

TINGIM LAIP



Data & Information Management M&E System Toolkit

November 2014



Program of PNG's National AIDS Council



Table of Contents

Abbreviations and Acronyms	ii
Introduction	iii
1 TINGIM LAIP M&E FRAMEWORK	1
2 TINGIM LAIP UNIQUE IDENTIFICATION CODE SYSTEM	2
3 TINGIM LAIP M&E SYSTEM	4
4 TINGIM LAIP M&E SYSTEM: DATA FORMS	5
TINGIM LAIP PEER UIC REGISTRATION FORM (FORM A).....	5
TINGIM LAIP UIC ACTIVITY FORM (FORM B).....	6
TINGIM LAIP CONDOM DISTRIBUTOR FORM (FORM C).....	7
TINGIM LAIP REFERRAL CARD.....	8
5 TINGIM LAIP M&E SYSTEM: DATABASES	9
TINGIM LAIP LOCATION DATABASE	9
TINGIM LAIP ACTIVITY DATABASE.....	11
TINGIM LAIP TRAINING DATABASE.....	15
6 TINGIM LAIP M&E SYSTEM: INFORMATION REPORTS	18
TINGIM LAIP MEETING MINUTES	18
TINGIM LAIP PROJECT MONTHLY PROVINCIAL REPORT	18
TINGIM LAIP SUCCESS STORY COLLECTION TOOL	18
TINGIM LAIP TRAINING WORKSHOP REPORT	19
TINGIM LAIP TRIP REPORT	19
7 TINGIM LAIP M&E SYSTEM: DATA REPORTS	20
TINGIM LAIP QUARTERLY LOCATION REPORT.....	20
TINGIM LAIP PAC REPORTS	21
TINGIM LAIP QUARTERLY AND ANNUAL REPORTS	21
8 TINGIM LAIP DATA FLOW	22
9 TINGIM LAIP M&E TARGETS	23
10 TINGIM LAIP PRIVACY AND CONFIDENTIALITY POLICY	33
11 BACKING UP THE TINGIM LAIP DATA TOOLKIT	35
12 FOR FURTHER ASSISTANCE	35

Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APMG	AIDS Projects Management Group
ART	Anti-Retroviral Therapy
DAC	District AIDS Committee
DFAT	Australian Government Department of Foreign Affairs and Trade
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with HIV
GoA	Government of Australia
GoPNG	Government of Papua New Guinea
HHISP	Health and HIV Implementation and Services Provider
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IRM	Independent Review Mechanism
L&D	Learning and Development
MARP	Most at-risk population(s)
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Research
MSM	Men who have Sex with Men
MMM	Mobile men with money
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDoH	National Department of Health
NHS	National HIV and AIDS Strategy, 2011–2015
PAC	Provincial AIDS Committee
PLHIV	People Living with HIV
PNG	Papua New Guinea
PNG IMR	PNG Institute of Medical Research
PO	Project Officer
RC	Regional Coordinator
STI	Sexually Transmitted Infection
TL	Tingim Laip
UIC	Unique Identifier Code
VCT	Voluntary Counselling and Testing
WES	Women who Exchange Sex

Introduction

Tingim Laip is Papua New Guinea's largest targeted peer-led HIV prevention and care project, operating in 20 locations over 10 provinces. It is a joint National AIDS Council and DFAT Australian aid project, funded by the Australian Government and managed by Cardno Emerging Markets.

PNG is experiencing a concentrated HIV epidemic with prevalence estimated to be greater than five percent amongst key populations including women exchanging sex, men who have sex with men and mobile men with money. The objective of Tingim Laip is to ensure that key populations in selected locations engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access treatment if living with HIV.

To achieve this project objective, Tingim Laip works across the prevention and care continuum, in selected locations where there is a higher convergence of HIV risk. TL engages more than 150 volunteers and staff from key populations and supports the implementation of a range of peer-led activities to increase knowledge, condom use and accessibility, STI and VCT service uptake, the number of people who know their status and support for people living with HIV. Tingim Laip also contributes to creating more supportive environments for key populations.

The project works with stakeholders and partners to ensure friendly STI, VCT and HIV clinical and social services are accessible, available and used regularly by people from key populations. Tingim Laip also addresses the drivers of HIV risk through innovative approaches including the development of location specific harm reduction and response strategies for alcohol and gender-based violence.

The Tingim Laip Data and Information Management System for Monitoring and Evaluation, enables the collection, collation, management, analysis and use of output data generated by the project.

As a major provider of HIV prevention and care interventions throughout PNG, Tingim Laip supports the National HIV Strategy 2011-2015. Core components of this guiding document are reflected throughout the TL M&E System, enhancing the third of the 'Three Ones Principles': a national M&E system linked to the National HIV Strategy. Indicators from NACS M&E programmatic reporting requirements have been incorporated to ensure streamlined national reporting.

During an M&E scoping exercise in November 2011, a dominant theme and request from staff and volunteers was 'simplicity' in reporting. Open data entry fields were creating ambiguity in reporting and increasing the responsibility on data entry personnel to align submitted data with reporting categories. TL's M&E System was then built on defined categories for all activities, with tick box data entry on the data collection forms and dropdown lists throughout the databases. Any limitation on data entry through introduction of these categories is mitigated by increased data quality on output reporting.

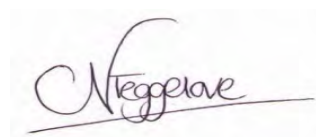
Since 2013, TL has adopted the use of Unique Identification Codes (UICs) to track usage patterns of registered peers from target populations. UICs provide an anonymous and reliable system for tracking members of key populations through HIV and STI prevention, treatment and care services. A unique code is created for each individual based on a combination of answers to a set of questions that have been tested within the specific context and epidemic of the country. The UIC enables TL to measure the number of individuals receiving services, as well as the nature of the services and the frequency with which they are received. The M&E UIC System was developed and rolled out across Tingim Laip locations from the end of 2013, with all locations using the revised data forms and databases by the end of 2014Q2.

ALL STAFF AND VOLUNTEERS OF THE TINGIM LAIP PROJECT MUST PURSUE A HEALTHY DATA CULTURE – ONE WHICH ENCOURAGES, EXPECTS, CREATES AND PRODUCES GREAT QUALITY, CONSISTENT, TIMELY AND ACCURATE DATA.

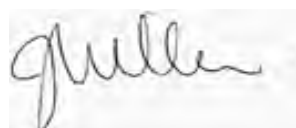
The Tingim Laip M&E UIC System, a component of the broader TL Data Information and Management System, provides greater capacity for staff in output data management, collation, analysis, reporting, translation and use. It provides a strong foundation for achievement of a good quality data system. All staff and field workforce are encouraged to pursue a healthy data culture: one that encourages, expects, creates, and produces great quality, consistent, timely and accurate data. All data must flow bi-directionally – both up and down reporting lines – to ensure a data feedback cycle that promotes comprehensive understanding of monitoring outcomes, accountability for M&E processes and sustainability in data system functions.

The Tingim Laip data feedback cycle commences with flow of data from all staff and field workforce implementing project activities. This essential information is entered into the TL Activity Databases (Provincial) at the locations and sent to the national office for upload to the TL Activity Database (National) which generates summary tables and graphs that are used for project output analysis and reporting. Translation of monitoring trends is then able to be communicated back to the locations for improved understanding of activity levels and to support local strategic planning. Use of the data promotes better practice, location development, responsive resource mobilisation and targeted advocacy – giving members of key populations, communities and the Tingim Laip project a greater voice in local response to HIV prevention and care.

The Tingim Laip Data and Information Management System, including the M&E System has evolved throughout the project cycle. The Tingim Laip M&E Toolkit developed in 2011 was rebuilt to adapt to the Unique Identification Code System during the transition to working with key populations. This M&E System Guide details the data forms, databases, data reports and information reports that comprise the Tingim Laip M&E UIC System used to capture the project's work with key populations from the start of 2014 until project end.



Nikki Teggelove
STA MER Development Practitioner
Tingim Laip



Jennifer Miller
Project Manager
Tingim Laip

Figure 1: Tingim Laip Data Feedback Cycle



1 TINGIM LAIP M&E FRAMEWORK

The Tingim Laip M&E Framework was significantly revised in 2013, to reflect the project's transition to working with key populations. The Project Logframe and resulting M&E Framework contain objectives, outcomes, outputs and indicators that guide activities and enable the measurement of targets against the Tingim Laip goal. The Tingim Laip M&E System is designed to collect, manage, analyse and use data related to the project framework, with the overarching objectives and outcomes as follows:

TINGIM LAIP PROJECT GOAL			
To ensure that key populations in selected locations are able to engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access treatment if living with HIV.			
OBJECTIVE		OUTCOME	
1.	To strengthen the capacity of TL field workforce to plan, deliver and monitor appropriate prevention activities	1.1	Tingim Laip field workforce meaningfully involved in local HIV responses, designing, planning, delivering and monitoring HIV responses that are relevant to the needs of KAPs
2.	To deliver effective prevention and care responses in project locations	2.1	At least 75% of targeted KAPs in project locations knowledgeable on & have correct understanding of HIV, SRH
		2.2	At least 50% of targeted KAPs in project locations use condoms consistently and correctly
		2.3	At least 80% of targeted KAPs in project locations regularly use STI services (screening, testing, treatment)
		2.4	At least 80% of targeted KAPs in project locations use VCT services (tested & know their HIV status)
		2.5	At least 80% of targeted PLHIV in project locations use HIV care (clinical) services regularly
		2.6	At least 60% of targeted health workers in project locations providing friendly STI, VCT and HIV care services to KAPs
		2.7	At least 60% of targeted gatekeepers in project locations understanding and contributing to safer sexual networking for KAPs
3.	To strengthen partnership, networking and advocacy to increase involvement of stakeholders in addressing drivers of the epidemic & improve service delivery	3.1	Stakeholders meaningfully involved in HIV responses that address drivers of the epidemic (gender violence, stigma, discrimination, etc)
4.	To generate and use research to guide improvements in the quality of TL responses	4.1	TL work force using research findings to inform design of interventions and activity implementation
5.	To deliver a well-managed project guided by M&E consistent with the national M&E framework and donor requirements	5.1	TL workforce managing project well guided by M&E that is consistent with the national M&E framework and donor requirements

The Tingim Laip Project provides further time-bound targets in its Annual Plans, related to these objectives, which are grouped under the components of Capacity Building, Effective Interventions, Partnerships and Advocacy, M&E and Research and Effective Project Management.

The Tingim Laip M&E Framework is driven by data collection related to defined indicators, and embedded in a broader research agenda. The project's work with key populations has evolved from research including a Social Mapping exercise across the Highlands Highway, Oil Palm Plantations and LNG Town settings, micro-mapping at locations and the Periodic Surveys of key populations conducted in 2012 and 2014.

2 TINGIM LAIP UNIQUE IDENTIFICATION CODE SYSTEM

Unique Identification Codes (UICs) provide an anonymous and reliable system for tracking members of key populations through prevention, treatment and care services. A unique code for each individual is created, based on a combination of answers to a set of questions that are relevant to the specific context and epidemic of the country. The use of UICs has been highlighted in several reports by UN bodies and UIC systems have been effective tools in many countries to identify true reach of programs and services among key populations.

UIC systems assist in the monitoring of service delivery and access by members of key populations, as well as accurate tracking against targets by:

- ☐ Providing a confidential and reliable system that minimises barriers to HIV prevention and care services for members of key populations
- ☐ Creating a system that can track individuals through the continuum of prevention, treatment and care services
- ☐ Allowing service providers to count the number of individuals reached and measure the quality of their reach (frequency, message type, commodity distribution, referral type, service type)
- ☐ Encouraging identification of new individuals engaging with prevention and treatment services
- ☐ Avoiding duplication in counting of clients attending services
- ☐ Enabling analysis of treatment access patterns (cascades) through the continuum of prevention and care services
- ☐ Assessing mobility of key populations
- ☐ Assisting in reorienting of services to meet needs and attendance patterns of key populations
- ☐ Monitoring of staff and field workforce performance through numbers of peers (members of key populations) reached, and frequency of interventions.

