

WHO AIDS Series 4

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**Monitoring of  
national AIDS  
prevention and control  
programmes  
Guiding principles**



WORLD HEALTH ORGANIZATION  
GENEVA  
1989

WHO Library Cataloguing in Publication Data

Monitoring of national AIDS prevention and control programmes : guiding principles.

(WHO AIDS series ; 4)

1.Acquired immunodeficiency syndrome – prevention & control 2.National health programs – organization & administration I.Series

ISBN 92 4 121004 4  
ISSN 1011-5773

(NLM Classification: WD 308)

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PRINTED IN SWITZERLAND

89/8125 – Populaires – 10000

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## Preface

Concerned by the rapid spread of the acquired immunodeficiency syndrome (AIDS), affecting people in all regions of the world, the Fortieth World Health Assembly in May 1987, in its resolution WHA40.26, urged all Member States to establish or strengthen effective programmes to combat the disease and called upon the World Health Organization to fulfil its directing and coordinating role in a global, urgent, energetic fight against AIDS. These calls were repeated by the United Nations General Assembly in resolution 42/8 of its 42nd session in October of the same year. One of WHO's functions in this regard is to support Member States in designing, strengthening, implementing, monitoring, and evaluating their national AIDS prevention and control programmes.

Through its Global Programme on AIDS, WHO has developed a global strategy for the prevention and control of AIDS. WHO has set global goals and established a conceptual framework comprising six strategies aimed at preventing transmission of human immunodeficiency virus (HIV) and reducing the impact of HIV infection on individuals, groups, and societies. WHO provides technical and financial support to Member States, in collaboration with regional and country offices. Member States receiving such support report on the results of the monitoring and evaluation of their national AIDS programme through the appropriate WHO Regional Office.

Guidelines for the development of a national AIDS prevention and control programme have been prepared by WHO<sup>a</sup> to assist countries in the formulation of a medium-term plan (MTP). Such a plan should contain defined goals and targets that can be implemented, monitored, and evaluated.<sup>b</sup>

The present publication sets out some of the practical aspects of monitoring AIDS prevention and control programmes in the context of the national medium-term plan. Its object is to assist Member States to develop an effective, streamlined monitoring system as a sound basis for tracking and reporting on progress in the implementation of the AIDS programme.

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<sup>a</sup> *Guidelines for the development of a national AIDS prevention and control programme.* Geneva, World Health Organization, 1988 (WHO AIDS Series, No. 1).

<sup>b</sup> The planning process applied to national AIDS programmes should be consistent with that described in the publication: *Managerial process for national health development: guiding principles*, Geneva, World Health Organization, 1981 ("Health for All" Series, No. 5).



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# Introduction

The sudden emergence of acquired immunodeficiency syndrome (AIDS) and infection with human immunodeficiency virus (HIV) as a major public health problem has placed a considerable burden on already hard-pressed health system managers, requiring first the development of a medium-term plan, including strategies, programmes and a detailed plan of action, then the application of methods to ensure that the plan is implemented. The complexity of an AIDS control programme makes it a challenging opportunity for the exercise of management skills. The burden should not fall on one individual or a single central body; to be effective, a decentralized system suited to the country and its infrastructure should be devised, and authority should be given to district and regional/provincial personnel to seek and apply solutions to problems within their sphere of competence.

## The role of monitoring

The global strategy for the prevention and control of AIDS aims at the development of a strong, comprehensive national AIDS prevention and control programme in every country. The steps to be followed in developing such a programme are:

- (a) carry out an initial assessment of the epidemiological situation and the resources available;
- (b) devise a short-term plan (one year) to initiate the action needed to meet the most pressing needs;
- (c) draw up a medium-term plan (3-5 years), establishing the objectives, strategies, targets, and activities best suited to the individual country. The medium-term plan (MTP) should specify what activities will be carried out, where and when, at what cost, and who is responsible.

Throughout the implementation of the plan a watch is needed on the way resources are being used and activities carried out. The continuous follow-up of activities to ensure that they are proceeding according to plan is known as **monitoring**. Monitoring keeps track of achievements, staff movements and utilization, supplies and equipment, and the money spent in relation to the resources available, so that if anything goes wrong immediate corrective measures can be taken.

