### MAISHA 2 Reporting Tool

**Name of Institution** …………………………………..**Institution’s PC Number**………………………**Category of Institution**……………**Sector**…………..............

**Number of Staff** [Total] ………….. [Female]…………… [Male]……………**Reporting Period** [Year]…………………….. [Quarter]………………………..................

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**Source of Funding** ………………………………….**Total Score**………………………**Grade Received**……………………………….......................................................

| Activity | Indicator | Disaggregation | Actual Output  | Maximum Score | Self Assessment | Actual Score |
| --- | --- | --- | --- | --- | --- | --- |
| Section 1 | This section hold 35% of total score |
| Workplace policy on HIV prevention  | Develop workplace policy  |  |  |  | **5** |  |  |
| Approve workplace policy  |  |  |  | **5** |  |  |
| ACU constituted and membership appointed  | Formally constitute ACU with at least 5 members and 40% of membership drawn from senior and middle level |  |  |  | **5** |  |  |
| Hold ACU meeting each quarter |  |  |  | **5** |  |  |
| Submit a work plan for the implementation of HIV and AIDS activities that target the MDA’s staff (internal HIV and AIDS mainstreaming)  | work plan completed and submitted to NACC |  |  |  | **5** |  |  |
| Develop work plan with activities for engagement of clients and external stakeholders to be undertaken in MAISHA 2 | Develop work plan with clear targets  |  |  |  | **5** |  |  |
| Allocation of budget to HIV and AIDS activities | Allocated amount to HIV and AIDS activities |  |  |  | **5** |  |  |
| Section 2 | **Choose Four (4) activities for implementation from rows labelled (a) to (h) 40%** |
| 1. Condom Promotion
 | **Indicators a)-h)** | **Male** | **Female** | **Total** |  |  |  |
| # of condoms distributed by your institution to staff and family members |  |  |  | **5** |  |  |
| # of staff and family members trained on condom use and disposal by your institution |  |  |  | **5** |  |  |
| b)Counselling and testing | # of staff and family members counselled, tested received results of HIV test |  |  |  | **10** |  |  |
| (c) Creating Comprehensive HIV and AIDS Knowledge  | # of staff and family members reached with comprehensive knowledge on HIV and AIDS prevention |  |  |  | **10** |  |  |
| (d) Adherence to Treatment and Care Literacy | # staff and family members receiving education on ART adherence  |  |  |  | **10** |  |  |
| (e) Referral of HIV related services such as PEP, VMMC, ART, PMTCT, or VCT | Proportion of staff and family members reporting uptake of the following services PEP, VMMC, PMTCT, ART or VCT |  |  |  | **10** |  |  |
| (f) Promoting wellness amongst staff and family members | # of staff and family members given glucose, BMI and blood pressure checks by your institution |  |  |  | **10** |  |  |
| (g) Stigma and Discrimination Sensitization  | # of staff and family members sensitized on reducing stigma and discrimination towards PLHIV |  |  |  | **10** |  |  |
| (h) Putting in place non-discriminatory workplace benefits | # of workplace benefits, such as health insurance, catering to PLHIV  |  |  |  | **10** |  |  |
| Section 3 |  | ***Indicate the 2 activities chosen as recommendations coming out of the Baseline Survey conducted in MAISHA 1 (25%)*** |
| Activity 1 | Indicator 1: # of staff and family members reached with comprehensive knowledge on HIV and AIDS prevention |  |  |  | **5** |  |  |
| Activity 2 | Indicator 2:# of staff and family members sensitized on reducing stigma and discrimination towards PLHIV |  |  |  | **5** |  |  |
|  |  | ***Indicate the 2 activities chosen to target clients and external stakeholders from your HIV Sector Plan*** |
| Activity 1 | Indicator 1: |  |  |  | **5** |  |  |
| Activity 2 | Indicator 2:  |  |  |  | **5** |  |  |
| Submission of quarterly reports to NACC using the HIV & AIDS mainstreaming reporting tool and clearly indicating HIV and AIDS interventions implemented during the reporting quarter | Submit quarterly report to NACC in line with PC requirements by the 15th day after the end of the quarter |  | **5** |  |  |
| TOTAL MARKS  |  |  |  |  | **100** |  |  |

Prepared by:

Name…………………………………….....................Signature……………… ......................Date…………………

Verified by:

 Name…………………………………………….........Signature……………………..............Date..................................