

Expanding HIV/AIDS Prevention in Bangladesh



Package Title & No:

Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Factories/Industries (GFATM#912) of RCC

Monitoring and Evaluation Framework

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National AIDS/STD Program
Ministry of Health & Family Welfare



Glossary of Terms

AO	Associate Organization
BCC	Behavioural Change Communications
CCM	Country Coordinating Mechanism
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HASAB	HIV/AIDS and STD Alliance Bangladesh
LSE	Life Skills Education
MA	Management Agency
M&E	Monitoring and Evaluation
PMU	Project Management Unit
PR	Principal Recipient
SKUS	Samaj Kalyan O Unnayan Shangstha
SP	Strategic Partner
SR	Sub Recipient
YPSA	Young Power in Social Action

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Introduction

The following document contains a description of and the methodology for the Monitoring and Evaluation (M&E) tools and systems that are being used to deliver package 912 of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) programme.

HIV situation in Bangladesh

The National HIV Serological Surveillance Survey conducted in 2006 covered a larger geographical area than previous surveys. It showed that the epidemic continues to be confined within certain risk groups, most particularly injecting drug users (IDUs). The 2006 survey found that the prevalence of HIV among IDU in Dhaka City had risen to 7.0 percent and in one particular neighborhood to 10.5 percent. The 2006 serosurveillance survey of sex workers and MSM found that overall HIV prevalence in these groups remained below 1 percent.

8th round of serological surveillance was conducted in most at risk population groups- sex workers, injection of drug users (IDU), heroin smokers, males who have sex with males (MSM) and transgender (Hijra). The population group with the highest rates of HIV continues to be IDU in Dhaka but the prevalence has not increased since the 7th round conducted in 2006, i.e. 7%. And fortunately, the localization of the IDU epidemic to one neighbourhood of Dhaka observed in previous years has also remained. However, HIV is being detected in IDU from a few more cities; four cities in 2006 and now, in 2007 there are five cities with HIV positive IDU. In this round of surveillance a new population group has been identified that requires careful monitoring; casual female sex workers from Hili. The HIV prevalence rate documented in this group is 2.7%; this is the highest prevalence recorded in any group other than Dhaka IDU. In all other female sex workers population groups, HIV remains below 1%. Most Hili female sex workers report crossing the border to India (89.3%) and among those who did 98.5% sold sex while in India. HIV has not been detected in sex workers sampled from two other bordering towns, Teknaf and Burimari.

The first HIV case in Bangladesh was detected in 1989. In Bangladesh 1745 people were found infected with HIV/AIDS as of 2009, of them, 619 had developed Acquired Immune Deficiency Syndrome (AIDS) and 204 had died. During the year of 2009 250 people are newly infected, 143 had developed AIDS and 39 had died due to AIDS and AIDS related illness (NASP report, 1st December, 2009).

The country should not be complacent for low HIV prevalence because there is considerable risk factors exists for the sharp spread of HIV in Bangladesh: a significant but somewhat hidden sex industry; low levels of condom use; increasing injecting drug use and persistent sharing practices; and rising HIV prevalence levels among IDUs (Bondurant et al., 2007). There is also little doubt that the country's limited facilities for sentinel surveillance and voluntary counseling and testing, as well as the social stigma and discrimination attached to HIV, contribute to an understatement of the real incidence of HIV.

National response

Background:

The Government of the People's Republic of Bangladesh is firm in its political commitment to combat HIV. In 1985, over twenty years ago, it responded to the nascent HIV epidemic by setting up a National AIDS Committee (NAC), with the President as its Chief Patron and the Minister of Health and Family Welfare as Chairperson. NAC remains an active body and comprises representatives of various government departments, civil society organisations, the business community, and self-help groups. The Technical Committee of the NAC includes experts in various fields of specialty that are relevant to the prevention and control of HIV and STI.

In 1997, NAC worked with various stakeholders to develop the National Policy on HIV/AIDS and STD related issues (NASP, 1997). After its endorsement by Cabinet the same year, the Bangladesh Government became the first among the SAARC countries to adopt such a policy. This was closely followed by the Strategic Plan for The National AIDS Programme of Bangladesh, 1997-2002 (NASP, 1997), also approved by government in 1997.