Tingim Laip successfully piloted a UIC system in eight of ten project provinces in late 2013 with members of key populations registered as peers including women exchanging sex, men who have sex with men, people living with HIV and mobile men with money. The revised data collection forms and databases were rolled out and established in all project locations by 2014 Q2.

Guiding Principles of Tingim Laip UIC:

People vs Contacts: In the past, the practice of HIV prevention service providers in PNG has been to count and monitor: the number of trainings, the number of outreach sessions, the number of condoms distributed and the number of referrals conducted. Until establishment of a UIC system, Tingim Laip was unable to reliably count the number of individuals that the project reaches, with peer education and other program activities.

International best practice demonstrates that the most effective prevention interventions are those in which individuals are reached repeatedly with consistent messages. Rather than counting the number of outreach sessions or referrals conducted, the project needed to count the number of times an individual had received a message, or been referred to a service.

The introduction of the UIC System into Tingim Laip's monitoring system has enabled Tingim Laip to measure the number of individuals receiving services, as well as the nature of the service and the frequency with which the service is received. The project can then place these encounters with individuals against set targets to evaluate the effectiveness of outputs and measure progress towards supporting the project objective.

Confidentiality: In a setting where stigma and discrimination against members of key populations is high and often expressed through violence, it is important that service providers are able to protect the identity of the individuals with whom they work. UICs provide an avenue for improved data collection, management, analysis and use, towards more strategic service provision for members of key populations, whilst maintaining anonymity and confidentiality for individuals.

THE PROCESS OF DEVELOPING THE TINGIM LAIP UNIQUE IDENTIFICATION CODE SYSTEM

Tingim Laip undertook a methodical approach to the development of its UIC system:

1. Literature Review

Senior staff undertook a detailed review of Unique Identification Codes, global experiences of implementing UIC systems and emerging best practice guidelines.

2. APMGlobal Health Technical Input and Consultation

Senior staff consulted with APMGlobal Health Technical Advisors who had extensive international experience in development and rollout of UIC systems.

3. Generating and Testing the Unique Identification Code

Based on best practice, Tingim Laip aimed to develop a UIC with the following characteristics:

- ☐ Client-Generated: all information can be provided by the client only, and is not dependent on knowledge of an organisation's internal recording or coding system
- ☐ Non-Identifying: by reading the code, another person is not able to decipher who the client is so that confidentiality is maintained
- ☐ Unique (<2% repeat): there is limited risk of two individuals generating the same code
- ☐ Mix of Letters and Numbers: increases the likelihood of generating a unique code
- ☐ Simple and Easy to Recall: contributes to consistency of responses for reliability of code
- ☐ Non-Changeable: contributes to consistency of responses over time for reliability of code
- ☐ Easy to Remember Prompt Questions: contributes to the consistency of responses for reliability of code
- ☐ Acceptable to Key Populations and Relevant to Cultural/Social Context: questions do not offend or alienate clients from service providers and account for local norms (for example, many people in PNG do not know their date of birth)
- ☐ Not Location Specific: to accommodate for high level of mobility within and between towns, in particular for women engaged in sex work, men who have sex with men, people living with HIV and mobile men with money (as evidenced in Tingim Laip's Social Mapping and location-specific micro-mapping).

The devised TL UIC set of questions were tested among 128 staff, volunteers and clients in six project locations. Testing confirmed that this set of questions met all of the characteristics listed above and no duplicate codes were generated on this sample. 83% of respondents indicated that they would prefer to be identified through their UIC, rather than their name.

4. Designing UIC Tools, Databases, Policies and Procedures

Once a suitable set of questions was established, TL designed tools and databases to collect, manage and analyse project information. These tools are detailed throughout this M&E System Guide.

Policies and procedures were also developed to guide use and management of UIC tools and databases. These policies ensure the safety, security and confidentiality of information held within the databases and data collection tools and outline accessibility rights, electronic management and storage, and password protection of files and documents.

5. Rollout, Training and Technical Support

The Tingim Laip UIC System was rolled out across project locations through participatory 3-day workshops with attendance by TL staff, Field Officers and Volunteers. The training and associated materials were designed with consideration of literacy and language levels of participants, and more than half of the workshop sessions were practical exercises on data collection and management.

Ongoing technical support was provided for locations by the Tingim Laip M&E Team, to ensure understanding of the UIC system and to promote timely and quality data collection and management. M&E Feedback to locations, through Location Reports and M&E Support Visits was an effective method used to demonstrate data use and motivate staff and the field workforce at local level.

3 TINGIM LAIP M&E SYSTEM

The Tingim Laip M&E System comprises the following:

Data Forms:

- ☐ Tingim Laip Peer UIC Registration Form (Form A)
- ☐ Tingim Laip UIC Activity Form (Form B)
- ☐ Tingim Laip Condom Distributor Form (Form C)
- ☐ Tingim Laip Referral Card

Databases:

- ☐ Tingim Laip Location Database
- ☐ Tingim Laip Activity Database (Provincial & National)
- ☐ Tingim Laip Training Database

Data Reports:

- ☐ Tingim Laip Quarterly Location Report
- ☐ Tingim Laip Quarterly and Annual Reports
- ☐ Tingim Laip PAC Reports

Information Reports:

- ☐ TL Meeting Minutes
- ☐ TL Project Monthly Provincial Report
- ☐ TL Success Story Collection Tool
- ☐ TL Training Report
- ☐ TL Trip Report

TINGIM LAIP UIC ACTIVITY FORM

District where the service was provided: _____

Name of Volunteer/Field Officer/Staff: _____

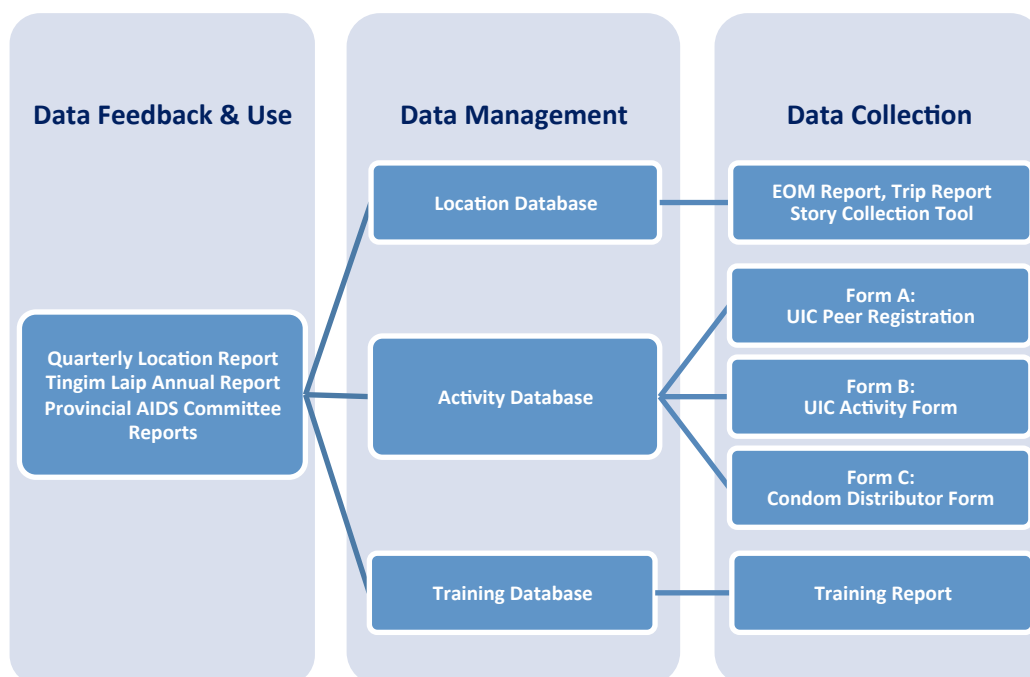
Peer's UIC Number: _____ Date: ____/____/____

NAME WHO DISCLOSED DURING THE COURSE			
SW and AGG	SW Care & Support	Alcohol & Tobacco	Peer Outreach (1-4)
SW	Male Condom Issues	SW & Relationship	Peer Outreach (5-6)
UIC	Female Condom Issues	SW Referral	Small group (7-8)
Working with AGG	Condom Negotiation	SW Referral	Referral

NAME DISCLOSED (Quantity)	REFERRAL ACCOMPANIED	Y	N	FOLLOW-UP
Male Condoms	UIC			Condom use
Female Condoms	UIC			UIC
Referrals	SW/Support			SW
SWs	SW Care & Support			SW/Support



Figure 2: Tingim Laip M&E System



4 TINGIM LAIP M&E SYSTEM: DATA FORMS

The Tingim Laip Data Forms enable collection of data from project activities about the number of contacts with individual peers, using the Unique Identification Code system. There are four forms used by project locations and the information from these tools is entered into the TL Activity Databases (Provincial).

All data disaggregation (gender and age) captured through the Tingim Laip Data Forms is in line with project, national and international reporting requirements.

TINGIM LAIP PEER UIC REGISTRATION FORM (FORM A)

The Peer Registration Form (Form A) generates UIC codes for each peer registered by the project. Form A documents answers to the Tingim Laip UIC questions, to generate a unique code for the peer, and also collects some basic demographic information on the individual that allows disaggregation of data by gender and age. The UIC that is developed during completion of the Peer UIC Registration Form is then used throughout the peer's involvement with the project - to track the number of peer outreach messages, number of commodities and number of referrals the peer receives from Tingim Laip.

Tingim Laip recommends that no names are collected from peers as part of the UIC registration to ensure confidentiality is maintained. TL also suggests that information collected as part of registration is limited to data that is required for monitoring purposes. Information related to sexual behaviours, practices, STI history or HIV status should be restricted to periodic surveys and other forms of research requiring ethics approval through the NACS Research Advisory Committee.

Form A is completed by a Field Officer or volunteer, once a peer is ready to be registered by the project. It is important that registration is a voluntary process. Field Officers and volunteers are trained to register individuals from key populations when the peer feels comfortable to share the information required. Registration should also never be a barrier to Tingim Laip information, commodities or referral services - all members of key populations can access services, with or without being registered as a project peer.

Figure 3: Tingim Laip Peer UIC Registration Form

FORM A **TINGIM LAIP PEER UIC REGISTRATION FORM**

GENERATION OF UNIQUE IDENTIFICATION CODE

What is your first name? (write last 2 letters only) [] []

Are you left-handed or right-handed? (write R for Right-Hand, L for Left-Hand) [] []

Which is your district of birth? (write first 2 letters only) [] []

What is your gender? (write 1 for Male, 2 for Female, 3 for Transgender) [] []

What is your last name? (write last 2 letters only) [] []

Peer's UIC Number (Fill each box here with the letters above in their order) [] [] [] [] [] [] [] [] [] []

CURRENT RESIDENCE (the place peer calls current home)

Region: [] [] [] [] [] [] [] [] [] []

Province: [] [] [] [] [] [] [] [] [] []

District: [] [] [] [] [] [] [] [] [] []

LLG: [] [] [] [] [] [] [] [] [] []

Ward: [] [] [] [] [] [] [] [] [] []

TL Location: [] [] [] [] [] [] [] [] [] []

INFORMATION ON ORIGIN OF CLIENT

Region: [] [] [] [] [] [] [] [] [] []

Province: [] [] [] [] [] [] [] [] [] []

District: [] [] [] [] [] [] [] [] [] []

LLG: [] [] [] [] [] [] [] [] [] []

Ward: [] [] [] [] [] [] [] [] [] []

DEMOGRAPHIC INFORMATION OF CLIENT

Gender: [] [] [] [] [] [] [] [] [] []

Age: [] [] [] [] [] [] [] [] [] []

Marital Status: [] [] [] [] [] [] [] [] [] []

KAP Category: ☐ MMM ☐ SW/WES ☐ MSM ☐ PLHIV

What is the most convenient place a TL member can reach you: ☐ Home ☐ Work place ☐ Other location [] [] [] [] [] [] [] [] [] []

Registered by: [] [] [] [] [] [] [] [] [] []

Date of registration: [] / [] / []

☐ Client newly registering with Tingim Laip ☐ Client recovering lost UIC number

The Tingim Laip Field Workforce are trained on use of the Peer UIC Registration Form during M&E Training and provided with follow-up support from location staff.

