



DATA MANAGEMENT MANUAL

Services to Persons Living with HIV and AIDS (PLHIV)

*September 2017
Version 2.0*

Ghana AIDS Commission

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The Ghana AIDS Commission and its partners and stakeholders look forward to the successful implementation of these manuals, driven by stronger partnerships and collaboration and a sense of common purpose.

Acronyms and Abbreviation

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behaviour Change Communication
CD	Compact Disc
CHBC	Community Home Based Care
CRIS	Country Response Information System
DHS	Demographic and Health Survey
DQAM	Data Quality Assurance Manual
DSW	Department of Social Welfare
FP	Family Planning
FSWs	Female Sex Workers
GAC	Ghana AIDS Commission
HBC	Home Based Care
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus
IP	Implementing Partner
IEC	Information, Education and Communication
KYS	Know Your Status
KPs	Key Populations
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MSM	Men who have Sex with Men
MTCT	Mother to child transmission
NACP	National AIDS and STI Control Programme
NAP+	National Association of People Living with HIV
NGOs	Non-Governmental Organisations
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PR	Prevention
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPAG	Planned Parenthood Association of Ghana
ROM	Read Only Memory
SCT	Standard Common Tools
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TSU	Technical Support Unit
WP	Workplace

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INTRODUCTION

This Data Management Manual was developed by the Ghana AIDS Commission and its Implementing Partners to provide guidelines and tools for collecting, reporting, and managing the data required to deliver and manage services to Persons Living with HIV and AIDS (PLHIV) in the national response to HIV and AIDS.

This version of the Data Management Manual is intended for use by all service delivery staff, data managers, M&E officers, and program managers in organisations providing services to Persons Living with HIV and AIDS (PLHIV).

The Data Management Manual is organised in three major sections:

- **Overview of Data Management:** summarises key concepts and information as well as basic data management policies.
- **Data Management Tools and Instructions:** provide guidance for using each of the forms and reporting formats use in providing services to Persons Living with HIV and AIDS (PLHIV).
- **Data Collection and Reporting Procedures:** summarises how the data collection and reporting tools are used at all levels of the organisations providing services to Persons Living with HIV and AIDS (PLHIV).

This document is the updated version of the PLHIV Data Management Manual, the contents of these sections will be updated periodically as the need arises.

The Ghana AIDS Commission recognises that the success and ultimate effectiveness in the national response to HIV and AIDS depends on accurate and timely data. This Data Management Manual is intended as a foundation to generate, manage and use data for the benefit of all Ghanaians whose lives and livelihoods depend on effective prevention, care, and treatment services.

OVERVIEW OF DATA MANAGEMENT

Data management is a critical component of the HIV and AIDS Monitoring and Evaluation system in Ghana. The Data Management System generates and manages the data that is needed to answer critical questions about the scope and reach of HIV and AIDS services, the extent to which planned interventions are actually implemented, and the outcomes for the targeted populations.

This section provides an overview of the HIV Data Management System in Ghana. It briefly describes:

- Relationship of Data Management to Monitoring and Evaluation (M&E)
- Information requirement for the Data Management System
- Data Management tools for collecting and reporting data
- Data Management procedures
- Data Management policies and issues

Data Management – the Engine for Monitoring and Evaluation

The national response to HIV and AIDS is implemented through a broad range of interventions and services to prevent HIV, treat, care and support people living with HIV, and mitigate the social and economic impacts of the disease. The progress and actual results of these services are assessed through the national Monitoring and Evaluation (M&E) system.

Monitoring and Evaluation are two essential, but very different functions, for managing the national HIV and AIDS response in Ghana. As defined in the Global Fund's M&E Toolkit¹:

- Monitoring is “the *routine* tracking of the key elements of program/project performance (usually inputs and outputs) through record-keeping, regular reporting and surveillance systems, as well as health facility observation and surveys. Monitoring helps program or project managers determine which areas require greater effort and identify areas which might contribute to an improved response.”
- Evaluation, in contrast, is “the *episodic* assessment of the change in targeted results related to the program or project intervention. In other words, evaluation attempts to link a particular output or outcome directly to an intervention after a period of time has passed. Evaluation thus helps program or project managers determine the value or worth of a specific program or project.”
- Both monitoring and evaluation rely on quality data that are collected, aggregated, reported, and managed through a data management system. In that sense, the data management system is the “engine” that drives both the routine monitoring and the periodic evaluations of the national response to HIV and AIDS.

The data management system described in this Manual, however, is limited to monitoring activities the routine assessment of program performance. It is not intended to support periodic and formal evaluations of the national HIV and AIDS program.

Information Requirement for the Data Management System

The specific data in the data management system are determined by the information that is required to monitor the performance of services provided through the national HIV and AIDS program. These service areas are described in the National Monitoring and Evaluation Plan (2016-2020)², and are organized into several Thematic Areas:

Thematic Areas	Service Areas
Prevention of New HIV Infections	HIV Prevention Programmes (Prevention) HIV Testing Services Prevention of Mother-to-Child Transmission (PMTCT)
HIV Treatment, Care and Support	Services to People Living with HIV (PLHIV) through Support Groups and Home Based Care (HBC) Clinical Care and Support Services
Mitigation of Social & Economic Impact of HIV and AIDS	Services to Orphans and Vulnerable Children (OVC)

Each of these service areas has explicit results that are defined in clearly stated performance indicators – specific statements about what the service will accomplish (typically defined by a number of people served, number of commodities distributed), for whom, and in a prescribed period of time.

These indicators focus on different dimensions, or levels of service delivery:

- **Resources or inputs:** the staff, money and facilities needed to implement programme activities – e.g., the number of peer educators recruited, the number of HIV testing centres established.
- **Activities** to deliver services – e.g., the number of peer education training sessions, number of PLHIV support group meeting held, number of community home-based care visits undertaken
- **Outputs:** the products and services resulting from the programme activities – e.g., the number of condoms distributed, number of men and women tested and know their results, number of clients provided with home-based care and support services
- **Outcomes:** the actual changes in the actions or behaviours of the targeted individuals receiving services – e.g., number of FSW reporting use of a condom with their last client. (*Note:* outcome assessments typically require non-routine, specialised surveys and assessments and therefore may not be included in routine monitoring activities.)

The performance indicators (whether input, activity, or output) therefore determine what data shall be collected, aggregated, and reported in the data management system.

² Ghana National HIV & AIDS Monitoring and Evaluation Plan (2016-2020), Ghana AIDS Commission, September 2017.

This Data Management Manual describes the data management system that is needed to report these and other indicators in the National M&E Plan. **The national capability to routinely monitor the performance of the National HIV and AIDS program therefore depends on the effective implementation of the tools, procedures, roles and responsibilities, and policies described in this Manual.**

Tools for Collecting and Reporting Data

The Data Management System is based on a set of data collection and reporting tools for each of the HIV and AIDS service areas provided by the Ghana AIDS Commission and its Implementing Partners:

- HIV Prevention Programmes (Prevention)
- HIV Testing Services (HTS)
- Prevention of Mother-to-Child Transmission (PMTCT)
- Services to People Living with HIV (PLHIV)
- Home-Based Care (HBC)
- Services to Orphans and Vulnerable Children (OVC)

The data collection tools are registers/forms and report formats that have been developed by the Ghana AIDS Commission and its Implementing Partners, and the Ministry of Health/ National AIDS Control Program to report their performance results for each of the performance indicators in the service delivery areas.

These data collection tools are briefly summarised in **Exhibit 1**. They are listed in two columns – one for source register/forms (to capture original data at the level where services are provided), and reporting forms (to aggregate and report data to a higher organisational level).

The individual Data Management tools – the actual forms and reporting formats, including instructions for their use – are presented in a section of this Data Management Manual.

