FORMAT OF TOMSHA BOOK REGISTER
ANNEX E: FORMAT OF TOMSHA FORM REGISTER
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABCT</td>
<td>AIDS Business Coalition Tanzania</td>
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<tr>
<td>AFA</td>
<td>Aid for AIDS</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ARV</td>
<td>Anti-retroviral Treatment</td>
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<td>BSS</td>
<td>Behavioural Surveillance Surveys</td>
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<tr>
<td>CBO</td>
<td>Community-Based Organisation</td>
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<td>CHAC</td>
<td>Council HIV and AIDS Coordinator</td>
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<td>CHBC</td>
<td>Community Home Based Care</td>
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<td>CMAC</td>
<td>Council Multisectoral AIDS Committee</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>CSW</td>
<td>Commercial Sex Worker</td>
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<td>FBO</td>
<td>Faith-Based organisation</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>LGMD</td>
<td>Local Government Monitoring Database</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>M&amp;E TWG</td>
<td>HIV Monitoring and Evaluation Technical Working Group</td>
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<tr>
<td>MDAs</td>
<td>Ministries, Departments and Agencies</td>
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<td>MoEVT</td>
<td>Ministry of Education and Vocational Training</td>
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<td>MoHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<tr>
<td>MSM</td>
<td>Men having Sex with Men</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
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<td>PLWHA</td>
<td>People Living With HIV or AIDS</td>
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<tr>
<td>PMORALG</td>
<td>Prime Minister's Office Regional Administration and Local Government</td>
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<tr>
<td>RAS</td>
<td>Regional Administrative Secretariat</td>
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<tr>
<td>RFA</td>
<td>Regional Facilitating Agency</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>TACAIDS</td>
<td>Tanzania Commission for AIDS</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TOMSHA</td>
<td>Tanzania’s Output Monitoring System for non-medical HIV and AIDS interventions</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<tr>
<td>VMAC</td>
<td>Village Multisectoral AIDS Committee</td>
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<tr>
<td>WMAC</td>
<td>Ward Multisectoral AIDS Committee</td>
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TARGET AUDIENCES FOR THE TOMSHA GUIDELINES

1. All implementers of HIV services, including Regional Facilitating Agencies (RFAs)
2. TOMSHA Focal Persons
3. All development partners involved in HIV services
4. TACAIDS M&E Section staff and all TACAIDS professional staff
5. Council HIV and AIDS Coordinators (CHACs)
6. Council Multisectoral AIDS Committees (CMACs)
7. National umbrella organisations that are involved in coordinating the work of HIV implementers
8. Tanzania HIV Monitoring and Evaluation Technical Working Group (M&E TWG)

OTHER DOCUMENTS RELATED TO TOMSHA GUIDELINES

4. M&E Operational Plan for Tanzania Multisectoral HIV Monitoring and Evaluation System
5. TOMSHA Reporting Training Package
6. TOMSHA Management Training Package
What is TOMSHA?

The Tanzania Output Monitoring System for non-medical HIV and AIDS (TOMSHA) is a set of tools, formats and procedures for implementers of HIV activities in Tanzania to report data about HIV activities to TACAIDS. Only data about HIV activities that do not take place at health facilities will be reported to TACAIDS (non-medical HIV services). This means that health facilities will not report data to TACAIDS directly. The reason is that health facilities will report data about medical HIV activities directly to the Ministry of Health and Social Welfare (MoHSW), using the MoHSW standard forms and reporting processes. MoHSW's head quarters will process the HIV data from all the health facilities and submit consolidated data electronically to TACAIDS directly every quarter.

Format of reporting TOMSHA data

TACAIDS has developed two standard forms for reporting data: a quarterly TOMSHA Form and an annual TOMSHA Resource Tracking Form.

The quarterly TOMSHA Form requires data about HIV activities – all implementers of non-medical HIV services (i.e. all HIV implementers except for health facilities that report to MOHSW) should complete a separate TOMSHA Form every quarter for every district where they have worked in that quarter.

The annual TOMSHA Resource Tracking Form requires data about the funding of HIV activities – all implementers should complete ONE TOMSHA Resource Tracking Form once a year per organisation.

Both Forms will be provided in a book format to HIV implementers. In the books, the Forms will be printed in quadruplicate (four copies of the same form on different colour paper). This will enable HIV implementers to submit the completed Form to different stakeholders.

Data flow for TOMSHA reporting: HIV implementers to TACAIDS

Implementers that deliver HIV activities in districts will submit the completed quarterly TOMSHA Form, every three months, to the CHAC, to the RAS, to their parent organisation and keep one copy in the book. Every organisation will submit a set of separate TOMSHA Forms for every district where they have worked. The CHAC captures TOMSHA data onto the Local Government Monitoring Database (LGMD), before submitting the electronic data to the RAS and TACAIDS. The same implementers will submit one copy of the annual TOMSHA Resource Tracking Form to the CHAC of the district where their head office is based.

Implementers that deliver HIV activities at the national level will submit, every three months, the completed quarterly TOMSHA Form to TACAIDS directly, to their parent organisation and keep one copy in the book. Every organisation will submit one TOMSHA Form for all national level activities. The same implementers will submit one copy of the annual TOMSHA Resource Tracking Form to TACAIDS directly. TACAIDS will capture the data onto the national HIV database.

Data flow for TOMSHA feedback: TACAIDS to HIV implementers

Data will not only flow from implementers to TACAIDS, TACAIDS will also provide feedback to planners, funders and implementers. On a biannual basis, TACAIDS will combine, analyse and interpret the TOMSHA data and MoHSW data that it receives. TACAIDS will then use the data to produce a biannual HIV Programme Report.
The biannual HIV Programme Report documents all output-level indicators in the national set of HIV indicators\(^1\). Each biannual HIV Programme Report will show the indicator value for the previous year, for the previous half year, for the year-to-date and for the half year being reported on. As such, the biannual HIV Programme Report will provide a ‘snapshot’ picture of the extent of HIV service delivery in Tanzania mainland.

Using biannual HIV Programme Report data is vital – the real value of the biannual HIV Programme Report emerges when the data in it influence decision-making. To promote its use at district level, the biannual HIV Programme Report will be disaggregated by district and will be disseminated to stakeholders (development partners, government and HIV implementers) at national, district, ward and village levels. Dissemination at district, ward and village level will take place on a biannual basis through district-level HIV planning and feedback workshops attended by stakeholders from all sectors in the district.

Factors influencing the success of TOMSHA

For TOMSHA to be successful, it needs standardised, timely, and accurate data from ALL implementers of non-medical HIV services in all districts. TACAIDS cannot execute its mandate to monitor the extent of HIV service delivery without the involvement of the implementers of such HIV service delivery programmes. The more actively involved stakeholders are in TOMSHA, the more effective it will be.

**How your organisation can contribute to TOMSHA reporting**

*Your organisation can contribute to TOMSHA reporting* by the following:

1. Appoint a capable and committed TOMSHA Focal Person
2. Integrate TOMSHA reporting in your organization’s HIV project and the monitoring and evaluation thereof
3. Make data collection from the field easy
4. Prevent double reporting
5. Synchronise TOMSHA reporting with reporting to your organisation’s funders
6. Allocate resources for TOMSHA reporting
7. Attend the district HIV planning and feedback workshops
8. Use TOMSHA data when planning and implementing HIV activities

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\(^1\) See Section 2.2 for a detailed explanation of what is the ‘national set of HIV indicators’
Section 1: Introduction to TOMSHA and the TOMSHA Guidelines

1.1 WHAT IS TOMSHA?

Tanzania mainland's Output Monitoring System for HIV and AIDS is a routine nation-wide data collection and reporting system. TOMSHA collects data about non-medical HIV activities from organisations that implement such services; it also provides summary information about which area what kind of non-medical HIV services are being delivered to the planners and implementers of such services.

The need for one such national system and format of reporting is highlighted in the Tanzania M&E Framework and the Tanzania National Multisectoral HIV/AIDS Strategic Framework 2003-2007 (NMSF). These two documents state that:

"Ensuring good programme management information will be a major challenge due to the very large numbers of actions that will be undertaken by different stakeholders and funded through various financing mechanisms. It is the least developed of all the components of a good M&E System. Considerable work is needed to develop guidelines and standard formats for reporting on progress and achievements in a way that will allow synthesis. In addition broad consultation on these common reporting arrangements will be needed to ensure ownership and acceptance by as wide a range of stakeholders as possible." (Tanzania National HIV M&E Framework, 2004)

"Quarterly and annual reports based on the work plans of the different levels and structures are the main management tools of monitoring progress of the national response. Reporting formats will be decided by TACAIDS and stakeholders for the different levels and structures." (NMSF, section 6.4.1)

1.2 WHAT IS THE PURPOSE AND STRUCTURE OF THE TOMSHA GUIDELINES?

Therefore, the purpose of the TOMSHA Guidelines is to explain clearly to all HIV implementers how TOMSHA works. The TOMSHA Guidelines have been structured as follows:

- Section 1 introduces TOMSHA, describes the purpose of the Guidelines, and outlines the structure thereof;
- Section 2 introduces the national multisectoral HIV M&E System (HIV-MES) and TOMSHA's relationship to HIV-MES;
- Section 3 describes the benefits of TOMSHA to an organisation and uses a case study to demonstrate these benefits;
- Section 4 defines which data will be collected through TOMSHA;
- Section 5 explains the principles of TOMSHA reporting: who should report, how they should report, to whom they should report and when they should report. Funding the costs associated with TOMSHA reporting is also discussed, as well as capacity building plans to improve the quality of TOMSHA reporting;
- Section 6 outlines the roles of stakeholders in TOMSHA - the roles of TOMSHA Focal Persons, TACAIDS M&E Section, national umbrella organisations, Council Multisectoral AIDS Committees (CMACs), CHACs, organisations that implement HIV services, and development partners involved in planning and funding HIV services;
- Section 7 describes the typical costs associated with TOMSHA reporting;
- Section 8 is the 'TOMSHA Help line' chapter. It outlines the steps that all implementers of non-medical HIV services need to follow to adhere to TOMSHA reporting; and
- Section 9 provides a Glossary of Terms. In it, all the main concepts used frequently in Sections 1 to 8 of the Guidelines are described.

See Glossary of Terms in Section 9 for a detailed definition of 'non-medical HIV activities'.

These organisations will be referred to as "HIV implementers" for the remainder of these Guidelines.
Section 2:
Introduction to Monitoring and Evaluation of HIV and AIDS in Tanzania mainland

The Tanzania Commission for AIDS (TACAIDS) is mandated to coordinate the implementation of the national response to HIV, which is defined in the NMSF. TACAIDS's mandate to coordinate the monitoring and evaluation (M&E) of the national HIV response is contained in the Tanzania National Policy on HIV/AIDS and the NMSF.

In order to fulfill its M&E mandate, TACAIDS and its partners developed a national HIV M&E system. This M&E system consists of a number of components: an M&E Unit at TACAIDS; M&E system documentation; one set of national HIV indicators; strategic information flow from sub-national to national levels and back to sub-national levels; an information management system; supervision and data auditing; and harmonised capacity building in M&E.

The M&E documentation comprise the following documents:

a) Tanzania National HIV M&E Framework: This document, launched in 2004, provides a set of indicators with which to monitor the objectives of the NMSF, provides indicator definitions, and defines how output monitoring data should flow.

b) Tanzania National Multisectoral HIV M&E System Operational Plan: This is the country's plan for how HIV M&E will be put in place and implemented, or operationalised. It defines how HIV services will be monitored and evaluated, and how TACAIDS will coordinate such monitoring and evaluation efforts. Due to its central importance and relevance to TOMSHA, the M&E Operational Plan is outlined in detail in Section 2.1 of these Guidelines. This document also contains annexes which provide a detailed definition of each indicator in the M&E System, describes the Monitoring and Evaluation Technical Working Group's (M&E TWG) Terms of Reference, describes the TACAIDS HIV database functions, outlines the HIV M&E Road Map, provides job descriptions for TACAIDS M&E staff, outlines HIV M&E communication and advocacy messages, and other relevant information.

c) Guidelines for the Tanzania Output Monitoring System for non-medical HIV and AIDS interventions ('TOMSHA Guidelines'): TOMSHA is a national, multisectoral system that collects data on non-medical HIV activities from all organisations that implement them. TACAIDS will manage TOMSHA. The TOMSHA Guidelines explain to all HIV implementers what TOMSHA is, how to complete and where to submit the TOMSHA Forms, and how to institutionalise TOMSHA at the HIV implementer's organisation.
2.1 OVERVIEW OF TANZANIA NATIONAL MULTISECTORAL HIV MONITORING AND EVALUATION OPERATIONAL PLAN

The Operational Plan for the National Multisectoral HIV Monitoring and Evaluation System ("M&E Operational Plan") is based on a conceptual framework of four cornerstones, as illustrated in Figure 1:

Figure 1: Four Cornerstones of the National M&E Operational Plan in Tanzania mainland

The following definitions apply in terms of Figure 1 above:

a) **Indicators** are units of data, measured over time. Therefore, indicators measure change (i.e. provide 'indications' of success or failure). For indicators to be of meaning, some data need to be collected to provide indicator values or indicator scores.

b) **Data sources** are reports that document the result of data collection processes. Relevant data - all but only the data necessary to provide indicator values - are extracted from the data sources. The relevant data are then used to prepare information product/s.

c) An **information product** is a regular and periodic report, newsletter, website update or other structured means of communication. An information product documents the indicator values at a specific point in time; typically, it also interprets the indicator values, and based on these interpretations, offers conclusions and recommendations.
d) Information products are then disseminated to stakeholders. The purpose of disseminating the information products to stakeholders is for them to have the latest information at hand when making decisions about planning, implementing and funding HIV services.

### 2.2 Types of Data Sources in the National M&E Operational Plan

As illustrated in Figure 1, two types of data sources can be found in the National M&E Operational Plan – episodic and routine data sources.

**EPISODIC DATA SOURCES:** Data sources are episodic when data are collected: (1) only for the purpose of compiling the data source; (2) independent of interventions; and (3) at significant intervals from each other. An example of an episodic data source is a survey. Data for a survey are collected using a questionnaire designed especially for the survey (satisfying condition 1 of the definition), do not only focus on those areas where interventions have been implemented (satisfying condition 2), and are collected only every few years when the survey is undertaken (satisfying condition 3).

The fact that ‘surveys are independent of interventions’ means that the sample population is selected without taking into account the areas where interventions have been implemented. To do a survey only in those areas where interventions have been implemented would lead to results that are not representative of the whole population, i.e. biased results.

Episodic data sources may collect data from an entire population (such as a census) or from a sample population. Mostly, surveys collect data from a sample population. As long as the demographic characteristics (e.g. age and gender) of the sample are the same as the characteristics of the entire population, the answers provided by the sample are said to be representative of the answers of the entire population.