Monitoring of the MTP is an integral part of implementation, so it is imperative that the monitoring system should be incorporated from the start of the programme. In devising a monitoring system, managers should use existing information and reporting and managerial resources in the country, introducing modifications as needed to meet the new challenge presented by AIDS prevention and control.

The progress of the programme (comparison of the actual with the planned activity) and its efficacy (the results obtained for the efforts expended) should be monitored regularly. Programme effectiveness or impact can be evaluated only over a longer period. Monitoring focuses on whether activities are being carried out and targets achieved as planned, not on whether the desired public health impact has been achieved.

## Strategies for an AIDS prevention and control programme

The conceptual framework of an AIDS prevention and control programme is based on the six strategies listed below.

1. *Prevention of sexual transmission.* This will require dissemination of information and education leading to long-term changes in sexual behaviour.
2. *Prevention of transmission through blood.*
  - (a) The technology to prevent HIV infection through blood transfusion exists, and must be applied.
  - (b) There are three distinct situations requiring action for the prevention of transmission through injections and skin-piercing instruments:
    - self-injection by drug users;
    - injections and other invasive procedures in medical practice;
    - injections and other invasive procedures outside medical practice.All equipment and instruments used for injections or other skin-piercing procedures, both within and outside the medical system, must be sterile.
  - (c) The technology exists for the prevention of transmission through organ and semen donation, and must be applied.
3. *Prevention of perinatal transmission.* Approaches include behavioural and operational research, dissemination of information, education and communication, and the counselling of women of childbearing age, particularly those infected with HIV.
4. *Prevention of transmission from HIV-infected persons through the use of therapeutic agents.* Drugs that eliminate or reduce the amount of HIV

in the body are being developed but, since they are still largely at the research stage, they are not usually included in national MTPs.

5. *Prevention of transmission through vaccination.* Candidate vaccines are being developed but it is not likely that a vaccine capable of protecting against HIV infection will be available for at least five years; vaccination therefore cannot at present be included in a national MTP.
6. *Reduction of the impact of HIV infection on individuals, groups, and societies.* Among the main approaches are the counselling of HIV-infected persons and their sexual partners, families, and other relevant groups, strengthening of community services and improvement of the management of HIV-infected people, including those with AIDS.

Activities common to several strategies (orientation and training, information, education, etc.) could be grouped as common support activities.

## Programming for individual strategies

Each strategy has specific objectives, targets, and activities. An *objective* is the end result a programme seeks to achieve; a *target* is an intermediate result towards the objective. It is more specific than an objective, and the period within which it is to be attained is usually specified. It also lends itself more readily to being expressed in quantitative terms.<sup>a</sup>

### 1. Specific objectives and targets

These depend on the type of strategy. They may include strengthening of the infrastructure, promotion of the knowledge and skills of the personnel involved in the programme, changing of behavioural patterns in the population, and other operational and problem-reduction targets directly related to the strategy.

### 2. Plan of activities (action plan)

The plan of activities sets out how the objectives and targets for each strategy are to be attained, specifying what work should be done, when, and by whom. The timing of the implementation also has to be set. It is possible to monitor a plan of activities and in this context it is important to develop a reasonable, realistic way of collecting monitoring information, so that the information is both timely and useful for programme management.

<sup>a</sup> See: *Glossary of terms used in the "Health for All" Series No. 1-8.* Geneva, World Health Organization, 1984 ("Health for All" Series, No. 9), pp. 18-19.