Exhibit 1**HIV and AIDS Data Management Tools: Source Documents and Reports (By Service Area)**

Service Area	Source Documents	Reports
HIV Prevention Programmes (Prevention)	<ul style="list-style-type: none"> • KP Individual tracking sheet tool (SCT 1) • Peer Educator Daily Activity Sheet (SCT 2) • Attendance Register, Group Activities (SCT 3) 	<ul style="list-style-type: none"> • Prevention Indicator Summary (PR 1) • Key Population (KP1) • Workplace Programs Periodic Summary Report (WP 1)
HIV Testing Services (HTS)	<ul style="list-style-type: none"> • HTS Register (HTS 1) • Self-test kit distribution register (HTS3) 	<ul style="list-style-type: none"> • HTS Monthly Returns / Indicator Summary Sheet (HTS 2) • Prevention Indicator Summary (PR 1) • Key Population (KP1) • Workplace Programs Periodic Summary Report (WP 1)
Prevention of Mother-to-Child Transmission (PMTCT)	<ul style="list-style-type: none"> • PMTCT Register • EID register 	<ul style="list-style-type: none"> • PMTCT Monthly Returns / Indicator Summary Sheet
Services to People Living with HIV (PLHIV)	<ul style="list-style-type: none"> • PLHIV Enrolment Form (PLHIV 3) • PLHIV Support Group Meeting Register (PLHIV 4) • PLHIV Exit Register (PLHIV 5) 	<ul style="list-style-type: none"> • PLHIV Enrolment Summary Sheet (PLHIV 2) • PLHIV Indicator Summary Report (PLHIV 1)
Home Based Care (HBC)	<ul style="list-style-type: none"> • Home Based Care Enrolment Form (HBC 3) • Home Visit Register (HBC 5) 	<ul style="list-style-type: none"> • Home Based Care Home Visit Summary (HBC 4) • Home Based Care Enrolment Summary Sheet (HBC 2) • Home Based Care Indicator Summary Report (HBC 1)
Services to Orphans and Vulnerable Children (OVC)	<ul style="list-style-type: none"> • OVC Register (OVC 3) 	<ul style="list-style-type: none"> • OVC Support Summary Form (OVC 2) • OVC Summary Indicator Form (OVC 1) • OVC Enrolment Summary Sheet (OVC 4)
Other Standard Common Tools (SCT) <i>Note: these forms are used in all service areas</i>	<ul style="list-style-type: none"> • Training Record Form (SCT 4) • Two-way Referral Form (SCT 5) • Commodity Stock Management Sheet (SCT 6) • NHIS Enrolment form (SCT 10) • Post Gender Based Violence Care (SCT 8) • Clinical Care Register (SCT 9a & 9b) 	<ul style="list-style-type: none"> • Commodity Stock Management Summary Sheet (SCT 7) • Clinical Care summary (SCT 9c)

Data Management Procedures

Data management procedures provide standardised guidelines for using all relevant data collection tools and reporting formats for a given Service Area. These Service Areas include: Behaviour Change Communication (BCC), HIV Testing Services (HTS), Prevention of Mother-to-Child Transmission (PMTCT), Services to People Living with HIV (PLHIV), Home Based Care (HBC), and services to Orphans and Vulnerable Children (OVC).

Each of the Data Management Procedures provides two types of information: general introductory information, and specific guidelines for generating and aggregating the data into district, regional, and national reports to monitor Service Area performance.

The general introductory information includes:

- target audience
- services provided
- performance indicators
- source documents
- summary reports

The usage and reporting guidelines are sequenced by organisational level: service provision, district, regional, national Implementing Partner, and country level (Ghana AIDS Commission). For each organisational level they include the following information:

- who completes the activity
- brief description of the activity
- when the activity occurs
- forms and reports used
- result of the activity

These Data Management Procedures are presented by service areas in a separate section of the Data Management Manual.

Data Quality Issues

Effective and efficient implementation of the NSP depends on the availability of quality data – i.e., data that are valid, reliable, accurate, complete, and timely. To ensure that HIV and AIDS data meet these standards, the national Monitoring and Evaluation Plan developed by the Ghana AIDS Commission and its partners mandated establishment of a national data quality assurance system for HIV.

GAC's Quality Assurance initiative seeks to minimise (and even eliminate) data errors by focusing on the quality principle of "getting it right first time" when collecting, recording, transcribing, collating, and reporting data. This quality principle refers to investing more up front in designing tools and processes; changing procedures, processes, and tools to produce better outputs; and doing things differently (i.e. correctly) at the earliest stages of the production process so that errors and product issues never get upstream. In the context of data production, this principle means preventing data errors from occurring in the first

place, or correcting them at the lowest level before those errors are rolled up to higher levels of the data management system.

The Conceptual Framework for this Data Quality Assurance Manual (DQAM) emphasizes three overarching and coordinated processes for Data Quality Assurance:

- **Error Prevention:** involves processes to support and ensure that data is collected as planned for preventing errors from occurring in the first place and for easily identifying and resolving data quality issues that arise;
- **On-going Quality Control:** involves planned measures and systematic checks built into data collection, data entry, and data reporting procedures to ensure that data captured in the system are accurate and reliable; and
- **Quality Assessments:** includes in-depth retrospective evaluations and assessments of over- and/or under-reporting. During the assessments, data quality is measured and steps taken to improve data quality.

This data quality system is being implemented at all levels and in all sectors, as one of the strategies to ensure high-quality strategic information for timely decision making and action. It is described and documented in a national Data Quality Assurance Manual (DQAM) that is available separately from this Data Management Manual.

Data Management Policies

The following Data Management policies have been established to provide guidance to service providers, program administrators, auditors, and other authorised personnel in three critical areas:

- Data security and client confidentiality
- Storing and archiving HIV and AIDS program data and documents
- Backing up program documents and data

Data Security and Client Confidentiality

Rationale: Data security and client confidentiality are essential for the provision of effective prevention, care, and treatment services in the HIV and AIDS program. Breaches of client confidentiality and data security are a violation of personal privacy and further undermine the value and effectiveness of all prevention, care, and treatment services in the national HIV and AIDS program.

Policy: All personal data for clients of the HIV and AIDS program, and all records and documentation for purposes of administering and supporting the national HIV and AIDS program, must be secured against unauthorised access to protect the confidentiality of clients and the integrity of the program. All service providers, program administrators, and other program personnel are required to observe and maintain the confidentiality of clients and the integrity of program data.

1. **Access to client and program data.** Data access should be granted only to authorised persons. Authorised persons may include service delivery staff, program managers and officers, auditing staff, and national level authorities.
2. **Anonymous client identifiers.** Anonymous unique client identifiers shall be used whenever possible in order to ensure client confidentiality. Client personal information (including names, telephone numbers, pictures, and other personal data) shall only be used when anonymous identifiers are not possible, and shall never be used when presenting or summarising program data.
3. **Confidentiality agreements.** Service Providers, and other direct service personnel, who are authorized to view and maintain personal client information shall sign a confidentiality agreement that requires absolute adherence to client confidentiality in providing services or administering the HIV and AIDS program.
4. **Password protection for electronically stored confidential data.** Service providers, program managers, and administrators, and anyone else with authorized access to client and program data shall be assigned and shall use private passwords when accessing confidential data in electronic formats.
5. **Reporting data privacy violations.** Anyone observing or inadvertently causing a violation of client confidentiality shall report this violation to the responsible Field Supervisor, Program Officer, or Program Manager
6. **Contracted or external service providers.** Contracted or external service providers shall be required to observe client confidentiality and data security in the provision of HIV and AIDS services. Contractual agreement authorising participation in the national HIV and AIDS program shall include provisions conforming to the policies on Client Confidentiality and the Security of Program Data, Records, and Documents.

Storing and Archiving HIV and AIDS Program Data and Documents

Rationale: All HIV and AIDS program data and documents must be available for referencing client and program performance information during and after a project. It is essential that these documents are available for program audits, to verify the quality of data, and to justify or document program performance. If documents and records are not readily available, intact and in usable condition, the integrity of project data – and the project itself – may be questioned.

Policy: All HIV and AIDS program documents, records, and data shall be stored and archived in accordance with the following provisions:

- 1. Period of Storage:** All HIV and AIDS program documents, records, and data shall be stored and made available:
 - during the entire funding period, or period of program performance, for the program or project; and
 - for a period not less than four years after the program or project has ended.

Notwithstanding the above, all relevant national laws on storage and archiving of documents shall be observed.
- 2. Storage conditions:** Documents and records shall be stored in secure and clean conditions that shall prevent tampering, damage, or destruction.
- 3. Accessibility:** Stored documents shall be accessible to authorised persons for purposes of managing, reporting, or supporting program operations. Authorised persons may include service delivery staff, program managers and officers, auditing staff, and national level authorities.
- 4. Disposal of stored documents:** Stored documents may be disposed of at the end of the Period of Storage, in conformance with the HIV and AIDS program policy on Document Security.

Backing Up Program Documents and Data

Rationale: It is essential that program data, including source documents and reports, be backed up to prevent the catastrophic loss of data and to ensure its availability and use in the future whenever needed.

Policy: All HIV and AIDS program source documents and reports shall be regularly backed up, in hard copy and/or electronic formats, to prevent the loss of essential client and program information. The back-up process shall be completed according to the following guidelines and requirements.