**ROUTINE DATA SOURCES:** In contrast, data sources are routine when data are collected on an ongoing basis, as activities are implemented. Examples of routine data sources are: attendance registers or registers of peer education sessions. Attendance registers are ‘routine’ because new data are added on an ongoing basis – every time that a meeting is held, an attendance register is filled out. Routine data cannot be collected on a sample basis – for routine data to be meaningful, standardised data are required from ALL institutions involved in an activity.

To explain the contrast, let us consider the data collection by a non-governmental organisation (NGO). An NGO might keep records of all the drama shows to promote HIV prevention that it undertakes in a week. Every time that a drama is conducted, a form is filled out (this is an example of ongoing data collection. The completed forms are a routine data source). Once a year the NGO may undertake a survey to find out what persons who attend the drama show think of the show (this survey is an example of an episodic data source).

**LINKAGE BETWEEN TYPES OF DATA SOURCES AND TYPES OF INDICATORS:** Indicators can generally be divided into two categories: firstly, impact-level and outcome-level indicators that are measured through episodic data sources; secondly, output-level and input-level indicators that are measured through routine data sources. The indicators and data sources in the national M&E System for HIV in Tanzania mainland fall into the same categories, as illustrated below:
So, it can be seen that TOMSHA is one of the routine data sources in the national HIV M&E System.

2.3 INTRODUCTION TO TANZANIA OUTPUT MONITORING SYSTEM FOR NON-MEDICAL HIV AND AIDS INTERVENTIONS (TOMSHA)

TOMSHA is a routine data source. It is a multisectoral data collection and reporting system that is used to collect data about non-medical HIV services. These data are used to measure the non-medical output-level indicators in the national set of HIV indicators. It requires all implementers of non-medical HIV services\(^1\) (i.e., all implementers except for health facilities that report to MoHSW) to complete a TOMSHA Form every quarter. After completing the form, implementers then submit TOMSHA Forms to the CHAC. The CHAC captures TOMSHA data onto LGMD.

Health facilities will not complete TOMSHA Forms. The reason is that health facilities will report data on health-related HIV services directly to MoHSW. MoHSW will compile the data from all the health facilities and submit those data electronically to TACAIDS every quarter.

On a biannual basis, TACAIDS will combine, analyse and interpret the TOMSHA data and MoHSW data that it receives. TACAIDS will then use these data to produce a biannual National HIV Programme Report.

The Biannual National HIV Programme Report is one of the information products in the national HIV M&E System\(^6\). It documents all output-level indicators in the national set of HIV indicators\(^6\). Each biannual HIV Programme Report will show the indicator value for the previous year, for the previous half year, for the year-to-date and for the half year being reported on. As such, the Half year HIV Programme Report will provide a ‘snapshot’ picture of the extent of HIV service delivery in Tanzania mainland. Such a Half year ‘snapshot’ will assist those planning and implementing HIV services to recognise gaps in service delivery and put remedial actions in place.

Using the biannual HIV Programme Report data is vital—the real value of the biannual HIV Programme Report emerges when the data influence decision-making. To promote its use at district level, the biannual HIV Programme Report will be disaggregated by district and will be disseminated to stakeholders (development partners, government and HIV implementers) at national, district, ward and village levels. Dissemination at district, ward and village level will take place on a biannual basis through district HIV planning and feedback workshops attended by stakeholders from all sectors in the district.

For TOMSHA to be successful, it needs standardised, timely, and accurate data from ALL implementers of non-medical HIV services in all districts. TACAIDS cannot execute its mandate to monitor the extent of HIV service delivery without the involvement of the implementers of such HIV service delivery programmes. The more actively involved stakeholders are in TOMSHA, the more effective it will be.

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\(^1\) Please refer to the Glossary of Terms in Section 9 for a detailed explanation of this term

\(^6\) See Section 2.1 of these Guidelines for an explanation of the national HIV M&E system

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Section 3: How will TOMSHA Benefit Your Organization?

a) Plan more effectively: The Half year HIV Programme Report will provide your organisation with an overview of other HIV services within the district where you are operating. This overview will include other HIV services by the private sector, government, civil society and the faith-based community. All of this information about your organisation’s progress and that of other HIV implementers in your area will help your organisation to identify weaknesses, strengths, gaps and overlaps. When your organisation plans future HIV services, it can do so more effectively.

b) Make better use of available data: While you are implementing HIV services, data are being generated (even if they are not captured). For example – every time that a volunteer visits a chronically ill patient, he/she collects information about the household, about the age and gender of the person visited, etc. TOMSHA will compel the organisation to capture some of this data that are being generated. Your organisation can use these data that it captures on an ongoing basis and the data that it reports every quarter to:

- Quantify the outputs achieved – being able to answer, for example, the question: “How many home-based care visits have we undertaken this quarter?”
- Optimise the outputs – being able to answer, for example, the question: “How can we increase the number of home-based care visits that we do in a quarter?”
- Identify differences in performance amongst staff in your organisation – if one of the persons in your organisation conducts three times as many CHBC visits as another person with the same time allocation and resources, your organisation would want to understand why one person is more productive than the other
- Assess where your organisation is succeeding and where you need to improve
- Identify other organisations with whom you can work – The biannual National HIV Programme Reports will help your organisation to identify with whom you can harmonise efforts or share resources such as office space or transport
- Identify gaps in HIV service delivery in and amongst the districts, and focus your efforts on filling those gaps

c) Improve or establish monitoring systems: Due to the fact that TOMSHA requires all HIV implementers to submit the same types of data about HIV activities in a standardised format, all implementers will need to harmonise their monitoring systems with TOMSHA reporting requirements. In some cases, this might require an implementer to improve its own monitoring system, or establish a new system (if one was not in place before TOMSHA). TACAIDS will provide technical support to assist implementers to improve or establish their own monitoring systems.

d) Build M&E skills: TACAIDS will put an extensive M&E capacity building programme for all HIV implementers in place. This capacity building programme, which will focus on both generic M&E skills and skills for correct and accurate TOMSHA reporting, will build the M&E skills of the persons in your organisation that attend the capacity building sessions.

e) Improve communication with TACAIDS: In the past, many implementers of HIV services had neither a clear line of communication with TACAIDS, nor a sense of what TACAIDS required from them in terms of reporting. TOMSHA standardises the information requirements and creates a clear line of communication between TACAIDS and implementers of HIV services.

f) Strengthen information sharing and networking: Reading the biannual HIV Programme Report and attending the regular HIV planning and feedback workshops in the districts will create opportunities for your organisation to share information and network with other implementers of HIV services in your area.
Aid-for-AIDS (AfA) is an organisation that has been implementing HIV projects for the past two years. The organisation runs HIV prevention workshops at taxi ranks, through peer education, and in the community. Before TOMSHA, there was not a big focus on monitoring in AfA. Some facilitators prepared reports after the workshops they organized; others did not.

The result was that only 'patchy' data were available about the number of peer education sessions, and how many persons were reached through it. At AfA's workshops, many participants asked whether the AfA facilitators were from the Choose Hope Foundation, as they had already attended HIV prevention workshops organized by the Choose Hope Foundation. The participants felt that "we don't need to be reminded about HIV again".

After the AfA representative was trained by TACAIDS in TOMSHA reporting, things changed: First, AfA allocated the responsibility of TOMSHA reporting to one person who was already working for AfA – this was because TOMSHA reporting is not a fulltime job, and AfA could not afford to appoint a full time M&E officer. Second, AfA created a budget for M&E. Third, they developed standard forms and registers that everyone on AfA who were implementing aspects of AfA's HIV project had to complete. This worked well, because AfA paid facilitators every week only after they submitted their forms.

While going through the forms that the facilitators handed in, AfA noticed that one of the facilitators was only doing four peer education sessions a week, while the average for all the other facilitators was 30 sessions a week. AfA management spoke with this facilitator, and found out that he was not properly trained and did not understand how to conduct peer education sessions.

After he was retrained, he was able to do 15 sessions a week. His increased contribution also increased the total number of peer education sessions done by AfA, without the need for AfA to allocate more resources or appoint more persons.

After AfA management submitted their TOMSHA Form, they received a biannual HIV Programme Report at the district's HIV planning and feedback workshop in the district. In the biannual HIV Programme Report, they noticed that another organisation, the Choose Hope Foundation, was also conducting community workshops in the same area.

They held a meeting with the Choose Hope Foundation where it was agreed that AfA would focus on peer education sessions through one-to-one counselling, while Choose Hope would do community dramas at taxi ranks. Since both Choose Hope and AfA's staff went for the same TOMSHA training, they decided to appoint one full time M&E officer between the two organisations to be responsible for both organisations' monitoring systems and for TOMSHA reporting. In this way, the efforts of both AfA and Choose Hope improved.
Section 4: What data will be collected with TOMSHA?

TOMSHA will collect data every quarter for all the non-medical output indicators in the national set of HIV indicators. After one calendar year (January to December), the four quarterly values collected through TOMSHA will be added together to obtain one annual value for that indicator for the calendar year. TOMSHA will collect data for the following output-level indicators in the national set of HIV indicators:

- Indicator #13: Number of male and female condoms distributed to end users in the last 12 months (UA5)
- Indicator #14: Number of persons reached with HIV prevention programmes, by target group
- Indicator #18: Percentage of learners exposed to life skills-based HIV/AIDS education this quarter
- Indicator #19: Percentage of teachers trained in LSE for HIV/AIDS this quarter
- Indicator #20: Percentage of caregivers trained in standard precautions, transmission-based precautions
- Indicator #21: Percentage of caregivers and healthcare workers who receive post-exposure prophylaxis
- Indicator #35: Percentage and number of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child (UNGASS (10), UA2)
- Indicator #36: Number of income-generating projects in the last 12 months
- Indicator #37: Number of community-based committees mobilizing services for households with OVC
- Indicator #38: Number of PLHIV receiving two or more support services
- Indicator #39: Number of vulnerable households receiving two or more support services
- Indicator #40: Number of PLHA support groups established
- Indicator #41: Percentage of PLHA provided with skills training (income generation, advocacy, national code for HIV/AIDS and employment, positive living, managing support groups
- Indicator #42: Domestic and international AIDS spending by categories, financing sources and levels of government (UNGASS (1), UA7)
- Indicator #43: Percentage of annual funding for HIV interventions that is spent on HIV and AIDS M&E
- Indicator #44: Percentage of implementers of HIV and AIDS interventions that have submitted TOMSHA forms on time in the last 12 months
- Indicator #45: Percentage of implementers of HIV and AIDS interventions who report that they have participated in HIV dissemination workshops in the last 12 months
- Indicator #46: Number of person-days of training that project staff and employees have undergone to manage and implement HIV/STI services in the last 12 months
Section 5: TOMSHA Reporting Requirements

5.1 WHO SHOULD REPORT HIV DATA

**PRINCIPLE 1:** As per the national HIV policy, all implementers of non-medical HIV and AIDS services ('HIV implementers') should report data about non-medical HIV and AIDS services to TACAIDS.

In terms of Principle One, it is important to note that:

a) **It is not the funders** of HIV and AIDS services that submit data, but the **implementers** of non-medical HIV and AIDS services. The only exception here is if a funding agency / development partner also implements HIV services themselves – e.g. through a workplace programme at their place of work – in this case, the funding agency will report only on those activities that they have implemented themselves;

b) The implementers who provide medical HIV and AIDS services should not report, as data about medical HIV and AIDS services are reported to MoHSW directly. Data about medical HIV and AIDS services, once reported to and captured by MoHSW, will be sent from MoHSW's head quarters to TACAIDS once a quarter, thereby ensuring that TACAIDS has information about both medical and non-medical HIV services;

c) **The national HIV policy compels implementers of HIV services to report to TACAIDS, irrespective of the funding source** for their activities. Therefore, **ALL implementers of HIV services have to report HIV data.** Even if they are not funded by TACAIDS, they should still report by submitting TOMSHA Forms. These include for example:

- Organisations using their own funds (e.g. the private sector that use their own funds for workplace programmes); and
- Organisations that are receiving funds from other sources, such as an international development partner, a church fund, or a government ministry’s budget. The responsibility to report is in addition to the HIV implementer’s responsibility to report to any other institution (such as the implementer’s funders, Boards of Directors, Principal Secretaries of Ministries, etc.).

5.2 TOMSHA DATA SUBMISSION FORMATS FOR HIV IMPLEMENTERS

**PRINCIPLE 2:** Every HIV implementer should use quarterly TOMSHA Forms to report progress with the implementation of non-medical HIV activities. Every HIV Implementer should use the annual TOMSHA Resource Tracking Forms to report on resources used for HIV and AIDS services.

In terms of Principle Two, it is important to note that:

a) A separate quarterly TOMSHA Form should be completed for each district in which the organisation is working.

b) The data on the TOMSHA Form should only cover HIV activities for the quarter of reporting (except where the Form explicitly requires cumulative data).
c) For continuing activities, the reporting should reflect the status as at the end of the respective quarter.

d) The TOMSHA Resource Tracking Form is completed once a year, at the end of the Tanzanian Government's financial year.
5.3 DOCUMENTATION FOR TOMSHA REPORTING

PRINCIPLE 3 TACAIDS will develop, print and disseminate standard forms that have to be used for TOMSHA reporting.

Based on Principle Three, TACAIDS will develop, print and disseminate four sets of documentation for TOMSHA reporting:

a) TOMSHA Books for HIV Implementers: This Book will contain blank quarterly TOMSHA Forms for reporting purposes. The quarterly TOMSHA Forms in the TOMSHA Books for HIV Implementers will be in triplicate (on green, blue, and white paper), have serial numbers, and be on perforated and carbonised paper (each set of green, blue, and white Forms will have the same serial number). Once the books are printed, TACAIDS will distribute them to Council HIV Coordinators (CHACs), to umbrella organisations, to the national private sector institutions and to HIV Focal Persons at Ministries, Departments and Agencies (MDAs). CHACs will, in turn disseminate the Books to HIV implementers at district-level. Please refer to Annex A for a template of the Quarterly TOMSHA Form.

b) TOMSHA Resource Tracking Books for HIV Implementers: The TOMSHA Resource Tracking Forms in the TOMSHA Resource Tracking Books for HIV Implementers will be in duplicate (one yellow and one white sheet), have serial numbers, and be on perforated and carbonised paper (each set of yellow and white forms will have the same serial number). Once the books are printed, TACAIDS will distribute them to Council CHACs, to Umbrella organisations, to the national private sector institutions and to HIV Focal Persons at MDAs. CHACs will, in turn disseminate the Books to HIV implementers at district-level. Please refer to Annex B for a template of the Annual TOMSHA Resource Tracking Form.

c) TOMSHA Book Registers: When distributing the TOMSHA Books for HIV Implementers and the TOMSHA Resource Tracking Books for HIV Implementers, TACAIDS and CHACs will note the serial numbers of the TOMSHA Forms in a TOMSHA Book Register. Therefore, this register contains the details of which TOMSHA Books for HIV implementers and which TOMSHA resource Tracking Books were distributed to which HIV implementers. Please refer to Annex D for the format of the TOMSHA Book Register.

d) TOMSHA Form Registers: As quarterly TOMSHA Forms and annual TOMSHA Resource Tracking Forms are submitted, the serial numbers of the Forms are noted in the TOMSHA Form Register. Therefore, this Register contains information about which HIV implementer submitted which TOMSHA Form when. Please refer to Annex E for the format of the TOMSHA Form Register.

