



Quarterly TOMSHA Form

FOMU YA ROBO MWAKA YA TOMSHA

Instructions to Complete this Form Maelekezo ya kujaza fomu hii

This Form is to be completed by all Civil Society Organisations (CSOs), Public Sector and the Private Sector who are implementing non-medical HIV services

Fomu hii ijazwe na Asasi za kiraia, Wizara/idara/mashirika ya Umma na Sekta binafsi ambazo zinatekeleza shughuli za UKIMWI zisizo za Kitabibu.

1. Please complete this form every three months. You need to complete one Form for every District where your organisation has implemented HIV activities. If your organisation has implemented HIV activities in more than one district, you need to complete a separate Form for every district/

Tafadhali jaza fomu hii kila baada ya miezi mitatu. Unatakiwa kujaza fomu moja kwa kila Wilaya ambapo asasi yako imetekeleza shughuli za UKIMWI. Kama asasi yako inafanya shughuli za VVU kwenye zaidi ya wilaya moja, unatakiwa kujaza fomu tofauti kwa kila Wilaya.

2. Fill in the Form in quadruplicate as indicated in the TOMSHA Book, and have it signed by the Head of your Organisation (or a person designated to do so)/

Jaza fomu tatu kama inavyoonyeshwa kwenye Kitabu cha TOMSHA, na hakikisha imesainiwa na Mkuu wa Asasi yako (au mtu aliyeandaliwa kwa ajili hiyo)

3. Once the Form has been signed by your organisation, you should

Mara baada ya fomu yako kusainiwa, unatakiwa:

- ⇒ Submit the **GREEN copy** of this Form to the respective CHAC (Council HIV and AIDS Coordinator) of the district(s) you are operating in.
- ⇒ **Wasilisha nakala ya KIJANI ya fomu hii kwa Mratibu wa shughuli za VVU na UKIMWI wa Halmashauri (CHAC) husika wa Wilaya unayofanyia kazi.**
- ⇒ Submit the **BLUE copy** to your parent organisation (for CSOs, this is the umbrella NGO to which your organisation belongs; for Private Sector organisations, to the **AIDS Business Coalition of Tanzania**; for the Public Sector this would be the MDA head office)
- ⇒ **Wasilisha nakala ya BLUU kwa Asasi mama (Kwa Asasi za Kiraia, hii ni asasi mama ambayo ndimo lilimo shirika lako, na pia muungano wa shughuli za VVU na UKIMWI kwa sekta za umma hii itakuwa ofisi kuu ya wizara.**
- ⇒ Retain the **WHITE copy** for your own records and use
- ⇒ **Asasi ibaki na nakala nyeupe kwa kumbukumbu na matumizi yake.**

4. This form should be submitted by the 7th of April (for the period January to March), by the 7th of July (for the period April to June), by the 7th of October (for the period July to September), and by the 7th of January (for the period October to December)

Fomu hii inakiwa kuwasilishwa kufikia tarehe 7 mwezi wa nne (kwa kipindi cha mwezi wa kwanza hadi wa watatu), kufikia tarehe 7 mwezi wasaba (kwa kipindi cha mwezi wa nne hadi wa sita), kufikia tarehe 7 mwezi wa kumi (kwa kipindi cha mwezi wa saba hadi wa tisa), na kufikia tarehe 7 mwezi wa kwanza (kwa kipindi cha mwezi wa kumi hadi wa kumi na mbili)

