

We are asking service providers delivering non-clinical HIV/AIDS services such as behavioral change, prevention commodities distribution, awareness campaigns, and support for orphans and vulnerable children to provide the information regarding HIV/AIDS-related activities in 2006, 2007, and 2008. This will aid in our efforts to analyze the total cost of, and resources required to sustain or scale-up HIV/AIDS services and identify possible shortfalls threatening achievement of program goals. Please provide thorough and accurate information to the best of your ability.

Whenever possible, please provide the data collector with supporting reports or other documentation.

Different employees of the health facility may have the information to answer different sections. Please list all respondents in Part A.

PART A. IDENTIFICATION INFORMATION

| | | | |
|--|-----------------|---------------------|--------------|
| Name of service provider organization | | | |
| Address / Location | | | |
| Type of organization | | | |
| Respondent Name | Position | Phone Number | Email |
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Do you have a recent annual report or other documentation on your HIV/AIDS related operations?
 If so, please give it to the data collector or email an electronic copy to: data_submit@hapsat.net

PART C. HIV/AIDS SERVICE VOLUME

- Please provide a copy of any reports containing information on HIV/AIDS services being delivered in the health facility

HIV-PREVENTION SERVICES

In the table below, please describe the prevention activities undertaken by your organization.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

| Prevention Activity (e.g. prevention commodities, mass media campaign, workplace HIV/AIDS awareness, etc) | Volume of service provided It can be difficult to quantify the amount of a prevention activity that is delivered. Please indicate the measure your organization uses and report the volume of each service using that measure. (e.g. number of prevention commodities distributed, number of billboards, number of people reached, number of television ads) | Amount of money spent Please indicate the amount the organization spent on this activity. Also indicate if the full cost of the activity was shared with any other organizations |
|---|---|---|
| | | Amount paid by organization _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources |
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ORPHANS AND VULNERABLE CHILDREN SERVICES

In the table below, please describe the OVC activities undertaken by your organization.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

| OVC Activity (Nutrition, Education, Housing, etc) | Number of children to which service was provided during the reporting period | Amount of money spent Please indicate the amount the organization spent on this activity. Also indicate if the full cost of the activity was shared with any other organizations |
|---|---|---|
| | | Amount paid by organization _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources |
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OTHER SERVICES

In the table below, please describe any other major activities undertaken by your organization on behalf of people living with HIV/AIDS.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

| Other Activity | Number of person to which service was provided during the reporting period | Amount of money spent Please indicate the amount the organization spent on this activity. Also indicate if the full cost of the activity was shared with any other organizations |
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