The Peer UIC Registration Form is completed by a Field Officer or Volunteer to register new Peers once they consent to registration and ongoing engagement with Tingim Laip services.

TINGIM LAIP UIC ACTIVITY FORM (FORM B)

The Tingim Laip UIC Activity Form (Form B) is completed by the field workforce for every peer education and outreach activity conducted. There are defined categories for data entry with tick boxes for easy entry of information on Major Topic, Method of Outreach, Items Distributed and Referrals. The UIC entered onto each Activity Form allows the activity to be linked to an individual for anonymous tracking of service access.

Figure 4: Tingim Laip UIC Activity Form

FORM B **TINGIM LAIP UIC ACTIVITY FORM**

District where the service was provided:

Name of Volunteer/Field Officer/Staff:

Peer's UIC Number: Date:/...../.....

MAJOR TOPIC DISCUSSED DURING THIS OUTREACH			METHOD OF OUTREACH
HIV and AIDS	HIV Care & Support	Alcohol H.Reduction	Peer Outreach (1-1)
STI	Male Condom Demo	SRH & Relationships	Peer Outreach (2-6)
VCT	Female Condom Demo	GBV Reduction	Small group (7-10)
Working with KAPs	Condom Negotiation		Edutainment

ITEMS DISTRIBUTED (Quantity)	REFERRAL ACCOMPANIED	Y	N	FOLLOW-UP
Male Condoms	VCT			Condom use
Female Condoms	STI			VCT
Lubricants	GBV Support			STI
IECs	SRH			GBV support
	HIV Care & Support			HIV Care & Support

The Tingim Laip UIC Activity Form is the primary data collection form for all activities conducted by the field workforce at locations. It enables Tingim Laip to track progress and efficacy (reach and outcomes) against project objectives and targets by providing information on:

- ☐ The project location where activities are conducted
- ☐ The individual peers (UICs) that are reached by activities
- ☐ The major topics (messages) delivered during peer education & outreach
- ☐ The method of outreach activities
- ☐ Condom demonstrations and distribution conducted during outreach
- ☐ IEC distribution conducted during outreach
- ☐ Referrals and referral types to service providers
- ☐ Any follow up (planning) for ongoing engagement with peers

If activities are conducted for more than one peer at a time, the field workforce are encouraged to list the UICs of all peers who participated on the back of Form B, to facilitate ease of reporting. Individuals who are not registered are recorded on the Tingim Laip UIC Activity Form as 'Not Registered' or 'Code Declined'.

The Tingim Laip Field Workforce are trained on use of the UIC Activity Form during M&E Training and provided with follow-up support from location staff.

The UIC Activity Form is completed by a Field Officer or Volunteer for each activity conducted and for every peer reached. UIC Activity Forms are submitted each week to location offices and staff check this M&E documentation against Location Activity Plans before entering this information into the Tingim Laip Activity Database for the location.

TINGIM LAIP CONDOM DISTRIBUTOR FORM (FORM C)

Tingim Laip distributes condoms through three different methods: through Field Officers and Volunteers conducting peer outreach, through Condom Distributors at key distribution points, and through static availability at condom refill points. The Tingim Laip Condom Distributor Form (Form C) is used by Condom Distributors to document male and female condom distribution as well as lubricant distribution and condom demonstrations at Condom Distribution Points and Refill Points.

- ☐ Condom Distributors, recruited at key distribution points in each location, are usually owners of *buai* stands and market sellers. Condom Distributors are required to complete Form C each week
- ☐ Condom Distributors are not required to conduct condom demonstrations as this has the potential to take individuals away from their primary business. However, many distributors do provide this service and this is captured on the reporting template
- ☐ Form C also has space (tick boxes) to capture which key population the commodities are distributed to. As Condom Distributors, however, are often not peers of these groups, Tingim Laip acknowledges that this can be an assumption. This is taken into consideration when reporting, to avoid data inaccuracy or misrepresentation of contacts with key populations.

Condom Refill Points are stocked with male and female condoms as well as lubricants in some locations. These strategic locations include hotels, bars, entertainment venues and other venues where transactional sex is known to be negotiated or exchanged. Condom Refill Points are checked and restocked at frequent intervals by the Tingim Laip field workforce or allocated Condom Distributors. Completion of Form C is also required for Condom Refill Points, however, distribution is entered as the total number of commodities restocked rather than distribution to individuals, and therefore there is also no condom demonstration or capture of key population information for this type of distribution.

Figure 5: Tingim Laip Condom Distributor Form

FORM C

TINGIM LAIP CONDOM DISTRIBUTOR FORM

NAME OF DISTRIBUTOR: MONTH:

LOCATION OF DISTRIBUTOR : YEAR:

DATE	POP	COMMODITIES GIVEN	DEMONS DONE
	SW/WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	POP	COMMODITIES GIVEN	DEMONS DONE
	SW/WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	POP	COMMODITIES GIVEN	DEMONS DONE
	SW/WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	POP	COMMODITIES GIVEN	DEMONS DONE
	SW/WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

Each Tingim Laip Condom Distributor attends a 3-day training which includes an overview on M&E and how to complete the Condom Distributor Form (Form C). This is followed up by weekly support visits and attendance at twice monthly meetings held by Tingim Laip location staff.

The Condom Distributor Form is completed by Condom Distributors for all commodities distributed through Condom Distribution Points and Refill Points, and submitted to the location office weekly.

TINGIM LAIP REFERRAL CARD

The Tingim Laip Peer Referral Card uses the UIC system to track connection to services. The three sections of the card are completed by the Field Officer or Volunteer when referring an individual to a health service with one section retained by the field workforce member, one by the client and one by the service provider. Established referral pathways and regular connection with local service providers then enables the project and health staff to count the number of TL referred peers that attended health facilities, in order to better understand service usage by key populations.

An integral component in implementation of the Tingim Laip Referral Card and System has been the establishment of strong referral pathways. This has been achieved by working closely with health staff and facilities identified during the micro-mapping at each location, providing sensitisation and training on working with key populations, and building networks that promote connections between demand and supply across the HIV continuum of care services. Defining shared objectives between service providers and Tingim Laip, and agreeing on the referral system process has been a key factor in increasing connection to services for key populations in project areas. In some locations this has also resulted in a two way referral system with health staff connecting newly diagnosed PLHIV to Tingim Laip for follow up support, especially in relation to ART adherence.

Figure 6: Tingim Laip Referral Card

The figure displays three copies of the Tingim Laip Referral Card, each with a different background color: white for the Volunteer Copy, yellow for the Client Copy, and pink for the Service Provider Copy. Each card features the Tingim Laip logo at the top left. The Volunteer Copy includes fields for 'Volunteer UIC:' and 'Client UIC:'. The Client Copy and Service Provider Copy include fields for 'Referred to:', 'To be completed by service provider:', 'Client Age:', 'Client Sex:', a checklist of services (Test/Treatment, ART, GBV, Care and Treatment Support, VCT, Family Planning, Legal, Other), '1st Visit', 'Repeat Visit', 'Date of next visit:', and 'Signature:'. The cards are labeled 'Volunteer Copy', 'Client Copy', and 'Service Provider Copy' at the bottom, and each has a small 'A. U.' label in the bottom right corner.

Tingim Laip Field Officers and Volunteers complete Referral Cards for each unaccompanied and accompanied peer referral to health services and submit the Volunteer copy to location office. The Project Officer is then responsible for collecting, counting and entering the Referral Cards received by Service Providers. All TL location staff are responsible for ongoing networking with local health services to support and strengthen the Referral Card system.

5 TINGIM LAIP M&E SYSTEM: DATABASES

The Tingim Laip M&E Databases provide a solid foundation for the Tingim Laip M&E System, however, a database is only as good as the information that is entered. Each step of the data feedback cycle (from data collection through data entry, management, validation, analysis, translation and dissemination of findings) is essential to maximise the functions of the databases and enable comprehensive monitoring of Tingim Laip outputs and outcomes.

TINGIM LAIP LOCATION DATABASE

The Tingim Laip M&E System Databases are designed to hold data, manage data, sort data and assist with data analysis and reporting. All use Microsoft Excel worksheets and workbooks for data entry. Where possible, the databases use Drop Lists with defined categories that match the tick boxes on Data Forms to ensure that there is consistency in entry and therefore greater accuracy in results achieved through the self-calculating analysis tables and graphs.

- ☐ The Location Database holds information about the specific project location including:
- ☐ The number of field workforce (Field Officers, Volunteers and Condom Distribution Points)
- ☐ Location development milestones
- ☐ Key stakeholders
- ☐ Workforce performance and progress through the Performance Based Incentives Program

This database is often used by the Tingim Laip Development Practitioner Prevention and Field Manager.

The Location Database sits at each Tingim Laip location and is updated monthly by the Project Officer or FOA, with Regional Coordinator approval prior to submission. All data regarding field workforce is updated to match the Activity Database each month including whether Field Officers, Volunteers and Condom Distributors are active or inactive.

The Location Database is sent along with the Activity Database (in a zipped file) to the National M&E Team monthly, specifically by the Friday following the Beginning of Month (BOM) week. The M&E Coordinator validates and cleans the Location Database, ensuring alignment with the location's Activity Database, and returns the file to the relevant location staff promptly, for ongoing entry during the following month. This database does not generate inbuilt analysis or graphs.

The Location Database is a single database used as a reference point for locations that builds over project cycle. The Location Database is used more as a management tool than for reporting purposes.

TINGIM LAIP LOCATION DATABASE	
Data Required	<ul style="list-style-type: none"> <input type="checkbox"/> Location details (including date of office establishment) <input type="checkbox"/> Details of active field workforce (Field Officers, Volunteers and CDPs) <input type="checkbox"/> Dates of Location Development milestones including completion of micro-mapping, strategy reflection, development of Location Activity Plans, staff and field workforce recruitment and induction <input type="checkbox"/> Names, types and contact details of key stakeholders along with dates of sensitisation trainings and referral system establishment <input type="checkbox"/> Workforce Performance Details including training and end-of-month meeting attendance, and M&E Report submission. <input type="checkbox"/> Distribution of Performance Based Incentives to field workforce
Data Collection Method	<ul style="list-style-type: none"> <input type="checkbox"/> Tingim Laip Location Environment Strategy and Activity Plans <input type="checkbox"/> Tingim Laip Training Reports
Data Entry	<ul style="list-style-type: none"> <input type="checkbox"/> Data Entry by Tingim Laip Location Project Officer or FOA <input type="checkbox"/> Database approved by Regional Coordinator before submission <input type="checkbox"/> National M&E Team assist with data cleaning and validation process

Figure 7: Tingim Laip Location Database

The image displays two side-by-side Microsoft Excel spreadsheets. The left spreadsheet, titled "TINGIM LAIP LOCATION DATABASE", features a logo in the top left corner and a table with columns for "Location Names" and "Coordinates". The right spreadsheet, titled "PERFORMANCE BASED INCENTIVES", also includes the same logo and a table with columns for "Field Workforce" and "Incentives". Both spreadsheets are shown with their respective Excel interfaces, including the ribbon and formula bar.

TINGIM LAIP ACTIVITY DATABASE

The Tingim Laip Activity Database is entered at two levels:

- ☐ At provincial level it is completed by project location staff
- ☐ At national level all-of-project data is brought together by the M&E Team into a single database

The Tingim Laip Data Forms collect the information that is entered into the Activity Database. The database captures field workforce details and peer UIC registration, including basic demographics that enable data disaggregation.