1. Hard Copy Backups

1.1. When copies shall be created.

1.1.1. **Source documents:** Copies of source document shall be created whenever new source document are created, updated, or submitted to a higher program level as supporting documentation for program reports.

1.1.2. **Reports:** Copies of hard copy reports shall be made when they are prepared or, alternatively, when they are submitted to a higher program level (e.g., at the end of a monthly or quarterly reporting period).

1.2. **Backup methods:** Source documents and hard copy reports shall be made using manual carbon copy formats or a photocopier machine.

1.3. **Storage and maintenance of backup copies:** Copies of source documents and reports shall be stored in the location where they were originally created, unless otherwise mandated by program administrators. They shall be stored according to the HIV and AIDS Data Management policy on *Storing and Archiving HIV and AIDS program Data and Records*.

2. Electronic Backups

2.1. **Types and frequencies of backups:** The frequency of electronic backups shall be determined by the type of backup;

2.1.1. **Partial back-ups** shall be created whenever data has been changed in a file. Only the data that has changed must be updated.

2.1.2. **Full back-ups** shall be created whenever;

- reports are created and submitted
-

2.2. **Backup devices.** Electronic backups shall be created on a separate storage device (e.g., a flash drive, CD-ROM, standalone hard drive, or a network server). Whenever these technology formats risk obsolescence, existing backed-up files shall be transferred to current

technology formats or media in order to assure access and availability in the future. For the avoidance of doubt, there must be a technology formats and versions review at least every two years to assess their currency and compatibility.

- 2.3. Off-site locations for backup devices:** Backup devices shall be stored in off-site locations to ensure data security in case of theft, fire, flooding, or other disaster.
- 2.4. Testing of backup files:** All backed-up files shall be tested at least quarterly to assure that back-up files are accessible and usable.
- 2.5. Storage and maintenance of backed up files:** The files from all previous full back-up operations shall be saved and maintained for future access. Backed-up files shall be maintained according to the policy on *Storing and Archiving HIV and AIDS program Data and Documents*.

DATA MANAGEMENT TOOLS AND INSTRUCTIONS: PLHIV

The HIV and AIDS data collection forms and reporting formats are the foundation for the HIV and AIDS Data Management System. This section of the Data Management Manual contains the forms and reports for PLHIV services, as well as the instructions for completing them.

There are two basic types of data management tools for the PLHIV services area:

- **Source documents** are completed by Service Providers and other service delivery personnel to register clients, document the number of individuals reached, and record services and referrals provided to individuals and clients.
- **Report formats** are used to aggregate and report service delivery data at various levels – community, district, regional, and national.

The PLHIV source documents and reporting formats are summarized below. The forms and report formats, with the instructions for their use, are presented on the subsequent pages.

<u>Tools</u>	<u>Purpose</u>	<u>Who Uses Form</u>	<u>When Form is Used</u>
Source Forms			
PLHIV 3 Enrolment Form	To enrol an individual in a PLHIV Support Group	Group Leader, Peer Educator, or “Model of Hope” for the Support Group	When a new member is enrolled in a PLHIV Support Group
PLHIV 4 Support Group Meeting Register	To track attendance and activities for an individual PLHIV Support Group meeting, including provision of services and referrals	Group Leader or Field Supervisor	During and after Support Group meetings
Tally sheet for PLHIV 4	To summarise quarterly data in the PLHIV 4 - Support Group Meeting Register	Group Leader or Field Supervisor	When preparing quarterly reports
PLHIV 5 Exit Register	Document Support Group members who have exited the program, and the reasons for exiting.	Group Leader or Field Supervisor	When a Support Group member leaves or exits program
PLHIV 6 Income Generating Support Register	Document income generating support provided to a client by external donors or partners.	Service provider from external donor or provider organization	When providing income generating activities to a client
SCT 5	To facilitate the referral of an	Peer Educator or other	When a Peer Educator, or

<u>Tools</u>	<u>Purpose</u>	<u>Who Uses Form</u>	<u>When Form is Used</u>
Two-Way Referral Form	individual by one organization for services from another organization.	Service Provider, who is referring a client for services	other service provider, determines that an individual or client should be referred for services from another organization

Reports

PLHIV 2 Enrolment Summary	To summarize enrolment information, by sex and age group, from the PLHIV4 Group Meeting Register	Group Leader, Peer Educator, or "Model of Hope" for the support group	At the end of month/quarter
PLHIV 1 PLHIV Indicator Summary Report	To summarize key information, disaggregated by sex and age group, for PLHIV Support Groups: <ul style="list-style-type: none"> • enrolment • services provided • referrals for other services • income generating activities 	Support Group Leader or Supervisor (Community Level) Field Supervisor / Coordinator (District) Coordinator / Program Officer (Region) National M&E Officer (Implementing Partner)	When summarizing performance during a quarterly reporting period

Thematic Area: HIV Treatment, Care & Support

Service Area: HIV Care and Support

General Information

Purpose To summarise key information, disaggregated by sex and age group, for PLHIV Support Groups:

- 15 enrolment
- services provided
- referrals for other services
- income generating activities

Reporting Period Quarterly

Who uses form Support Group Leader or Supervisor (Community Level)
Field Supervisor / Coordinator (District)
Regional Coordinator / Program Officer (Region)
National M&E Officer (Implementing Partner)

Who verifies data Next Supervisory Officer

When form is used When summarising performance during a quarterly reporting period

Performance indicators using data from this form National Summary Report

- Number of PLHIV enrolled into PLHIV Associations
- Number of PLHIV provided with support services (by age group, sex, and type of service)
- Number of PLHIV referred for other services (by sex and type of referral)
- Number of PLHIV supported with Income Generating Activities

National M&E Plan

1. Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period
2. Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food

Note: Indicator 2 is measured using data from the Ghana Health Service (GHS). In the absence of data from GHS, the data from this report can be used as a proxy for this indicator.

Instructions for Using This Form

Section A Background Information

1. Enter the name of the Support Group
2. Identify the Region and District
3. Enter the reporting period ("from" date," to" date).
 - When used for quarterly reporting, the "from" and "to" dates must coincide with the quarterly reporting period (i.e., January-March, April-June, July-September, October-December)
4. Indicate the date of submission.

Section B Indicator Data

Use tally sheet for PLHIV 4 for collating and reporting the following sections

Number of PLHIV enrolled: Enter the total numbers of PLHIV enrolled in Support Groups by client status (new/ old), sex, and age group. This summary data is aggregated from the PLHIV 2 - Enrolment Summary Sheet for the Support Group during the reporting period:

- **Newly Enrolled:** Aggregate totals from Section 2 Item 2 ("Newly enrolled clients"), by sex and age group, from PLHIV 2 - Enrolment Summary Sheet.
- **Currently Enrolled:** Transfer totals from Section 2 Item 4, by age and sex group, from PLHIV 2 - Enrolment Summary Sheet

2. **Number of PLHIV provided with Support Services:** Use all the PLHIV 4 Meeting Registers used for meetings during the reporting period.

Note: Indicator 2 reports the number of individuals who received a support service during the reporting period, not the number of times the service was provided. If an individual received the same service more than once in a reporting period, he/she is counted only once (regardless of the number of times he/she received that same service).

By Age Group and Sex:

Aggregate data using the columns for Age Group and Sex on all the PLHIV 4 Meeting Registers for meetings during the reporting period.

- by Sex and Age Group:
 - Using the Tally Sheet for PLHIV 4 (Meeting Registers), transfer the total by sex and age group into indicator 2.1

3. **By Type of Support Service and Sex**

Using the Tally Sheet for PLHIV 4 (Meeting Registers), transfer the total by type of support services and sex into indicator 2.2

4. Number of PLHIV referred for other services.

Using the Tally Sheet for PLHIV 4 (Meeting Registers) and SCT 5 (Two-way referral form), transfer the total by type of referral for other services and sex into indicator 3.1

5. Number of PLHIV supported with Income Generating Activities:

- Use completed PLHIV 6 - Income Generating Support Registers for this aggregation.
- Tally the total number of unduplicated individuals, across PLHIV 6 Registers, who have received Income Generating Support during the reporting period.

Note: *in order to avoid double counting of members receiving income generating support, do not count the same individual more than once.*

- Enter the total unduplicated number of individuals receiving Income Generating Support during the reporting period into indicator 4.

Section C
Submission

Signatures: Provide signature and name of the person preparing the report as well as signature of the supervisor with date.



