

# ANNEX D

## RFA CARF Quarterly Progress Report

*Cover sheet of report: name of RFA/ period of reporting*

### List of abbreviations

#### 1. Executive Summary (Findings and recommendations)

#### 2. Outline of the assignment

#### 3. Cumulative Summary of CSO and CPP achievements

##### 3.1 *Name of Region 1*

##### a) HIV PREVENTION

INTERVENTION AREA	INDICATOR	Name of Region							
		D1*	D2	D3	D4	D5	D6	D7	D8
<i>Condom Promotion and Distribution</i>	Number of female condoms distributed to end users								
	Number of male condoms distributed to end users								
<i>IEC for general population</i>	Number of IEC materials printed								
	Number of IEC materials distributed								
<i>BCC for general population</i>	Number of peer education sessions (one-to-one discussions)								
	Number of persons reached at peer education sessions								
	Number of workshops								
	Number of persons reached at workshops								
	Number of other kind of sessions (specify type)								
	Number of persons reached at other types of sessions								
<i>IEC for vulnerable groups (CSW, MSM, IDUs)</i>	Number of IEC materials printed								
	Number of IEC materials distributed								
<i>BCC for vulnerable groups (CSW, MSM, IDUs)</i>	Number of peer education sessions (one-to-one discussions)								
	Number of persons reached at peer education sessions (by type of group)								
	Number of workshops								
	Number of persons reached at workshops (by type of group)								
	Number of other kind of sessions (specify type)								
	Number of persons reached at other types of sessions (by type of group)								
<i>Workplace Interventions</i>	Number of persons reached with workplace prevention programme								
	Number of persons reached with workplace care and support programme								
	Number of persons reached with workplace impact mitigation programme								

\* Use abbreviation of district; will be provided by TACAIDS

## b) TREATMENT CARE AND SUPPORT

INTERVENTION AREA	INDICATOR	Name of Region							
		D1*	D2	D3	D4	D5	D6	D7	D8
Home & Community-Based Care & Support	Number of CHBC volunteers								
	Number of CHBC person-visits								

\* Use abbreviations of district ; will be provided by TACAIDS

## c) I M P A C T M I T I G A T I O N

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

**Name of District**

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Health care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

Note: add impact tables as per number of districts in your regions

**3.2 Name of Region 2**

**a) HI V PREVENTI ON**

INTERVENTION AREA	INDICATOR	Name of Region							
		D1*	D2	D3	D4	D5	D6	D7	D8
<i>Condom Promotion and Distribution</i>	Number of female condoms distributed to end users								
	Number of male condoms distributed to end users								
<i>IEC for general population</i>	Number of IEC materials printed								
	Number of IEC materials distributed								
<i>BCC for general population</i>	Number of peer education sessions (one-to-one discussions)								
	Number of persons reached at peer education sessions								
	Number of workshops								
	Number of persons reached at workshops								
	Number of other kind of sessions (specify type)								
<i>IEC for vulnerable groups (CSW, MSM, IDUs)</i>	Number of IEC materials printed								
	Number of IEC materials distributed								
<i>BCC for vulnerable groups (CSW, MSM, IDUs)</i>	Number of peer education sessions (one-to-one discussions)								
	Number of persons reached at peer education sessions (by type of group)								
	Number of workshops								
	Number of persons reached at workshops (by type of group)								
	Number of other kind of sessions (specify type)								
	Number of persons reached at other types of sessions (by type of group)								
<i>Workplace Interventions</i>	Number of persons reached with workplace prevention programme								
	Number of persons reached with workplace care and support programme								
	Number of persons reached with workplace impact mitigation programme								

\* Use abbreviation of district; will be provided by TACAIDS

## b) TREATMENT CARE AND SUPPORT

INTERVENTION AREA	INDICATOR	Name of Region							
		D1*	D2	D3	D4	D5	D6	D7	D8
Home & Community-Based Care & Support	Number of CHBC volunteers								
	Number of CHBC person-visits								