There is a worksheet for entry of all activities conducted at locations, and this contains an inbuilt data validation mechanism to ensure that the UICs entered match existing ones from registration - if the UIC does not match, staff can then check whether the peer is unregistered or the UIC has been incorrectly documented.

Condom and lubricant distribution as well as condom demonstrations conducted through Condom Distribution Points are entered onto a further worksheet, and all data then feeds into the Quarterly PAC Reports and extensive analysis tables for project reporting and use.

All disaggregation and defined categories within this database align with National AIDS Council, DFAT and UNAIDS reporting requirements, ensuring support of the PNG National HIV Strategy 2011-2015 'One System' of National HIV M&E Monitoring.

TINGIM LAIP ACTIVITY DATABASE	
Data Required	<ul style="list-style-type: none"> <input type="checkbox"/> Field workforce (Field Officers, Volunteers & CDP) details <input type="checkbox"/> Peer UIC Registration details (including demographics) <input type="checkbox"/> Data for every activity conducted including: Field Officer or Volunteer name and location, peer UIC, date, major topic discussed, condom demonstrations, method of outreach, commodities distributed (condoms, lubricants, IEC materials), referrals and referral type and any follow-up planned with peer <input type="checkbox"/> Data for all condom and lubricant distribution along with condom demonstrations by Condom Distribution Points and Refill Points
Data Collection Method	<ul style="list-style-type: none"> <input type="checkbox"/> Peer UIC Registration Form (Form A) <input type="checkbox"/> UIC Activity Form (Form B) <input type="checkbox"/> Condom Distributor Form (Form C)
Data Entry	<ul style="list-style-type: none"> <input type="checkbox"/> Data Entry by Tingim Laip Location Project Officer or FOA <input type="checkbox"/> Database is approved by Regional Coordinator before submission <input type="checkbox"/> National M&E Team for national database collation and management

LOCATION DATA ENTRY:

- ☐ A blank Tingim Laip Activity database, containing all field workforce and peer registration information, is sent to each project location in the first week of every month from the National M&E Team
- ☐ Data for that month is entered by the Project Officer or FOA. It is recommended that half a day each week is allocated for data entry to avoid excessive build-up of Activity Forms and increased pressure during BOM week. Weekly entry also enables more time to follow up on any data validation ('#N/A' cells) required and to enter new peer registrations
- ☐ Once all data for the month has been entered and validated, the workbook is submitted via email in a zipped file (along with the Location Database) to the National M&E Team
- ☐ The Activity Database is cleaned and validated by the National M&E Coordinator and entries transferred into the Quarterly National Database
- ☐ A blank database, with updated field workforce and peer registration information, is sent to location

- All Activity Databases for locations are saved as cumulative quarterly databases and kept on the Tingim Laip Server, with restricted user access

Figure 8: Tingim Laip Activity Database

Index	Date	Month	Year	Quarter	Visit ID	Visit ID Name	Prev UIC	IL District Peer Registration	Sex	Age	IL District Service Received	KAP	Major Topics Discussed	Outreach Method	Commodities Distributed	Site	Referral Type	Referral Mode	Sp
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			

NATIONAL DATA ENTRY:

The National M&E Team work together on data management, validation, analysis, use and feedback. The M&E Coordinator adopts primary responsibility for management of the databases, receiving these from locations, cleaning and validating the data, then returning a blank template containing registration information to the locations. During this process, identified issues are discussed with staff conducting data entry - telephone coaching - and then documented in an email to the relevant team (including Technical Support Officers and Field Manager). The M&E Coordinator also finalises entry to the PAC report that is inbuilt in the Activity Databases, and circulates these to the locations at the end of each quarter for staff to print and deliver to the relevant Provincial AIDS Committee.

The DP MER role focuses on data analysis and reporting. The quarterly and annual project reports rely extensively on the working tables and graphs built into the Activity Database, with findings from these drawn to tell the story of Tingim Laip across the country and to measure progress against the project objectives and targets. To ensure project direction and activities are driven by data findings, Quarterly Location Reports based on Location Activity Databases are also developed and disseminated, including recommendations for activity shifts to better achieve targets and for improving data quality and quantity.

The Tingim Laip Activity Database is the central component to the M&E System. The DP MER and M&E Coordinator work together with location staff, through support visits and remote coaching, to ensure a consistent flow of quality data, that is entered correctly into the Activity Database so that findings specific to locations can reorient project activities to best meet the needs of key population peers.

IMPORTANT TIPS FOR THE TINGIM LAIP ACTIVITY DATABASE

- ☐ No formulas in any of the Tingim Laip Databases should be deleted at any stage
- ☐ Data validation mechanisms are built into the Activity Database to check whether Peer UICs that are entered for activities match existing UICs for registered peers:
 - When a UIC is entered onto the Activity DBase worksheet, if there is no match in the Registration Dbase there will be an '#N/A' in columns J, K and M.
 - Consenting peers should be registered before or as soon as possible after engaging with Tingim Laip services and this information entered into the Activity Database to avoid the '#N/A'
 - If a peer UIC is not registered, then just enter the activity as against a 'Not Registered' (never been asked to register) or 'Code Declined' (refused registration)
 - Any '#N/A' cells should be checked to determine whether the peer is not registered, or whether an incorrect UIC has been written or entered
 - The database submitted to National M&E Team should contain no '#N/A' cells as these should have been validated at location level
- ☐ The same data validation mechanism is built in for Field Workforce:
 - If details entered into the Activity DBase of a Field Officer, Volunteer or Condom Distributor do not match those on the FO Workforce, Volunteer Workforce, or Condom Distribution Point worksheets then an '#N/A' will arise on columns I & L
 - Always check first that names have been entered correctly (names need to match the ones on the field workforce registration sheets)
 - Location staff should validate and amend any '#N/A' cells prior to submission of the database to the National M&E Team. Again, no formulas should be deleted.
- ☐ Where there is peer outreach for a small group, then a single activity report can be completed with the UICs of all attending peers listed on the back of Activity Form:
 - The activities should be entered into the Activity Database for every peer that attended, as multiple lines
- ☐ If more than one topic is discussed, or male condoms and female condoms are distributed, in an outreach session then these activities should be entered over multiple lines:
 - It is important to enter all topics and other activities (commodity distribution, condom demonstrations and referrals) that are conducted to ensure that the data reflects the correct level of activity at locations



Make sure when UICs are written down and when UICs are entered into databases that they have a total of 8 digits – 5 Letters, 1 Number, then 2 Letters!

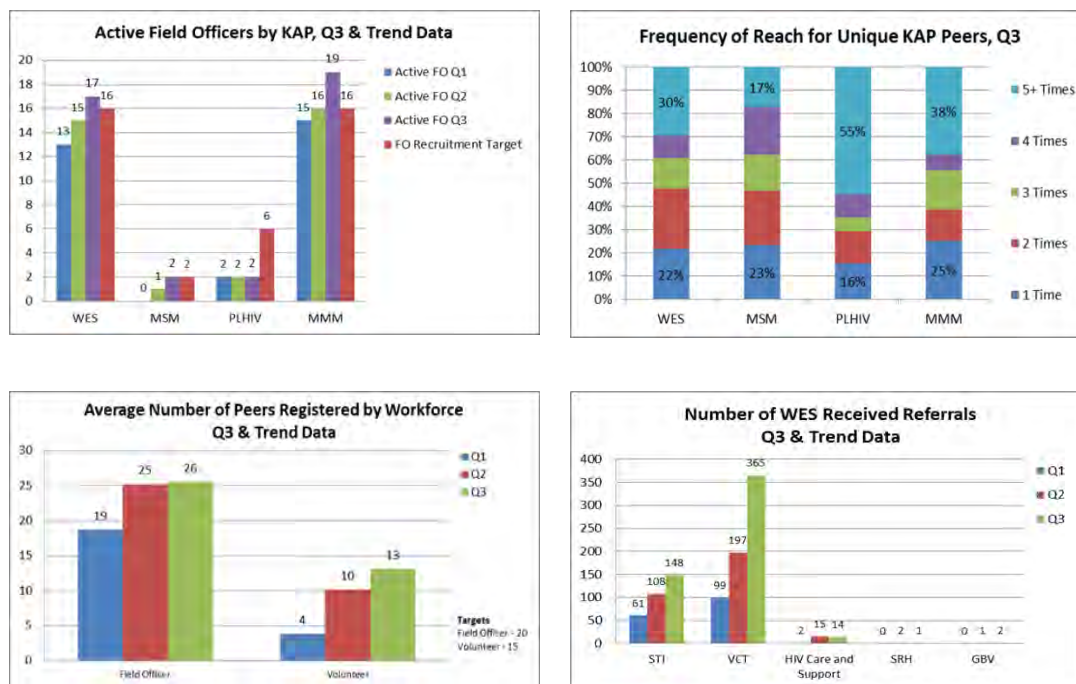
WORKING TABLES AND ANALYSIS GRAPHS:

The Tingim Laip Activity Database contains worksheets of extensive tables that use UICs to count individual contacts with peers, and to develop quarterly and trend graphs against targets including:

- ☐ The number of active field workforce including active Field Officers and Volunteers by key population
- ☐ The number of active Condom Distribution Points
- ☐ The numbers of peer registrations and average numbers of peers registered to FOs and Volunteers
- ☐ The numbers and proportions of active key population peers reached and frequency of reach
- ☐ The proportions of outreach by outreach method
- ☐ The number of peers reached by specific outreach messages

- ☐ The number of condom promotion activities (condom negotiation and demonstration sessions)
- ☐ The number of condoms distributed and proportions of peers who receive condoms through outreach
- ☐ The number of condoms distributed through Condom Distribution Points
- ☐ The number of peers who receive referrals by referral type to services and frequency of referrals.

Figure 9: Tingim Laip Activity Database Graphs



TINGIM LAIP TRAINING DATABASE

Tingim Laip Field Officers and Volunteers undergo a series of Foundation Trainings including Peer Education, Project Induction, HIV Sik Long Koap and Monitoring & Evaluation. The recruitment and training process, takes approximately three months. The objective of these trainings is to build workforce capacity in order to effectively and efficiently deliver project interventions. A set of further Support Trainings is then provided: Love Patrol, Alcohol Harm Reduction, Gender Based Violence, HIV and the Law, and Healthy Relationships. These additional trainings, give field workforce members greater depth of knowledge to share with peers through outreach interventions.

The Tingim Laip Training Database captures information on all Tingim Laip trainings conducted, and includes participant names and positions along with training type, location and dates. As the HIV Sik Long Koap and Alcohol Harm Reduction Trainings comprise a series of sessions, the database is completed as each session is attended so that the project can track progress in completion of the curriculum.

As with the Activity Database, there are field workforce registration sheets in the Training Database which enable a quality check mechanism, creating an alert ('#N/A') if the name entered does not match a registered field workforce member. Analysis is enabled through working tables within the Training Database and resulting graphs build for data reporting and use.