5.4 INDIVIDUALS RESPONSIBLE FOR SUBMITTING TOMSHA FORMS

PRINCIPLE 4 Every HIV implementer should nominate or appoint a TOMSHA Focal Person. TOMSHA Focal Persons will coordinate all aspects of TOMSHA implementation within their organisations.

Principle Four states that each HIV implementer should have one TOMSHA Focal Person. The main role of the TOMSHA Focal Person is to coordinate TOMSHA data collection in the organisation and to liaise with TACAIDS and the district offices in terms of TOMSHA reporting. Nominating a TOMSHA Focal Person will make it easier for both the organisation and for TACAIDS to coordinate TOMSHA. The TOMSHA Focal Person’s duties are described in detail in Section 6.1.

In most cases, an organisation would nominate an existing staff member to fulfil the role of TOMSHA Focal Person, e.g. the organisation’s existing M&E officer. For the public sector, the HIV Focal Persons should be the TOMSHA Focal Persons. Section 8.2 (a) of these Guidelines suggests criteria to guide the decision about whom to nominate as the TOMSHA Focal Person.
After the TOMSHA Focal Person has been nominated, the person’s name and contact details (landline number, mobile number, email and fax number) should be sent to the District Council (for attention: CHAC), the Regional Administrative Secretariat (for attention: Regional HIV Focal Person) and TACAIDS (for attention: head of M&E Section) within four weeks of being nominated. The CHACs and TACAIDS’s M&E Section will keep an up-to-date address list of all TOMSHA Focal Persons. Should a TOMSHA Focal Person change, CHACs and TACAIDS (head of M&E Section) need to be informed of the changes.

5.5 DATA FLOW FOR TOMSHA FORMS

<table>
<thead>
<tr>
<th>PRINCIPLE 5: Data flow for TOMSHA reporting is as follows:</th>
<th>Quarterly TOMSHA Forms</th>
<th>Annual TOMSHA Resource Tracking Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementers of district-level, non-medical HIV activities</td>
<td><strong>DATA FLOW A:</strong> Submit to CHACs, and to parent organisations.</td>
<td><strong>DATA FLOW C:</strong> Submit to CHAC of district where head office is based.</td>
</tr>
<tr>
<td>Implementers of national-level, non-medical HIV activities</td>
<td><strong>DATA FLOW B:</strong> Submit to TACAIDS, and to Technical AIDS Committee (TAC) or to head of organisation, if TAC is not in existence).</td>
<td><strong>DATA FLOW D:</strong> Submit to CHAC of district where head office is based.</td>
</tr>
</tbody>
</table>

Principle Five alludes to district-level non-medical HIV activities and national-level non-medical HIV activities. It is necessary to distinguish between these two types of activities first.

As the principle suggests, there are two levels of non-medical HIV activities that organisations can implement: those HIV activities that are implemented at district level (in district offices or in communities within districts); and those activities that are implemented at national level (head office level). Table 1 below provides a detailed explanation of the difference between these two levels of HIV activities.

Table 1: Difference between national-level HIV activities and district-level HIV activities

<table>
<thead>
<tr>
<th>LEVEL OF ACTIVITY</th>
<th>DEFINITION</th>
<th>EXAMPLE OF ACTIVITY</th>
<th>ORGANISATIONS THAT IMPLEMENT THIS LEVEL OF ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>District-level non-medical HIV activities</td>
<td>For the purpose of TOMSHA reporting, these are all those activities that have taken place at district offices, branch offices or field offices in one or more district that have directly benefited those in the district office or those communities who reside in the district</td>
<td>• Workplace programme for district office • HIV prevention programme among vulnerable youth • Support of orphans • Support for vulnerable households</td>
<td>CMACs, WMACs and VMACs Community-based organisations Local NGOs Branch office of NBC Bank Agricultural Extension offices of the Ministry of Agriculture</td>
</tr>
</tbody>
</table>
For the purpose of TOMSHA non-medical reporting, these are those activities that took place at the head office of an organisation and that do not benefit target groups in the district offices or in communities in the districts directly. These may also be activities where beneficiaries are reached indirectly, and where it is not feasible to state how many beneficiaries were reached in which districts.

- Workplace programme in NBC Bank's head office in Dar Es Salaam
- National HIV prevention campaign in media
- Workplace programme among Ministry of Agriculture staff at the head office
- Printing of IEC materials for use in all district offices

Then, it is necessary to describe the three data flows defined in Principle Five in detail:

**DATA FLOW A** – Quarterly TOMSHA Form for district-level non-medical HIV activities: All implementers of HIV services (Civil Society Organisations (CSOs), the private sector, and the public sector at all levels of government) that have implemented non-medical HIV activities at the district level will report to the CHAC of the district. See Table 1 for a description of what is meant by a district-level HIV activity.

Every quarter, the TOMSHA Focal Person of every organisation will fill in one TOMSHA Form for every district where they worked in that quarter. After having the Form approved and signed by the head of their organisation, they will submit the GREEN copy of the TOMSHA Form to the CHAC within seven calendar days after the end of the quarter.

The BLUE copy of the TOMSHA Form will then be sent to the implementer’s parent organisation (see box below for a definition of ‘parent organisation’). The WHITE copy of the TOMSHA Form should remain in the TOMSHA Book for the organisation’s and the TOMSHA Focal Person’s record and reference purposes.

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**WHAT IS THE PARENT ORGANISATION?**

The HIV implementer’s parent organisation is the organisation that coordinates the work of the implementer at district level. Parent organisations for the different sectors are tabulated here:

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th>Definition of Parent Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDAs</td>
<td>MDA head offices</td>
</tr>
<tr>
<td>Private Sector</td>
<td>Head offices of the organisation</td>
</tr>
<tr>
<td></td>
<td>AIDS Business Coalition of Tanzania (ABCT)</td>
</tr>
<tr>
<td>CSOs</td>
<td>Umbrella organisation with which the CSO is affiliated</td>
</tr>
</tbody>
</table>
CMACs, Ward Multisectoral AIDS Committees (WMACs), and Village Multisectoral AIDS Committees (VMACs) should also submit TOMSHA Forms to the CHACs in their districts (green copy), but only for those non-medical HIV activities that these Committees have implemented themselves.

Every quarter, as Forms are submitted, the CHAC will note the serial numbers of the TOMSHA Forms that have been received in the TOMSHA Form Register – see Section 5.3 for a more detailed explanation of these Registers.

The CHACs will capture the data onto the LGMD database. Once captured, they will archive the TOMSHA Forms by filling them according to the filing system specified by TACAIDS. CHACs will then send the electronic TOMSHA data on the LGMD to TACAIDS and to the RAS, so that the RAS can fulfill its monitoring role in terms of the district-level structures. All electronic data need to reach TACAIDS’s M&E Section by no later than 21 calendar days after the end of the quarter.

Diagram 1 provides the basic layout for the quarterly data flow for district-level activities. Diagrams 2 to 5 below illustrate the quarterly TOMSHA data flow at the district-level.
Diagram 2: Quarterly TOMSHA Data Flow for MoEVT for district-level non-medical HIV activities

Diagram 3:
Quarterly TOMSHA Data Flow for Government (except MoHSW and MoEVT) for district-level non-medical HIV activities
DATA FLOW B – Quarterly TOMSHA Form for national-level non-medical HIV activities: MoEVT, national NGOs, international NGOs, private sector federations and networks of PLWHA may implement activities at a national-level and not within the districts. See Table 1 on page 12 for an explanation of what is a national-level implementer. This may, for example, be a national HIV prevention campaign in the media. These stakeholders will report to TACAIDS directly, using the same TOMSHA Forms.

These stakeholders will subject to the same procedures as the district-level implementers for the quarterly TOMSHA Forms: they will submit the GREEN copy to the TACAIDS (for attention: Head of M&E Section) within seven calendar days after the end of the quarter, submit the BLUE copy to the chairperson of the Technical AIDS Committee in the organisation (or the head of the organisation, if such a committee does not exist). The WHITE copy will be retained in the TOMSHA Books for record and reference purposes.

Diagram 6: QUARTERLY TOMSHA DATA FLOW for national-level non-medical HIV activities

DATA FLOW C – Annual TOMSHA Resource Tracking Form at the district-level and at the national-level: Once a year, HIV implementers will be required to submit ADDITIONAL information about resources used, using the TOMSHA Resource Tracking Form. The TOMSHA Resource Tracking Form will be based on one financial year’s information. The Government’s financial year will be followed. Therefore, the data in the TOMSHA Resource Tracking Form will cover the 12-month period from 1st July to 30th June of each year.

All implementers of non-medical HIV activities, irrespective of the level where they have implemented programmes, need to submit the YELLOW copy of the TOMSHA Resource Tracking Form to the CHAC of the district where their head office is based by the last working day in July. The WHITE copy of the form remains in the TOMSHA Resource Tracking Book for reference purposes.

The CHACs will capture the data and then submit the electronic data to TACAIDS and to RAS, by the 15th of August. Diagram 7 describes this data flow:
5.6 USE OF TOMSHA DATA

**PRINCIPLE 6: TACAIDS will prepare biannual HIV Programme Reports every half year. One national and 21 regional biannual HIV Programme Reports will be produced.**

The biannual HIV Programme Report will not be a long report; it will contain the indicator values of all the output indicators in the national set of HIV indicators.

TACAIDS will disseminate the biannual HIV Programme Report electronically or in hard copy to stakeholders at the national level. CHACs and CMACs will disseminate the biannual HIV Programme Report at the district level. They will do this by undertaking regular HIV planning and feedback workshops (at least two per year).

Principle Six is in line with the NMSF, which states that “Districts will also organise an annual stakeholder / partnership meeting to review progress and to identify new directions and orientations based on the consolidated reports.” (NMSF 2003 - 2007, section 6.4.4)

Decisions about HIV activities should be based on evidence of past and current HIV activities. Evidence should consist of data about the implementation status of the interventions, geographic areas and the implementers. To facilitate such evidence-based decision making, TACAIDS will use three sources to prepare a biannual HIV Programme Report: TOMSHA data from the districts; TOMSHA data submitted to TACAIDS directly; and the routine data from the National AIDS Control Programme at MoHSW.

The biannual HIV Programme Report will be disseminated nationally to national stakeholders at a national HIV feedback workshop organised by TACAIDS, and at district-level during HIV planning and feedback workshops organised by CMACs and CHACs.
Diagram 8 summarises the TOMSHA feedback channels at national and district level through HIV feedback and planning workshops to all sectors at all levels.

Diagram 8: TOMSHA Feedback Channels at National and District Levels

LEGEND

= national workshop

= district workshop

= feedback AFTER the national workshop

These workshops will be attended by all organisations involved in funding, planning, coordinating, monitoring, evaluating and/or implementing HIV activities at the national or district levels, respectively. The stakeholders that attend these workshops will be responsible, in turn, for disseminating data to the organisations that they represent at the workshops.

The purpose of these HIV planning and feedback workshops is to: (a) share information about HIV service delivery in the district; (b) provide an opportunity for different stakeholders to network; (c) create opportunities to share information; (d) identify gaps in service delivery; and (e) adjust HIV activities to ensure that gaps are addressed.

5.7 FUNDING TOMSHA REPORTING AND TOMSHA MANAGEMENT

**PRINCIPLE 7: TOMSHA reporting costs:** Every implementer of non-medical HIV and AIDS services should have included the monitoring and evaluation of their organisation's HIV activities in the budget and work plan of their HIV project.

Therefore, the costs associated with TOMSHA for HIV implementers is virtually zero, as TOMSHA simply implies that an organisation needs to summarise and report on the data it is already collecting for its own HIV project, and provide this summary data on the quarterly TOMSHA Form.
TOMSHA management costs: TACAIDS will financially support the TACAIDS M&E team, the RASs and CHACs to manage TOMSHA.

A – TOMSHA Reporting Costs: Principle Seven underscores a critical assumption of the TOMSHA reporting system: this system assumes that an organisation has its own functioning M&E system that it uses to collect data about all HIV activities. If the organisation’s data collection format (i.e. part of its M&E system) is therefore aligned to accommodate TOMSHA reporting, the responsibility to report TOMSHA data should involve no new data collection. This is the reason why this principle states that TOMSHA reporting should take minimal cost and effort (from the HIV implementer).

Even the time that it will take a TOMSHA Focal Person to fulfil his/her role, will not be extensive. It has been estimated during work-study that it would take 3 to 4 days in a quarter for the TOMSHA Focal Person to fulfil his or her duties (see Section 6.1 for a detailed description of this person’s job duties).

To further eliminate any costs that HIV implementers may incur in terms of TOMSHA reporting, TACAIDS will print and distribute TOMSHA books, which will eliminate the need to photocopy or reproduce TOMSHA Forms when reporting to TACAIDS.

For an organisation to ensure that it has a functioning M&E system, there should be a separate line item for HIV M&E in the budget of each HIV project / programme / intervention, irrespective of whether the organisation is funded by TACAIDS. This will also ensure that the organisation can complete the TOMSHA Resource Tracking Form, which has a question about the amount of funding spent on M&E.

B – TOMSHA Management Costs: The main costs for TOMSHA will be incurred by TACAIDS itself, the RASs, and the CHACs as they manage TOMSHA. Typical costs associated with the management of TOMSHA have been defined in Section 7 of this set of Guidelines. TACAIDS will make funding available to their own M&E section, to the RASs and to the CHACs to manage TOMSHA.

5.8 BUILDING CAPACITY AND DATA VERIFICATION

PRINCIPLE 8: TACAIDS will build capacity for TOMSHA reporting and TOMSHA management amongst all stakeholders. Once TOMSHA Forms have been submitted, data from a selection of organisations will be verified during a supportive supervision visit.