So far responses:

- National Strategic Plan for HIV/AIDS from 2004 -2010 developed
- HIV incorporated into Bangladesh's Poverty Reduction Strategy Paper under Health sector policy
- National AIDS/STD Program (NASP) is the execution arm of Government along with NGO, Civil societies, private sectors and other stakeholders
- Strategies and standardized guidelines on the management of sexually transmitted infections, harm reduction, ARV, BCC strategy, Youth Friendly Health Services are developed
- HIV and AIDS related program interventions incorporated into the national health sector program
- Testing, care, blood safety, and prevention among youth, women, migrant workers, and sex workers being addressed
- Legislation on Safe Blood Transfusion, and regular serological and behavioral surveillance being conducted
- 2 national programs are running:
 - HIV/AIDS Prevention Project (HAPP)>>> HATI
 - GFATM funded HIV/AIDS program- Prevention, Care Support and Treatment strategies
- National branding for messages "*Bachte Hole Janta Hobe*"
- Education curriculum incorporated HIV/AIDS from grade VI-XII
- All teachers training institute incorporated HIV/AIDS in training curriculum including Religious training institute
- 4 religions declared to support HIV/AIDS and booklets prepared
- National Standard approved and circulated
- National M&E Frame work and indicators has been finalized

Background of the Project

HIV prevalence in Bangladesh is still very low but there are a large number of medium and high risk groups that can promote the spread of the disease. To this end a number of packages have been set as part of RCC with the title of “HIV Prevention and Control among High-Risk Populations and Vulnerable Young People in Bangladesh” is a collaborative project between the Ministry of Health & Family Welfare and Save the Children-USA. To contribute to the over all project goal YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is “Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries”.

The Readymade Garment (RMG) Industry is the large export sector of the Bangladesh, which earning majority portion of the foreign currency compare to other export items and employs 40% of the country’s industrial workers. According to the BGMEA, more than 650,000 people work at about 684 garment factories in Chittagong division. The vast majority of the work forces are women (nearly 80%). The rapidly expanding garment industry in Bangladesh has been the driving factor behind a large migration of young rural females to the city area like Chittagong.

As a major and important activities, GF-912 package conducted Needs Assessment survey among the garment factory workers in Chittagong. The survey revealed that the mean age of garments workers is 23 years. 53% are unmarried, 90% are migrated from different part of country, 50% of the workers don’t have knowledge about HIV/AIDS, 20% of them know a few about STIs, STI is the common health problem of significant portion of male and female workers, 44 % workers could not say anything about major female reproductive diseases. The report also showed that 56% of females had pain in lower abdomen, followed by vaginal discharge at 45%.

The GF-912 project focuses on prevention of HIV through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, endorsement & implementation of a workplace policy, sensitization meeting with BGMEA & other stakeholders, LSE at workplace, peer education, video show, distribution of BCC materials, management of STI and other SRH cases etc. The activities are being implemented both at workplace, and at residential setting of young garment workers and their neighbours.

About the Package 912

Goal of the Package:

To limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers

General Objectives:

- Mainstreaming of life skill education including safer sex in collaboration with BGMEA at workplace and implementation of workplace policy through continues advocacy to ensure support; providing support to ensure services for STI and sexual & reproductive health problem through facilitate effective referral mechanism to nearby health facilities
- To capacitate garment factory workers through conduction of like skill education using peer approach; providing training for the master trainers, peer educator; demonstrate and playing video documentary related to HIV/AIDS to ensure source of information beyond the education session.

Location of Project:

The location of the project is Chittagong district. Most of garments factories situated in Chittagong city area, only a few garments factories situated in Comilla and other districts of Chittagong Division. Considering the project period and coverage of phase-1 & 2, RCC project activities will be implemented in Chittagong district including the Chittagong export processing zone.

Summary of the Project:

The main focus of the project is to provide HIV prevention information and related services to garment factory workers through Work-place Interventions in Garments Industries, which will contribute to the national goal to limit the spread and impact of HIV in the country. The workplace intervention will be in garments setting based on the experiences and lesson learning of phase-1 & 2 in Chittagong and adjacent districts by the Lead Agency- Young Power in Social Action (YPSA) with 2 other Associate Partner, HIV/AIDS and STD Alliance Bangladesh (HASAB) and Samaj Kalyan O Unnayan Shangstha (SKUS). Under this project, a model will be developed on workplace intervention particularly at the garment factories in the country and the process of developing the model has already been started through successful implementation of phase-1& 2. The intervention of the project thus engender: Mobilizing garment sectors to address the national response on HIV/AIDS involving the BGMEA; Creating awareness and building knowledge on HIV/AIDS and STIs among the garment workers, providing life-skill education to the garment workers; Promoting safer-sex and enhancing negotiation skill to avoid unwanted sex; increasing health seeking behaviour by means of BCC materials and providing STI and SRH services, Enabling garment workers to adopt safe behaviour, Reducing stigma and discrimination associated with HIV/AIDS/STIs. The project (RCC) activities will facilitate BGMEA to implement the LSE work place policy at the factory level.