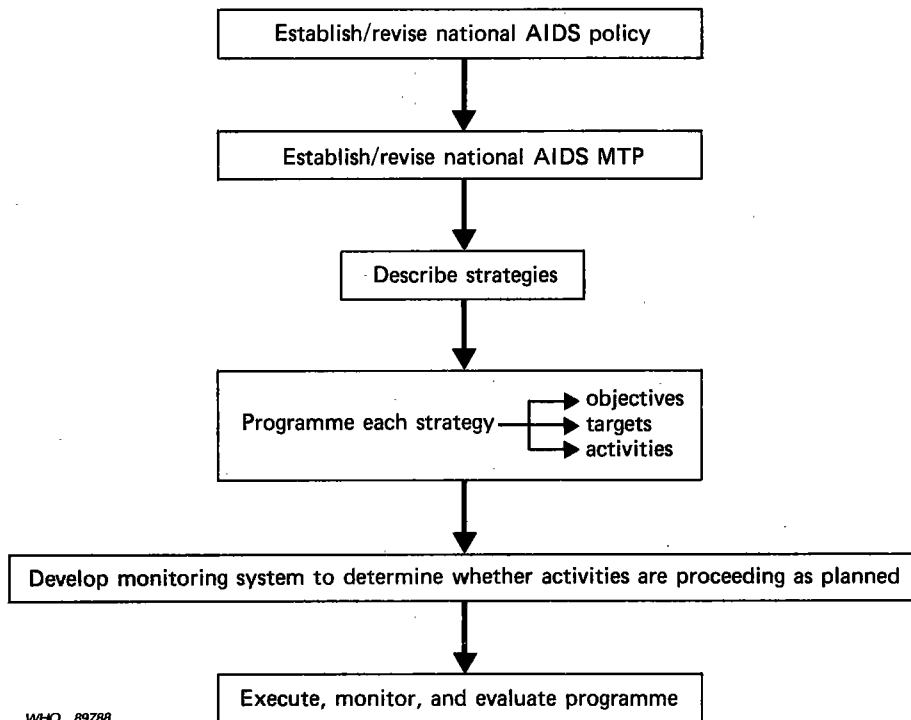
### 3. Implementation

The actual implementation of the activities defined in relation to the strategies selected determines the success or failure of the programme.

### 4. Flowchart for planning, implementation and monitoring

The programme management flowchart for an MTP (Fig. 1) sets out the sequence of steps to be taken, from the planning stage to implementation and monitoring.

Fig. 1. Programme management flowchart



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## Principles of monitoring

Every management control system has to consider four basic elements:

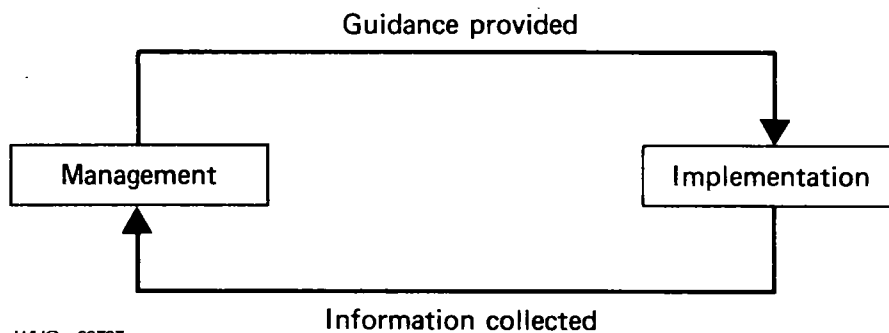
- factors to be monitored (personnel, money, materials, etc.);
- how the monitoring data are to be presented (bar charts, accounts, etc.);
- standards applied to the factor (amounts to be distributed, target dates for completion, budgetary lines for specific expenditures, such as salaries and transport costs);
- comparison of what actually occurs with the standards (changes in implementation will be based on the result of this comparison).

Management involves making decisions and initiating action in accordance with the programme, the plan, and the information available through the monitoring system. Implementation is carried out by the many people and institutions that do the work (for instance, a laboratory that carries out tests for HIV infection). Monitoring of progress thus depends on the effective flow of information from operations staff to management. This is shown diagrammatically in Fig. 2, which illustrates the two-way feedback typical of this type of control.

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Fig. 2. Programme control

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# Monitoring a medium-term plan

## MTP activity plan

The MTP activity plan fixes the starting and completion times, as well as the specific tasks to be done, for each activity. Activities are categorized by programme objectives and organized according to the sequence in which they are to be performed. This sequence is affected by a number of factors, but particular attention should be given to the logical interrelationship of the individual activities since certain tasks cannot be started until others have been completed.

## Time schedule and bar chart

An estimate of the duration of activities provides information about the time needed for the MTP and its components, based on the time the activity is expected to take under normal conditions. Thus, the simplest forms of action plan are time schedules and bar charts that list activities with their estimated duration and scheduled starting and finishing times (Table 1 and Fig. 3).