TINGIM LAIP TRAINING DATABASE	
Data Required	<input type="checkbox"/> Details of training including date, venue, TL location, participant information (name, age, gender, position, key population group, location), major training topic <input type="checkbox"/> For external participants, information on organisation type is also required
Data Collection Method	<input type="checkbox"/> Training Reports
Data Entry	<input type="checkbox"/> Data Entry by Receptionist with support from Training Coordinator

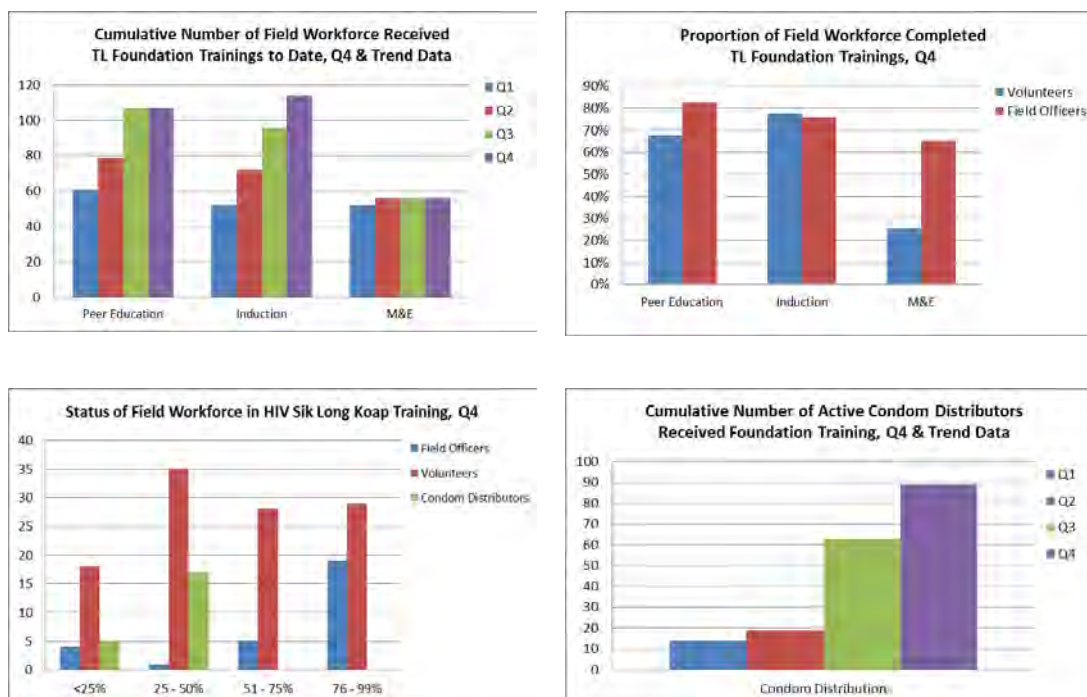
The Training Coordinator maintains responsibility for management of the Training Database, however is assisted by identified administration staff for data entry and the M&E Team for database maintenance. Data is entered directly from Training Reports as these are received, and the database is submitted to the Training Coordinator every quarter for approval. The DP MER uses information and graphs from this database for the Quarterly and Annual Tingim Laip Reports as well as within the Quarterly Location Reports. The quality of outreach conducted and messages delivered relies on a solid foundation of knowledge among the Tingim Laip Field Workforce. Achieving quality data flow from trainings enables the project to measure progress against training objectives and to ensure that all Tingim Laip staff and field workforce are equipped with the knowledge and skills required to perform their roles in the HIV response among key populations.

WORKING TABLES AND ANALYSIS GRAPHS:

The Tingim Laip Training Database contains working tables that calculate participant attendance at trainings for use in analysis, and feed into quarterly and trend graphs including:

- ☐ The cumulative numbers of field workforce who received TL Foundation Trainings
- ☐ The status of field workforce in progressing through the 28 sessions of HIV Sik Long Koap Training
- ☐ The status of field workforce in progressing through the 9 sessions of Alcohol Harm Reduction Training
- ☐ The proportion of field workforce who have completed Support Trainings
- ☐ The cumulative number of Condom Distributors who have received Foundation & Support Trainings.

Figure 10: Tingim Laip Training Database Graphs



The Tingim Laip M&E UIC System was developed using Excel due to the success of the National AIDS Council M&E Toolkit and the 2011 Tingim Laip M&E Toolkit, staff capacity to be trained and use the program, the ability to recover data if computers malfunction (provided regular backup has been performed) and software capacity for formulas and graphs to drive analysis.

The files are also able to be easily emailed to the national office.

6 TINGIM LAIP M&E SYSTEM: INFORMATION REPORTS

There are a number of reporting templates that support documentation of Tingim Laip's operational activities including the Meeting Minutes, Project Monthly Provincial Report and Trip Report templates. These are completed by relevant staff and assist the M&E Team to comprehensively report processes and operations across the project. In addition to these reports, the Success Story Collection Tool collects essential qualitative information and narratives to support quantitative data at locations, enabling awareness and promotion of stories of change, challenge and achievements resulting from Tingim Laip project interventions.

TINGIM LAIP MEETING MINUTES

The Tingim Laip Meeting Minutes template can be used for all types of meetings held by Tingim Laip staff - internal meetings with other staff and field workforce or external meetings with stakeholders. Along with meeting details including date, participants and venue, the minutes encourage definition of objectives, use of a set agenda and documentation of next steps (an action plan) to drive meetings outcomes.

TINGIM LAIP PROJECT MONTHLY PROVINCIAL REPORT

The Tingim Laip Project Monthly Provincial Report is completed by the Project Officer during BOM week and submitted to the Project Manager, Field Manager, Regional Coordinator, DP Prevention and M&E Team. This template enables documentation by locations of activities conducted during the month, under the project reporting components of Capacity Building, Effective Interventions, Partnerships and Advocacy, M&E and Research and Effective Project Management. It also prompts for photographs of activities and project operations at locations.

TINGIM LAIP SUCCESS STORY COLLECTION TOOL

The Tingim Laip Success Story Collection Tool provides a guide for collection of essential qualitative information and narratives at locations, enabling awareness and promotion of stories of change, challenges and achievements resulting from Tingim Laip project interventions. The tool is used by Tingim Laip staff and field workforce to document:

- ☐ A brief introduction to the person, group or organisation involved (gender, age, location, marital status, education status and occupation). No names are required on the Success Story Collection Tool
- ☐ What specific issue the person, group or organisation was experiencing before Tingim Laip intervened, including the specific cause of the issue, how long the issue had existed and the impact of the issue on quality of life
- ☐ The specific support that Tingim Laip provided to the person, group or organisation with detailed explanations of how specific support was initiated, planned and delivered. The objectives of the support are also included
- ☐ Explanations of how Tingim Laip interventions assisted the person, group or organisation to resolve the identified issue and the difference that project support made on quality of life for those affected - what can the person, group or organisation do now which couldn't be done before the support? What is better now as a result of the support?
- ☐ Photographs of the support being provided can also be included.

Figure 11: Tingim Laip Success Story Collection Tool

TINGIM LAIP TRAINING WORKSHOP REPORT

The Tingim Laip Training Workshop Report captures data on TL training attendance and knowledge acquisition (through pre and post testing). The report is completed by the facilitator for all trainings and workshops conducted. It enables the monitoring of information and output data related to frequency of training, training types, participant details and training completion rates.

- ☐ The Training Workshop Report collects information on:
- ☐ TL staff and facilitators present at training
- ☐ Participants attending the training
- ☐ Date, time and venue of training
- ☐ Training background including why the training was conducted, which Tingim Laip objective the training contributes to, an outline of the training objectives, the training curriculum or guide that was used and how the training will assist participants in their work with key populations
- ☐ Logistics and administration feedback
- ☐ Content and key learning points
- ☐ Pre and post evaluation results
- ☐ Training successes and challenges
- ☐ Training follow-up, next steps, recommendations and other feedback.

Figure 12: Tingim Laip Training Workshop Report

TINGIM LAIP TRAINING WORKSHOP REPORT

This form should be completed at the end of each training workshop conducted by TL Staff. The report should be submitted within 5 working days of the end of the training workshop. Fill in each of the sections of the report below. Please attach additional documentation as required.

TL Staff Member(s):
Facilitator(s):
Participants: Attach list of participants on template provided (Appendix)
Date of training:
Time:
Place/Venue:

Training Details

1. Why was the training organised (what capacity gaps did this training address)?
2. Who were the participants of the training? Why was it important to train these participants?
3. Which Tingim Laip objective is this training contributing to?
4. What were the objectives of the training?
5. What training guide/curriculum/manual was used to conduct the training? (Please include TL guides as well as any other resources that may have been used?)
6. How do you think the new knowledge and skills will help participants? In work? In community?

Logistics/Administration:
Provide feedback on logistics and administration, and venue – strengths, weaknesses, would you change anything for next time?

Content and Key Learning Points:
Please attach a copy of training workshop materials, including facilitation guides, participant guides, handouts, powerpoints and other resources. Comment on the content – was it appropriate for the audience? Was it too technical/ simple? Were there any gaps? ...

Pre/Post Evaluation
Please provide a summary of all evaluations that were conducted and comment

Training/Workshop Successes:
Identify (minimum) three things that stand out as successes for the workshop. Why were they successful?

Training/Workshop Challenges:
Identify (minimum) three things that stand out as challenges for the workshop? What was the cause of the challenge? How can we prevent this challenge from happening in the future?

Follow Up & Recommendations from Training:

Tingim Laip Training Workshop Report

TINGIM LAIP TRIP REPORT

The Tingim Laip Trip Report encourages reflection on outputs and outcomes from trips by all Tingim Laip staff to locations. It requires entries related to the names of the staff travelling, places visited, dates and objectives of the field trip. A brief background details the narrative of why the visit was required and this is followed by details of activities conducted including activity name and type, who was present and contact details of participants. There is space for documentation of results and achievements as well as lessons learned, and the report concludes with documentation of any issues identified along with actions and follow-up required from the trip.

7 TINGIM LAIP M&E SYSTEM: DATA REPORTS

The Tingim Laip M&E System encourages completion of the data feedback cycle through dissemination of data findings back to location level, and reporting of outputs to national and funding bodies. Project data and identified trends are reported in three ways:

1. A picture: by using graphs from the TL Data Toolkit or maps of project areas
2. The numbers: significant data is presented in tables
3. The story behind the numbers: interpretation and triangulation creates links between significant outputs and brings together all relevant data to draw project monitoring conclusions.

TINGIM LAIP QUARTERLY LOCATION REPORT

Completion of the data feedback cycle for Tingim Laip involves translation and dissemination of output data findings back to the locations, staff, Field Officers, Volunteers and Condom Distributors. This promotes greater understanding by staff and the field workforce of the reach and progress of Tingim Laip in the local HIV response. It also encourages improved data quality and flow, by demonstrating use of data at national level and motivates personnel to focus activities towards achieving projects targets.

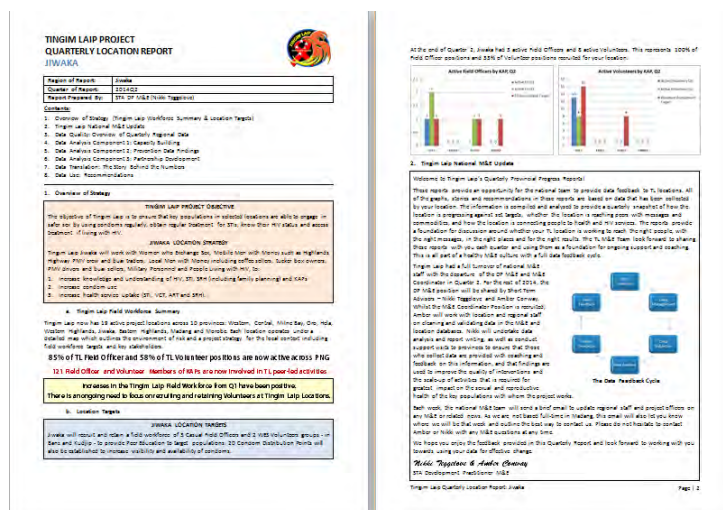
A Tingim Laip Quarterly Location Report is developed for every project location by the National M&E Team each quarter. It contains pictures (graphs or maps), numbers and the story of activities along with identified trends, specific to the location during that period. It then provides recommendations for using the data to improve tracking towards location targets, and for improving M&E data flow and management.