\* Use abbreviation of district; will be provided by TACAIDS

## c) I M P A C T M I T I G A T I O N

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Heath care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

*Name of District*

TYPE OF SUPPORT	NUMBER REACHED	# PROJECTS SET
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	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	UP
Health care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

***Name of District***

TYPE OF SUPPORT	NUMBER REACHED					# PROJECTS SET UP
	# OVC	# ELDERLY	# WIDOWS/ WIDOWERS	# VULNERABLE HOUSEHOLDS	# PLWAs	
Health care and supplies						
Emotional and psychological support						
Nutrition support (food)						
Income generating activities						
School fees and school-related assistance						

Note: add impact tables as per number of districts in your region

**3.3 Status of Implementation/ Observations about CSO and CPP achievements**

**3.4 Challenges to implementation and proposed solutions\***

Challenges	Proposed Solutions / Recommendations

\* Add more rows if required

## 4. Summary of RFA work plan implementation

### 4.1 Capacity Building

#### 4.1.1 RS

#### 4.1.2 LGA

#### 4.1.3 CSO

### 4.2 Summary of main achievements based on benchmarks

#### 4.2.1 Name of Region 1

BENCHMARK	Name of Region							
	D 1	D2	D3	D4	D5	D6	D7	D8
<b>GRANT AWARD</b>								
Number of advocacy sessions undertaken in this quarter								
Number of persons reached at advocacy sessions undertaken in this quarter								
Number of CSO proposals received in this quarter								
Number of SPIFs (Sub project interest forms for community sub projects) received in this quarter								
Number of CSO proposals approved in this quarter								
Number of community sub projects approved in this quarter								
Number of Sub project proposal application forms received in this quarter								
Number of CSOs that have received grants in this quarter								
<b>CAPACITY BUILDING (add other activities specify)</b>								
Number of LGAs trained in .....(specify)								
Number of RS trained .....(specify)								
Number of CSOs trained in .....(specify)								
Number of persons-days that representatives of CSOs were trained in this quarter in how to manage, plan, M&E or implement HIV services								
Number of person-days that CMAC members have been trained this quarter								
Number of wards								
Percentage of WMACs trained by CMACs this quarter								
Number of villages								
Percentage of VMACs trained by CMACs or WMACs this quarter								
<b>PLANNING AND COORDINATION BY COMMUNITIES</b>								
Number of community partnership plans developed in this quarter								
Number of WMACs with HIV work plans and budgets in this quarter								
Number of fact sheets collected in this quarter								
Number of CMAC meetings in this quarter								
Number of CSOs that were mapped in this quarter								
<b>SUPERVISION AND MONITORING</b>								
Number of field visits for financial monitoring undertaken in this quarter								
Number of field visit report forms for financial monitoring reports submitted to TACAIDS in this quarter								
Number of field visits for progress monitoring undertaken in this quarter								
Number of field visit report forms for progress monitoring reports submitted to TACAIDS in this quarter								
% of CSOs that have not been visited for financial monitoring in the current year of implementation								
% of CSOs that have not been visited for progress								

<b>BENCHMARK</b>	<i>Name of Region</i>							
	D 1	D2	D3	D4	D5	D6	D7	D8
monitoring in the current year of implementation								
<b>REPORTING BY CSOs AND COMMUNITY SUB PROJECTS TO RFAs</b>								
Number of CSOs that have submitted quarterly reports in this quarter								
Number of CSOs that have submitted quarterly reports on time in this quarter								
<b>REPORTING TOMSHA DATA</b>								
Number of TOMSHA forms submitted by CSOs and community sub projects to DHAPs in this quarter								
Number of CSOs and community sub projects that have not submitted TOMSHA forms to DHAPs in this quarter								