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Table 1. Simple time schedule for activities to strengthen laboratory services

Activity	Duration (months)	Scheduled starting time (programme-months)	Scheduled finishing time (programme-months)
1. Establishment of first three regional laboratories	9	$t_0 + 9$	$t_0 + 18$
2. Establishment of eight additional regional laboratories	12	$t_0 + 24$	$t_0 + 36$
3. Establishment of national reference laboratory	24	$t_0 + 24$	$t_0 + 48$

## Corrective action

It cannot be assumed that implementation will go exactly according to plan or that it is possible to plan for every eventuality. To await the results of long-term evaluation before taking corrective action would lead to unacceptable delays. It is therefore necessary to monitor the progress of the work against the programme's plan of action in order to detect discrepancies and take the necessary corrective action. Thus the essential element in monitoring and problem-solving is information.

Fig. 3. Simple bar chart for activities to strengthen laboratory services

Activity	Quarters															
	Year 1				Year 2				Year 3				Year 4			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Establishment of first three regional laboratories				■	■	■										
Establishment of eight additional regional laboratories										■	■	■	■			
Establishment of national reference laboratory										■	■	■	■	■	■	■

### Use of indicators to monitor an activity plan

Examples are given below of indicators for monitoring an activity plan. Indicators should be selected that will yield useful information on implementation of activities. They may be specified by the national authority or adapted to suit local circumstances.

Activity <sup>a</sup>	Indicator
-----------------------	-----------

#### Strategy 1: Prevention of sexual transmission

- |                                                                                                                 |                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Identification of population groups with high-risk sexual behaviour</p>                                      | <ul style="list-style-type: none"> <li>• Is reliable information available on risk behaviour, including related social and cultural factors? Have behavioural studies been performed?</li> </ul>                                                                                                                              |
| <p>Strengthening of health education units at all levels to provide information and education to the public</p> | <ul style="list-style-type: none"> <li>• Has a comprehensive plan of action been formulated defining the responsibilities at central, regional and district level for the production and delivery of educational materials?</li> <li>• Are there adequate facilities and supplies to carry out the planned action?</li> </ul> |

<sup>a</sup> For each strategy, other activities could be undertaken, for which different indicators would be required.

Activity	Indicator
Promotion of the use of condoms	<ul style="list-style-type: none"> <li>• Are the mass media screened to see whether messages are being broadcast or published?</li> <li>• Are the radio and newspaper messages readily understandable?</li> <li>• Do operational units report periodically on, for example, whether posters are being distributed, videotapes shown in schools and elsewhere, and lectures given?</li> <li>• Are schoolchildren who have not yet reached puberty adequately informed about HIV transmission through school health education programmes?</li> <li>• Are adequate stocks of condoms maintained in the central stores and health facilities? Are periodic checks made to ensure that the ordering and distribution systems are efficient?</li> <li>• Is there cultural resistance to the use of condoms and spermicides? If so, are efforts being made to overcome the resistance, particularly among persons with risk behaviour such as those with multiple sexual partners, homosexuals and prostitutes?</li> </ul>

### Strategy 2: Prevention of transmission through blood

Screening of blood donors for HIV antibodies	<ul style="list-style-type: none"> <li>• Is information available on current transfusion practices? What percentage of blood is screened prior to transfusion?</li> <li>• Are potential donors informed of the danger of HIV transmission to others if they donate infected blood and asked not to donate if they might be infected?</li> </ul>
----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Activity	Indicator
Ensuring that blood products are safe	<ul style="list-style-type: none"> <li>• Are facilities available at all sites where transfusions are given for the testing of blood donors and for quality control?</li> <li>• Have guidelines been formulated on indications for blood transfusion and the reduction of unnecessary transfusions?</li> <li>• Are the principles of informed consent, confidentiality, and counselling assured for donors?</li> <li>• Are WHO standards respected regarding imported blood products and the certification of locally manufactured blood products?</li> <li>• Have medical and other technical staff been adequately trained for the above purposes?</li> </ul>
Ensuring safe use of needles, syringes, lancets, and other skin-piercing instruments	<ul style="list-style-type: none"> <li>• Where reusable syringes are employed, are the sterilization facilities adequate and used according to guidelines published by WHO?<sup>a</sup> Where disposable syringes are employed, is their destruction after a single use closely supervised?</li> <li>• Have the medical and other technical staff been trained in sterile techniques? Are guidelines available on safeguards and protective materials for health workers?<sup>b</sup></li> <li>• Are people who use such instruments outside the health sector made aware of the dangers of HIV transmission and the need for safety precautions?</li> </ul>

<sup>a</sup> *Guidelines on sterilization and disinfection methods effective against human immunodeficiency virus (HIV)*, 2nd ed. Geneva, World Health Organization, 1989 (WHO AIDS Series, No. 2).