National HIV Data Collection Tool

PLHIV 1: PLHIV Support Groups Summary Report

Section A: Background Information

Name of Support Group: _____ Region: _____

District: _____ Reporting Period, From: _____ To: _____

Date of Submission: _____

Section B: List of indicators

Indicator		Achieved						
1) Number of PLHIV enrolled into association(s)	1.1) By New enrolled							
		<15	15-19	20-24	25+	Total		
	M					0		
	F					0		
	Total	0	0	0	0	0		
	1.2) By Currently enrolled							
		<15	15-19	20-24	25+	Total		
	M					0		
	F					0		
	Total	0	0	0	0	0		
2) Number of PLHIV provided with support services	2.1) By Age							
		<15	15-19	20-24	25+	Total		
	M					0		
	F					0		
	Total	0	0	0	0	0		
	2.2) By Type of Services (**A PLHIV can receive support in more than one area)							
		ART Refund	Nutritional Support	Health Insurance (NHIS)	Condoms	HIV Related Education	Psycho-Social	Adherence Support
	M							
	F							
	Total	0	0	0	0	0	0	0
3) Number of PLHIV referred for other services	3.1) By Service (**A PLHIV can be referred to services in more than one area)							
		TB	ART	Economic Assistance	STI	Psycho-Social	PMTCT/FP	Legal Services
	M							
	F							
	Total	0	0	0	0	0	0	0
4.) Number of PLHIV supported with Income Generating Activities	M							
	F							
	Total	0						

Section C: Submission

Prepared by: _____ Signature: _____

Signature of supervisor: _____ Date: _____

PLHIV 2: PLHIV Enrolment Summary Sheet

Thematic Area: HIV Treatment, Care & Support
Service Area: HIV Care and Support

General Information

Purpose	To summarize enrolment information, by Sex and age group, from the PLHIV4 Group Meeting Register.
Reporting Period	Monthly
Who completes	Group Leader, peer educator, or “Model of Hope” for the support group
Who verifies data	Field Supervisor
Due Date	At the end of a month.
Performance indicators using data from this form	<p><u>National Summary Report (PLHIV 1)</u></p> <ul style="list-style-type: none">• Number of PLHIV enrolled into PLHIV Support Group by sex and age group <p><u>National M&E Plan</u></p> <ul style="list-style-type: none">• Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period

Instructions for Using This Form

Section 1 Background Information	<ol style="list-style-type: none">1. Enter the name of the PLHIV Association, its Region and District2. Enter the reporting period (“from” date and “to” date).3. Indicate the name of the person preparing the form.
Section 2 Summary of Enrolment Data	<ol style="list-style-type: none">4. Enrolled from previous reporting period: Enter the summary totals, by age group and Sex, from the Section 2 Item 4 of previous month’s PLHIV 2 (line 4).5. Newly enrolled patients. Use the PLHIV 3 (PLHIV Group Enrolment Form) to determine the number of newly enrolled members, by sex and age group.<ul style="list-style-type: none">• Use the information under “Date of Enrolment” to tally the number of newly enrolled members by sex and age group.

6. **Members who have exited from programme:** Using data from the PLHIV 5 Exit Registers, enter the number of members who have exited the programme since the last report.
7. For those that have exited the programme, indicate the number that have exited by the reasons for exiting the programme
8. **Currently enrolled membership:** For each age group and sex group:
 - Add the totals from Section 2 Item 1 (enrolled from previous reporting period) and Section 2 Item 2 (newly enrolled clients) and
 - Subtract the totals in Section 2 Item 3 (clients who have exited from programme) and
 - Enter net total , by Sex, in Section 2 Item 4 4 (currently enrolled in programme)
9. **Comments and Remarks:** Enter any clarifying comments and remarks for the information or calculations in the PLHIV 2.
10. **Signatures:** Provide signatures and date for Service Provider and Supervisor.

Section 3
Other

National HIV Data Collection Tool



PLHIV2: PLHIV Enrollment Summary Sheet

Section 1: Background Information

Name of Association: _____

Region: _____ District: _____

Reporting Period: From _____ To _____ Prepared By: _____

Section 2: Summary of Enrollment Data

		<15	15-19	20-24	25+	Total
(1) Enrolled from the previous reporting period	Female					
	Male					
	Total					
(2) Newly enrolled Members	Female					
	Male					
	Total					
(3) who have exited from programme	Female					
	Male					
	Total					
(4) Currently enrolled membership = (1)+(2)-(3)	Female					
	Male					
	Total					
Members who have exited from the Support Group by reason		Health	Migrated	Dead	Unknown	Total
	Female					
	Male					
	Total					

Section 3: Other**Comments and Remarks**

Signature of service provider: _____ Date: _____

Signature of supervisor: _____ Date: _____

PLHIV 3: PLHIV Support Group Enrolment Form

Thematic Area: HIV Treatment, Care & Support

Service Area: HIV Care and Support

General Information

Purpose	To enrol an individual in a PLHIV Support Group.
Reporting Period	The enrolment form may be used as a reference for monthly reporting. (e.g., PLHIV 2 - PLHIV Enrolment Summary Sheet). However, it is primarily a record of each member personal and status information.
Who uses this form	Group Leader, Peer Educator, or “Model of Hope” for the Support Group
Who verifies data	Field Supervisor
When form is used	When a new member is enrolled in a PLHIV Support Group
Performance indicators using data from this form	<p><u>National Summary Report (PLHIV 1)</u></p> <ul style="list-style-type: none">• Number of PLHIV enrolled into PLHIV Associations <p><u>National M&E Plan</u></p> <ol style="list-style-type: none">1. Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period2. Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food <p><i>Note:</i> Indicator 2 is measured using data from the Ghana Health Service (GHS). In the absence of data from GHS, the data from this report can be used as a proxy for this indicator.</p>

Instructions for Using This Form

- 1. Background:** Enter the background information for a member:
 - Name of the PLHIV Association
 - Date of enrolment
 - Region and District where support group is located
- 2. Personal Information:** Provide basic personal information about the new member:
 - Member Name
 - Sex
 - Age
 - Marital Status – check appropriate category
 - Educational Status – highest educational level completed
 - Weight (in kg)
 - Complete address information – region, district, community, house information
 - Telephone
- 3. Next of Kin:** Provide Next of Kin information for the member:
 - Name
 - Relationship to member
 - Sex
 - Contact address
 - Telephone
- 4. Member Status:** Indicate the status of the new member for each of the following:
 - symptom / major problem – check all that apply
 - medication taken by member – check all that apply
 - support needed – check all that apply
- 5. Comment and Remarks:** Enter any clarifying comments or remarks that are relevant for the new member.
- 6. Form Preparation Information and Signature:** Provide name of the person who prepared the PLHIV 3 Enrolment Form, date it was prepared, and signature.

National HIV Data Collection Tool
PLHIV3: PLHIV Support Group Enrolment Form



Name of Association: _____ Date of Enrolment: _____

Region: _____ District: _____

Member Information

1) Member Name: _____

2) Sex: Male ☐ Female ☐ 3) Age: _____

4) Marital Status: Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Cohabiting ☐

5) Educational Status _____ 6) Weight _____

7) Complete Address _____

Region: _____ District: _____ Community: _____

House Identification Information: _____ Telephone _____

Next of kin Information

1) Name _____

2) Relationship to Member _____

3) Sex: Male ☐ Female ☐

5) Contact address _____ 6) Telephone _____

Member Status Information

1) Symptom/Major problem (if any)

1. Pain ☐ 2. Loss of Weight ☐ 3. Diarrhea ☐ 4. Mouth Infection ☐ 5. Fever ☐ 6. Skin Disease ☐

2) Medication taken by Member

ARV ☐ TB Drugs ☐ Cotrimoxizole ☐ Other (Specify) _____

3) Support Needed

1. Medical support ☐ 2. Legal Aid ☐ 3. Psychosocial Support ☐ 4. Food/Nutrition ☐

5. Shelter/Housing ☐ 6. Nursing Care ☐ Other (Specify) _____

Comments and Remarks

--

Prepared by: _____

Date: _____

Signature: _____

PLHIV 4: PLHIV Support Group Meeting Register

Thematic Area: HIV Treatment, Care & Support
Service Area: HIV Care and Support

General Information

Purpose	Track attendance and activities for an individual PLHIV Support Group meeting, including provision of services and referrals (by new / old membership status, sex, and age group)
Reporting Period	(aggregating data from all PLHIV 4 forms for Support Group meetings during the period)
Who uses form	Group Leader or Field Supervisor
Who verifies data	Next Supervisory Level
When form is used	During and after Support Group meetings
Performance indicators using data from this form	<p><u>National Summary Report (PLHIV 1)</u></p> <ol style="list-style-type: none"> 1. Number of PLHIV enrolled into PLHIV Associations (PLHIV 1 and 2) 2. Number of PLHIV provided with support services 3. Number of PLHIV referred for other services 4. Number of PLHIV supported with Income Generating Activities (PLHIV 1 and 6) <p><u>National M&E Plan</u></p> <ol style="list-style-type: none"> 1. Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period 2. Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food <p>Note: Indicator 2 is measured using data from the Ghana Health Service (GHS). In the absence of data from GHS, the data from this report can be used as a proxy for this indicator.</p>