The Monitoring and Evaluation Framework

Objectives of the M&E Framework

The M&E framework has five key objectives

- To monitor the project against its planned performance and to ensure that all risks and issues relating to the project are being managed adequately.
- To support the data requirements of the PR in delivering the relevant indicators.
- To support the delivery of the package assignments in the most effective manner and identify gaps
- To provide assurance to the PR as commissioner of the project that the objectives have been achieved as per the contract
- To provide ongoing data to develop lessons learned for future planning and learning as regards HIV and methods for reducing risk of transmission amongst garment workers.

The framework and attached documents as set out in the following pages sets out this M&E framework and how it links into the objectives and package assignments.

The Role of Monitoring and Evaluation in the Project

The five objectives of the M&E framework for this project can be fitted into three complementary roles; ensuring that it is heading towards achieving its objectives, supporting the project management to deliver these objectives and ensuring that all project staff are feeding into the project and receiving feedback on their progress and achievement. In addition to the roles related specifically to the delivery of this project, the M&E system has a role outside of this project in informing future projects of areas of working and supporting other projects to learn any lessons that this project has learnt.

Using the Framework

The framework is intended to be used in the following ways:

- To provide the methods and techniques for managing the project to any interested party
- Act as a guide to the monitoring tools for project staff and of their role in monitoring and evaluation of the project and what it offers to them
- To provide instruction and guidance to project staff on submitting information and information flows
- To demonstrate the systems by which the project will be quality controlled

Within this document there are a number of templates/formats for use by staff in reporting the work that they are doing. The M&E plan sets out which templates are to be used when performing the activity. The templates themselves are designed to be simple and specific. The frequency of data collection is also set out in this document.

Indicators

GFATM key indicators

There are 7 outcome indicators and 14 output indicators to measure the progress of the various consortia delivering RCC of Bangladesh's GFATM programme. Of these 3 outcome indicators and 4 output indicators are relevant to this project (GF-912). These are:

Outcome Indicator

- % of injecting drug users reporting the use of a condom at last sexual intercourse with a female sex worker within the last 12 months - not less than 65%
- % of female sex workers reporting the use of a condom with their most recent client (Street, Residence & Hotel) - not less than 75%
- % of young women and men aged 15-24 who correctly identify at least two ways of preventing HIV transmission- not less than 65%

Output indicator:

- **1.1:** Number of most at risk - population, garment factory workers and personnel from relevant stakeholders reached through BCC materials
- **1.9:** Number of districts, divisional and national level official and stakeholders reached through workshops, seminars, meetings, etc. for providing support for implementing HIV programs
- **2.1:** Number of individuals trained/oriented to deliver and understand HIV and AIDS related education, information and services
- **2.2:** Number of Young People and garment factory workers - reached through HIV-based LSE, DRE and teaching in formal and non-formal education settings, youth clubs, and garment factories

Project Indicators

The following table contains a list of the indicators for the project and the level at which they sit. They are divided into three categories to show which point in the project cycle they sit. The Project Log Frame includes the methodology for measuring this data.

Indicator Level	Indicator
Impact	Rates of transmission of HIV and STIs amongst garment workers reduce over time
Outcome	% of Garment workers report risk reducing behaviour
	Sites locally distributing condoms report higher % of uptake
	Workers and managers report implementation of workplace policy.
	% of health seeking behavior increased
Output	100 participants attended in national workshops in year-1& 2
	150 participants attended in sensitizing meeting in year-1&2