There will be different types of capacity building, as stated in Principle Eight. These are summarised in Table 2 below, and then elaborated thereunder:

Table 2: TOMSHA Capacity Building Mechanisms

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Area of capacity building</th>
<th>Capacity Building mechanism</th>
<th>Undertaken by</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV implementers (NGOs, CBOs, VMACs, CHACs, MDUs &amp; private sector)</td>
<td>TOMSHA reporting</td>
<td>A: Training in TOMSHA reporting</td>
<td>TOMSHA trainers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B: Mentorship sessions with HIV implementers after training sessions</td>
<td>TOMSHA trainers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C: Supportive supervision of HIV implementers</td>
<td>CHACs (at district level) TACAIDS (at national level)</td>
</tr>
<tr>
<td>CHACs and RFAs</td>
<td>TOMSHA management</td>
<td>D: Training in TOMSHA reporting and TOMSHA management</td>
<td>TOMSHA trainers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E: Mentorship, coaching and resources support</td>
<td>RFAs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F: Monitoring of CHACs and RFAs</td>
<td>RASs TACAIDS TOMSHA team</td>
</tr>
<tr>
<td>RASs</td>
<td>TOMSHA management</td>
<td>D: Training in TOMSHA reporting and TOMSHA management</td>
<td>TOMSHA trainers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G: Supportive supervision of RASs and CHACs</td>
<td>TACAIDS TOMSHA team</td>
</tr>
</tbody>
</table>
A – TOMSHA training sessions for HIV implementers: TACAIDS will create a cadre of skilled TOMSHA trainers and develop a standard TOMSHA training package. The TOMSHA trainers will use this training package when they train the HIV implementers in TOMSHA reporting. HIV implementers include all CSOs, VMACs, WMACs, CMACs, MDAs, RASs, and private sector that are implementing HIV services.

B – Mentorship sessions with HIV implementers after training sessions: The TOMSHA trainers will conduct a mentorship session for small groups of HIV implementers that attended a TOMSHA training session. The mentorship visits will take place within four weeks after the training session. The purpose of the mentorship visit is to support the implementers in harmonising their monitoring system with TOMSHA reporting, to kick-start TOMSHA reporting, and to resolve queries that may have arisen after the TOMSHA training session.

C – Supportive supervision of HIV implementers: CHACs will undertake supportive supervision every quarter to a selection of HIV implementers that implemented activities at the district-level, whilst TACAIDS' TOMSHA team will undertake supportive supervision to a selection of HIV implementers that implemented activities at the national-level. The purpose of these supportive supervision visits is to provide M&E technical assistance, to jointly identify M&E challenges, to find solutions to the challenges, and to ensure the quality of TOMSHA data through data verification. “Data verification” means checking the data reported on TOMSHA Forms against an organisation's records for accuracy and comprehensiveness. Umbrella organisations may accompany the CHACs to carry out a percentage of supportive supervision visits.

D – Training in TOMSHA reporting and TOMSHA management: TOMSHA trainers will not only train those organisations that will report on TOMSHA, it will also train those individuals that will manage TOMSHA at the district level (CHACs and RFAs) and regional level (RASs). TACAIDS will develop a standard training package on managing TOMSHA, which will be used, in addition to the training package on TOMSHA reporting, during these training sessions to train CHACs, RASs and Regional Facilitating Agencies (RFAs).

E – Mentorship, coaching and resources support for CHACs: The RFAs, appointed by TACAIDS to manage HIV grants on its behalf, will support the CHACs in all aspects of TOMSHA management. This support will continue for the duration of the RFA contracts. After RFA contracts have expired, TACAIDS will find another mechanism to support the CHACs to carry out their TOMSHA management responsibilities.

F – Monitoring of CHACs and RFAs: The RASs will fulfill their mandate to support the districts in their region by undertaking supportive supervision to CHACs and RFAs. During these visits, they will advise the CHACs on all aspects of TOMSHA management, and verify a selection of electronic data that the CHACs submitted to them. These visits will be undertaken every quarter.

G – Supportive supervision of RASs and CHACs: TACAIDS' TOMSHA team will provide support in TOMSHA and in HIV M&E in general to the RASs, RFAs and CHACs. This support will be provided through supportive supervision every quarter to a selection of RASs and CHACs, and on an ad hoc basis, as the need may arise.

The **TOMSHA Supervision and Support Guidelines** in the contains detailed procedures for undertaking supervision visits and monitoring visits of types C, F and G.
Section 6: Stakeholder Roles in TOMSHA

6.1 TOMSHA FOCAL PERSONS

(ONE PERSON FROM EACH IMPLEMENTER OF NON-MEDICAL HIV ACTIVITIES)

ONCE-OFF ACTIVITIES TO INITIATE TOMSHA REPORTING

a. Attend TOMSHA training

b. Review the organisation's current monitoring system and assess whether all necessary TOMSHA data are collected by the organisation

c. Create (if not in existence) or review (if in existence) all daily record keeping tools that the organisation uses, to ensure that it collects all the data required for TOMSHA reporting

d. Determine how data from the daily record keeping tools will flow to the TOMSHA Focal Person so that he/she can compile the TOMSHA Forms

e. Train all relevant staff members on: (i) the principles of record keeping; (ii) the completion of the daily record keeping tools (if the tools are new or have been revised), and (iii) TOMSHA quarterly reporting procedures

ANNUAL ACTIVITIES WHEN THE ORGANISATION PREPARES ITS ANNUAL WORK PLAN

f. Include TOMSHA responsibilities in annual planning processes

g. Mobilise financial resources to carry out TOMSHA responsibilities

QUARTERLY ACTIVITIES TO SUSTAIN TOMSHA REPORTING

h. Liaise with providers of materials that the organisation uses (e.g. condoms or IEC materials) to prevent double reporting

i. Receive data and compile the Quarterly TOMSHA Forms and Annual TOMSHA Resource Tracking Form

j. Submit the TOMSHA Form to the CHACs and the umbrella organisations within the 7-day deadline period

k. Participate in TOMSHA participatory supervision visits

l. Provide any additional data requested by TACAIDS, and answer questions on the TOMSHA Form

m. Attend the district HIV planning and feedback workshops organised by the CHACs, where the biannual HIV Programme Report for the previous quarter will be discussed

n. Circulate the biannual HIV Programme Report to senior management in the organisation and to branch/district/field offices of the organisation

o. Use biannual HIV Programme Report and annual HIV M&E report results when HIV services provided by the organisation are planned or revised

p. Ensure that reporting on monitoring data becomes a part of regular management meetings at the organisation

IF A NEW TOMSHA FOCAL PERSON IS NOMINATED BY THE ORGANISATION

A new TOMSHA Focal Person can be nominated either because the current TOMSHA Focal Person has left the organisation and a new TOMSHA Focal Person has been appointed, or if management assigns a new TOMSHA Focal Person. If an existing TOMSHA Focal Person leaves the office.
Discuss with management of organisation to ensure that a new TOMSHA Focal Person is nominated

Inform the CHACs in all the districts where the organisation is working that there is a new TOMSHA Focal Person

Ensure that proper handover takes place to a new TOMSHA Focal Person. This handover should include the following:

- Provision of TOMSHA guidelines;
- Orientation to the TOMSHA guidelines;
- Provision of TOMSHA Book with TOMSHA Forms that have been submitted;
- Provision of copies of biannual HIV Programme Report reports; and
- Information about the mechanism that is used to share biannual HIV Programme Report results within the organisation.

6.2 TACAIDS M&E SECTION

PLANNING AND PREPARATION TASKS

a. Attend TOMSHA training

b. Include TOMSHA responsibilities in annual planning processes at TACAIDS

c. Include all relevant TOMSHA responsibilities of all stakeholders in the national HIV M&E Road Map

d. Mobilise financial resources for the implementation of TACAIDS M&E section’s TOMSHA responsibilities

e. Support RASs, umbrella organisations, and district councils to mobilise resources to carry out their TOMSHA responsibilities

f. Develop, print and disseminate two Registers: a TOMSHA Book Register using the format in Annex D, and a TOMSHA Form Register using the format in Annex E

g. Develop, print and distribute TOMSHA Books (one Book for every type of TOMSHA Form) and record the distribution details in the TOMSHA Book Register

CAPACITY BUILDING TASKS

h. Build the capacity of all stakeholders in TOMSHA reporting and TOMSHA management

i. Answer all queries relating to TOMSHA

j. Facilitate technical support for all stakeholders to carry out their TOMSHA responsibilities

k. Undertake supportive supervision of stakeholders who implemented activities at the national-level and of CHACs every quarter, using the TOMSHA Supervision and Support Guidelines

COMMUNICATION AND ADVOCACY TASKS

l. Advocate for and communicate about TOMSHA at all levels to promote TOMSHA reporting and the use of TOMSHA data for planning and decision making purposes

m. Support the CHACs and RASs in promoting and advocating for the nomination of TOMSHA Focal Persons with HIV implementers
n. Liaise with RASs and CHACs to ensure the active involvement of all stakeholders in TOMSHA

DATA CAPTURE TASKS

a. Develop an HIV database and operationalise an information management system to capture TOMSHA Forms, import TOMSHA data from the districts, participatory supervision visit data, and data audit results

b. Receive TOMSHA Forms (data) from the TOMSHA Focal Persons of all MDAs and the private sector operating at national level

c. Log all TOMSHA Forms that are received at the national level in the TOMSHA Form Register

do. Capture data from TOMSHA Forms that were received at the national level on the HIV database

e. Capture all supportive supervision tasks

f. Develop and maintain a list of all CHACs, HIV implementers and TOMSHA Focal Persons in the country (per district)

gh. Clean TOMSHA data on the database once data auditing results have been provided from national level data auditing processes

DATA ANALYSIS, DISSEMINATION AND DATA USE TASKS

i. Analyse TOMSHA data and MoHSW data to produce the biannual HIV Programme Report in narrative format and through spatial analysis (using Geographic Information System (GIS) software)

j. Compile the biannual HIV Programme Report and other information products

k. Disseminate the biannual HIV Programme Report and other information products at the national level, and provide resources for CHACs and RASs to manage the dissemination at decentralised levels

I. Use TOMSHA data when annual planning is done and when the NSMF is being reviewed

6.3 UMBRELLA ORGANISATIONS

a. Attend TOMSHA training

b. Include TOMSHA responsibilities in annual planning processes

c. Mobilise financial resources to carry out TOMSHA responsibilities

d. Ensure all implementers of HIV services who are members of the umbrella organisations, have been trained in M&E concepts and in TOMSHA

e. Ensure that implementers of HIV services appoint TOMSHA Focal Persons, collect routine data, and submit TOMSHA Forms

f. Conduct supportive supervision visits with the CHACs to a percentage of organisations that submitted TOMSHA forms

g. Identify members of the umbrella organisation that struggle with TOMSHA reporting, and submit their names to the CHACs for mentorship and participatory supervision
h. Receive TOMSHA Forms from their members and use these for their own management purposes

i. Support the CHAC in the organisation of HIV planning and feedback workshops

j. Attend the district HIV feedback and planning workshops organised by the CHACs, where the biannual HIV Programme Report for the previous quarter will be discussed

6.4 REGIONAL ADMINISTRATIVE SECRETARIAT

a. Attend training in TOMSHA, database management, and monitoring and evaluation

b. Include TOMSHA responsibilities in annual planning processes

c. Mobilise financial resources to carry out TOMSHA responsibilities

d. Process electronic TOMSHA data received from Regions for their own use

e. Develop and maintain a directory of all HIV implementers and TOMSHA Focal Persons in the region

f. Support and monitor Regions using the TOMSHA Supervision and Support Guidelines

g. Attend the district HIV feedback and planning workshops organised by the Regions, where the biannual HIV Programme Report for the previous half year will be discussed

h. Facilitate the dissemination of the biannual HIV Programme Report and other information products

i. Use TOMSHA data for planning and decision making

6.5 COUNCIL MULTISECTORAL AIDS COMMITTEES (CMACs)

The CMACs play an overall liaison and facilitation role in terms of HIV activities in the district. In some very rare instances, CMACs are also responsible for the implementation of HIV activities themselves. In terms of TOMSHA, CMACs should:

a. Attend training in HIV planning and coordination, monitoring and evaluation, and TOMSHA

b. Include TOMSHA responsibilities in annual planning processes

c. Mobilise financial resources to carry out TOMSHA responsibilities

d. Train WMACs and VMACs in TOMSHA reporting

e. Provide support to implementers in completing their TOMSHA Form by organising capacity building workshops as needed

f. Advocate among all implementers of HIV services to ensure that TOMSHA Forms are submitted

g. Develop and maintain a directory of all HIV implementers and TOMSHA Focal Persons in the district

h. Ensure that HIV implementers appoint TOMSHA Focal Persons

i. Organise the HIV planning and feedback workshops in the district
j. Utilise the biannual HIV Programme Report information for planning of future HIV services in the district

6.6 COUNCIL HIV AND AIDS COORDINATORS (CHACs)

CHACs act as secretariats to the CMACs. They are responsible for the overall coordination of HIV efforts in the district, and therefore also have a role to play in TOMSHA. Their TOMSHA responsibilities are in line with the establishment circulars, which define the data collection and community coordination role of the Districts. CHACs will be supported in all their TOMSHA duties by the RFAs.