Instructions for Using This Form

Section 1

Background
Information

1. Enter the background information for the Support Group meeting
 - Name of the PLHIV Association
 - Name of Chairman for meeting
 - Region
 - District
 - Community
2. Enter date of the meeting

Section 2

Meeting
Attendance
and Activities

3. **Member Names:** Enter the name of each person attending the Support Group meeting.
4. **Member Status Information:** Tick the columns to indicate the following status information for each person attending the Support Group meeting:
 - age group
 - sex
 - Member status (new member or old member)
5. **Services:** Tick the appropriate columns to indicate services provided to each individual during / after the Support Group meeting
 - Nutritional Support
 - Health Insurance
 - ART Refund
 - Condoms
 - HIV related Health Education
 - Psycho-social Counselling
 - Adherence Education
6. **Referrals:** Tick the appropriate columns to indicate referrals for each individual
 - TB
 - ART
 - STI
 - Family Planning
 - PMTCT
 - Legal Services
 - Economic Assistance
 - Psycho-Social Support
7. **Remarks:** Provide any clarifying remarks or comments for each individual, as appropriate.

Section 3
Summary of
Data

Total New Members

Tally the number of new members by age group, type of support services, and type of referral using the following procedures:

This summary Indicator Data is aggregated from all relevant PLHIV 4 (Support Group Meeting Registers) for a reporting period. If a Support Group met once each month, and assuming a quarterly reporting period, the summary data will be aggregated from three PLHIV 4 Registers for the Support Group. Use the PLHIV 4 Tally sheet; counting members once during the reporting period.

Note: if the support group meets only once in a quarter, the PLHIV 4 summaries should be used to do the following:

1. Total new members by Age Group. Tally the number of new members, by age group and sex

- **New members, male** – by age group
 - Use the columns for “new members” and “male”, and “age groups”
 - Using the age group column for “<15”, as well as the “male” and “new” columns, tally the number of rows with ticks in all three columns
 - Enter the total in the cell for Total New Members, Male, <15
 - Repeat this process for the other age group columns, entering the totals in the respective rows for Total New Members, Male
- **New members, female** – by age group
 - Use the columns for “new members” and “female”, and “age groups”
 - Using the age group column for “<15”, as well as the “female” and “new” columns, tally the number of rows with ticks in all three columns
 - Enter the total in the cell for Total New Members, Female, <15
 - Repeat this process for the other age group columns, entering the totals in the respective rows for Total New Members, Female
- **New members, total** – by age group
 - Aggregate the totals in the rows for male and female new members, by age group, and enter the sum in the “Total” row for new members

2. Total number of PLHIV provided with Support Services. Tally the number receiving support services by sex, for all new members.

- **New members, male** – by type of Support Service
 - Use the columns for “new members” and “male”, and “Support Services”
 - Using the column for “Nutritional Support”, as well as the

“male” and “new” columns, tally the number of rows with ticks in all three columns

- Enter the total in the cell for Total New Members, Male, Nutritional Support
- Repeat this process for the other Support Services columns, entering the totals in the respective rows for Total New Members, Male
- **New members, female** – by type of Support Service
 - Follow the same process as above (for males), using the columns for “female”, “new”, and each of the different Support Services
 - Enter the totals into the cells for Total New Members, Female, and for each Support Service
- **New members, total** – by type of Support Service
 - Add the totals in the rows for male and female new members, by type of Support Service, and enter the sum in the “Total” row for new members

3. Total new members by type of Referral. Tally the number of referrals, by sex, for all new members.

- **New members, male** – by type of Referral
 - Use the columns for “new members” and “male”, and “Referrals”
 - Using the column for “TB”, as well as the “male” and “new” columns, tally the number of rows with ticks in all three columns
 - Enter the total in the cell for Total New Members, Male, TB
 - Repeat this process for the other Referrals columns, entering the totals in the respective rows for Total New Members, Male
- **New members, female** – by type of Referral
 - Follow the same process as above (for males), using the columns for “female”, “new”, and each of the different Referral types
 - Enter the totals into the cells for Total New Members, Female, and for each Referral type
- **New members, total** – by type of Referral
 - Add the totals in the rows for male and female new members, by type of Referral, and enter the sum in the “Total” row for new members

Total Members (All)

Tally the total members by age group, type of support service, and type of referral using the following procedures:

4. Total members, by Age Group: Tally the number of total members, by age group and sex

- **Total Members, male** – by Age Group
 - Use the columns for name , “male”, and “age groups”
 - Using the age group column for “<15” and “male”, tally the number of rows with ticks in both columns
 - Enter the total in the cell for Total Members, Male, <15
 - Repeat this process for the other age group columns, entering the totals in the respective rows for Total Members, Male
- **Total members, female** – by Age Group
 - Follow the same process as above (for males), using the columns for “female” and each of the different Age Groups
- **Total members** – by Age Group
 - Add the males and female totals, for each Age Group columns, to determine the totals for all members.

5. Enter these sums into the line for Total Members.

Total all members: By Type of Support Service and Type of Referral Tally the number of total members, by type of Support Service and Type of Referral

- **Total New Members, male** - by type of Support Service and type of Referral
 - Use the column for “male”, and each of the columns for each Support Service type and Referral type
 - Using the columns for “Male” and “Nutritional Support”, tally the number of rows with ticks in both columns
 - Enter the total in the cell for Total Members, Male, Nutritional Support
 - Repeat this process for the other Support Services and Referrals columns, entering the totals in the respective rows for Total New Members, Male
- **Total New members, female** – by type of Support Service and type of Referral
 - Follow the same process as above (for males), using the columns for “female”, and each of the different Support Services and Referrals
- **Total members** – by type of Support Service and type of Referral
 - Add the males and female totals, for each support service and referral column, to determine the totals for all members.
 - Enter these sums into the line for Total Members.

**Verification
and
Signatures**

1. The Group Leader or Field Supervisor must review and verify the data in the PLHIV 4.
2. The PLHIV 4 must be signed by the Group Leader or Field Supervisor.



PLHIV 4: PLHIV Support Group Meeting Register

Section 1: Background Information

Name of Association: _____

Name of chairman for meeting: _____ Region: _____ District: _____

Community: _____ Date of Meeting: _____

Section 2: Meeting Attendance and Activities

Name	Age Group				Sex		Type		Support Services							Referral								
	< 15	15 - 19	20 - 24	25 +	M	F	Old	New	Nutritional Support	Health Insurance	ART Refund	Condoms	HIV Related Health Education	Psycho-Social Counseling	Adherence Education	TB	ART	STI	Family Planning	PMTCT	Legal Services	Economic Assistance	Psycho-Social Support	Remark

[illegible]

Prepared By: _____ Date: _____ Signature: _____

PLHIV 5: PLHIV Exit Register

Thematic Area: HIV Treatment, Care & Support

Service Area: HIV Care and Support

General Information

Purpose	Document Support Group members who have exited the group, and the reasons for exiting.
Reporting Period	N/A (This is a member register, so a reporting period does not apply).
Who uses this form	Group Leader or Field Supervisor
Who verifies data	Next Supervisory Officer
When form is used	When a Support Group member leaves or exits programme
Performance indicators using data from this form	<p><u>National Summary Report (PLHIV 1)</u></p> <ol style="list-style-type: none">1. Number of PLHIV enrolled into PLHIV Associations2. Number of PLHIV provided with support services3. Number of PLHIV supported with Income Generating Activities <p><u>National M&E Plan</u></p> <ol style="list-style-type: none">1. Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period2. Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food <p>Note: Indicator 2 is measured using data from the Ghana Health Service (GHS). In the absence of data from GHS, the data from this report can be used as a proxy for this indicator.</p>

Instructions for Using This Form

Section 1 Background Information	<ol style="list-style-type: none">1. Enter the <u>background information</u> for the Support Group meeting;<ul style="list-style-type: none">• Name of the PLHIV Association• Name of meeting Chairman• Region• District• Community
Section 2 Client Exit Information	<ol style="list-style-type: none">2. Member Names: On a separate row, enter the name of each person who has exited the programme3. Date of exit: Enter the date that the Support Group member exited the programme