750 participants attended in event in year-1&2
2 joint event organized in year-1&2
80 participants attended in meeting in year-1&2
240 participants attended in meeting in year-1&2
500 participants attended in meeting in year-1&2
175 participants attended in meeting in year-1&2
175 participants attended in meeting in year-1&2
40 participants attended in meeting in year-1&2
100 participants attended in meeting in year-1&2
One mapping report is produced in year-1
30,000 cases of STI and SRH Managed in year-1 & 2
400 LSE Implementation strategy printed and distributed
265,000 Take-home materials produced distributed in year-1 & 2
800 modified LSE Flip charts Produced by year-1
300,000 Booklet for garment workers printed and distributed in year-1 & 2
30 MT trained on LSE in Year-1
of Project Staff trained/ participated in exposure visit
25 relevant clinicians trained on STI/SRH management in Year-1
50 staff trained on STI/SRH management in Year-1
505 PE trained on LSE in Year-1 & 2
600 PE MT refreshed on LSE in Year-1 & 2
60 MT participated in Year-2
233,000 workers received 4 days LSE session in Year-3, 4 & 5
466,500 garments workers and community people participated in video sessions in year 1 & 2
1 audio developed and ready to distribute in year-1
125 shows at the garments premises in year 1 & 2
400 LSE Implementation strategy printed and distributed
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1 audio developed and ready to distribute in year-1
125 shows at the garments premises in year 1 & 2

Reporting, feeding back and data flow system

The Reporting flow chart

The reporting flow chart is set out below. It is expected that information and reporting will flow up through the relevant channels to be collated at the Project Management Unit (PMU) based with the lead organisation before being moved up to the PR/Save the Children-USA in the regular reporting format.

Reporting Stage-1:

In the stage-1 Peer Educator (PE) is responsible for reporting of Life Skill Education session of respective session in the garment factory.

At first PE will fill up the Attendance sheet of Garments Workers during or after the LSE session following the specific tools of LSE session attendance sheet (S-1). Then PE will prepare monthly LSE session report following the specific tools of Monthly LSE reporting format of PE (S-2), which will be checked by the respective Master Trainer and approved by authorized person of SP.

Reporting Stage-2:

In the stage-2 Master Trainer (MT) is responsible for reporting of Life Skill Education session of respective PE and Video show session.

MT will compile the report of respective PE on monthly basis following the specific tools of Monthly LSE reporting format of MT (S-3). Before compilation, MT will check relevant attendance sheet of Garments Workers filled up by PE. Then he/she will submit this report to the authorized person of SP.

MT will also fill up the audience list of community people/ Garments Workers during or after the video show session following the specific tools of video show session participant list (S-5). Then MT will provide video show session participants data with relevant documents to Focal Person of SP on monthly basis for compilation.

Reporting Stage-3:

In the stage-3 ED/authorized person of Strategic Partner (SP)/SSSR is responsible for reporting of Life Skill Education session and Video Show session responsible for.

Focal Person of Strategic Partner (SP) will compile Life Skill Education session format and video show session format following the specific tools of Monthly LSE reporting format of SP (S-4) and Monthly Video show session reporting format of SP (S-6) respectively on monthly basis, which will be approved by ED/authorized person of Strategic Partner (SP). Before finalization, he/she will ensure the data quality with relevant document.

Reporting Stage-4:

In the stage-4 ED/authorized person/Focal Person of Associate Organization/SSR is responsible for reporting of over all activities as per work plan.