#### 4.2.2 *Name of Region 2*

<b>BENCHMARK</b>	<i>Name of Region</i>							
	D 1	D2	D3	D4	D5	D6	D7	D8
<b>GRANT AWARD</b>								
Number of advocacy sessions undertaken in this quarter								
Number of persons reached at advocacy sessions undertaken in this quarter								
Number of CSO proposals received in this quarter								
Number of SPIFs (Sub project interest forms for community sub projects) received in this quarter								
Number of CSO proposals approved in this quarter								
Number of community sub projects approved in this quarter								
Number of Sub project proposal application forms received in this quarter								
Number of CSOs that have received grants in this quarter								
<b>CAPACITY BUILDING (add other activities specify)</b>								
Number of LGAs trained in .....(specify)								
Number of RS trained .....(specify)								
Number of CSOs trained in .....(specify)								
Number of persons-days that representatives of CSOs were trained in this quarter in how to manage, plan, M&E or implement HIV services								
Number of person-days that CMAC members have been trained this quarter								
Number of wards								
Percentage of WMACs trained by CMACs this quarter								
Number of villages								
Percentage of VMACs trained by CMACs or WMACs this quarter								
<b>PLANNING AND COORDINATION BY COMMUNITIES</b>								
Number of community partnership plans developed in this quarter								
Number of WMACs with HIV work plans and budgets in this quarter								
Number of fact sheets collected in this quarter								
Number of CMAC meetings in this quarter								
Number of CSOs that were mapped in this quarter								
<b>SUPERVISION AND MONITORING</b>								
Number of field visits for financial monitoring undertaken in this quarter								
Number of field visit report forms for financial monitoring reports submitted to TACAIDS in this quarter								
Number of field visits for progress monitoring undertaken in this quarter								

	<i>Name of Region</i>							
<b>BENCHMARK</b>	<b>D 1</b>	<b>D2</b>	<b>D3</b>	<b>D4</b>	<b>D5</b>	<b>D6</b>	<b>D7</b>	<b>D8</b>
Number of field visit report forms for progress monitoring reports submitted to TACAIDS in this quarter								
% of CSOs that have not been visited for financial monitoring in the current year of implementation								
% of CSOs that have not been visited for progress monitoring in the current year of implementation								
<b>REPORTING BY CSOs AND COMMUNITY SUB PROJECTS TO RFAs</b>								
Number of CSOs that have submitted quarterly reports in this quarter								
Number of CSOs that have submitted quarterly reports on time in this quarter								
<b>REPORTING TOMSHA DATA</b>								
Number of TOMSHA forms submitted by CSOs and community sub projects to DHAPs in this quarter								
Number of CSOs and community sub projects that have not submitted TOMSHA forms to DHAPs in this quarter								

**4.3 Work plan** – feedback from last quarter (4.3.1) AND new work plan for following quarter (4.3.2), using the formats overleaf



### 4.3.1 QUARTERLY REPORTING FORMAT FOR ALL RFAs

DETAILS ABOUT THE ORGANISATION	
<b>Organisation Name and Address:</b>	_____
<b>Work plan period:</b>	_____
<b>Funder:</b>	_____
<b>Contact person:</b>	_____
<b>Tel:</b>	_____
<b>Fax:</b>	_____
<b>Email:</b>	_____
<b>Date submitted to TACAIDS:</b>	_____
<b>Signature of approval:</b>	_____

FOR OFFICE USE ONLY	
Date received by TACAIDS:	_____
Date read by TACAIDS:	_____
Date approved by TACAIDS:	_____
Date captured on MIS:	_____

Activity Code (from work plan)	Activity description (from work plan)	Progress NS = Not Started IP = In Progress BS=Behind schedule C = Completed	Process Indicator <sup>1</sup> (from work plan)	Quantity planned for the reporting Quarter (from work plan)	Quantity reached for the quarter	Total budget planned for this quarter (from work plan)	Actual Expenditure this quarter	Remarks/comments/Deviations

<sup>1</sup> The report should only indicate progress in the implementation of programs monitored by a set of indicators mentioned here.