A. INFORMATION ABOUT YOUR ORGANISATION./ **TAARIFA KUHUSIANA NA ASASI YAKO.**

Name of your organisation Jina la asasi yako						
Physical Address of your organisation Anuani ya Mtaa/eneo ambapo asasi yako ipo.						
Postal Address of Organisation Anuani ya Posta ya asasi yako.						
Name of TOMSHA Focal Person Jina la msimamizi wa TOMSHA						
Contact details of TOMSHA Focal Person/ Mawasiliano ya msimamizi wa TOMSHA.	Telephone Namba ya simu			Fax number Namba ya Faksi		
	Email Address Anuani ya barua pepe					
TACAIDS Registration Code Namba ya usajili ya TACAIDS						
Is your organisation a member of an umbrella organisation? <i>Circle answer</i> Je asasi yako ni mwanachama wa asasi mwavuli?zungushia jibu	YES Ndiyo	NO Hapana	If YES, name of umbrella organisation Kama ndiyo ,andika jina la Asasi mama			
In what year did your organisation start operating? /Ni mwaka gani asasi yako imeanza kufanya kazi?						
How many staff does your organisation have?/ Asasi yako inawafanyakazi wangapi?	Males Wanaume			Females Wanawake		
	Full time Wakudumu	Part time Wa muda	Volunteer/wa kujitolea	Full time Wakudumu	Part time Wa muda	Volunteer Wa kujitolea

NAME OF DISTRICT REPORTING ON JINA LA WILAYA UNAYOITOLEA RIPOTI	
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B. HIV AND AIDS PREVENTION SERVICES/ **HUDUMA ZA KINGA YA VVU NA UKIMWI**

HIV PREVENTION AMONGST VULNERABLE AND MOST AT RISK POPULATIONS

KINGA YA UKIMWI KWA MAKUNDI YENYE HATARI KUBWA ZAIDI

Type of intervention (See codes) Aina ya mkabilio(angalia namba)	Number of Persons Reached Idadi ya watu waliofikiwa				Other (specify) Wengine (taja)
	CSW Wafanya biashara wa ngono	MSM Wanaume kuzini na wanaume wenzao	IDU Watu wasio na makazi ya kudumu		
					HP1

HIV PREVENTION AMONGST GENERAL POPULATION

KINGA YA UKIMWI KWENYE JAMII KWA UJUMLA

Type of intervention (See codes) Aina ya mkabilio(angalia namba)	Number of Persons Reached Idadi ya watu waliofikiwa		
	Younger than 24: Chini ya miaka 24	25 and older: Miaka 25 na zaidi	
			HP2

CONDOMS KONDOMU	Number of Male Condoms Idadi ya kondomu za Kiume	Number of Female Condoms Idadi ya Kondomu za Kike	
Number of male and female condoms distributed by your organisation to END USERS this quarter Idadi ya kondomu za kiume na kike zilizosambazwa kwa WATUMIAJI robo hii ya mwaka.			HP3

POST EXPOSURE PROPHYLAXIS (PEP) MATIBABU BAADA YA KUGUSA DAMU YENYE VVU	Number of Females Idadi ya wanawake	Number of Males /Idadi ya wanaume	TOTAL JUMLA	
Number of caregivers and healthcare workers who receive post-exposure prophylaxis Idadi ya watunzaji/waangalizi wa afya waliopeva mafunzo ya matibabu baada ya kugusa damu yenye VVU.				HP4

STANDARD PRECAUTIONS TAHADHARI MAHUSUSI	Number of caregivers Idadi ya watunzaji/waangalizi	
Number of caregivers who have been trained in standard precautions, transmission-based infection and infection prevention control this quarter Idadi ya watunzaji/waangalizi ambao wamefundishwa jinsi ya kuchukua tahadhari mahususi/maalum, kujikinga na kuenea kwa maambukizi na kuthibiti maambukizi robo mwaka ya hii		HP5

LIFE SKILLS – learners STADI ZA MAISHA-WANAOJIFUNZA	Number of learners Idadi ya waliofundishwa	
Number # of learners exposed to life skills-based HIV/AIDS education this quarter. Idadi ya waliojifunza/fundishwa stadi za maisha zinazohusiana na elimu ya VVU/UKIMWI robo hii ya mwaka		HP6

LIFE SKILLS – teachers STADI ZA MAISHA –WAKUFUNZI/WALIMU	Number of teachers Idadi ya walimu/wakufunzi	
Number of teachers trained in life skills-based HIV/AIDS education this quarter Idadi ya Wakufunzi/Walimu waliofundishwa stadi za maisha zinazohusiana na elimu ya VVU/UKIMWI robo hii ya mwaka		HP7