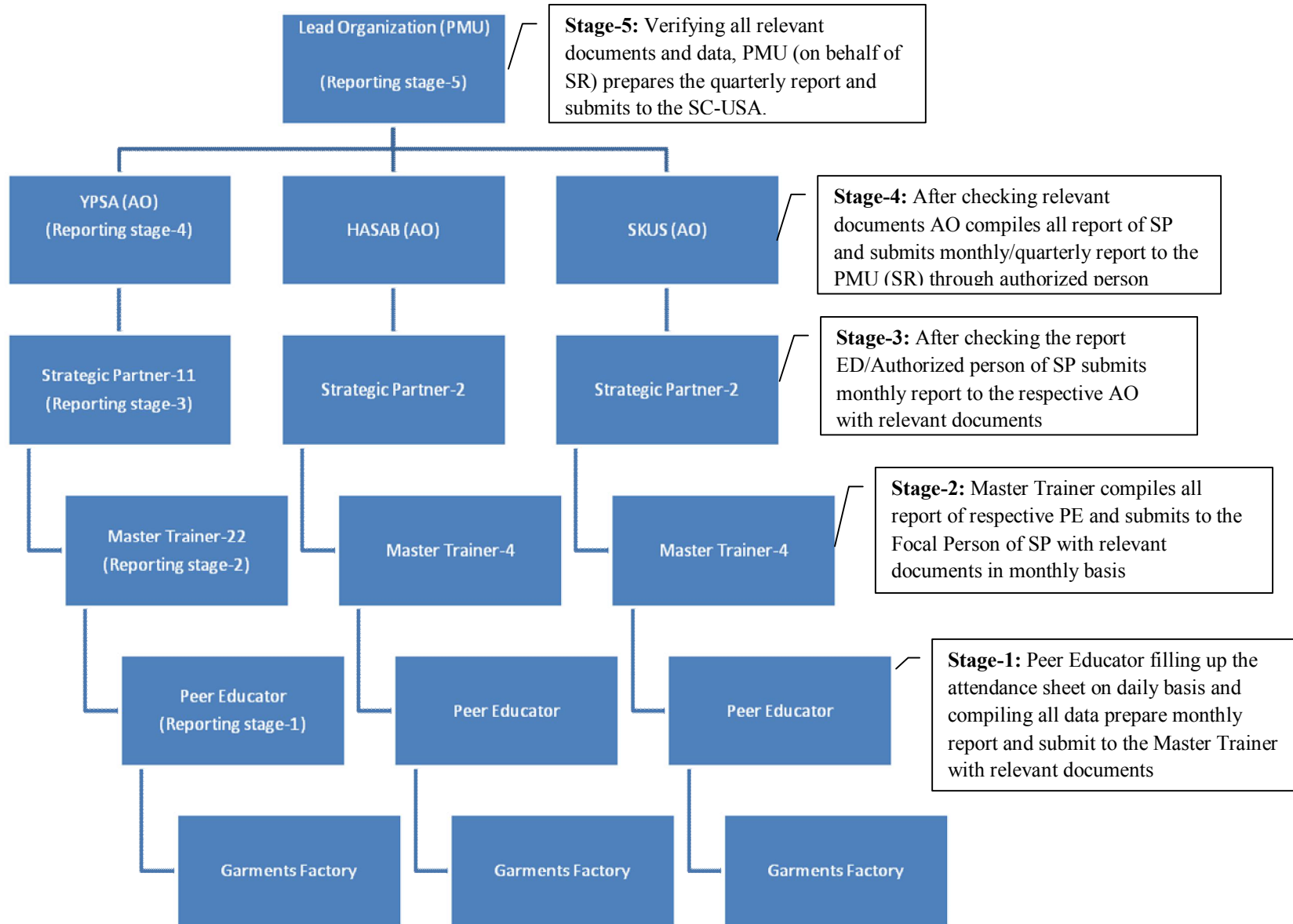
On behalf of ED/authorized person/Focal Person of Associate Organization, Program Manager/Offier will complile the report of SP (for LSE and Video Show) along with their own activities performed during this reporting period following the specific tools of Monthly/periodically progress reporting format of SSR (C-2) along with Monthly & periodically program and finance formative report of SSR(C-2.1), which will be approved by ED/authorized person/Focal Person of Associate Organization and submitted to the PMU of YPSA Consortium. Before finalizing the report, responsible person of SSR will ensure the data quality with relevant doceument and varifications. Beyond that SSR will also prepare the Programatic and Financial report and submit to the SR accordingly.

Reporting Stage-5:

In the stage-5 ED/authorized person of Lead Organization of YPSA consortium is responsible for reporting of over all activities as per work plan.

On behalf of ED/authorized person of Lead Organization of YPSA consortium, M&E Specialist of Project Management Unit-PMU (responsible for managing overall package activities of YPSA Consortium) will complile the report of AO along with their own activities performed during this reporting period following the specific tools of periodically progress reporting format of SR (C-1), which will be checked by Team Leader of Package and approved/Certified by ED/authorized person of Lead Organization and submitted to the Save the Children-USA as per deadline. Before finalizing the report, responsible person of SR will ensure the data quality with relevant doceument and varifications. SR will also prepare and compile the Programatic and Financial report following the prescribed format and submit to the Save the Children-USA accordingly.