4. **Reason for Exiting Support Group:** Tick (✓) the appropriate column for the exiting reason: health, migration, death and unknown.
5. **Name and Signature of Officer:** Indicate name and provide signature of Officer completing the PLHIV 5 Register

National HIV Data Collection Tool
PLHIV5: PLHIV Exit Register



Section 1: Background Information

Name of Association: _____

Region: _____ District: _____

Section 2: Member Exit Information

Name	Sex		Date of Exit	Reason for Exiting the Support Group				Name of Officer	Signature
	M	F		Health	Migrated	Dead	Unknown		

PLHIV 6: PLHIV Income Generating Support Register

Thematic Area: HIV Treatment, Care & Support
Service Area: HIV Care and Support

General Information

Purpose	Document income generating support provided to a member by external donors or partners.
Reporting Period	N/A (This is a member register, so a reporting period does not apply).
Who completes	Service provider from external donor or provider organization
Who verifies data	Field Supervisor from external donor or provider organization
When completed	When an external donor or service provider provides income generating activities to a client
Performance indicators using data from this form	<u>National Summary Report (PLHIV 1)</u> 1. Number of PLHIV supported with Income Generation Activities <u>National M&E Plan</u> 1. Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period

Instructions for Using This Form

- | | |
|---|---|
| Section 1
Background Information | 1. Enter the <u>background information</u> for the Support Group meeting <ul style="list-style-type: none"> • Name of the PLHIV Association • Region • District • Community |
| Section 2
Client Exit Information | 1. Date: Enter date that income generating support services are provided.
2. Member Names: On a separate row, enter the name of the person receiving income generating support services.
3. Type of Support: Tick the appropriate column for type of support provided to member.
4. Signature: Member receiving income generating support services provides signature. |

National HIV Data Collection Tool
PLHIV6: Income Generating Support Register



Section 1: Background Information

Name of Association: _____

Region: _____ District: _____

Section 1: Income Generating Support Activities

Date	Name	Sex		Type of Support Received				Signature (Recipient)
		M	F	Funding	Training	Equipment	Others	

SCT 5: Two-way Referral Form

Thematic Area: HIV Treatment Care and Support
HIV Care and Support

Intervention Areas: HIV Treatment, Care and Support
HIV Care and Support

General Information

Purpose	To facilitate the referral for services of an individual from one organization to another
Reporting period	Period when the referral is made
Who uses this form	Peer Educator/ Model of Hope, Field Supervisor, or other Service Provider who is referring a client for services, and an Officer at the receiving organization
Who verifies data	Field Supervisor / Coordinator
When form is used	The SCT 5 is used when a Peer Educator, Models of Hope or other service provider, determines that an individual or client should be referred for services from another organization, and when / if the client is served by the receiving organization.
Performance indicators using data from this form	As reported in National Summary Reports: <ul style="list-style-type: none">- Number of Individuals referred for other services- People Living with HIV (PLHIV)-

Instructions for Using This Form

REFERRING ORGANIZATION Sections

Section 1

(Completed by
Organization
Making the
Referral)

- 1. Basic Member information:** Enter basic identifying information about the individual who is being referred for service: Name/UIC, age, sex, address, date of the referral
- 2. Name of referring organization:** Enter the name of the organization making the referral.
- 3. Name of the organization client is referred to:** Enter the name of the organization that will provide other / additional services to the individual.
- 4. Services:** Tick (✓) the services that the individual is being referred to receive at the other organization. Indicate "other" services, as appropriate.

5. **Name and signatures of referring party:** Indicate the name of the individual making the referral, and sign the form.
6. **Title / Position:** indicate the title or position of the individual making the referral.

Section 1 (Part 2)

(Completed by
Organization
Making the
Referral)

7. **Copy** the information from Part 1 into Section 1 of Part 2.
8. **Detach** Part 2 along the dotted lines.
9. **Part 2** of SCT 5 is given to the individual being referred.


RECEIVING ORGANIZATION SECTIONS

Section 2

(Completed by
Organization
Receiving the
Referral)


1. **Receiving Organization Information:** Enter the name, phone number, and address of the receiving organization.
2. **Services Provided:** Indicate the services provided in the appropriate rows and cells of the table. For each service, indicate:
 - a. the name / type of service provided
 - b. whether the services were completed as requested (yes / no)
 - c. whether follow-up is needed (yes/no)
 - d. date if follow-up is needed; otherwise indicate "N/A"
3. **Comments:** Provide additional comments, as needed, regarding the services provided and / or any required follow-up.
4. **Name and signatures of service provider:** Indicate the name of the individual providing the service(s), and sign the form.
5. **Title / Position:** Indicate the title or position of the individual providing the service(s).

National HIV Data Collection Tool
SCT 5: Two-Way Referral Form
Part 1: To be Retained by Referring Organization

Section 1: To be filled out by the organization or person making the referral (Referring Organization)																										
Client's name/UIC:		Age: Sex:																								
Address:		Date:																								
Referring Organization:		Referred To:																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. ART ()</td> <td style="width: 33%;">9. Medical Screening ()</td> <td style="width: 33%;">17. Skills Training ()</td> </tr> <tr> <td>2. STI Treatment ()</td> <td>10. Welfare Assistance /LEAP ()</td> <td>18. Micro Credit Scheme ()</td> </tr> <tr> <td>3. HTS ()</td> <td>11. Faith Based Support ()</td> <td>19. Income Generating Activities ()</td> </tr> <tr> <td>4. PEP ()</td> <td>12. Psycho Social Support ()</td> <td>20. Legal Services ()</td> </tr> <tr> <td>5. PMTCT Services ()</td> <td>13. PLHIV Support Group ()</td> <td>21. Cervical Cancer Screening ()</td> </tr> <tr> <td>6 TB/HIV ()</td> <td>14. Peer Counseling ()</td> <td>22. HBV Training ()</td> </tr> <tr> <td>7. SRH/FP ()</td> <td>15. NHIS ()</td> <td>23. HCV Screening. ()</td> </tr> <tr> <td>8. PrEP ()</td> <td>16. Nutrition Support ()</td> <td>24. Other (Specify)..... ()</td> </tr> </table>				1. ART ()	9. Medical Screening ()	17. Skills Training ()	2. STI Treatment ()	10. Welfare Assistance /LEAP ()	18. Micro Credit Scheme ()	3. HTS ()	11. Faith Based Support ()	19. Income Generating Activities ()	4. PEP ()	12. Psycho Social Support ()	20. Legal Services ()	5. PMTCT Services ()	13. PLHIV Support Group ()	21. Cervical Cancer Screening ()	6 TB/HIV ()	14. Peer Counseling ()	22. HBV Training ()	7. SRH/FP ()	15. NHIS ()	23. HCV Screening. ()	8. PrEP ()	16. Nutrition Support ()
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8. PrEP ()	16. Nutrition Support ()	24. Other (Specify)..... ()																								
Name & Signature of Person Referring: Title/Position:																										

Please detach along this lines

National HIV Data Collection Tool
SCT 5: Two-Way Referral Form
Part 1: To be Retained by Referring Organization

Section 1: To be filled out by the organization or person making the referral (Referring Organization)																										
Client's name/UIC:		Age: Sex:																								
Address:		Date:																								
Referring Organization:		Referred To:																								
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8. PrEP ()	16. Nutrition Support ()	24. Other (Specify)..... ()																								

Name & Signature of Person Referring: Title/Position:

Section 2: To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: Phone Number:

Address:

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date

Additional Comments:

Name & Signature of service provider: Title/Position:

DATA COLLECTION AND REPORTING PROCEDURES: PLHIV

The Data Management tools described in the previous section are used to document and report the prevention services provided to clients and individuals served through the PLHIV Service Area.

Thematic Area: HIV Treatment, Care and Support

Service Area: HIV Care and Support

**Target
Population
Service Types**

People Living with HIV

- Food and Nutritional Support
- Shelter and Care
- Protection / Legal Support
- Psychosocial
- Health Care/Insurance
- Education
- ART Refund
- Income Generating Support
- HIV Related Health Education
- Many others.....

**Performance
Indicators**

National Indicator Summary Indicator Report (PLHIV 1)

1. Number of PLHIV enrolled into PLHIV Associations
2. Number of PLHIV provided with support services
3. Number of PLHIV referred for other services
4. Number of PLHIV supported with Income Generating Activities

National M&E Plan

1. Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the period
2. Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food
Note: Indicator 2 is measured using data from the Ghana Health Service (GHS). In the absence of data from GHS, the data from this report can be used as a proxy for this indicator.