C. HIV IMPACT MITIGATION SERVICES / HUDUMA ZA KUKABILIANA NA ATHARI ZA VVU.

SUPPORT TO VULNERABLE GROUPS HUDUMA/MISAADA KWA MAKUNDI YALIYO KATIKA HATARI YA MAAMBUKIZI	TYPE OF EXTERNAL SUPPORT	OVC	ELDERLY	WIDOWS/ WIDOWERS	VULNERABLE HOUSEHOLDS	OTHER VULNERABLE GROUPS	IM1
	AINA YA MISAADA YA NJE	YATIMA, WATOTO WALIOKATIKA HATARI YA MAAMBUKIZI	WAZEE	WAJANE	FAMILIA KWENYE HATARI YA MAAMBUKIZI	MAKUNDI MENGINEYO YALIYOKO KWENYE HATARI YA MAAMBUKIZI	
Number of vulnerable groups that have been provided with basic external support this quarter Idadi ya makundi yalioko kwenye hatari ya maambukizi ambayo yamepatiwa misaada ya nje iliyoyamsingi katika robo hii ya mwaka	Health care and supplies matunzo ya afya na usambazaji						
	Emotional and psychological support/ Msaada wa kisaikolojia						
	Nutrition support/ Msaada wa lishe						
	Financial support Msaada wa fedha						
	Income generating activities Shughuli za uzalishaji mali						
	Number of vulnerable households receiving two or more support services Familia zilizokwenye hatari ya maambukizi ambazo zimepokea misaada zaidi ya miwili						
	School fees and school-related assistance Misaada ya ada za shule na mahitaji mengine ya shule.						
Number of community based committees who mobilized services for households with OVC Idadi ya kamati za kijamii ambazo zinatafuta misaada kwa ajili ya familia/kaya zilizo na yatima/watoto waliokatika hatari ya maambukizi							

PLHA SUPPORT GROUPS/ MISAADA KWA MAKUNDI YA WAVIU	Number of support groups /Idadi ya makundi ya kusaidiwa	
Number of PLHA support groups established Idadi ya makundi ya waviu yaliyopo kwa ajili ya kusaidiwa		IM2

PLHA SKILLS TRAINING MAFUNZO STADI KWA WAVIU	Number of PLHA trained Idadi ya Waviu waliofundishwa	
Number of PLHA provided with skills training (income generation, advocacy, national code for HIV/AIDS and employment, positive living, managing support groups) Idadi ya watu wanaoishi ya VVU ambao wamepewa mafunzo stadi(uzalishaji, urakibishi, ajira, kuishi kwa matumaini/kujiamini na usimamizi wa misaada		IM3

PLHA SUPPORT SERVICES HUDUMA/MISAADA KWA WAVIU	Number of PLHA receiving support Idadi ya Waviu wanaopokea misaada.	
Number of PLHA receiving two or more support services Idadi ya Waviu wanaopokea misaada/huduma zaidi ya miwil.		IM4

D. TRAINING AND CAPACITY BUILDING FOR HIV AND AIDS/ MAFUNZO NA KUJENGA UWEZO JUU YA VVU NA UKIMWI

TRAINING OF STAFF AND VOLUNTEERS

MAFUNZO YA WAFANYAKAZI NA WANAJOITOLEA.

(Persons from your organisation that have been trained, not the number that have attended training sessions run by your organisation)

Watu kutoka kwenye asasi yako waliopewa mafunzo na siyo idadi ya waliohudhuria vipindi vya mafunzo vilivyoendeshwa na asasi yako)

Write the topic of training here

Andika mada zilizofundishwa hapa.

Number of Volunteers Trained Idadi ya wanaojitolea waliopata mafunzo	Number of Project Staff Trained Idadi ya wafanyakazi wa mradi waliopata mafunzo	Number of Employees Trained Idadi waajiriwa waliopata mafunzo
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TRAINING OF COMMUNITY LEVEL ORGANISATIONS:

MAFUNZO KWA ASASI NGAZI YA KIJAMII.