All implementers of HIV services have been asked to submit their original TOMSHA Forms to their CHACs and send copies to their parent organizations. This will enable the CHAC to have real time information about what is happening in the district, without having to wait for the biannual HIV Programme Report to be provided by TACAIDS. The CHACs' role in TOMSHA is as follows:

a. Attend TOMSHA training
b. Include TOMSHA responsibilities in annual planning processes
c. Mobilise financial resources to carry out TOMSHA responsibilities
d. Train and orient CMAC members in TOMSHA
e. Ensure that implementers of HIV services appoint TOMSHA Focal Persons
f. Keep a register of all TOMSHA Focal Persons in the district
g. Distribute TOMSHA Books and note details of distribution in TOMSHA Book Register
h. Support HIV implementers (TOMSHA Focal Persons) with the completion of the TOMSHA Form
i. Collect the TOMSHA Forms (data) from the TOMSHA Focal Persons of all CSOs, private sector, government Ministries Departments and Agencies, and Wards operating HIV activities in the district
j. Log all TOMSHA Forms that are received in a quarter in the TOMSHA Form Register
k. Manage the submission of TOMSHA Forms by HIV implementers by recording the names of those implementers that have submitted forms, verifying the completeness of the forms and liaising with Umbrella organisations about organisations that did not submit forms
l. Capture all TOMSHA data onto the Local Government Monitoring Database (LGMD)
m. Archive all TOMSHA Forms that have been submitted, for future supervision visits
n. Process TOMSHA data and use the information when planning or approving HIV activities
o. Organise the HIV planning and feedback workshop for the dissemination of biannual HIV Programme Report results in the district
p. Conduct ongoing mobilisation for TOMSHA reporting
q. Conducting participatory supervision and data auditing as per the processes defined in the TACAIDS Supervision Guidelines
r. Compile and send a Participatory Supervision and Data Auditing Report to TACAIDS’s M&E unit for every workshop that has been conducted
s. Clean data once data auditing results have been presented
t. Report to TACAIDS on a quarterly basis, in a summary format and based on TACAIDS requirements, the number of TOMSHA Forms received, response rates and other relevant information.
u. Monitor improvements, or lack thereof, in the quality and accuracy of TOMSHA Forms submitted by implementers

6.7 REGIONAL FACILITATING AGENCIES

For the duration of the Regional Facilitating Agency (RFA) contracts, the RFAs are to support the CHACs and RASs in carrying out their TOMSHA responsibilities. This implies:

a. Carrying out a needs assessment with each CHAC and each RAS to determine their financial, capacity and operational needs in terms of TOMSHA management and TOMSHA reporting

b. Developing an annual work plan and budget for supporting the CHACs and RASs in the areas of need that they identified

c. Submitting the work plan and budget to TACAIDS for approval

d. After negotiations with TACAIDS and after receipt of the agreed funding, carry out the support responsibilities identified in the work plan

6.8 DEVELOPMENT PARTNERS INVOLVED IN HIV SERVICES

Although it is implementers of HIV services, and not development partners (funders), that must submit TOMSHA Forms to TACAIDS, development partners also play a role in TOMSHA reporting. Their role is to:

a. Ensure that the HIV implementers that it funds, are skilled in TOMSHA reporting requirements and have a copy of the TOMSHA guidelines

b. Encourage implementers of HIV services to appoint TOMSHA Focal Persons

c. Make TOMSHA reporting a part of the contract conditions between the development partner and implementer

d. Request a copy of the completed TOMSHA Forms from the implementer

e. Use biannual HIV Programme Report information for future planning and financing of HIV services
Section 7: TOMSHA Reporting Costs

The stakeholders identified in Section 6 of these Guidelines will incur costs as they execute their TOMSHA responsibilities, specifically the costs associated with managing TOMSHA. Table 3 below summarises the typical additional costs that each of the stakeholders is likely to incur during the execution of their TOMSHA responsibilities. This table should be used to calculate costs when including TOMSHA reporting requirements in an organisation’s new budgets.

### Table 3: Typical Costs for TOMSHA Reporting

<table>
<thead>
<tr>
<th>TOMSHA Stakeholders</th>
<th>Additional Human Resource Costs</th>
<th>Other Additional Costs</th>
</tr>
</thead>
</table>
| CHACs               | ⇒ None                          | ⇒ Supervision, mentorship and data verification costs  
 |                     |                                 | ⇒ Transport costs  
 |                     |                                 | ⇒ Administration costs  
 |                     |                                 | ⇒ Data capture costs |
| CMACs               | ⇒ None                          | ⇒ Workshop costs for HIV planning and feedback workshops  
 |                     |                                 | ⇒ TOMSHA advocacy workshops costs |
| Development partners involved in HIV Services | ⇒ None | ⇒ TOMSHA advocacy workshops costs  
 |                     |                                 | ⇒ Costs of adapting contracts with implementers |
| Implementers of HIV Services | ⇒ None (nominate TOMSHA Focal Person, but there is no additional costs for this as it is an existing staff member) | ⇒ Training costs for one workshop to train staff on TOMSHA reporting  
 |                     |                                 | ⇒ Meeting costs to collate TOMSHA data and discuss TOMSHA Form prior to submission every quarter  
 |                     |                                 | ⇒ Transport costs to submit the TOMSHA Forms to the TOMSHA Focal Person every quarter |
| RAs                 | ⇒ None (nominate TOMSHA Focal Person, but there is no additional costs for this as it is an existing staff member) | ⇒ Monitoring, mentorship and data verification costs  
 |                     |                                 | ⇒ Transport costs  
 |                     |                                 | ⇒ Administration costs  
 |                     |                                 | ⇒ Data capture costs |
| RFA                 | ⇒ M&E officer at RFA           | ⇒ Support CHACs in terms of the execution of their duties in TOMSHA |
| TACAIDS M&E Section | ⇒ Salaries of staff of TACAIDS M&E Section  
 |                     | ⇒ Technical Support when needed | ⇒ Operational costs of the TOMSHA team at TACAIDS  
 |                     |                                 | ⇒ Supportive supervision costs  
 |                     |                                 | ⇒ Database development costs  
 |                     |                                 | ⇒ Information products costs  
 |                     |                                 | ⇒ Costs of TOMSHA advocacy workshops  
 |                     |                                 | ⇒ Costs to disseminate information to stakeholders  
 |                     |                                 | ⇒ TOMSHA capacity building costs  
 |                     |                                 | ⇒ Stakeholder meetings  
 |                     |                                 | ⇒ Printing TOMSHA Books |
| Sectoral Umbrella organisations | ⇒ M&E officer at each umbrella organisation (not only for TOMSHA reporting) | ⇒ Costs associated with involvement in participatory supervision  
 |                     |                                 | ⇒ TOMSHA advocacy workshops costs  
 |                     |                                 | ⇒ Costs associated with capacity building for HIV M&E and TOMSHA |
Section 8: Initiating TOMSHA Reporting

8.1 Step-by-Step Guide to TOMSHA Reporting

After reading these Guidelines and attending the TOMSHA training session, your organisation will commence TOMSHA reporting. To help you to commence TOMSHA reporting, we suggest that you follow these steps. By following these steps, the operationalisation of TOMSHA in your organisation will be smooth and trouble-free:

The person who attended the TOMSHA training should:

Step 1: Brief the head of the organisation on the national requirement for TOMSHA reporting, and provide him/her with a copy of the TOMSHA Guidelines.

Step 2: Inform the head of the organisation to assign a TOMSHA Focal Person.

After being nominated, the TOMSHA focal person should prepare for TOMSHA reporting:

Step 3: Circulate the TOMSHA Guidelines to all offices in your organisation.

Step 4: Identify those data elements on the TOMSHA Form that your implementing organisation needs to report on.

Step 5: Review your organisation’s current monitoring system to see if all TOMSHA data are being collected.

Step 6: If all TOMSHA data are not already recorded develop or adapt the necessary individual forms and registers to ensure that all TOMSHA data are collected (harmonise your organisation’s M&E system with TOMSHA reporting requirements).

Step 7: Define the data flow which explains from whom and to whom individual forms will be sent within your organisation.

Step 8: The TOMSHA Focal person will inform whoever is funding the organisation (government head office, development partner, other funding institution) of the new TOMSHA reporting requirements, and about the above data flow arrangements.

Step 9: Orient and train all relevant persons in your organisation on:

- The completion of the individual registers or forms;
- How information should be captured on a quarterly basis; and
- How to complete the quarterly TOMSHA Form.

After all preparations have been completed, the TOMSHA Focal person should commence TOMSHA reporting.

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7 See Section 6.1 for a detailed description of the role of the TOMSHA Focal Person
8.2 TIPS FOR THE IMPLEMENTATION OF TOMSHA

These tips may assist your organisation with TOMSHA reporting.

a) Who should be the TOMSHA Focal Person: When selecting the TOMSHA Focal Person in the organisation, TACAIDS suggests that the ideal person should:

- Have good administration skills – this means having an eye for detail;
- Be a person that has completed secondary education (preferably who has passed mathematics as a subject);
- Preferably have experience in completing forms;
- Be able to follow a logical work pattern; and
- Have a friendly disposition, to ensure that the person can communicate well with everyone in the organisation and motivate him or her to submit information.

For all MDAs, TACAIDS suggests that the HIV Focal Persons in the Ministry should also be the TOMSHA Focal Person.

b) Integrate TOMSHA reporting with your organisation’s monitoring programme: All of the data about HIV activities/interventions that are requested on the TOMSHA Form are data that your organisation should be collecting as part of the monitoring of your organisation’s own HIV activities. If your organisation is currently collecting some of the information that TOMSHA requires, or does not collect any of the information that is required, develop your own day to day data collection forms in such a way that TOMSHA data collection is a part of the overall data collection within your organisation. Remember that the TOMSHA Form is one quarterly SUMMARY of data on HIV services in your organisation. Your organisation would still need to use individual contact registers or other individual forms for every visit/client, and then collate this information on a quarterly basis onto the TOMSHA Form.

c) Make data collection from the field easy: TOMSHA data collection should be synchronised with other activities that are a part of the HIV service. For example, if you meet with your field teams once a week, ask them to bring all the necessary forms to the meeting. This will ensure a quick turnaround time and prevent delays in reporting.

d) Prevent double reporting: Ensure that you liaise with other organisations and with your supplier to make sure that there is no double reporting. Always follow the principle that it is the IMPLEMENTER of the activity that does the reporting.

e) Synchronise TOMSHA reporting with reporting to other development partners: Discuss the TOMSHA reporting requirements with your parent organisation and your funder and try, wherever possible, to negotiate for synchronised reporting and the submission of one reporting form.

f) Allocate resources for TOMSHA reporting: As stated, there would be human and other resources required for TOMSHA reporting. Try to utilise existing resources wherever possible.
8.3 Frequently Asked Questions (FAQs)

QUESTION 1: When should I start reporting TOMSHA data?

TOMSHA development was completed by 1 July 2006. The TOMSHA Form is a way in which your organisation summarises and reports HIV data for an entire quarter. Your organisation should start collecting TOMSHA data as soon as your TOMSHA Focal Person has been trained and your organisation receives the TOMSHA guidelines. If you receive the TOMSHA guidelines in the middle of a quarter, you will start collecting TOMSHA data from the beginning of the next quarter.

QUESTION 2: Who in my organisation should be responsible for reporting?

All persons involved in the HIV services in your organisation should record relevant data whilst they are implementing the service, by using the standard forms developed by your organisation. Irrespective of how many persons in your organisation are involved in the HIV service, the head of the organisation should make ONE person responsible for the completion of the quarterly TOMSHA Form (the TOMSHA Focal Person, see Section 5.3) and for submitting the form to TACAIDS.

QUESTION 3: How do I complete the TOMSHA forms?

There are detailed guidelines attached to the form itself (see annex A of this set of Guidelines). These detailed instructions provide, for every data element that is numbered on the form itself, specific instructions on what should be recorded and what should be left out.

QUESTION 4: What if my organisation has many branches?

Most implementers of HIV services do not function from only one office; they have a series of field or branch offices from where the HIV service is actually implemented. This is also applicable in the public sector, where most government ministries have district offices. The question arises - who completes the TOMSHA quarterly summaries and submits these to TACAIDS?

To answer this question, we need to go back to the principles on which TOMSHA is based. TACAIDS requires that implementers will submit to the CHAC the TOMSHA Forms within 7 days after the end of the quarter, and the CHAC will submit one summary TOMSHA Form to TACAIDS within 21 days after the end of the quarter.

Based on these principles, TACAIDS recommends that each organisation appoints a TOMSHA Focal Person and that this person liaises with all branch/district/field offices to determine data flow. It is important that the principles on which TOMSHA is built, are used when agreeing on whether a field office will report to TACAIDS directly, or to the TOMSHA Focal Person first (TACAIDS recommends the latter data flow).

QUESTION 5: How does TOMSHA affect my organisation?

Since TOMSHA requires that all organisations implementing non-medical HIV activities report to TACAIDS, your organisation, if it is involved in HIV activities in Tanzania, will need to report on TOMSHA as well. For your organisation to report on TOMSHA, it will need to:

* Appoint a capable and committed TOMSHA Focal Person;
* Integrate TOMSHA reporting in your organisation’s programme;
* Make data collection from the field easy;
Prevent double reporting;
Synchronise TOMSHA reporting with reporting to your organisation’s funders;
Allocate resources for TOMSHA reporting;
Attend the regular HIV planning and feedback workshops; and
Use TOMSHA data when planning and implementing HIV activities.

QUESTION 6: Who pays the additional costs of collecting and/or reporting the TOMSHA data to TACAIDS?

TACAIDS and the M&E TWG specifically designed TOMSHA to be as cost effective as possible. We request every implementer of HIV services to make sufficient copies of this report for his/her own use and for quarterly reporting, as well as to carry the cost of submitting this report to TACAIDS.

Since this TOMSHA System collects information that should already be available at your organisation, we do not envisage any substantial additional costs for data collection. Any minor additional costs that are incurred would need to be carried by your organisation.

QUESTION 7: How will I avoid double counting when counting persons?

When counting the number of persons, avoid double-counting the same individual within one service during each reporting period. Thus, if one orphan or vulnerable child is receiving several services such as school-related expenses from a program and also periodic nutritional support and counselling, this child is counted only once within the reporting period.

This requires client-level tracking systems rather than simply counting visits/encounters. Tracking delivery of care services (such as providing care for OVCs or home-based palliative care) at the client level is essential for quality of care because monitoring the number of visits and types of services per client is vital for quality program management.

It is, however, acceptable to count the same person in multiple different program areas (e.g., an OVC may also be counted separately in ART programs and palliative care programs). It is not acceptable to count one person coming for the same service multiple times as multiple clients served. Therefore, if one person comes into a clinic once a week, he or she will be counted only once within the reporting period. However, persons receiving services in multiple reporting cycles will be counted again in the next cycle if they are still receiving services (e.g., a person on ART served in one six-quarter period will also be counted if he/she is still on ART in the next reporting period). Your report should show the total number of persons currently being served within each reporting period.

QUESTION 8: Why are health facilities not required to fill TOMSHA forms?

The MoHSW has a system that it uses to capture all routine medical data. This system is based on a series of registers that are kept at all health facilities. Health facilities use these registers to submit data on medical HIV services to the NACP. It would therefore be duplicate reporting for them to complete the TOMSHA Form and submit the same data to TACAIDS. Instead, TACAIDS will receive data from NACP directly.
QUESTION 9: How will double counting be prevented?

There is a possibility of double counting with the distribution of IEC materials. This is because IEC materials may be printed by one organisation, given to another organisation, which may then distribute the materials to end-users. This is illustrated hereunder.

To avoid double reporting of IEC materials (as illustrated above), everyone should adhere to the TOMSHA principle of "reporting by implementers". ONLY the implementers, who distribute to END-USERS, should report on IEC material distribution. Other organisations will then report on the printing of IEC materials. So, the correct way in which reporting should have taken place, is as follows:
QUESTION 10: Should I report ‘training of staff’ if my organisation has trained the staff of another organisation?

No, only the organisations whose staff have been trained will report. This is because the basic principle of TOMSHA is that the implementers of HIV services report information. For example, if your organisation has trained staff of the Ministry of Education, it is the Ministry of Education that needs to report this information on TOMSHA. You may wish to remind the Ministry of this responsibility to report, but the responsibility to report rests on the trainees’ employer/s.