<sup>b</sup> See, for example: *Guidelines for nursing management of people infected with human immunodeficiency virus (HIV)*. Geneva, World Health Organization, 1988 (WHO AIDS Series, No. 3).

Activity	Indicator
	<ul style="list-style-type: none"> <li>• Have efforts been made to reduce the number of injections? (This could be monitored on a selected injectable antibiotic, for example, by checking the quantity used.)</li> <li>• Have the dangers of intravenous drug use been publicized and included in health education programmes?</li> <li>• Has attention been called to the need to maintain hygienic standards in skin-piercing practices such as tattooing, tribal scarification, and circumcision?</li> </ul>

### Strategy 3: Prevention of perinatal transmission

Prevention of pregnancies in HIV-infected women	<ul style="list-style-type: none"> <li>• Are HIV-infected women attending maternal and child health clinics given information on perinatal transmission and are they advised on the use of condoms and spermicides?</li> </ul>
Protection of women and children	<ul style="list-style-type: none"> <li>• Is counselling on HIV transmission provided for unmarried women (and their future husbands) and for married couples? Are HIV-infected individuals informed of the risks if they try to have children?</li> </ul>

### Strategy 4: Reduction of the impact of HIV infection on individuals, groups and societies

Making the importance of HIV infection and AIDS clearly understandable	<ul style="list-style-type: none"> <li>• Have realistic steps been taken to counsel individuals, groups, and societies so as to correct misinformation about modes of transmission?</li> <li>• Has knowledge of risks been assessed?</li> </ul>
Establishing basic clinical facilities for diagnosis and treatment	<ul style="list-style-type: none"> <li>• Have clinical facilities for the diagnosis and care of suspected and confirmed AIDS cases been established at national, regional and district level?</li> </ul>

Activity	Indicator
	<ul style="list-style-type: none"> <li>• Are trained and motivated health care workers available and has the quality of training been assessed? Are the workers who have been trained for specific tasks actually assigned to those duties after training?</li> </ul>

### Strategies in support of programme management and monitoring

Establishing an AIDS surveillance system	<ul style="list-style-type: none"> <li>• Has the surveillance plan been completed?</li> <li>• Have personnel been recruited and trained to carry out the surveillance plan?</li> <li>• Have the quality and timeliness of the information gathered been satisfactory?</li> </ul>
------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Monitoring systems

Day-to-day follow-up of AIDS prevention and control activities is needed to ensure that they are proceeding as planned and are on schedule. The person or body responsible for managing the national programme (the programme manager, programme secretariat, or management committee) should keep track of activities, stages reached, personnel matters, supplies and equipment, and money spent in relation to budget allocated.

In developing a monitoring system, the following points should be kept in mind:

- (a) The individuals and groups responsible for developing and applying the managerial process to the national MTP at various policy and operational levels are also responsible for monitoring it. It is clear that the final responsibility rests with the national authorities.
- (b) Those designated to generate and use information for monitoring purposes must have the required skills, which should be developed and maintained through training and supervision. The uses to be made of the information in planning, management, and decision-making must be defined. Care must be taken to ensure that the reporting process

does not become too complex, or produce more data than can be recorded, analysed, and used.

- (c) The monitoring system for an MTP should focus initially on indicators derived from the available management data: the resources budgeted, supplies and equipment (e.g., condoms, blood-testing kits), training (e.g., numbers and types of trainees), and technical assistance. As the capacity of the programme grows, new data sources can be developed.
- (d) While the ministry of health will play the leading and coordinating role in AIDS prevention and control, other ministries and bilateral and multilateral agencies will also be involved. It is therefore desirable to have standardized indicators for data collection to be used by all concerned (see pp. 9-13 for examples).
- (e) It is necessary to determine whether a monitoring process, capable of collecting the data needed, has already been developed at all levels of the health system. If not, the main deficiencies and difficulties should be identified.
- (f) The main obstacles encountered in improving information support in monitoring the national health for all strategy, and the major actions taken to overcome them, should be taken into account in devising the monitoring system for an AIDS MTP.