Number of Community-level Organisations has trained. IDADI YA ASASI NGAZI YA KIJAMII

Number of organisations at the community level that your organisation has trained in planning, implementation and management of HIV services this quarter Idadi ya Asasi katika ngazi ya kijamii ambazo asasi yako imezipa mafunzo juu ya mipango, utekelezaji na usimamizi wa huduma za VVU robo hii ya mwaka		TC2
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11. MANAGEMENT AND COORDINATION OF HIV PROGRAMMES/ USIMAMIZI NA URATIBU WA MIKAKATI YA VVU.

Does your organisation have a work plan for the current financial year? <i>Circle correct option</i> Asasi yako ina Mpango kazi kwa mwaka huu wa fedha? zungushia jibu	YES Ndiyo	NO Hapana	MC1
Is the work plan costed? <i>Circle correct option/</i> Je, mpango kazi umegharamiwa? zungushia jibu	YES Ndiyo	NO Hapana	MC2
Has a budget been approved for the work plan? <i>Circle correct option/</i> Je, budget ya mpango kazi imeidhinishwa? zungushia jibu.	YES Ndiyo	NO Hapana	MC3
Have funds been available this quarter to implement and coordinate HIV and AIDS activities? <i>Circle correct option/</i> Je fedha zimekuwepo kwa ajili ya utekelezaji na usimamizi wa shughuli za VVU robo hii ya mwaka? zungushia jibu	YES Ndiyo	NO Hapana	MC4

Has your organisation implemented its work plan this quarter? Circle correct option/ Je, Asasi yako imetekeleza mpango kazi wake robo hii ya mwaka <zungushia jibu	YES Ndiyo	NO Hapana	MC5
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AREAS COVERED IN WORK PLAN/MAENEO YALIYOTEKELEZWA KWENYE MPANGO KAZI.		Tick the appropriate block/s (✓)/Weka alama ya vema	
Which HIV and AIDS services have been covered in your work plan (the one referred to in MC1) /Ni huduma gani za VVU na UKIMWI zimefanywa /zimetelekezwa kwenye mpango kazi?(Ambazo zinarejea MC1)	HIV prevention Kuzuia VVU		MC6
	HIV treatment, care and support Matibabu ya VVU ,matunzo na msaada		
	HIV impact mitigation services Kakabiliana na athari zinazotokana na UKIMWI		
	Management, planning, coordination, advocacy or capacity building Uendeshaji, Kupanga, Uratibu, Urakabishi		

Did your organisation attend an HIV and AIDS/STI feedback or data dissemination workshop at district-level this quarter? Circle correct option Asasi yako ilihudhuria warsha ya mrejesho wa taarifa au usambazaji wa takwimu za VVU na UKIMWI/ na Magonjwa ya zinaa	YES Ndiyo	NO Hapana	ME1
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**COMMENTS FROM ORGANIZATION'S TOMSHA FOCAL PERSON.
MAONI YA MSIMAMIZI WA TOMSHA WA ASASI/MHASIBU.**

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**I verify that the data on this TOMSHA Form is accurate and based on the records kept by my organisation.
Nathibitisha kwamba takwimu zilizopo kwenye fomu hii ya TOMSHA ni sahihi na zinatokana na kumbukumbu zilizopo kwenye asasi yangu.**

Signed/Sahihi _____

Name/Jina _____

Position in Organisation/ Cheo katika Asasi : _____

Date/Tarehe _____

**Thank you for completing the Form.
Asante kwa kujaza fomu.**

DISTRICT COUNCIL OFFICE USE MATUMIZI YA OFISI YA HALIMASHAURI YA WILAYA TU	Date received Tarehe iliyopokelewa		Date verified Tarehe ya kuthibisha	
	Date of captured Tarehe iliyoingizwa		Verified by/ Imethibitishwa na	
	Captured by Imeingizwa/Shughulikiwa na		Date filed Tarehe ya kuweka katika faili	