The template for this report is extremely flexible, empowering the National M&E Team to input graphs, data and triangulation statements relevant to the quarter and output data findings. The Quarterly Location Report should include the following five sections:

- ☐ Tingim Laip National M&E Update
- ☐ Data Quality: Overview of Quarterly Location Data
- ☐ Data Analysis: Location Data Findings
- ☐ Data Translation: The Story Behind the Numbers
- ☐ Data Use: Recommendations

The Quarterly Location Report should be a maximum of two to four pages and present data findings in a way that is easily understood at location level. As an essential component of the data cycle for Tingim Laip, it is important to be creative and innovative in preparation of this report. Disseminating an attractive report (in presentation and content) will ensure a greater number of readers and enhance critical knowledge of Tingim Laip outputs, progress and achievements.

Figure 13: Tingim Laip Quarterly Location Report



TINGIM LAIP PAC REPORTS

Under the guidelines of the National HIV Strategy 2011-2015, reporting on HIV activities to Provincial AIDS Committees is required quarterly by Tingim Laip. To assist this process, electronic versions of the required reporting forms (NACS1 Form) were built into the Tingim Laip Activity Database and results from these are printed and delivered quarterly to the PAC offices by Tingim Laip staff.

The process of delivering PAC Reports in person each quarter promotes ongoing partnership and networking between location offices and the Provincial AIDS Committee staff.

Tingim Laip reports data on peer outreach, condom distribution and referrals for key populations along with general condom distribution through Condom Distribution Points and Refill Points.

Figure 14: Tingim Laip PAC Reports

PROVINCE HIV/AIDS QUARTERLY REPORTING (PAC REPORT FORM 1A)

Year: 2013/2014

Submitter: District

Submitter Name: Tingim Laip

Submitter Contact: Tingim Laip

District of Tingim Laip (District of Tingim Laip)									
Area	Code	Description	Actual	Target	Percentage	Comments	Actual	Target	Percentage
General Reporting	1.1	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.2	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.3	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.4	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.5	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.6	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.7	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.8	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.9	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.10	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.11	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.12	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.13	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.14	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
	1.15	Number of key population (KPP) members identified in the reporting period	110	110	100		110	110	100
Condom Distribution	2.1	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.2	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.3	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.4	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.5	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.6	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.7	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.8	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.9	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.10	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.11	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.12	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.13	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.14	Number of condoms distributed in the reporting period	110	110	100		110	110	100
	2.15	Number of condoms distributed in the reporting period	110	110	100		110	110	100

Year: 2013/2014 (District of Tingim Laip)

TINGIM LAIP QUARTERLY AND ANNUAL REPORTS

Tingim Laip produces an Annual Report each calendar year, which builds on the Quarterly Reports submitted to DFAT Australian aid and presents progress, including trend data, against project objectives, and targets under the headings of:

- ☐ Component 1: Capacity Building
- ☐ Component 2: Effective Interventions
- ☐ Component 3: Partnerships and Advocacy
- ☐ Component 4: M&E and Research
- ☐ Component 5: Effective Project Management.

These reports, submitted to DFAT, also document achievements and activities against the Contractor Performance Assessment Framework, risk management planning, cross-sectoral and inter-project coordination and collaboration, management of stakeholder relationships, variations from Annual Plan and project expenditure for period and to date.

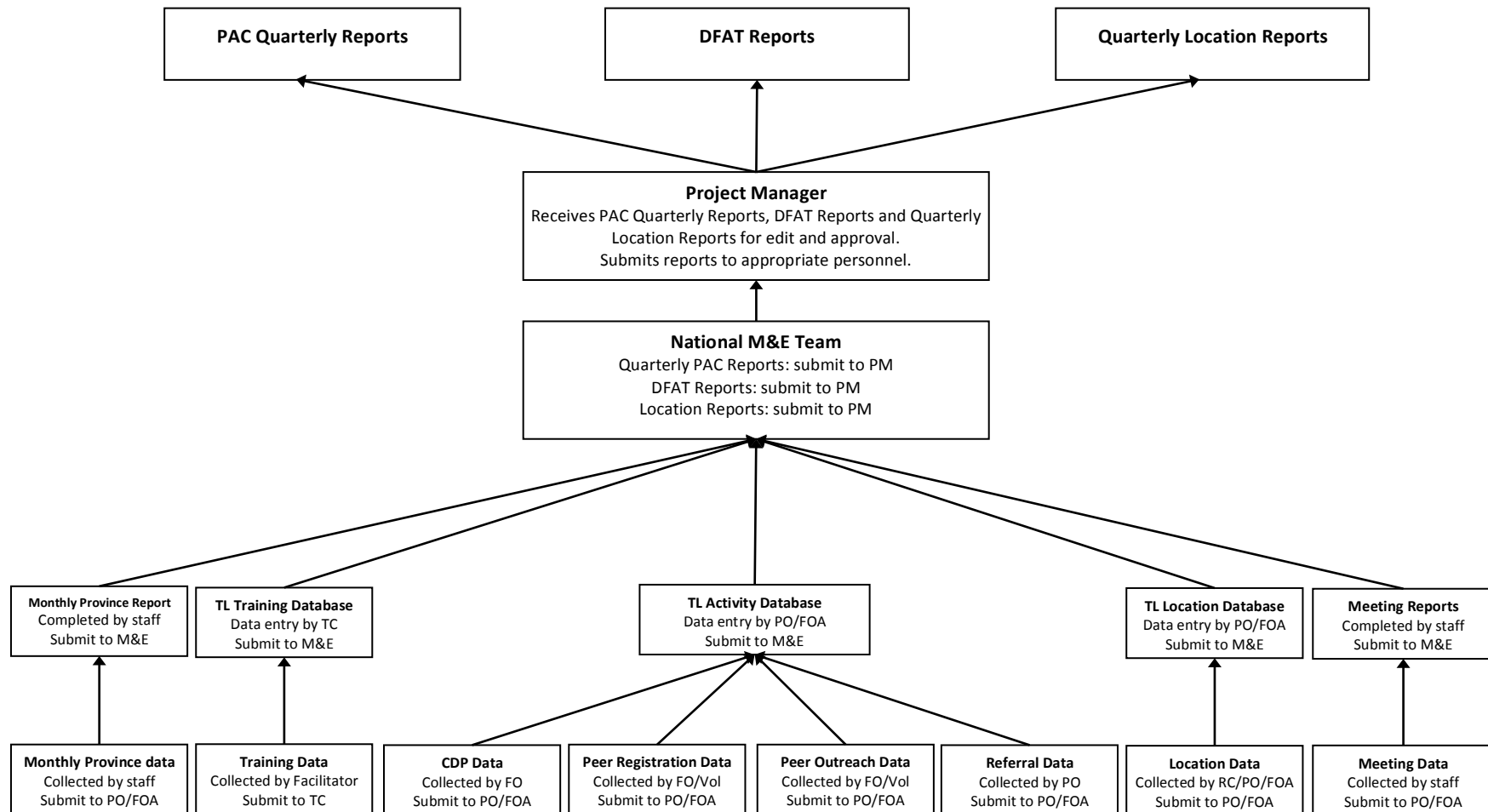
The Tingim Laip M&E System including the Data Forms, Databases and Information Reports provides all the information that feeds into these Annual Reports. The reports, along with being submitted to the funding body, provide opportunity for regular reflection on project challenges, achievements and progress. The analysis and presentation of graphs across the spectrum of project interventions, presented with supportive narratives, facilitates Tingim Laip team discussions. Data findings are used to reorient and refocus services, in order to better meet the project goal, objectives and outcomes on reducing HIV transmission and increasing connection to services for key populations.

Figure 15: Tingim Laip Quarterly & Annual Report



8 TINGIM LAIP DATA FLOW

TINGIM LAIP INFORMATION AND DATA FLOW FROM LOCATIONS TO NATIONAL OFFICE FOR REPORT PRODUCTION



9 TINGIM LAIP M&E TARGETS

The Tingim Laip transition to working with members of key populations involved:

- ☐ Developing a more comprehensive model for interventions (the STEPs Model) that sets out how TL staff and Volunteers will work in both HIV prevention and care. This is line with WHO, UNAIDS, APNSW and UNFPA HIV and other STI combination prevention guidelines for sex workers – both good practice and technical recommendations
- ☐ Sharpening TL's focus on key populations in accordance with recent NHS 2011–2015 mid-term review report and PNG's Comprehensive Condom Programming Policy. This has involved comprehensive mapping and consultation exercises in each project location to guide restructure and refocussing of project activities
- ☐ Developing an M&E Framework and System so that staff and field workforce can properly record activities and data collection is aligned with PAC systems so that work in provinces contributes to the overall HIV response
- ☐ Improving the quality and scaling-up coverage of interventions at locations

Based on the recommendations of TL's first independent review in March 2012, the project's primary priority for 2013 was to restructure its work in all project locations to ensure alignment with:

- ☐ Key recommendations from TL's Independent Review
- ☐ UNAIDS, WHO, NSWP and UNFPA good practice and technical recommendations for HIV and STI combination prevention guidelines for sex workers
- ☐ PNG National HIV Strategy 2011–2015

By June 2013, TL had successfully restructured more than half of its existing work locations (Madang, Lae, Markham, Goroka, Mt. Hagen, Jiwaka and Oro) and commenced work in one new location (Daru). This included a comprehensive mapping and consultation process in each location that had led to sharper focus on key populations, restructuring of TL workforce to ensure greater participation of key populations, prioritising peer-led interventions, strengthening interventions across the range of prevention to care services presented in TL STEPs model, testing alcohol reduction approaches in select project locations, and strengthening partner linkages.

In 2012, TL developed specific output targets for a range of indicators. In setting these new targets, TL made a series of assumptions and as a result the targets set were too ambitious. Tingim Laip has revised targets to reflect findings of micro-mapping and project restructuring as well as recent guidelines put forward by NACS, DFAT and HHISP around optimal reach and STI and VCT referral rates.

The following national output targets were developed for TL's work in 2013, 2014 and 2015. These targets are also available at location level from the Tingim Laip National Office.

Setting Targets:

The Tingim Laip targets were developed based on the following:

- ☐ An analysis of information collected during the micro-mapping and strategies developed for each project location
- ☐ Estimates of increased activity that will come from the appointment of casual paid workers (field officers) in each location
- ☐ Guidelines on Contact, Outreach and Coverage presented by NACS, DFAT and HHISP in 2013

Assumptions Behind the Targets:

In putting these targets together, Tingim Laip assumes the following:

- ☐ Volunteer: Peer ratio = 1:15 (1 Volunteer has 15 Registered Peers with UICs)
- ☐ Field Officer: Peer ratio = 1:20 (1 Field Officer has 20 Registered Peers with UICs)
- ☐ 12 Project Officers supervision of a total of 20 locations
- ☐ Up to 10 active key population Volunteers in each location (with an average of 8)
- ☐ Initial output achievement target was set at 50% of target for 2013, in accordance with NACS, DFAT and HHISP guidelines
- ☐ Increase in overall volume of activities of 20% between 2013-2014 and 10% between 2014-2015
- ☐ Improved accuracy of reporting by Volunteers, identifying the men reached as mobile men with money (migrant workers, traders, land owners) rather than as 'general population' and women regularly engaged in transactional sex who do not self-identify as sex workers as at risk population, where this is appropriate.

Target Populations:

Tingim Laip operates under detailed strategies for each project location, which identify target populations and workforce in each location. With this information, along with NACS, DFAT and HHISP guidelines, TL has been able to determine target populations for each project location as presented in Table 1. These are the number of unique individuals that TL will target through its interventions.

Volunteers

Volunteers are individuals from key populations who have been recruited, inducted through the relevant TL processes, equipped with the relevant competencies and engaged in their specific project locations to conduct peer-based prevention and care activities. Volunteers form the largest part of the TL workforce. TL expects to recruit up to 150 Volunteers in the 10 provinces where it works.

Each Volunteer is required to register, from a defined geographic location, an optimal number of up to 15 peers and engage with these 15 peers over the full range of HIV services promoted by TL for an 18 month period.

In some project locations, Volunteers recruited by TL are members of existing key population networks (Kapul Champions, Friends Frangipani and Igat Hope). Volunteers implement outreach activities and report directly to Tingim Laip.