## Reporting procedures

The secretariat of a national AIDS programme need not receive all the individual reports from health facilities; a summary suffices showing regional activities and focusing on those that are behind schedule, the causes, and the remedial action taken. On the basis of these reports, the AIDS programme secretariat, or other management mechanism, should prepare an overall progress report (see sample form No. 8, p. 27), which should be sent to the director of medical services, the members of the national AIDS committee, and any other interested parties (see Fig. 4, p. 16).

Routine reporting by operational staff to management will be necessary at regular intervals on each activity. This procedure will usually be supplemented by progress review meetings, either at regular intervals or when necessary, for the purpose of:

- exchanging information on the current situation and problems;
- taking decisions;
- issuing instructions on changes to the programme or on previously unscheduled activities.

The decisions and instructions on changes should be recorded and, where applicable, the changes incorporated in the programme.

Progress reports should be as simple as possible. The basic information required concerns activities recently started or completed, and progress of current activities. While information regarding the first two can be given precisely, the last may perhaps best be quantified in terms of the estimated completion date. The report form should also allow space for comments on reasons for delay or difficulties (sample report forms are given in Annex 1).

In a large programme with several strategies, a number of specific objectives, and many activities, each activity should be reported on a separate sheet. Where a computer is used for data processing, the reports should provide the information in a standard computer-ready format. This is essential where many agencies are involved in the implementation of the programme.

Periodically, for example at the end of each quarter, the person or body responsible for the management of the national programme should prepare a progress report, based on reports from the provincial or regional level, where the information received from the subsidiary health facilities will have been incorporated. This person or body should specify to the lower levels the date by which they should submit their reports, bearing in mind that the summary progress report should be in the hands of the members of the national AIDS committee before their scheduled meeting (quarterly or otherwise). An example of timing is outlined below.

- (a) *Quarterly reports from health facilities to supervising district level:* by the first day of the third month of each quarter;
- (b) *Quarterly reports from district level to regional level:* by the tenth day of the third month;
- (c) *Quarterly reports from regional level to the programme manager:* by the twentieth day of the third month;
- (d) *Quarterly summary report from the programme manager to the director of medical services:* by the thirtieth day of the third month;
- (e) *Quarterly summary report by the director of medical services to the national AIDS committee:* by the tenth day of the first month of the following quarter;
- (f) *Meeting of the national AIDS committee:* fifteenth day of the first month of the quarter.

The formats, periodicity and channels used in reporting should comply as far as possible with existing procedures. The integration of this reporting system with existing ones will minimize the extra load imposed on the health information system.