**Source
Documents:**

PLHIV 3 Enrolment Form
PLHIV 4 Support Group Meeting Register
PLHIV 5 Exit Register
PLHIV 6 Income Generating Support Register
SCT 5 Two-Way Referral Form

Summary	PLHIV 2	PLHIV Enrolment Summary Sheet
Indicator	PLHIV 1	PLHIV Indicator Summary Indicator Report
Reports:		

This section of the Data Management Manual describes the procedures for preparing and using the PLHIV source forms, as well as aggregating the data from source forms into routine PLHIV performance reports at the community, district, and national levels.

These data collection and reporting procedures describe:

- General information about the PLHIV service area
 - target audiences
 - services provided
 - performance indicators
 - source documents and summary reports
- Procedures for preparing the source documents
- Procedures for aggregating data at the community, district, and national levels

Each procedure describes a series of activities that are completed, as well as the position or individual responsible for that activity, when the activity is completed, the forms and reports that are used, and the result or outcome of the activity.

Overview

Preparation of Source Documents

Four PLHIV source documents, as well as a Standard Common Tool are used for PLHIV services:

- **PLHIV Support Group Enrolment Form (PLHIV 3):** documents personal and status information for an individual enrolled in a PLHIV Support Group
- **PLHIV Support Group Meeting Register (PLHIV 4):** documents support services and referrals provided to PLHIV Support Group members in a meeting
- **PLHIV Exit Register (PLHIV 5):** documents the members who have exited the program and the reason
- **Income Generating Support Register (PLHIV 6):** documents income generating activities provided to an individual member
- **Two-way Referral Form (SCT 5):** facilitates the referral of members for other services (TB, ART, Economic Assistance, STI, Psychosocial, PMTCT/FP, Legal Services)

PLHIV 3: PLHIV Support Group Enrolment Form

The PLHIV 3 is completed when a new member is registered and enrolled in a PLHIV support group. It provides important personal information about the client, next of kin, and the client's status (symptoms, medication taken, support needed). It serves as a reference for the Service Provider.

	Who	What Activity	When	Result
1	Field Officer / Support Group Leader	Enters member, next of kin, and member status information (one form for each client)	When a new member is registered	New client is enrolled in PLHIV Support Group, PLHIV 3 Enrolment Form is completed
2	M&E Assistants (Field Supervisors)	Reviews entered information to verify that the information is complete and accurate	During monthly visits	PLHIV 3 data is verified
3	Support Group Leader	Files copy of PLHIV 3 for reference.	After PLHIV 3 is completed	PLHIV 3 is available for reference

PLHIV 4: Support Group Meeting Register

The PLHIV 4 is a record of services and referrals provided to clients in a PLHIV Support Group meeting. A new PLHIV 4 is prepared during or after a meeting

	Who	What Activity	When	Result
1	Field Officer / Support Group Leader	Has one-one-one interaction with PLHIV during monthly meetings	During and after meetings	PLHIV Support Services are provided
2	Field Officer / Support Group Leader	Records general information on enrolment of PLHIV and support service provided in field note books and support group note books	During and after meetings	PLHIV Services are documented
3	Field Officer / Support Group Leader	Transfers the detailed information and support services information from the field note book and support group note book to Section 2 of the PLHIV 4 - Support Group Meeting Register. Use tally sheet for PLHIV 4 to aggregate data for PLHIV 4	After meetings	Meeting attendance and activities are recorded on PLHIV 4 - Support Group Meeting Register are completed Tally Sheet for PLHIV 4 completed

4	Field Officer	Aggregate data from Section 2 of PLHIV Meeting Register and enters totals into Section 3 (total new members, total members)	After meetings	Aggregated data for number of new and total members is entered into tally sheet of PLHIV 4 Support Group Meeting Register
5	Field Officer	Review detailed information and support services provided to PLHIV to verify that information recorded is complete and accurate	During and after meetings	PLHIV 4 data is verified
6	Field supervisor	The Original copy of PLHIV 4 is filed at site level.	Monthly	Copies of PLHIV 4 forms are available for future reference

PLHIV 5: PLHIV Exit Register

The PLHIV 5 is completed when members leave or exit a PLHIV Support Group. For each member exiting the program, it lists the person's name and sex, the date of exit, and the reasons for exiting the support group.

	Who	What Activity	When	Result
1	Field Officer / Support Group Leader	Enters member information, date of exit, and reason for exiting the programme.	When member exits programme	Member exit is documented on PLHIV 5 Exit Register
2	Field Officer / Support Group Leader	Files PLHIV 5 for use in reporting PLHIV exit data.	After PLHIV 5 is completed	PLHIV 5 is available for future reporting

PLHIV 6: PLHIV Income Generating Support Register

The PLHIV 6 is completed when a member is supported with income generating activities.

	Who	What Activity	When	Result
1	External donor / partner	Provides income generation support to an individual member or Group	As and when	Client receives income generation support
2	Field Officer / Support Group Leader	Updates PLHIV 6 to document income generating support received by client	As needed	Income generating activities are documented on PLHIV 6
3	Field Officer / Support Group Leader	Files PLHIV 6 for use in reporting PLHIV services.	Anytime PLHIV 6 used	PLHIV 6 is available for future reporting

SCT 5: Two-way Referral Form

An SCT 5 Two-Way Referral Form is completed whenever a Support Group member is referred by the Support Group Leader for other services. Such services may include TB, ART, STI, Family Planning, PMTCT, Legal Services, Economic Assistance and Psychosocial Support.

	Who	What Activity	When	Result
1	Field Officer / Support Group Leader	Determines that member needs other services, and completes top portion of SCT 5 Two-Way Referral Form	During / after support group meetings	Decision to refer member for other services
2	Field Officer / Support Group Leader	Completes Part 1 and Section 1 of Part 2 and signs form	When referring member to other organization	SCT 5 is completed by referring organization
3	Field Officer / Support Group Leader	May complete other SCT 5 forms, as needed, for additional services provided by other organizations	As needed	Client has referrals for services from different organizations
4	Field Officer / Support Group Leader	Detaches part 2 of SCT 5 form(s) and gives to member	When referring member to other organization	Member has referral for additional service(s)
5	PLHIV Support Group Member	Takes Part 2 of the completed SCT 5 form(s) to new organization(s) / service provider(s)	When seeking other services at new service delivery site	Member is received by new service provider(s)
6	Service Provider(s) in receiving organization(s)	Receive(s) member, provide(s) appropriate services, and document(s) services provided in Section 2 of Part 2 of SCT 5, and signs form	After services are provided	Referral services are documented
7	Service Provider(s) in receiving organization(s)	Maintain(s) Part 2 of SCT 5 form(s) on file for use in monthly reporting on referral activity	After SCT 5 forms have been completed	SCT 5 forms are available for use in monthly reporting

Aggregating Data for District, Regional, and National Reports

This Section describes the processes for aggregating data from the PLHIV source documents into two Summary Indicator Reports:

- **PLHIV Enrolment Summary (PLHIV 2)** – reports aggregated data for the number of PLHIV enrolled and exited, across all Service Providers, for the reporting unit/level (e.g., Community, District, Region)
- **PLHIV Support Groups Summary Report (PLHIV 1)** – reports indicator information about PLHIV clients enrolled, services and referrals, and Service Providers trained for the reporting unit

The aggregation process takes places at these organizational levels:

- Support Group / Community
- District
- Region
- National

The procedures for aggregating the PLHIV services data are described for each of these levels.