QUESTION 11: Should I report any information if my organisation has funded any HIV projects?

No, only implementers report on TOMSHA, while funders should make sure that the implementers complete the forms. The basic principle that TOMSHA was built on is that the implementers of HIV services report information. If your organisation has funded HIV services, your responsibility is to ensure that the implementer that you have funded has submitted all quarterly TOMSHA Forms, but you do not complete the TOMSHA Forms.

QUESTION 12: Why should I report to TACAIDS if it has not funded my organisation?

TACAIDS is mandated by the Tanzania National Policy on HIV/AIDS to coordinate the monitoring and evaluation of the national response. For TACAIDS’s M&E section to do this, they require the same information about the implementation of HIV services from all HIV implementers, not only those that it funded. Providing this information to TACAIDS will then enable it to have an overall picture of the shortcomings of the national response to HIV. These insights may then be used to mobilise more resources, or assign resources in areas where they are lacking.

QUESTION 13: How does TOMSHA affect an organisation’s existing M&E system?

Organisations involved in the fight against HIV and AIDS should not only be planning for and implementing HIV activities, they should also be monitoring and evaluating their activities as they are implementing them. So, the assumption of TOMSHA is that an organisation already has a system for collecting data about the HIV activities that the organisation implements.

Therefore, if the organisation already has an M&E system, the main effect that TOMSHA would have on the organisation’s existing M&E system is that it could lead to:

a) A review of the data collection formats;
b) Additional data being collected;
c) Additional duties for the M&E staff, as one of them would probably be nominated as the TOMSHA Focal Person;
d) A requirement to attend a regular HIV planning and feedback workshop; and
e) Additional reports (information products) being available when doing annual planning.

On the other hand, if the organisation does not have an M&E system, then TOMSHA could be the motivation that is needed for the organisation to establish one. When establishing the new M&E system, ensure that TOMSHA data requirements have been included in the organisation’s M&E system. Thereby, the organisation will be indirectly collecting data for TOMSHA, as it is collecting data to measure the indicators in its own M&E system.
### Section 9: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent organization</strong></td>
<td>The HIV implementer’s parent organisation is the organisation that coordinates the work of the implementers. Parent organisations for the different sectors are: (i) for MDAs it is the MDA Head Offices, (ii) for Private sector it is the head offices of the organization or the AIDS Business Coalition of Tanzania; (iii) for CSOs it is the umbrella organization to whom the CSO is affiliated or a member.</td>
</tr>
<tr>
<td><strong>Umbrella organization</strong></td>
<td>An umbrella organization is an organisation that has been set up to protect the interests of a group of NGOs, CBOs, or other organisations that are bound together by a common area of interest or belief system. Examples in Tanzania mainland include the Church Forum, the Youth Council and others. An Umbrella organisation typically has a small Secretariat that is responsible for running the administrative side of the organisation and then it consists of a number of member organisations.</td>
</tr>
<tr>
<td><strong>Development Partner involved in HIV services</strong></td>
<td>A development partner that is involved in HIV services is typically a multilateral or bilateral international organisation that is involved in funding or providing technical support for the implementation of HIV services. Such support may be provided to the government directly (e.g. the World Bank), or to implementers of HIV services directly (e.g. USAID).</td>
</tr>
<tr>
<td><strong>Council HIV/AIDS Coordinator</strong></td>
<td>The Council HIV/AIDS Coordinator (CHAC) is the person based at the district office of the Prime Ministers Office Regional Administration and Local Government who reports to TACAIDS and RAS, and who is responsible for TOMSHA reporting.</td>
</tr>
<tr>
<td><strong>HIV services</strong></td>
<td>HIV services are all the services in the areas of HIV prevention; HIV treatment, care and support; and HIV impact mitigation.</td>
</tr>
<tr>
<td><strong>HIV impact mitigation</strong></td>
<td>This term refers to all those services that are aimed at providing psychosocial support to those infected and affected by HIV. Typically, these services are not provided at health facilities or by health care providers, but by members of the community, faith based organisations, and related structures. Psychosocial support refers to economic support, nutrition support, domestic support, counselling support, and legal support.</td>
</tr>
<tr>
<td><strong>HIV prevention</strong></td>
<td>This term refers to the entire scope of activities aimed at keeping HIV negative individuals HIV negative. HIV prevention activities may be delivered at health facilities, e.g. VCT, STI treatment, PMTCT, PEP, universal precautions and blood safety, or in communities, e.g. mass media campaigns, one-to-one communication strategies, and peer education programmes.</td>
</tr>
<tr>
<td><strong>HIV treatment, care</strong></td>
<td>HIV treatment care and support refers to the entire scope of health services provided to those that are infected with HIV. This includes</td>
</tr>
</tbody>
</table>
### Implementer of HIV services

An implementer of HIV services is an organisation (registered or unregistered) that is making a concerted effort to implement one or more HIV services. Typically, an implementer of an HIV service would have a budget, a work plan; resources to implement activities, and staff that have been assigned the responsibility to execute the activities.

An HIV implementer is NOT an organisation that coordinates other organisations, who are implementing HIV services themselves. An HIV implementer is also NOT an organisation that funds another organisation to do the work.

An HIV implementer is that group of persons that implements the activities.

For example: an Umbrella organisation might receive funding to subgrant to member organisations. This Umbrella organisation is NOT an implementer of HIV services; those member organisations that receive funding for HIV services are.

### Non-medical HIV services

Non-medical HIV services are all those HIV services that are NOT implemented by the health sector. They include (1) all the non-medical HIV prevention services, and (2) HIV impact mitigation services. So, they include:

- BCC and IEC programmes
- Condom distribution (excluding the health sector)
- All HIV impact mitigation programmes

Non-medical HIV services EXCLUDES all HIV treatment, care and support services, as these are implemented by the health sector.
Annex A: Quarterly TOMSHA Form

THE UNITED REPUBLIC OF TANZANIA

PRIME MINISTER OFFICE

TANZANIA COMMISSION FOR AIDS (TACAIDS)

TANZANIA OUTPUT MONITORING SYSTEM FOR HIV AND AIDS (TOMSHA)

QUARTERLY TOMSHA FORM
Quarterly Tomsha Form
Fomu ya Robo Mwaka ya Tomsha

Instructions to Complete this Form
Maeleko ya Kujaza fomu hii

This Form is to be completed by all Civil Society Organisations (CSOs), Public Sector and the Private Sector who are implementing non-medical HIV services.

Fomu hii ijazwe na Asai za Kirata, Wizanaatidara/mashirika ya Umma na Secta binafisi ambazo zinatikeleza shughuli za UKIMWI vizizo za Kitabili.

1. Please complete this form every three months. You need to complete one Form for every District where your organisation has implemented HIV activities. If your organisation has implemented HIV activities in more than one district, you need to complete a separate Form for every district.

Tafadhali jaza fomu hii kila baada ya miezi miatsa. Unatakiwa kujaza fomu moja kwa kila Wilaya ambapo asasi yako imetekeleza shughuli za UKIMWI. Kama asasi yako imasanya shughuli za VVU kwenyi zatidi ya wilaya moja, unatakiwa kujaza fomu tafadhili kwa kila Wilaya.

2. Fill in the Form in triplicate as indicated in the TOMSHA Book, and have it signed by the Head of your Organisation (or a person designated to do so).

Jaza fomu tatu kama inataonyeshwa kwenyi Kitabu cha TOMSHA, na hakikisha imeesainiwa na Mkau wa Asasi yako (au mtu aliyeandalitwa kwa ajili bia).

3. Once the Form has been signed by your organisation, you should

Mara baada ya fomu yako kuwasainiwa, unatakiwa:

• Submit the GREEN copy of this Form to the respective CHAC (Council HIV and AIDS Coordinator) of the district(s) you are operating in.

• Wasilisha nakala ya KIJANI ya fomu hii kwa Mratibu wa shughuli za VVU na UKIMWI na Halimaarsi (CHAC) hauika wa Wilaya unayofanya kazi.

• Submit the BLUE copy to your parent organisation (for CSOs, this is the umbrella NGO to which your organisation belongs; for Private Sector organisations, to the AIDS Business Coalition of Tanzania; for the Public Sector this would be the MDA head office)

• Wasilisha nakala ya BLUU kwa Asasi mama (Kwa Asasi za Kirata ,bii ni asasi mama ambayo ndimo lilimo shiruka lako, na pia muungano wa shughuli za VVU na UKIMWI kwa secta za umma hii itakawa ofisi kwa ya wizana.

• Retain the WHITE copy for your own records and use

• Asasi ibaki na nakala nyeupe kwa kumbukumbu na matumizi yake.

4. This form should be submitted by the 7th of April (for the period January to March), by the 7th of July (for the period April to June), by the 7th of October (for the period July to September), and by the 7th of January (for the period October to December).

Fomu hii inatikwa kuwasilishwa kufikia tarehe 7 mwezi wa nje (kwa kipindi cha mwezi wa kwanza hadi wa watatu), kufikia tarehe 7 mwezi wasababa (kwa kipindi cha mwezi wa nje hadi wa sita), kufikia tarehe 7 mwezi wa kumi (kwa kipindi cha mwezi wa sababadi wa sita), na kufikia tarehe 7mwezi wa kwanza (kwa kipindi cha mwezi wa kumi hadi wa kumi na mbili).

Quarterly TOMSHA Form
A. INFORMATION ABOUT YOUR ORGANISATION / TAARIFA KUHUSIANA NA ASASI YAKO.

<table>
<thead>
<tr>
<th>Name of your organisation</th>
<th>Jina la asasi yako</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address of your organisation</td>
<td>Anuani ya Mtaa/eneo ambapo asasi yako ipo.</td>
</tr>
<tr>
<td>Postal Address of Organisation</td>
<td>Anuani ya Posta ya asasi yako.</td>
</tr>
<tr>
<td>Name of TOMSHA Focal Person</td>
<td>Jina la msimamizi wa TOMSHA</td>
</tr>
<tr>
<td>Contact details of TOMSHA Focal Person/Mawasiliano ya msimamizi wa TOMSHA</td>
<td>Telephone /Namba ya simu</td>
</tr>
<tr>
<td>Postal Address of Organisation</td>
<td>Anuani ya Posta ya asasi yako.</td>
</tr>
</tbody>
</table>

**TACAIDS Registration Code**

<table>
<thead>
<tr>
<th>Namba ya usajili ya TACAIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES Ndiyo</td>
</tr>
</tbody>
</table>

In what year did your organisation start operating?

/Na mwaka gani asasi yako imeanza kufanya kazi?

**How many staff does your organisation have?**

<table>
<thead>
<tr>
<th>Asasi yako inawafanyakazi wangapi?</th>
<th>Males Wanaume</th>
<th>Females Wanawake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time Wakudumu</td>
<td>Part time Wamuda</td>
<td>Volunteer/ wa kujitolea</td>
</tr>
</tbody>
</table>

**NAME OF DISTRICT REPORTING ON JINA LA WILAYA UNAYOITOLEA RIPOTI**

Quarter of reporting Robo Mwaka unayoitolea taarifa |

B. HIV AND AIDS PREVENTION SERVICES / HUDUMA ZA KINGA YA VVU NA UKIMWI

HIV PREVENTION AMONGST VULNERABLE AND MOST AT RISK POPULATIONS KINGA YA UKIMWI KWA MAKUNDI YENYE HATARI KUBWA ZAIDI

**Type of intervention (See codes)**

<table>
<thead>
<tr>
<th>Aina ya mkabilio (angalia namba)</th>
<th>Number of Persons Reached Idadi ya watu walionfikiwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSW Mwaafanyabishara wa ngono</td>
<td>MSM Wanaume kuzini na wanaume wenzao</td>
</tr>
<tr>
<td>Other (specify) Wengine (taja)</td>
<td>HP1</td>
</tr>
</tbody>
</table>

HIV PREVENTION AMONGST GENERAL POPULATION KINGA YA UKIMWI KWENYE JAMII KWA UJUMLA

<table>
<thead>
<tr>
<th>Type of intervention (See codes)</th>
<th>Number of Persons Reached Idadi ya watu walionfikiwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aina ya mkabilio (angalia namba)</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Younger than 24: Chini ya miaka 24</td>
<td>25 and older: Miaka 25 na zaidi</td>
</tr>
<tr>
<td>No.</td>
<td>CONDOMS (KONDOMU)</td>
</tr>
<tr>
<td>-----</td>
<td>------------------</td>
</tr>
<tr>
<td>HP3</td>
<td>Number of Male Condoms</td>
</tr>
<tr>
<td></td>
<td>Idadi ya kondomu za Kiume</td>
</tr>
<tr>
<td>HP4</td>
<td>Number of caregivers and healthcare workers who receive post-exposure prophylaxis</td>
</tr>
<tr>
<td>HP5</td>
<td>Number of caregivers who have been trained in standard precautions, transmission-based infection and infection prevention control this quarter</td>
</tr>
<tr>
<td>HP6</td>
<td>Number # of learners exposed to life skills-based HIV/AIDS education this quarter.</td>
</tr>
<tr>
<td>HP7</td>
<td>Number of teachers trained in life skills-based HIV/AIDS education this quarter</td>
</tr>
</tbody>
</table>
## C. HIV IMPACT MITIGATION SERVICES /HUDUMA ZA KUKABILIANA NA ATHARI ZA VVU.