Field Officers

Field Officers work with specific people from key populations who cannot easily be reached by Volunteer networks. They complement the Volunteer work force and wherever possible are members of the target key populations in the given location and will work with the peers who are of his/her population.

Each Field Officer is required to register, from a defined geographic location, an optimal number of up to 20 peers, and work with these 20 peers over the full range of HIV services promoted by TL over an 18 month period. Tingim Laip expects to recruit up to 40 Field Officers in the 10 provinces where its work.

Table 1: Tingim Laip Target Populations in each Project Location

TINGIM LAIP		TL Target Populations																Condom Distribution Point Target
REGION	LOCATION	WES				MMM				PLHIV				MSM				
		Vols	Peers	Field Officers	Peers	Vols	Peers	Field Officers	Peers	Vols	Peers	Field Officers	Peers	Vols	Peers	Field Officers	Peers	
HIGHLANDS	GOROKA	0	0	1	20	0	0	3	60	0	0	0	0	8	120	0	0	10
	MT. HAGEN	16	240	2	40	0	0	2	40	0	0	0	0	0	0	0	0	20
	TARI	0	0	2	40	0	0	2	40	0	0	2	40	0	0	0	0	10
	JIWAKA	16	240	2	40	0	0	1	20	8	120	1	20	0	0	0	0	20
MOMASE	MADANG	16	240	0	0	0	0	2	40	0	0	0	0	0	0	0	0	20
	LAE	8	120	0	0	0	0	2	40	8	120	0	0	8	120	0	0	20
	MARKHAM	8	120	1	20	0	0	1	20	0	0	0	0	0	0	0	0	20
SOUTHERN	MILNE BAY	8	120	2	40	6	90	1	20	0	0	2	40	0	0	0	0	20
	ORO	16	240	1	20	0	0	2	40	8	120	1	20	0	0	0	0	20
	DARU	8	120	1	20	0	0	0	0	0	0	0	0	0	0	1	20	10
	NCD/CENTRAL	0	0	4	80	0	0	0	0	0	0	0	0	8	120	1	20	20
		96	1440	16	320	6	90	16	320	24	360	6	120	24	360	2	40	190

Table 2: Total Number Key Population Peers (unique individuals) to be targeted by TL interventions

Region	SW/ WES	MMM	PLHIV	MSM	Total
Highlands	620	160	180	120	1080
Momase	500	100	120	120	840
Southern	640	150	180	160	1130
Total	1760	410	480	400	3050
%	58%	13%	16%	13%	
2013					
Region	SW/ WES	MMM	PLHIV	MSM	Total
Highlands	310	80	90	60	540
Momase	250	50	60	60	420
Southern	320	75	90	80	565
Total	880	205	240	200	1525
2014					
Region	SW/ WES	MMM	PLHIV	MSM	Total
Highlands	434	112	126	84	756
Momase	350	70	84	84	588
Southern	448	105	126	112	791
Total	1232	287	336	280	2135
2015					
Region	SW/ WES	MMM	PLHIV	MSM	Total
Highlands	496	128	144	96	864
Momase	400	80	96	96	672
Southern	512	120	144	128	904
Total	1408	328	384	320	2440

Specific Assumptions for each Target Calculation:

Volunteers and Field Officers conduct a range of activities across the continuum of prevention and care activities as set out by the TL STEPs model. This includes:

- ☐ Peer education and awareness sessions designed to improve healthy decision making and demand for services as well as address community factors that increase risk for HIV
- ☐ Referrals to STI, VCT and other relevant service providers designed to increase access
- ☐ Condom and lubricant distributions designed to increase availability and use

1. Targets for Outreach and Education Sessions

TL outreach and education sessions are conducted on the following topic areas:

- ☐ HIV and AIDS
- ☐ Male and female condom use
- ☐ VCT
- ☐ STIs
- ☐ HIV care and support (positive living)
- ☐ Condom negotiation
- ☐ Alcohol harm reduction
- ☐ Gender based violence mitigation and response
- ☐ SRH and Relationships

Table 3: Quarterly Outreach Education Targets

Target number of Outreach Sessions by Topic for each Key Population Peer every Quarter

Key Outreach Message	Frequency per Qtr
HIV and AIDS	3
Male condom use	1
Female condom use	1
VCT	1
STIs	1
HIV Care & Support	3
Condom negotiation	1
Alcohol harm reduction	1
GBV Reduction	1
SRH & Relationships	1

TL Volunteers and Field Officers are expected to reach each of their designated peers with a range of peer education messages each quarter. The aim is to promote repeated layering of messages to promote and support behaviour change.

Table 4: Target for Total Number of Education Sessions to be Conducted

Topics to be covered in the Outreach	# of times per KAP	No of peer outreach sessions by type and KAP group per quarter				TOTAL PER QUARTER	TOTAL PER YEAR
		SW / WES	MMM	PLHIV	MSM		
HIV and AIDS	3	5,280	1,230	1,440	1,200	9,150	36,600
Male condom	1	1,760	410	480	400	3,050	12,200
Female	1	1,760	410	480	400	3,050	12,200
VCT	1	1,760	410		400	2,570	10,280
STI	1	1,760	410	480	400	3,050	12,200
HIV Care &	3	-	-	1,440	-	1,440	5,760
Condom	1	1,760	410	480	400	3,050	12,200
Alcohol Harm	1	1,760	410	480	400	3,050	12,200
FSV Reduction	1	1,760	410	480	400	3,050	12,200
SRH &	1	1,760	410	480	400	3,050	12,200
Total	14	19,360	4,510	6,240	4,400	34,510	138,040
2013							
HIV and AIDS	3	2,640	615	720	600	4,575	18,300
Male condom	1	880	205	240	200	1,525	6,100
Female	1	880	205	240	200	1,525	6,100
VCT	1	880	205		200	1,285	5,140
STI	1	880	205	240	200	1,525	6,100
HIV Care &	3			720		720	2,880
Condom	1	880	205	240	200	1,525	6,100
Alcohol Harm	1	880	205	240	200	1,525	6,100
FSV Reduction	1	880	205	240	200	1,525	6,100
SRH &	1	880	205	240	200	1,525	6,100
Total		9,680	2,255	3,120	2,200	17,255	69,020
2014							
HIV and AIDS	3	3,696	861	1,008	840	6,405	25,620
Male condom	1	1,232	287	336	280	2,135	8,540
Female	1	1,232	287	336	280	2,135	8,540
VCT	1	1,232	287		280	1,799	7,196
STI	1	1,232	287	336	280	2,135	8,540
HIV Care &	3			1,008		1,008	4,032
Condom	1	1,232	287	336	280	2,135	8,540
Alcohol Harm	1	1,232	287	336	280	2,135	8,540
FSV Reduction	1	1,232	287	336	280	2,135	8,540
SRH &	1	1,232	287	336	280	2,135	8,540
Total		13,552	3,157	4,368	3,080	24,157	96,628
2015							
HIV and AIDS	3	4,224	984	1,152	960	7,320	29,280
Male condom	1	1,408	328	384	320	2,440	9,760
Female	1	1,408	328	384	320	2,440	9,760
VCT	1	1,408	328		320	2,056	8,224
STI	1	1,408	328	384	320	2,440	9,760
HIV Care &	3			1,152		1,152	4,608
Condom	1	1,408	328	384	320	2,440	9,760
Alcohol Harm	1	1,408	328	384	320	2,440	9,760
FSV Reduction	1	1,408	328	384	320	2,440	9,760
SRH &	1	1,408	328	384	320	2,440	9,760
Total		15,488	3,608	4,992	3,520	27,608	110,432

2. Targets for Condoms Demonstrations

Condom demonstrations are conducted through two approaches:

- ☐ Peer to Peer by Field Officers and Volunteers
- ☐ Condom Distribution Points – identified by Tingim Laip umbrellas or signs

2.1 Targets for Condom Demonstrations done by Volunteers and Field Officers

Each Field Officer and Volunteer will perform at least one male condom and one female condom demonstration per quarter for each of the peers they have. For example, if a Volunteer has 15 sex workers as her peers, the Volunteer should have done at least 15 male and 15 female condom demonstrations for her peers by the end of the quarter.

The target for the number of male and female condom demonstrations in each location is determined by the target number of peers in each location. For the 3,050 unique target key population peers each quarter, TL expects at least a total of 6100 condom demonstrations, of which 3,050 are male and 3,050 are female condoms demonstrations.

Table 5: Outreach Condom Demonstration Target Rates

Criteria	Number per Quarter	Number per Year	Number of Unique Individuals
Number of Male Condom demonstrations per KAP per quarter	1	4	3,050
Number of Female Condom demonstrations per KAP per quarter	1	4	3,050

Table 6: Peer to Peer Condom Demonstration Targets

Demonstrations	Frequency per KAP per quarter	Number of peer condom demonstrations by condom type and KAP group per quarter				TOTAL PER QUARTER	TOTAL PER YEAR
		SW/WES	MMM	PLHIV	MSM		
Male condoms	1	1,760	410	480	400	3,050	12,200
Female condoms	1	1,760	410	480	400	3,050	12,200
Total	2	3,520	820	960	800	6,100	24,400

2013

Male condoms	1	880	205	240	200	1,525	6,100
Female condoms	1	880	205	240	200	1,525	6,100
Total		1,760	410	480	400	3,050	12,200

2014

Male condoms	1	1,232	287	336	280	2,135	8540
Female condoms	1	1,232	287	336	280	2,135	8540
Total		2,464	574	672	560	4,270	17,080

2015

Male condoms	1	1,408	328	384	320	2,440	9,760
Female condoms	1	1,408	328	384	320	2,440	9,760
Total		2,816	656	768	640	4,880	19,520

2.2 Targets for Condom Demonstrations done by TL Condom Distributors

TL Condom Distributors are another strategic location where key populations can receive condom demonstrations. TL Condom Distributors are strategically located in TL mapped environments of risk. Buai sellers, kaibar operators and other vendors are selected to distribute condoms. Vendors receive training so that they can provide basic information about HIV, STIs and VCT and conduct condom demonstrations when needed. As this is a service provided as part of an existing business, TL will not impose condom demonstration targets for this group of project stakeholders. They will be equipped with the skills and encouraged to conduct condom demonstrations when and as the need arises and to record these on their reports.

3. Targets for Condoms Distributions

Male and female condoms shall be distributed through a variety of approaches

- ☐ Volunteers and Field Officers
- ☐ Condom Distribution Points – identified by TL umbrella or sign
- ☐ Condom Refill Points – unmanned condom supplies in hotels, guesthouses

3.1 Targets for Condoms to be distributed through Peer-to-Peer (by Field Officers & Volunteers)

Based on extensive consultation, TL is aiming to distribute 14 male condoms per week and 2 female condoms per week to each TL peer. The standard recommendation was that a sexually active individual would need on average 2 male condoms per day or 14 male condoms per week and 2 female condoms per week. This is the criteria TL has used to establish target for the total number of condoms to be distributed to the 3,050 unique expects to reach every quarter.

Table 7: Outreach Condom Distribution Target Rates

Criteria	Number per Week	Number per Quarter	Number per Year	Number of Unique Individuals
Number of Male Condoms to be distributed to each KAP	14	168	672	3,050
Number of Female Condoms to be distributed to each KAP	2	24	96	3,050

The total number of male and female condoms to be distributed in each location is determined by the total number of key populations to be reached in each location. For the 3,050 unique peer TL targets, TL expects to distribute 2,049,600 male condoms per year and 292,800 female condoms per year through peer networks.