Reporting Flow Chart of GF-912 Package



Feedback mechanism

After the data has been submitted at each level it is important that a system is in place to feedback to those performing the tasks and then collecting and collating the data. This allows the groups at each level to:

- Receive feedback their achievement against the targets that have been set for them.
- Understand the impact of their work as part of the wider picture and to share in the overall achievement of the objective.
- Learn lessons from other working groups and improve the quality of their work

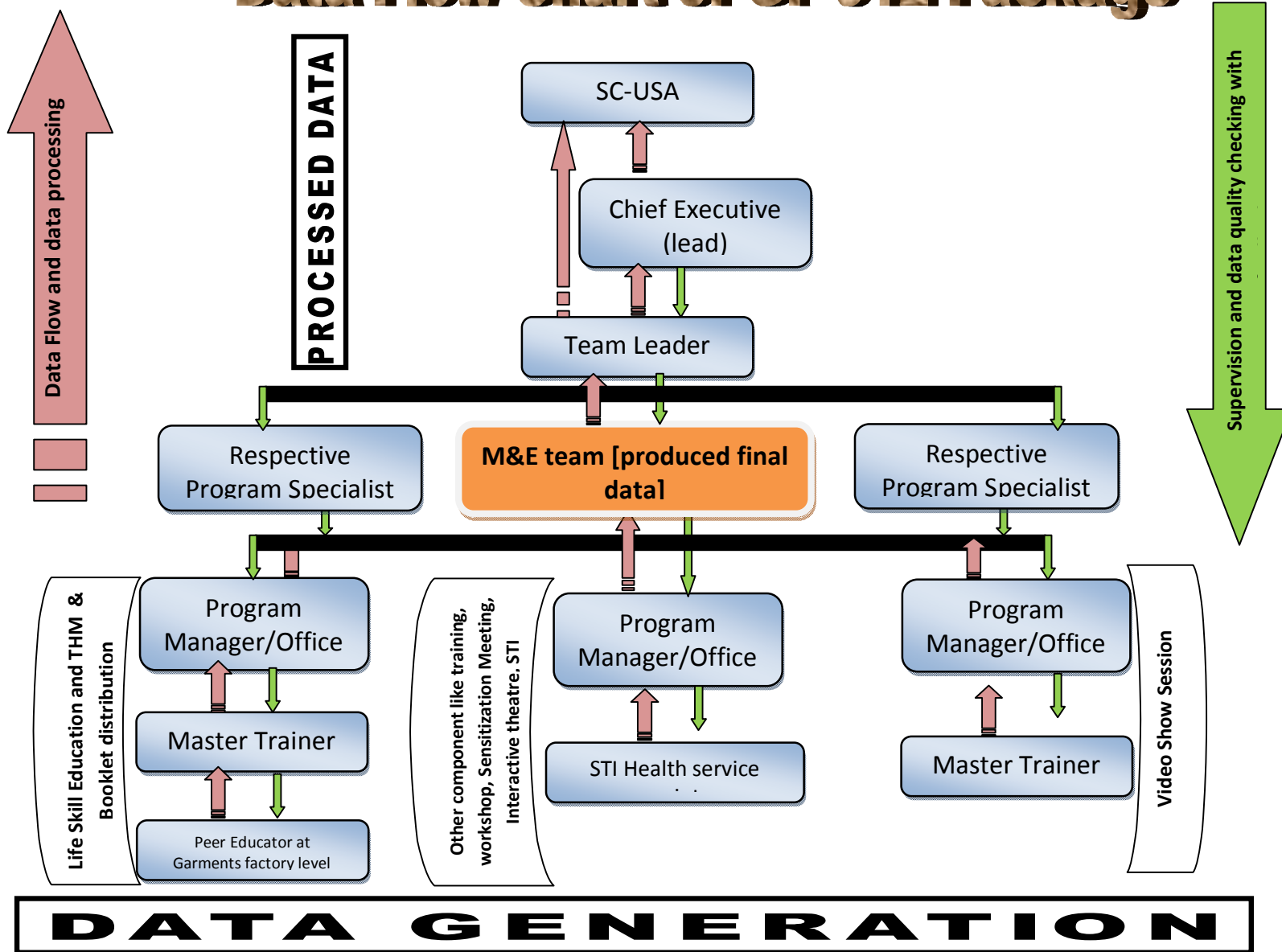
The methodology that we are using to feedback at each stage of the project is as follows:

- Bimonthly PMU and partners meetings
- Quarterly Consortium committee meeting
- Monthly PMU team meeting
- Monthly AO/SP staff meeting
- On job feedback (during the visit)
- Ongoing feedback through direct contact

The data flow chart

The data flow chart is set out below. It is expected that all data will flow up through the relevant personnel to be collated by M&E Team based with the lead organisation before being moved up to next step.