<table>
<thead>
<tr>
<th>SUPPORT TO VULNERABLE GROUPS</th>
<th>TYPE OF EXTERNAL SUPPORT</th>
<th>OVC</th>
<th>ELDERLY</th>
<th>WIDOWS/ WIDowers</th>
<th>VULNERABLE HOUSEHOLDS</th>
<th>OTHER VULNERABLE GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUDUMA/ MISAADA KWA MAKUNDI YALIYO KATIKA HATARI YA MAAMBUKIZI</td>
<td>AINA YA MISAADA YA NJE</td>
<td>YATIMA, WATOTO WALIOKATIKA HATARI YA MAAMBUKIZI</td>
<td>WAZEE</td>
<td>WAJANE</td>
<td>FAMILIA ZILIZO KWENYE HATARI YA MAAMBUKIZI</td>
<td>MAKUNDI MENGINEYO YALIYOKO KWENYE HATARI YA MAAMBUKIZI</td>
</tr>
</tbody>
</table>

- **Number of vulnerable groups that have been provided with basic external support this quarter**
- **Idadi ya makundi yaliyoko kwenyewe hatari ya maambukizi ambayo yamenatia misaada ya nje iliyoyamini katika robo hii ya mwaka**
- **Health care and supplies**
- **Emotional and psychological support/**
- **Nutrition support/**
- **Financial support**
- **Income generating activities**
- **Shughuli za uzalishaji mali**
- **Number of vulnerable households receiving two or more support services**
- **Familia zilizolewene yaliyoko hatari ya maambukizi ambazo zimepokea misaada zaidi ya miwili**
- **School fees and school-related assistance**
- **Misaada ya ada za shule na uzalishaji mengine ya shule.**
- **Number of community based committees who mobilized services for households with OVC**
- **Idadi ya kama ni kijamii ambazo zinashinda misaada kwa ajili ya familiki ya misaada na yatima/watoto waliokata hatari ya maambukizi**

### PLHW SUPPORT GROUPS/ MISAADA KWA MAKUNDI YA WAVIU

- **Number of support groups /Idadi ya makundi ya kusaidiwa**

### PLHW SKILLS TRAINING/ MAFUNZO STADI KWA WAVIU

- **Number of PLHW provided with skills training (income generation, advocacy, national code for HIV/AIDS and employment, positive living, managing support groups)**

### PLHW SUPPORT GROUPS/ MISAADA KWA MAKUNDI YA WAVIU

- **Number of PLHA support groups established /Idadi ya makundi ya kusaidiwa**

### PLHW SKILLS TRAINING/ MAFUNZO STADI KWA WAVIU

- **Number of PLHW trained /Idadi ya Waviu waliofundishwa**

**Quarterly TOMSHA Form**
### D. TRAINING AND CAPACITY BUILDING FOR HIV AND AIDS/ MAFUNZO NA KUJENGA UWEZO JUU YA VVU NA UKIMWI

#### TRAINING OF STAFF AND VOLUNTEERS

**MAFUNZO YA WAFANYAKAZI NA WANAJOITOLEA.**

(Persons from your organisation that have been trained, not the number that have attended training sessions run by your organisation)

Watu kutoa kwenezi asasi zako waliopewa mafunzo na siyo idadi ya waliuhudhuria vijipendi vya mafunzo vilivyocendeshwa na asasi zako)

Write the topic of training here

Andikie mada ziliasifundishwa kupa.

<table>
<thead>
<tr>
<th>No.</th>
<th>Number of Volunteers Trained</th>
<th>Idadi ya wanaojitolea waliopata mafunzo</th>
<th>Number of Project Staff Trained</th>
<th>Idadi ya wafanyakazi wa mafunzo wa mafunzo</th>
<th>Number of Employees Trained</th>
<th>Idadi wajitiwa waliopata mafunzo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TRAINING OF COMMUNITY LEVEL ORGANISATIONS:

**MAFUNZO KWA ASASI NGAZI YA KIJAMII.**

Number of organisations at the community level that your organisation has trained in planning, implementation and management of HIV services this quarter

Idadi ya Asasi katika ngazi ya kijamii ambazo asasi yako inazipo mafunzo juu ya mpango, utekelezaji na usimamizi wa huduma za VVU tobo hii ya mwasaka

<table>
<thead>
<tr>
<th>No.</th>
<th>Number of Community-level Organisations has trained.</th>
<th>IDADI YA ASASI NGAZI YA KIJAMII</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quarterly TOMSIEA Form
11. MANAGEMENT AND COORDINATION OF HIV PROGRAMMES/USIMAMIZI NA URATIBU WA MIKAKATI YA VVU.

- Does your organisation have a work plan for the current financial year? Circle correct option
  - Yes
  - No

- Is the work plan costed? Circle correct option
  - Yes
  - No

- Has a budget been approved for the work plan? Circle correct option
  - Yes
  - No

- Have funds been available this quarter to implement and coordinate HIV and AIDS activities? Circle correct option
  - Yes
  - No

- Has your organisation implemented its work plan this quarter? Circle correct option
  - Yes
  - No

AREAS COVERED IN WORK PLAN/MAENEO YAJJYOTEKELEZWA KWENYE MPANGO KAZI.

- Which HIV and AIDS services have been covered in your work plan (the one referred to in MCI)?
  - HIV prevention
  - Kuzuia VVU
  - HIV treatment, care and support
  - Matibabu ya VVU, matunza na msada
  - HIV impact mitigation services
  - Kakahili na athari zinazotokana na UKIMWI
  - Management, planning, coordination, advocacy or capacity building
  - Uendeshaji, Kupanga, Uratibu, Urakabishi

- Did your organisation attend an HIV and AIDS/STI feedback or data dissemination workshop at district-level this quarter? Circle correct option
  - Yes
  - No

COMMENTS FROM ORGANIZATION’S TOMSHA FOCAL PERSON.

- Verify that the data on this TOMSHA Form is accurate and based on the records kept by my organisation.
- Signed/Sahihi: Name/Jsina: Position in Organization/ Chen katika Asasi:
- Thank you for completing the Form.

Date received: Date verified: Tarehe iliyopokelewa: Tarehe ya kuthibitisha
Date of captured: Imethibitishwa na
Tarehe iliyopingizia:
Captured by: Tarehe ya kuweka katika faili: Imeingiiza/Shughulikiwa na
Quarterly TOMSHA Form
No.
Tanzania Output Monitoring System for HIV and AIDS (TOMSHA)
Mfumo wa Ufuatiliaji Matokeo ya Shughuli za VVU na UKIMWI Tanzania

Annual Financial Resources Tracking Form
Fomu ya Mwaka ya Ufuatiliaji Rasilimali Fedha

Instructions to Complete this Form
Maelekezo ya Kujaza fomu hii

1. This Form is meant for ALL organisations involved in implementing HIV and AIDS interventions (NOT those involved in coordinating HIV and AIDS interventions). It is a Form that is completed once a year IN ADDITION to the other TOMSHA Forms that you are supposed to complete.

   Fomu hii ni kwa ajili ya Asasi zote zinazojishughulisha na afua za kuezia VVU/UKIMWI (Na Si zile ASASI zinazoritatibu afua za VVU/UKIMWI). Ni fomu inayojazwa mara moja kwa mwaka na nyongesa ya fomu nyegine za TOMSHA unasotakisha kujaza.

2. Unlike the other TOMSHA Forms, you need to complete only ONE Form per organisation where you are from. Only ONE TOMSHA Resource Tracking Form is submitted by each organisation.

   Tofauti na fomu za TOMSHA za robo musaka, unatukiwa kujaza fomu moja tu ya Asasi ambayo unatoka. Fomu moja tu ya ufuatiliaji wa rasimali inawasilishwe na kila asasi.

3. Fill in the Form in duplicate, and have it signed by the Head of your Organisation (or a person designated to do so)

   Jaza fomu mbili na uzainiwe na Mkuu wa Asasi (au mtu aliyeteneza kwa ajili ya kusaini)

4. This form should be submitted by the 31st of July (for the previous financial year, based on the financial year of the Tanzanian Government which starts on July 1st to June 30th)

   Fomu hii inawasilishwe kabla ya tarehe 31 Julai (kwa mwaka wa fedha utiopita kulingana na mwaka wa fedha wa Serikali ya Tanzania)

5. Once the Form has been signed by your organisation, you should

   Baada ya fomu kusainiwa na Asasi yako, unatukiwa

   • Submit the YELLOW copy of this Form to the respective CHAC of the district where your organisation's head office is base

   • Kwasilisha nakala ya NJANO kwa Mrasibu wa UKIMWI wa Wilaya ambapo Makao makuu ya Asasi yako tipo.

   • Retain the WHITE copy for your own records and use

   • Baki na nakala NYEUPE kwa ajili ya kumbukumbu na matumizi yako.
<table>
<thead>
<tr>
<th>Name of your organisation</th>
<th>Jina la Asasi yako</th>
</tr>
</thead>
<tbody>
<tr>
<td>TACAIDS Registration Code</td>
<td>Namba ya usajili ya TACAIDS</td>
</tr>
<tr>
<td>Physical address of your organisation</td>
<td>Anuani ya mahali asasi ilipo</td>
</tr>
<tr>
<td>Postal address of Organisation/</td>
<td>Anuani ya posta ya asasi yako</td>
</tr>
<tr>
<td>Name of TOMSHA Focal Person</td>
<td>Jina la msimamizi wa TOMSHA</td>
</tr>
<tr>
<td>Contact details of TOMSHA Focal Person</td>
<td>Telephone simu</td>
</tr>
<tr>
<td></td>
<td>Fax faksi</td>
</tr>
<tr>
<td></td>
<td>Email Address Anuani ya baruapepe</td>
</tr>
<tr>
<td>Reporting period</td>
<td>Financial year</td>
</tr>
<tr>
<td>Kipindi cha Mtaji za taariha</td>
<td>Mwaka wa Fedha</td>
</tr>
<tr>
<td>What were the sources of funding for your organisation last year? Tick all appropriate options.</td>
<td>Government Serikali</td>
</tr>
<tr>
<td></td>
<td>Dev Agency Wadu/ wakala wa Maendeleo</td>
</tr>
<tr>
<td></td>
<td>Faith-based sector Mashirika ya Dini</td>
</tr>
<tr>
<td></td>
<td>NGO Mashirika yasiyo ya Ki serikali</td>
</tr>
<tr>
<td>Vyanzo vya pesa kwa mwaka ulioipta ni vipi? Weka alama mahali panapohusika</td>
<td>OTHER Vingine Specify type of funding source for 'OTHER</td>
</tr>
<tr>
<td></td>
<td>Orodhesha vyanzo vingine vya pesa</td>
</tr>
<tr>
<td>Vyanzo vya pesa kwa mwaka ulioipta ni vipi kwa shirika lako? Weka alama mahali panapohusika</td>
<td>HIV Prevention</td>
</tr>
<tr>
<td></td>
<td>HIV Impact Mitigation</td>
</tr>
<tr>
<td></td>
<td>HIV Treatment care and support</td>
</tr>
<tr>
<td></td>
<td>Coordination/ management of HIV services</td>
</tr>
<tr>
<td>Kuzuuia VVU TSH.</td>
<td>Kutubu, kutunza na kusaidiwa wenyewe VVU TSH</td>
</tr>
<tr>
<td></td>
<td>Kuratibu na usimamizi masuala ya VVU. TSH</td>
</tr>
<tr>
<td>How much did you plan to spend on HIV and AIDS (i.e. what was in your budget for HIV and AIDS)? Please put the amount in TSH</td>
<td>HIV Prevention</td>
</tr>
<tr>
<td></td>
<td>HIV Impact Mitigation</td>
</tr>
<tr>
<td></td>
<td>HIV Treatment care and support</td>
</tr>
<tr>
<td></td>
<td>Coordination management of HIV services</td>
</tr>
<tr>
<td>Kuzuuia VVU TSH</td>
<td>Kutubu, kutunza na kusaidiwa wenyewe VVU TSH</td>
</tr>
<tr>
<td></td>
<td>Kuratibu na usimamizi masuala ya VVU. TSH</td>
</tr>
<tr>
<td>How much was your actual expenditure on HIV and AIDS? Please put the amount in TSH</td>
<td>HIV Prevention</td>
</tr>
<tr>
<td></td>
<td>HIV Impact Mitigation</td>
</tr>
<tr>
<td></td>
<td>HIV Treatment care and support</td>
</tr>
<tr>
<td></td>
<td>Coordination management of HIV services</td>
</tr>
<tr>
<td>Ulitumia kiasi gani kutoa huduma za VVU na UKIMWI? Tafadhal weka kiasi Tsh HIV</td>
<td>Kuzuuia VVU TSH</td>
</tr>
<tr>
<td></td>
<td>Kutubu, kutunza na kusaidiwa wenyewe VVU TSH</td>
</tr>
<tr>
<td></td>
<td>Kuratibu na usimamizi masuala ya VVU. TSH</td>
</tr>
<tr>
<td>How much was the total expenditure for HIV and AIDS was for monitoring and evaluation? Please put the amount in TSH</td>
<td>TOTAL Expenditure on HIV and AIDS activities TSHS</td>
</tr>
<tr>
<td>Katika matumizi yote ni kiasa gani kilitumika kwa Uhatatiliaj na Tathmini shughuli za VVU na UKIMWI? Tafadhal weka kiasi kwa Tshs.</td>
<td>Matumizi yote katika shughuli za VVU na UKIMWI TSH</td>
</tr>
</tbody>
</table>

TOMSHA Annual Financial Resources Tracking Form
I verify that the data on this TOMSHA Resource Tracking Form are accurate and based on the records kept by my organisation. I also verify that my organisation has completed all relevant sections of this Form.

Nakiri kwamba taarifa katika fomu za TOMSHA za ufuatili kazi rasilimali ni sahihi na zimetokana na kumbukumbu zinazotunzwa na Asasi/Taasisi yangu. Pia nakiri kwamba Asasi/Taasisi yangu imejaza sehemu zote muhimu za fomu hii.

Signed/Imesainiwa: .......................................................... Name/Jina: ..........................................................

Position in Organisation/Choo: ................................................ Date/Tarehe: ..........................................................

Thank you for completing the Form.

Ahante kwa kujaza fomu.

<table>
<thead>
<tr>
<th>OFFICE USE Matumizi ya Ofisi</th>
<th>Date received Tarehe iliyopokelewa</th>
<th>Date verified Tarehe iliyothibitishwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date captured Tarehe ya Kushughulikiwa</td>
<td>Verified by Imethibitishwa na</td>
<td></td>
</tr>
<tr>
<td>Captured by/ Aliyeshugulikia</td>
<td>Date filed Tarehe uliyoweza katika faili</td>
<td></td>
</tr>
</tbody>
</table>
### Tanzania Output Monitoring System for HIV&AIDS (TOMSHA)

**DATA ELEMENT DEFINITIONS FOR THE QUARTERLY TOMSHA FORM**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
<th>Name of Organisation</th>
<th>Physical Address of your organization</th>
<th>Postal Address of Organization</th>
<th>Name of TOMSHA Focal Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of your organisation</td>
<td>The name of the organisation whose HIV services are being reported on in this TOMSHA Form. It is NOT the name of the development partner, or the name of the umbrella organisation to whom the implementer reports. Please do not write only the acronym for the name of the organisation. Organisation names should be written out in full, with the acronym in brackets after the name.</td>
<td>Kilimanjaro House of Hope (KHH)</td>
<td>Area 43, Double Road, next to Post Office, Kilimanjaro</td>
<td>PO Box 70750, Kilimanjaro</td>
<td>Definus A. Kivenule</td>
</tr>
<tr>
<td>Physical Address of your</td>
<td>The physical location of the office of the organisation whose HIV services are being reported on in this TOMSHA Form. It is NOT the physical location of the funder of the services, or that of the umbrella organisation to whom the implementer reports. Please do not confuse this with postal address of your organisation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address of Organization</td>
<td>The postal address of the office of the organisation whose HIV services are being reported on in this TOMSHA Form. It is NOT the postal address of the funder of the services, or that of the umbrella organisation to whom the implementer reports. Please do not confuse this with physical address of your organisation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Data Element** | **Description**
--- | ---
Contact details of TOMSHA Focal Person | The contact details of the person whom organization has appointed to be responsible for coordinating all activities related to TOMSHA reporting—that is the TOMSHA Focal Person. Three types of information are needed:
- **Telephone**: Please give the country code, followed by the area code and then the number in the case of landline telephones. For mobile phone numbers, give the country code, followed by the network number e.g. **** for **** and then the number ********
- **Fax**: Please give the country code, followed by the area code and then the number in the case of landline telephones.
- **Email Address**: john@domain.com
  
  **Telephone** | +255-22-2410369 | **Fax** | +255-22-2410114 | **Email** | kundi@yahoo.com
  
TACAIDS Registration Code | TACAIDS Registration Code is the code given to your organization by TACAIDS. Please leave blank if your organization has not been given such a code. It is encouraged that all organizations implementing HIV services to register with TACAIDS. TACAIDS will put in place this registration system in 2007. Once an organization is registered, it will receive a unique registration number from TACAIDS. The Organisation’s registration number is NOT the organisation’s business registration number, or any other number.