Table 8: Peer to Peer Condom Distribution Targets

Distributions	Frequency per KAP per quarter	No of peer condom distributions by condom type and KAP group per quarter				TOTAL PER QUARTER	TOTAL PER YEAR
		SW/WES	MMM	PLHIV	MSM		
Male condoms	168	295,680	68,880	80,640	67,200	512,400	2,049,600
Female condoms	24	42,240	9,840	11,520	9,600	73,200	292,800
Total	192	337,920	78,720	92,160	76,800	585,600	2,342,400

2013

Male condoms	168	147,840	34,440	40,320	33,600	256,200	1,024,800
Female condoms	24	21,120	4,920	5,760	4,800	36,600	146,400
Total		168,960	39,360	46,080	38,400	292,800	1,171,200

2014

Male condoms	168	206,976	48,216	56,448	47,040	358,680	1,434,720
Female condoms	24	29,568	6,888	8,064	6,720	51,240	204,960
Total		236,544	55,104	64,512	53,760	409,920	1,639,680

2015

Male condoms	168	236,544	55,104	64,512	53,760	409,920	1,639,680
Female condoms	24	33,792	7,872	9,216	7,680	58,560	234,240
Total		270,336	62,976	73,728	61,440	468,480	1,873,920

3.2 Condom Distribution Targets for TL Distribution Points and Condom Refill Points

TL will also distribute condoms through select Condom Distribution Points and Refill Points. These are strategically located in TL mapped environment of risk targeted by the project. In each location 10 Distribution Points will be established (identified by umbrella or sign) as well as 10 Refill Points. TL will monitor consumption and replenish condom supplies at these distribution points on a weekly basis.

Distribution Points are established with existing *buai* sellers, *kaibar* operators and other vendors in the environments of risk. They are strategically located in the environments of risk where sex is known to be negotiated or exchanged. They can be identified easily by TL umbrella and/ or other signage. Vendors are trained by TL to provide basic information about HIV, STIs and correct condom use.

Condom Refill Points are established in guesthouses, nightclubs and lodges where condoms are provided through dispensers, in guestrooms or other anonymous vending mechanisms.

Assumptions:

- ☐ Condom distribution point distributes 36 male condoms/ day and 3 female condoms / day
- ☐ Due to their location and promotion amongst key populations, the majority (80%) of condoms will be distributed to TL target populations
- ☐ Condom refill points are more passive and client dependent: 18 male condoms/ day and 1 female condom/ day collected

Table 9: Condom Distribution Point Condom Distribution Target Rates

Criteria	Number per Quarter	Number per Year
Number of Male Condoms to be distributed per Umbrella Point	3,000	12,000
Number of Female Condoms to be distributed per Umbrella Point	300	1,200
Number of Male Condoms to be distributed per Condom Refill Point	1500	6000
Number of Female Condoms to be distributed per Condom Refill Point	150	600

Table 10: Condom Distribution Point Condom Distribution Targets

Commodity Distribution	Number of Condoms Distributed per Quarter	TOTAL PER QUARTER	TOTAL PER YEAR
Male condoms	3000	570,000	2,280,000
Female condoms	300	57,000	228,000
Total	3300	627,000	2,508,000

2013

Male condoms	1500	285,000	1,140,000
Female condoms	150	28,500	114,000
Total	1650	313,500	1,254,000

2014

Male condoms	2100	399,000	1,596,000
Female condoms	210	39,900	159,600
Total	2310	438,900	1,755,600

2015

Male condoms	2400	456,000	1,824,000
Female condoms	240	45,600	182,400
Total	2640	501,600	2,006,400

3. Target for Referrals

TL has set targets for:

- ☐ The total number of people from key populations (unique individuals) to be referred for the key HIV services promoted by TL
- ☐ The total number of referrals for each HIV service to be made

Tingim Laip Field Officers and Volunteers conduct both accompanied and unaccompanied referrals to the providers of HIV and related services. These are reported in their monthly reports irrespective of whether the client referred reached the health facility or not. For the purpose of efficiency, consistency and to strengthen uptake of services, TL will only count referrals if the referred client reached the service provider.

To strengthen the referral mechanism and pathway to services, TL introduced and is operating a referral card system in its areas of operation. All key population peers who express the need for referral are provided with the referral card which they present to the referral facility upon arrival. TL staff collect their submitted cards from each facility at the end of every month. The cards submitted at the health facilities are used to measure, assess and produce reports on TL referral performance against referral targets.

The five main HIV services Tingim Laip includes in its referral pathways are: STI clinics, VCT clinics, HIV Care & Support, GBV and SRH services. Target referral rates for each service are presented in the table below.

Table 11: Quarterly Outreach Referral Targets

Referral Service	Per Quarter	Per Year
STI	3	12
VCT	1	3
HIV Care & Support	1	3
GBV	1	3
SRH	1	3

Table 12: Outreach Referral Targets by Referral Type

Referral Service	Frequency per KAP per Quarter	Number of referrals by type and KAP group per quarter				TOTAL PER QUARTER	TOTAL PER YEAR
		SW/WES	MMM	PLHIV	MSM		
STI	3	5,280	1,230	1,440	1,200	9,150	36,600
VCT	1	1,760	410	-	400	2,570	10,280
HIV Care and	1	-	-	480	-	480	1,920
GBV	1	1,760	410	480	400	3,050	12,200
SRH	1	1,760	410	480	400	3,050	12,200
Total	7	10,560	2,460	2,880	2,400	18,300	73,200
2013							
STI	3	2,640	615	720	600	4,575	18,300
VCT	1	880	205	-	200	1,285	5,140
HIV Care and	1	-	-	240	-	240	960
GBV	1	880	205	240	200	1,525	6,100
SRH	1	880	205	240	200	1,525	6,100
Total		5,280	1,230	1,440	1,200	9,150	36,600
2014							
STI	3	3,696	861	1,008	840	6,405	25,620
VCT	1	1,232	287	-	280	1,799	7,196
HIV Care and	1	-	-	336	-	336	1,344
GBV	1	1,232	287	336	280	2,135	8,540
SRH	1	1,232	287	336	280	2,135	8,540
Total		7,392	1,722	2,016	1,680	12,810	51,240
2015							
STI	3	4,224	984	1,152	960	7,320	29,280
VCT	1	1,408	328	-	320	2,056	8,224
HIV Care and	1	-	-	384	-	384	1,536
GBV	1	1,408	328	384	320	2,440	9,760
SRH	1	1,408	328	384	320	2,440	9,760
Total		8,448	1,968	2,304	1,920	14,640	58,560

10 TINGIM LAIP PRIVACY AND CONFIDENTIALITY POLICY

The Tingim Laip Privacy and Confidentiality Policy is a collection of statements that explain the position of the project on issues regarding privacy and confidentiality. It provides broad and specific explanations on how Tingim Laip handles issues regarding privacy, confidentiality and data security.

Tingim Laip regards access to personal information for project purposes as an important privilege. The project is committed to protecting the privacy of individuals we work with as well as the confidentiality of this personal information in our custody. TL staff are expected to comply at all times with the organisation's privacy protection policy and procedure and to contribute to the integrity of a privacy protection culture.

TINGIM LAIP M&E SYSTEM AND WORKING WITH INDIVIDUALS FROM KEY POPULATIONS

Tingim Laip works with members of key populations who experience stigma and discrimination, and engage in behaviours that may be illegal in Papua New Guinea.

The Tingim Laip M&E UIC System is designed to protect the privacy and promote anonymity of key population peers. Correct use of the system will ensure confidentiality of personal information and promote continued engagement of peers with Tingim Laip services across the HIV continuum of care.

1. TL Field Officers and Volunteers will only register members of key populations who consent to involvement and registration with the project
2. TL Field Officers and Volunteers, using appropriate language, will explain to all peers what UIC registration is, the information that is required, and how UIC data will be used to improve services for key populations
3. TL will use the Unique Identification Code (UIC) generated at Peer UIC Registration for all M&E documentation, to protect the identity and confidentiality of key population peers. Names will never be entered onto forms or databases of the TL M&E System
4. TL Field Officers and Volunteers will communicate Tingim Laip's privacy and confidentiality principles to each peer registered to promote trust and confidence in the M&E System
5. TL peer registration will not be a barrier for members from key populations to receive Tingim Laip services. Both registered and non-registered individuals are entitled to, and will be provided with, the full suite of Tingim Laip HIV prevention, care and support services. Peers of TL Volunteers & Field Officers may be:
 - ☐ Registered Peers: individuals who have registered with TL and have a UIC
 - ☐ Code Declined Peers: individuals who prefer not to or refuse registration with TL
 - ☐ Not Registered Peers: new peers or individuals who have not been approached to register with TL
6. TL peers are not required to carry a TL identification card, as the UIC is able to be generated using the same questions whenever required
7. The names and UICs of registered peers will never be disclosed to any person outside of the Tingim Laip project (staff or field workforce) nor displayed in any public place
8. All TL Field Officers and Volunteers operate under a Code of Confidentiality, and this means that all names and UIC numbers of registered key population peers must be kept private and confidential whilst working with the Tingim Laip project, and beyond.

TINGIM LAIP M&E SYSTEM PRIVACY AND CONFIDENTIALITY

TL is committed to respecting personal privacy, safeguarding the confidentiality of personal information in its custody, and ensuring a secure environment for electronic and physical records containing personal information.

All Volunteers and Field Officers shall sign a confidentially agreement with TL demonstrating a commitment to adhere to the Tingim Laip principles and practise of confidentiality.

1. Tingim Laip will communicate to all staff and the field workforce clear expectation for the protection of personal and organisational information that is captured in the TL M&E System
2. Access to personal and organisational information of the TL M&E System will be restricted to authorised staff including Project Officers and FOAs at locations, the national M&E team and the Tingim Laip Project Manager
3. All Tingim Laip M&E System data forms will be kept locked in a safe and secure cabinet for the duration of the project and destroyed at project end
4. All Tingim Laip M&E System databases will be password-protected and only installed on the computers of authorised staff. Back-up files will be kept locked in a safe and secure cabinet at all times. All information in databases will be destroyed at project end
5. No behavioural information will be entered onto Tingim Laip databases including STI history and HIV status. Behavioural information for the project will be collected through the Periodic Surveys, with ethics approval from the NACS Research Advisory Council
6. Data from the Tingim Laip M&E System that is used in reporting or presentation will be aggregated, and de-identified to ensure anonymity of project peers
7. Tingim Laip will monitor staff adherence to privacy and confidentiality in relation to the TL M&E System, investigate reported breaches and respond appropriately to mitigate risk to peers and key populations
8. Tingim Laip will ensure that virus protection is installed on all computers that hold the TL M&E System databases and related files
9. The Tingim Laip Project Manager and Tingim Laip DP MER maintain primary responsibility for ensuring privacy and confidentiality of the TL M&E System.

11 BACKING UP THE TINGIM LAIP DATA TOOLKIT

Regular Back-Up of ALL files related to the Tingim Laip M&E System takes place both at Location and National Level. Following location data entry every month, the updated Tingim Laip Databases should be saved onto either an external hard drive or burnt onto a disc. This storage device should be stored in a secure location, separate from the data entry computer.

All M&E System Data Forms, Databases, Data Reports and Information Reports are also saved each month onto the Tingim Laip Server which operates a routine back-up schedule.



If all files are Backed Up correctly and a computer malfunctions, data files can be retrieved by uploading the data into any computer that contains Microsoft Excel (preferably 2010 version).

12 FOR FURTHER ASSISTANCE

Any questions regarding the Tingim Laip M&E System including Unique Identification Codes, Data Collection Forms, Database Management, Data Analysis, Data Feedback and Data Use, the Tingim Laip National M&E Team or Project Manager is able to be contacted at the Tingim Laip National Office.

It is essential that location staff contact the National Office if any issues arise regarding use or function of the M&E System. This includes problems with data flow, data entry into the databases, computer malfunctions, and poor electricity or internet supply. If all databases have been backed up then all data should be able to be restored and the data recovered from last point of entry. The National M&E Coordinator will be the first point of contact for all data management related requests, with data analysis, use and reporting enquiries being directed to the DP MER.



**ANY QUESTIONS REGARDING USE OF THE
TINGIM LAIP DATA TOOLKIT CAN BE
DIRECTED TO THE NATIONAL M&E TEAM**