Fig. 4. Information flow

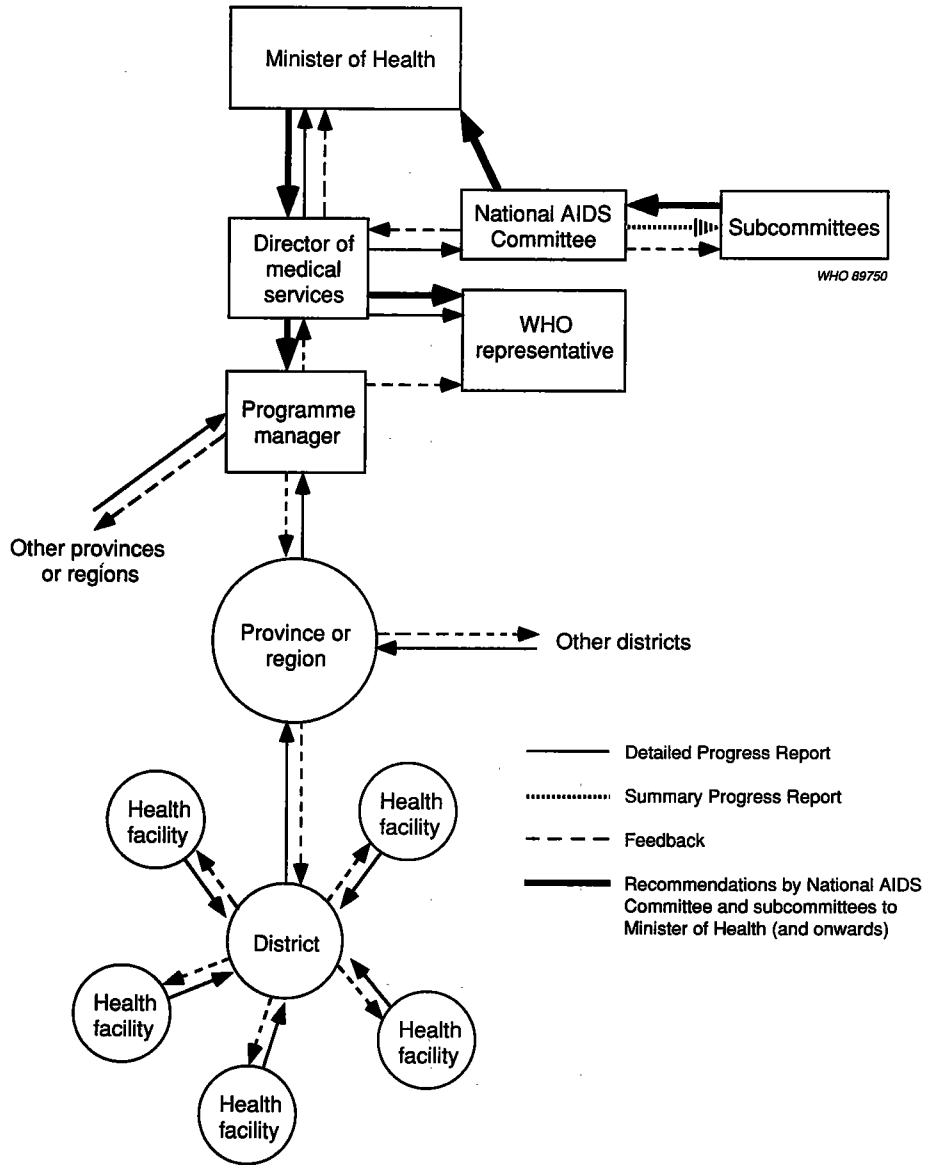


Fig. 4 shows the paths along which information flows, enabling the Minister of Health to obtain advice and guidance from the national AIDS committee (NAC) and its subcommittees. There may be a direct channel of information between the NAC (which plays an advisory role) and the director of medical services and his or her staff (who formulate action plans and execute them once approved by the Minister of Health). The advisory functions of the NAC and the managerial responsibilities of the Ministry of Health, however, remain distinct, with the Minister overseeing the whole system.

Also, there are multiple channels of information between the government health sector, the private sector, nongovernmental organizations and other sectors, which are not shown in Fig. 4, for ease of understanding. Any expansion of the Ministry of Health's information system, by increasing and diversifying information services, channels and content, should be done with caution and selectivity. The critical information is that which will enable managers and decision-makers to direct their work. Other types of information may be fed into the system occasionally, for example through special reports.

## Analysis of data

As already stated, the purpose of monitoring is to find solutions to problems as early as possible, before they cause delays in the implementation of the programme. The causes of problems may be found in the planning or supervision of the programme and may require long-term action at central level as well as immediate remedial action at implementation level.

Monitoring data should be analysed at each administrative level (district, regional and national). Thus the responsible person at district level should analyse the incoming data from the health facilities, the person responsible at provincial or regional level should analyse the incoming data from the districts, and the programme manager or other responsible person or body at central level should analyse the data from the provincial or regional level.

In each instance remedial action should be proposed for the level at which the problems have been reported. Only problems that cannot be solved should be referred for solution to the next higher level. Accordingly, each level should be authorized to suggest or implement action within its competence. This will save time and ensure that the purpose of monitoring – to solve problems as quickly as possible – is achieved.

## Sample reporting forms

The forms given here are examples of what might be used to monitor an AIDS prevention and control programme. The same forms could be used at both regional and district levels; reports from regional level would include a synthesis of the information provided by the various districts together with information on specific action at regional level. It may be found that the detailed information provided in the first progress report simply needs to be amended and updated in subsequent reports.

**Monitoring of national AIDS programmes**

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**Sample form 1**

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**AIDS programme planning**  
(to be completed annually)

Region or district: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

*Schedule of activities*

Attach or summarize below AIDS work plans for the year 19 . . showing activities to be conducted each month or quarter.