If the organisation is not registered with TACAIDS, please leave this data element blank. If your organisation has not yet registered with TACAIDS and would like to do so, please contact them for more information on the following email address:

  **Tel**: (+255) (0)22 212 2651
  **Email**: tomsha@tacaids.go.tz

  **TACAIDS Registration Code** | NGO/4/30

Is your organization a member of an umbrella Organization? | Circle your answer
--- | ---
If YES, name of umbrella organization. | Some organizations are branches of large companies or members of bigger national or international organizations/network. If your organization belongs to such umbrella companies or organizations kindly indicate so by ticking below the YES label and then write the full name of the umbrella organization or network. If it is not a member of any umbrella companies or organizations kindly indicate so by ticking below the NO label.

  **YES** | **NO**

In what year did your organization start operating? | The year in which your organization started operating in the respective district. It is NOT the year in which the organization started operating in other districts or the year in which the umbrella organization (if applicable) started operating. Write the year in 4 digits as shown in the example, and include the exact date, if it is available.

  **In what year did your organisation start operating?** | **25 Feb 2005**
### Data Element Description

**How many staff does your organization have?**

The number of employees in your organization available for part time and full time employment. 'Part time employment' and 'full time employment' both imply that these persons are compensated financially in some form for their work – either through stipends or salaries. Full time implies 40 hours of work a week, and part time is any staff member that works less than 40 hours a week for the organisation. This can include contract staff (i.e. staff only employed for a fixed period of time). Volunteer means that the person is not paid for the work that they do. They may receive other incentives, such as T-shirts, free food and the like.

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Time</strong></td>
<td>3</td>
<td><strong>Part Time</strong></td>
<td>43</td>
<td><strong>Volunteer</strong></td>
</tr>
<tr>
<td><strong>Full Time</strong></td>
<td>1</td>
<td><strong>Part Time</strong></td>
<td>32</td>
<td><strong>Volunteer</strong></td>
</tr>
</tbody>
</table>

**Name Of District Reporting On**

Only ONE district can be covered in one TOMSHA Form. If more than one district is being reported on, the TOMSHA Form will be returned to the organisation. The term 'district' refers to the district where the actual services were provided, not the district where the organisation is based. For example, if an organisation has an office in Moshi but provides home-based care programme in X and Y districts, the organisation needs to complete two separate forms – one for the home-based care programme in X and another for the home-based care programme in Y. The district where the activity takes place is the district where the activity is reported. For example: If a person lives in X and attended a workshop in Y, the person is "counted" with the Y district. So, for all facility-based services the persons are counted in the districts were the facilities are located. For all non facility-based services (e.g. home based care workshops), the persons are counted in those districts where the services are being delivered.

| Name Of District Reported On | Moshi |
### B: HIV AND AIDS PREVENTION SERVICES

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HP1</strong></td>
<td>We need to calculate the total number of persons who have participated in HIV interventions targeted at vulnerable and high-risk groups. Specific data need to be collected on specific target groups, if it is possible to do so. Examples include commercial sex workers, bar maids and drivers of long distance truck and vehicle drivers, business persons on transit (particularly in business centers), and mobile employees.</td>
</tr>
<tr>
<td><strong>HP2</strong></td>
<td>We need to calculate the total number of persons who have participated in HIV interventions targeted at the general population. If disaggregated data are available, fill in data for each separate column. If individual data are not available, just fill in data in the 'total' column.</td>
</tr>
<tr>
<td><strong>HP3</strong></td>
<td>This needs to calculate the number of male and female condoms that were distributed to end-users by non-medical sector providers. This data element should ONLY reflect condoms that were distributed to END USERS. Relevant definitions are:</td>
</tr>
</tbody>
</table>

#### Record of HP1

<table>
<thead>
<tr>
<th>Type of intervention (See codes)</th>
<th>Number of Persons Reached</th>
<th>HP1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom distribution</td>
<td></td>
<td>345</td>
</tr>
</tbody>
</table>

**AMPLET**

RECORDS TO BE KEPT: The organization implementing the prevention programme needs to keep records on the date of the activity, the district where the activity took place, a description of the type of the intervention, the groups targeted, the number of persons from vulnerable populations who were reached, and the person(s) facilitating the service.

#### Record of HP2

<table>
<thead>
<tr>
<th>Type of intervention (See codes)</th>
<th>Number of Persons Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass media</td>
<td>46000</td>
</tr>
<tr>
<td>Drama at taxi rank</td>
<td>341</td>
</tr>
<tr>
<td>T-shirt distribution</td>
<td>457</td>
</tr>
</tbody>
</table>

**RECORDS TO BE KEPT**: The organization implementing the prevention programme needs to keep records on the date of the activity, the district where the activity took place, a description of the type of the intervention, the groups targeted, the number of persons younger than 24 who were targeted, the number of who received the service, the number of females who received service, and the person(s) facilitating the service.

#### Record of HP3

This needs to calculate the number of male and female condoms that were distributed to end-users by non-medical sector providers. This data element should ONLY reflect condoms that were distributed to END USERS. Relevant definitions are:

**Distribution to end users** - This refers to distribution to points where individuals can collect the condoms: either dispensers, or individual distribution, or for retail purposes.

**Distributed by implementers of non-medical sector HIV services** - This refers to ALL male and female condoms, irrespective of the source of the condom that distributed condoms to end users.
<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDOMS</strong></td>
<td>Number of male and female condoms distributed to END USERS this quarter, EXCLUDING those distributed by the Ministry of Health and Social Welfare</td>
</tr>
<tr>
<td><strong>HP4</strong></td>
<td>Number of caregivers and healthcare workers who receive post-exposure prophylaxis</td>
</tr>
<tr>
<td><strong>HP5</strong></td>
<td>Number of caregivers who have been trained in standard precautions, transmission-based infection and infection prevention control this quarter</td>
</tr>
</tbody>
</table>

**RECORDS TO BE KEPT:** The organisation that distributes condoms to end users should keep data on the number of condoms that they have in stock by type of condom, the quantities that they distributed, the districts where they distributed them, and dates that these were distributed, by type of condom.

**Post exposure prophylaxis** is the immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring infection. For this data element, one needs to calculate the number of health care workers who are provided with post exposure prophylaxis after being exposed to HIV virus through their activities in caring and supporting PLHA in the communities. Health care workers refer to all those people who are providing care and support for PLHA at home or within their communities. It includes home based care givers, community health workers, traditional birth attendants, guardians and family members and friends. Data should be disaggregated by sex (male or female). If disaggregated data is not available then just complete the totals column.

**Standard precautions** are a simple set of effective practice guidelines (creating a physical, mechanical or chemical barrier) to protect HPs and patients/clients from infection with a range of pathogens including blood borne pathogens. The practices are used when caring for all patients/clients regardless of diagnosis.

**Transmission-based precautions** is a second level of precautions intended for use in patients known or highly suspected of being infected or colonized with pathogens transmitted by air, droplet, or contact.

**Infection Prevention and Control (IPC)** refers to placing a barrier between the host and micro-organisms (bacteria, viruses, parasites and fungi). The protective barrier can be physical, mechanical or chemical, and helps to prevent or control the spread of organisms from client to client and vice versa.

For this data element, you will fill out the section showing the number of caregivers whom your organization has trained in standard precautions, transmission-based infection and infection prevention control in this quarter.
<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
<th>Number of learners</th>
<th>Number of teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP6</td>
<td>Number of learners exposed to life skills-based HIV/AIDS education this quarter</td>
<td>HP12</td>
<td>HP13</td>
</tr>
<tr>
<td></td>
<td>Number of learners exposed to life skills-based HIV/AIDS education this quarter</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For this data element, one needs to calculate the number of students who are in educational institutions who have been given life skills based education during the quarter of reporting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HP7</td>
<td>Number of teachers trained in life skills-based HIV/AIDS education this quarter</td>
<td>HP13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of teachers trained in life skills-based HIV/AIDS education this quarter</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For this data element, one needs to calculate the number of teachers in educational institutions who have been given life skills based education during the quarter of reporting.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### C: HIV IMPACT MITIGATION SERVICES

#### IM1
**Number of vulnerable groups that have been provided with basic external support this quarter**

This needs to calculate number of vulnerable groups that have been provided with basic external support this quarter. Relevant types of support are:

<table>
<thead>
<tr>
<th>SUPPORT TO VULNERABLE GROUPS</th>
<th>TYPE OF EXTERNAL SUPPORT</th>
<th>OVC</th>
<th>ELDERLY</th>
<th>WIDOWS/WIDOWERS</th>
<th>VULNERABLE HOUSEHOLDS</th>
<th>OTHER VULNERABLE GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3C: Number of vulnerable groups that have been provided with basic external support this quarter</td>
<td>Health care and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotional &amp; psychological</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Nutrition support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial support this quarter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vulnerable households receiving two or more support services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>School related assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Number of community based committees who mobilized services for households with OVC</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**RECORDS TO BE KEPT:** The organisation should keep records about the beneficiaries for whom the support is provided, including: the name of the beneficiary (person name, household location or community name), district where beneficiary is based, type of support provided, and the number of times that each type of support is provided.

#### IM2
**Number of PLHA support groups established**

For this data element, one needs to calculate the number of PLHA groups whose formation and registration has been supported by your organization this quarter.

<table>
<thead>
<tr>
<th>Number of PLHA support groups established</th>
<th>IM2</th>
</tr>
</thead>
</table>
### IM3

**Number of PLHA provided with skills training**

For this data element, one needs to calculate the number of PLHA whom your organization has given skills training this quarter.

<table>
<thead>
<tr>
<th>Number of PLHA provided with skills training (income generation, advocacy, national code for HIV/AIDS and employment, positive living, managing support groups)</th>
<th>Number of PLHA trained</th>
</tr>
</thead>
</table>

### IM4

**Number of PLHIV receiving two or more support services**

For this data element, one needs to calculate the number of PLHIV whom your organization has given two or more support services this quarter.

<table>
<thead>
<tr>
<th>Number of PLHIV receiving two or more support services</th>
</tr>
</thead>
</table>
D: TRAINING AND CAPACITY BUILDING FOR HIV AND AIDS

TC1
Number of persons from your organisation that have been trained

This needs to calculate the number of volunteers, project staff and full time staff that have been trained in HIV-related issues in this quarter. It is crucial to note that the organisation whose staff was trained will report data on training, and NOT the organisation who conducted the training. Definitions are:

- **Training** refers to a structured session where knowledge and skills are transferred about the management and implementation of HIV and AIDS services. Training is conducted by a skilled facilitator, has written training materials, and includes a form of assessment at the end of the training session. Training can in any HIV-related topic. It includes, for example, training on counselling skills and training on peer education.

- The unit for counting is "person-days". One person-day is equal to one person attending one 8-hour training session. So, if one person attended two days of training, the value of that training in person-days, is 2 (1 person x 2 days/person = 2 person-days). If 3 persons each attended 4 days of training, the value of that training in person-days, is 12 (3 persons x 4 days/person = 12 person-days).

- A 'volunteer' is a person who does not work full time for the organisation and who does not receive financial remuneration in return for providing the services. Volunteers may receive irregular incentives, materials or equipment to assist them in their task.

- 'Project staff' is persons who are employed on contract to an organisation and who expect, as a regular part of their working conditions, to be remunerated on a regular basis in return for providing such services. Contracts typically have a finite duration.

- 'Full time staff' is persons who have an indefinite employment contract with an organisation and who expect, as a regular part of their working conditions, to be remunerated on a regular basis in return for providing such services.

### TRAINING OF STAFF AND VOLUNTEERS

(Persons from your organisation that have been trained, not the number that have attended training sessions run by your organisation)

<table>
<thead>
<tr>
<th>Write the topic of training here</th>
<th>Number of Volunteers Trained</th>
<th>Number of Project Staff Trained</th>
<th>Number of Employees Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monitoring and evaluation</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2. Planning HIV programmes</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3. Caring for orphans</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>4. Conducting home based care visits</td>
<td>12</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

RECORDS TO BE KEPT: The organization whose staff was trained, need to keep records of: names of trainees, the organisations where they are from, the district where the trainees are based, title of training session, name of facilitator who conducted the training, the training topic, the name of the organisation that conducted the training, training logistics (date, venue and times), and training materials used.
Annex E: Format of TOMSHA Form Register

REGISTER OF FILLED OUT TOMSHA FORMS RECEIVED FROM THE HIV PROJECT IMPLEMENTERS

This is the register that will track the number of filled out TOMSHA forms which have been received from each specific HIV project implementer. The form will be filled by CHACs and TACAIDS when they receive TOMSHA forms from implementers at District and National levels respectively.

<table>
<thead>
<tr>
<th>Location of Register:</th>
<th>Responsibility for maintaining the register:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORGANISATION NAME:</td>
<td>OFFICE LOCATION:</td>
</tr>
<tr>
<td>NAME:</td>
<td>EMAIL:</td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td></td>
</tr>
</tbody>
</table>

Register page number: .................................................................

<table>
<thead>
<tr>
<th>District (Fill in NATIONAL if register kept by TACAIDS)</th>
<th>TOMSHA Form Type (A or B, see Notes)</th>
<th>TOMSHA Form serial number</th>
<th>Date received (Format: DDMMYY)</th>
<th>Name of Person who handed in the Form</th>
<th>Signature of Person who handed in the Form</th>
<th>Quarter of reporting (Format: DDMMYY)</th>
<th>Signature of person who received it</th>
<th>Date captured on Database (Format: DDMMYY)</th>
<th>File Reference Number</th>
</tr>
</thead>
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</tbody>
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Notes: A = Quarterly TOMSHA Form  B = Annual TOMSHA Resource Tracking Form