Community Aggregation and Reporting

Activity: Aggregate data at Community level to report on PLHIV Support Group enrolments (PLHIV 2 Enrolment Summary) and services / referrals (PLHIV 1 Summary Indicator Report)

Forms / Reports Used PLHIV 3 Support Group Enrolment Form (for each member)
PLHIV 4 Support Group Meeting Register
PLHIV 5 Exit Register
PLHIV 6 Income Generation Register

Date Due: Monthly,

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
1	Support Group Leader / Field Officer	Collects all source documents completed in reporting period for the Support Group.	PLHIV 3 PLHIV 4 PLHIV 5 PLHIV 6	All PLHIV source documents are available for reporting at level of the Support Group
2	Support Group Leader / Field Officer	Conducts a final review of all source documents to check for omissions, errors, and inconsistencies.	Source documents	PLHIV source documents are verified

3	Support Group Leader / Field Officer	Aggregates <u>enrolment</u> data from PLHIV 3- Enrolment Forms and PLHIV 5 -Exit Registers and transfers totals to the PLHIV2 Enrolment Summary Sheet	PLHIV 3 Enrolment Forms PLHIV 5 Exit Registers	Enrolment data is aggregated at Support Group Level on <u>PLHIV 2- Enrolment Summary</u>
4	Support Group Leader / Field Officer	Transfers aggregated data from PLHIV 2- Enrolment Summary and transfers totals to PLHIV 1- Support Groups Summary Indicator Report	PLHIV 2- Enrolment Summary for the Support Group	<u>Enrolment</u> data is reported on Support Group PLHIV 1 Summary Indicator Report for the Support Group
5	Support Group Leader / Field Officer	Transfers <u>support services and referrals</u> data from tally sheet for PLHIV 4 to the Support Group Summary Indicator Report (PLHIV 1)	PLHIV 4 Meeting Registers	<u>Services and referral</u> data are transferred at Support Group level on PLHIV 1 Summary Indicator Report
6	Support Group Leader / Field Officer	Aggregates data on <u>income generating activities</u> from PLHIV 6 - Income Generation Registers and transfers totals to the PLHIV1 - Support Group Summary Indicator Report	PLHIV 6 Income Generation Registers	<u>Services and referral</u> data are aggregated at Support Group level on PLHIV 1 Summary Indicator Report
7	Support Group Leader / Field Officer	Signs PLHIV1 report and submits to the District organizational level	PLHIV 1	Support Group PLHIV1 is submitted to District level

District Aggregation and Reporting

Activities: Report all services and referrals, for all Support Groups, on the PLHIV 1 Summary Indicator Form (District)

Forms / Reports Used Summary Indicator Forms (PLHIV 1), one for each Support Group

When Completed: Quarterly, 10 days after end of quarter

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
1	Field Supervisor / Coordinator	Collects PLHIV 1 -Summary Indicator Forms from all Support Group or Field Officers completed in the reporting period	PLHIV 1 - Summary Indicator Forms for all Support Groups	All source documents for district aggregation are available
2	Field Supervisor / Coordinator	Conducts a final quality review of all PLHIV 1 - Summary Indicator Reports (completeness, accuracy in calculations)	PLHIV 1 for all PLHIV Support Groups	Verified data for aggregation at District Level

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
3	Field Supervisor / Coordinator	Aggregates PLHIV 1- Summaries from all Service Providers into a District-level PLHIV 1	PLHIV 1 for all PLHIV Support Groups	District-level PLHIV 1 completed
4	Field Supervisor / Coordinator	Makes copies of the District-level PLHIV 1- Summary Form. Transmits original to Regional level, with a copy to District HIV Focal Person. Additional copy is filed for future reference.	District PLHIV 1 Summary Form	District Level PLHIV 1 Report is submitted to regional level and District Focal Person. Copy available for reference
5	Field Supervisor / Coordinator	Analyses monthly results for PLHIV services	District level IP Summary Indicator Reports	Data are analysed for trends and key findings at district levels
6	Field Supervisor / Coordinator	Provide feedback to Coordinator or Support Group Leader	District Level Reports	Feedback provided to Support Groups

Regional Aggregation and Reporting

Activity: Report all PLHIV services, referrals, and training activities for the region by combining all District PLHIV 1 reports into a regional PLHIV 1 Report

Forms Used: District PLHIV 1 - Summary Indicator Forms

Due Date: Quarterly, 15 days after end of quarter.

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
1	Regional Coordinator / Program Officer	Collects District PLHIV 1 reports completed for the quarter	All District PLHIV 1 Reports	District PLHIV 1 Reports available for regional aggregation
2	Regional Coordinator / Program Officer	Review and aggregates data from all District PLHIV 1 reports to a new PLHIV 1 Regional report.	District PLHIV 1 reports; new Regional PLHIV 1 report	Completed Regional PLHIV 1 , with aggregated data from all District PLHIV 1 reports

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
4	Regional Coordinator / Program Officer	Captures District-level Summary Indicator Reports into Country Response Information System (CRIS)	District-level Summary Indicator Reports	District level reports entered into CRIS database
5	Regional Coordinator / Program Officer	Transmits regional-level Summary Forms to IP national level	Regional PLHIV 1 Report	Regional data ready for aggregation at national level
5	Field Supervisor / Coordinator	Makes copies of Regional PLHIV 1 Summary Form. Transmits original to National IP, with a copy to Regional HIV M&E Focal Person / TSU. Additional copy is filed for future reference.	Regional PLHIV 1 Summary Form	Regional Level PLHIV 1 Report is submitted to national level and regional Focal Person. Copy available for reference
6	Regional Coordinator / Program Officer	Provide feedback to Field Supervisors at District level	District Level Reports	Feedback provided by Regional level M&E to District Field Supervisors

National Aggregation and Reporting: Implementing Partners

Activity: Report all PLHIV services, referrals, and enrolment data in a national PLHIV 1 Summary Indicator Form for the Implementing Partner

Forms Used: Regional PLHIV 1- Summary Indicator Forms

Due Date: Quarterly, 15 days after end of quarter

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
1	IP National M&E Officer (assisted by Data Officers)	Receives all completed regional-level Indicator Summary Indicator Reports, with copies of District-level Summary Indicator Reports	District and Regional Level Reports (PLHIV 1)	All Regional Summary Indicator Reports are available for verification and aggregation at national level
2	IP National M&E Officer (assisted by Data Officers)	Verifies data on District / Regional Indicator Summary Indicator Reports, with supporting District-level reports	Regional Level Reports (PLHIV 1), with supporting District reports	All submitted Summary Indicator Reports are verified

	Who	What Activity	Summary Indicator Report(s), Forms Used	Result
3	IP National M&E Officer (assisted by Data Officers)	Aggregates data from all Regional Summary Sheets into relevant national-level IP Indicator Summary Indicator Report (PLHIV 1)	National Level IP Reports (PLHIV 1)	National Summary Indicator Reports are prepared
4	IP National M&E Officer (assisted by Data Officers)	Reviews and edits District-level data (entered by regions) in CRIS	CRIS data (districts, regions)	District and Regional CRIS data are reviewed for quality
5	IP National M&E Officer	Analyses quarterly results for PLHIV services	Regional and national level IP Summary Indicator Reports	Data are analysed for trends and key findings at level of national IP
6	IP National M&E Officer (assisted by Data Officers)	Aggregated national IP data are submitted to Ghana AIDS Commission	National Level IP Reports (PLHIV 1)	Ghana AIDS Commission receives National IP Reports
7	IP National M&E Officer	Provides feedback to Regional Coordinator / Program Officer on District and Regional-level reports submitted	Regional Level Reports (PLHIV 1), with supporting District reports	Feedback provided by National level M&E to regional level M&E

National Aggregation and Reporting: Ghana AIDS Commission

Activity: Report and analyse data for all PLHIV services referrals at the country level

Forms Used: National Implementing Partner PLHIV 1 Summary Indicator Forms

Due Date: Semi-annually, 60 days after end of half year

	Who	What Activity	Reporting Tools Used	Result
1	Director-General	Receives all national IP Summary Indicator Reports for PLHIV services. Summary Indicator Reports are transferred to Director RM&E	National Level IP Summary Indicator Reports (PLHIV 1)	All National IP Summary Indicator Reports available for GAC analysis and reporting
2	M&E Coordinator, Evaluation Team	Reviews all national level IP Summary Indicator Reports	National Level IP Summary Indicator Reports (PLHIV 1)	National IP Summary Indicator Reports are reviewed for quality

3	Data Management Officer	Approved national-level IP Summary Indicator Reports are validated against data entered into CRIS, recording any errors in error log	National Level IP Summary Indicator Reports (PLHIV 1)	IP Summary Indicator Reports are validated (in reference to CRIS data)
4	Data Management Officer / Project Officer	Files hard copy reports for each IP	National Level IP Reports (PLHIV 1)	Hard copy National IP Reports are filed and available for reference
5	Data Quality Assurance Manager	Applies quality checks to submitted data	CRIS database	CRIS data is quality assured
6	Data Manager	Analyses quarterly results for PLHIV services provided	CRIS database	Data are analysed for trends and key findings
7	Data Quality Assurance Manager	Provides feedback to all national IP M&E Officers on submitted reports	National IP Summary Indicator Reports (PLHIV 1)	Feedback provided by GAC to national level IPs

Appendix

List of Participants for Revision of National HIV Data Management Manuals and Tools

Name		Organization
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