19 . .

<i>1st quarter:</i>
<i>2nd quarter:</i>
<i>3rd quarter:</i>
<i>4th quarter:</i>

---

**Sample form 2**


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**AIDS programme administration**

Region or district: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

*AIDS budget*

Attach a separate sheet describing budgetary procedure:

- Requests for funds
- Receipt of funds
- Disbursement
- Accounting
- Problems encountered

Complete the following table to show funds allocated under various programme budget items from government and other sources. Specify sources in footnotes.

Possible budget categories include: recurrent costs – personnel, facilities, transport, training, health education, supplies; capital costs – facilities, transport, training, education.

Budget items	Last quarter 19 ..		Current quarter 19 ..		Planned for next quarter 19 ..	
	Government	Other	Government	Other	Government	Other
Total						

**Monitoring of national AIDS programmes**

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**Sample form 3**

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**AIDS programme administration**

Region or district: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

*Personnel*

List health staff working for the AIDS control programme at regional/district\* level. Mention name, title, area of responsibility, percentage of working time devoted to AIDS prevention and control activities, participation in managerial skills training, and other relevant details. If a job description is available for that particular post/responsibilities, specify AIDS activities.

Staff member	Title	Responsibilities	% of time on AIDS	Specific training	Other details

\* Delete as applicable.

**Sample form 4**

**Supervision**

Region or district: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Supervisory visits may have been made from a more central administrative level to this level and/or from this administrative level to a more peripheral level. Describe supervisory visits in the quarter.

Date or frequency	Location		Made by (level):	Purpose:	Action taken as a result of supervisory comments:
	From:	To:			

Sample form 5

Progress report form<sup>a</sup>

Region or district \_\_\_\_\_

Date: _____	Submitted by: Name: _____ Title: _____		Activity: <i>Making blood transfusion safe</i>			
Indicators	Progress (in months)				Reasons for delay	Corrective action taken
	Expected start	Actual start	Expected finish	Actual finish		
1. Collection of information on current practices in blood transfusion	1	1	3	4	<i>Three districts omitted in initial planning</i>	<i>Extra districts reviewed during 4th month</i>
2. Guidelines formulated for blood transfusion	5	5	7	8	<i>Senior staff involved</i>	<i>Assistance from the WHO Regional Office</i>
3. Training of health workers	9	9	10	12	<i>Epidemic of meningitis</i>	<i>No remedial action possible</i>
4. Establishment of central facility for testing blood	2	2	8	8		<i>On time</i>
5. Quality control system functioning	9	10	10	11	<i>External experts delayed 3 weeks</i>	<i>No remedial action possible</i>
6. Information, education, counselling of donors and confidentiality ensured (first phase)	3	4	<i>cont.</i>	<i>cont.</i>	<i>Coverage about 70% because of delay in points 2 and 3</i>	<i>Work with donors done at the original sites</i>
7. Expansion of blood transfusion facilities to regions (physical)	3	4	10	12	<i>Delay of 3 months: planning, budget, subcontractor</i>	<i>Expedite planning, regional funds, change subcontractor</i>

<sup>a</sup> The replies given in italics are for the sake of illustration.

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**Sample form 6**


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**Training**

Region or district: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

List all AIDS training courses given in the region/district in the quarter.

Month	Type of course	Length of training (days)	Place	Categories of health worker trained	Number trained
Problems encountered			Action taken		

**Monitoring of national AIDS programmes**

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**Sample form 7**

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**Health education**

Region or district: \_\_\_\_\_

Completed (date): \_\_\_\_\_

By (team/person): \_\_\_\_\_

Describe key messages, target audiences, materials, and media used in health education and communication.

Only describe activities specific to this region/district.

Activities	Problems encountered/Action taken
1	
2	
3	
4	
5	
6	
7	
8	

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**Sample form 8**

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**National AIDS prevention and control programme in \_\_\_\_\_**

Quarterly summary progress report \_\_\_\_ quarter 198\_\_\_\_

From: National AIDS Programme Manager Completed (date): \_\_\_\_\_

Through: Director of Medical Services Name/signature: \_\_\_\_\_

To: National AIDS Committee members

Major achievements	
Problems	Action taken and recommendations for future action