### 4.3.2 QUARTERLY WORK PLAN FORMAT FOR RFAs

<b>DETAILS ABOUT THE ORGANISATION</b>	
<b>Organisation Name and Address:</b>	_____
	_____
<b>Work plan period:</b>	_____
<b>Funder:</b>	_____
<b>Contact person:</b>	_____
<b>Tel:</b>	_____
<b>Fax:</b>	_____
<b>Email:</b>	_____
<b>Date submitted to TACAIDS:</b>	_____
<b>Signature of approval:</b>	_____

<b>FOR OFFICE USE ONLY</b>	
Date received by TACAIDS:	_____
Date read by TACAIDS:	_____
Date approved by TACAIDS:	_____
Date captured on MIS:	_____

Activity Code	Activity Description	Target group	District or region where activity will take place <sup>2</sup>	NMSF Thematic area	Process Indicator	Targets				Finances			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

<sup>2</sup> Only one district per activity. If the same activity is being implemented in more than one district, then separate them as different activities  
 1231\_ Quarterly Reporting Format for Umbrella Organisations - Tanzania.doc

## **4.4 Partnerships established**

# **5. Financial report**

## **5.1 Financial reports**

Compile financial monitoring reports as per World Bank reporting formats

See format overleaf Annex 1

## **5.2 Procurement report**

Compile a procurement report as per World Bank formats

See format overleaf Annex 2 (to be provided by procurement officer)

## **5.3 Quarterly grant disbursement report**

See format overleaf Annex 3a

# **6. Lessons learnt**

**6.1 Implementation of CSOs sub projects**

**6.2 Implementation of CPP sub projects**

**6.3 Working with LGAs and RS**

**6.4 Partnership**

# **7. Other issues**

List general issues here which the RFAs needs to bring under the attention of TACAIDS.

**7.1 Summary of meetings organized by TACAIDS**

**7.2 Districts, Regional and National events**

**7.3 Other issues**

# ANNEX 1

RFA									
DESCRIPTION	1st Quarter			2005-2006			CUMMULATIVE		
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
Opening cash Balance									
xxxx									
<b>Total Opening Cash Balance</b>									
Cash receipts									
xxxx									
Total Financing									
<b>Cash available</b>									
Expenditures by component									
1. Civil Society support									
1.1 Grants									
1.3 Others									
<b>2. Training</b>									
2.1 CSOs									
2.2 LGSs									
2.3 RAS									
2.4 Mixed									
<b>3. Program Management</b>									
3.1 Consultants									
3.2 Office Equipment									
3.3 Operating Costs									
<b>4. Monitoring + Evaluation</b>									
4.1 Consultants									
4.2 Office Equipment									
4.3 Training									
4.4 Operating Costs									
<b>Total Expenditure</b>									
<b>Balance</b>									
Planned Activities for next 3 month									TOTAL
Expenditures by component									
<b>1. Civil Society support</b>									
1.1 Grant									
1.3 Others									
<b>2. Training</b>									
2.1 CSOs									
2.2 LGAs									
2.3 RAS									
2.4 Mixed									
<b>3. Program Management</b>									
<b>4. Monitoring and Evaluation</b>									
4.1 Consultants									
4.2. Office Equipment									
4.3 Training									
4.4 Operating Costs									
<b>Total Amount Required</b>									0
Total Amount Requested for 6 months									
<b>NAME OF THE RFA:</b>				TANZANIA COMMISSION FOR AIDS (TACAIDS)					
<b>APPROVAL/SIGNATURE</b>				APPROVAL/SIGNATURE .....					
<b>TITLE: Team Leader</b>				<b>TITLE: EXECUTIVE CHAIRMAN</b>					
<b>DATE:</b>				<b>DATE:</b>					

## **ANNEX 2**

**Procurement format to be added**



### ANNEX 3: QUARTERLY DISBURSEMENT REPORT

S N	Code/ Contract No	Ward	CSO Name	Type of CSO/ CPP	Contact Address	Project Period	End of Project	Total Project Cost	Cross cutting issues	Prevention	Care & Support	Mitigation	Total disbursement	Contribution of CSO	Amount not retired	Remarks
1	TNZA	Mwanga	KIWA-KUKKI	NGO	Box 5 Moshi Tel. 2333333	1 year	6/2008	9,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000	500,000	1,000,000	1.Instalment