Data Flow Chart of GF-912 Package



Data Storage and Management

MIS System

The GFATM 912 Package is using a small Microsoft Access database provided by the SC-USA to collect and to store activity data for the project. This data is high level data designed to show progress against overall targets. For example it shows number of LSE trainings given by Peer Educators but not at which SP or Garment Factory they are given. This system is designed to give reports to the SC-USA as PR.

Data Storage and Filing

In addition to the MS Access system, for more detailed information for the delivery of individual activities at SP and AO level the project will use a Microsoft Excel spreadsheet model. The reason for using such a system is the greater level of knowledge amongst staff members on MS Excel and this makes it more flexible and relevant without regularly resorting to specialist help.

Each SP will collect data in a prescribed format and this will be transferred up to the AO for collation. There will be a further collation at PMU level before this data is submitted into the MIS system.

Paper filing of all documents is also kept in order to prevent data loss from any technical difficulties.

Quality Assurance

Quality Assurance for the framework

The indicators for the project have been set out in the M&E breakdown below. The method for ensuring that the M&E system is both accurate and adhered to is set out below.

- Site visits from senior project staff to ensure that field staff are following the framework properly.
- Periodic visits and six monthly programme Audit by the PR/SC-USA. PR representatives will attend major events in order to assure the quality of the meeting and to make sure that the aims of the programme are being achieved.
- Six monthly programme audit of each AO by the PMU
- Regular Monitoring visit by the each level of Consortium staff to ensure the quality activities performed.
- Beside these, there are 2 quality monitoring indicators for quality assessment of LSE session, which will also be monitored by each level of Consortium Staff including Master Trainers.
- Preceding the PR assessment there will be an internal assessment of the project progress and lessons learned.

Methodology

Each activity will be carefully monitored in order to make sure that it is occurring to plan and to the standards that have been set out. Under the monitoring tools all follow tools will be used by the Consortium staff monitoring the activity to assess the performance of the activity.

The regularity of the visits and the designation of the monitors have been set out in the summary of M&E framework.

Quality Measurement Indicator

Life Skill Education (LSE) is the main component of package-912. So considering the importance there are two indicators set as quality measurement indicator for LSE session. QMI is as follows.

Indicator Name	Area	Data source	Desegregation	Denominator	Numerator	Frequency of Data Collection
At least 80% participant attended consistently (4 days) in the LSE session	Knowledge	Attendance sheet	Male/ Female	# of participants covered through LSE session	# of LSE participants attended consistently	Continuous
At least 70% GWs know at least 2 way to prevent HIV at the end of 4 days session	Knowledge	LSE session	Male/ Female	# of total GWs covered through LSE session	# of GWs correctly said 2 ways	Continuous

Method of Data collection: A simple questionnaire (Form ID no. F-4) will be filled up for data collection. Through this questionnaire all consortium staff including Master Trainer will collect the data during the visit of LSE session (last day of LSE session). The monitor will ask the participant about the consistent participation in the 4 days LSE session and check with the attendance sheet accordingly. He/she will further check the participants' knowledge on ways to prevent HIV Transmission by raise the hand (participant who knows at least 2 ways to prevent HIV transmission) then randomly question and answer among them.

Reporting Mechanism: All Consortium staff including Master Trainer will compile the collected data in monthly basis. SP will sent compilation sheet (Form ID no. C-7) to the AO and AO will send to the Lead Organization with monthly/quarterly report or directly to the M&E Specialist through line supervisor. PMU will also compiled the AO's and PMU staff data and send a compilation sheet to SC-USA (if required) in quarterly basis where clearly stated that how percentage of the knowledge increase through LSE.

Data Quality Assessment plan

The main objective of the data quality assessment is to identify weakness in the data management and reporting system that would need to be strengthened to increase readiness for a formal data quality audit. Data quality assessment can be included in already planned supervision visits at the data source. The potential users of the data quality assessment are Master trainer, Program Manager, Associate Program Officers, Program Officers, Technical Specialist, M&E personnel and Team Leader as internal.

Who will assess	What will be assessed	What Frequency	Sources of assessment
Master Trainer	Verify attendance sheet and participant of LSE session	Daily	Attendance sheet and garments workers
Associate Program Officers/ Program Officers/ Program Manager	Verify attendance sheet and participant of LSE session	Weekly	Attendance sheet and garments workers
	Check received no. of materials (THM, booklet) by SP and distribution to end users	Fortnightly	Receiving and distribution Sheet
	Verify participant list and audiences of Video show session	Weekly	Participant list and audience
	Verify STI management data between STI Register and prescription copy	Monthly	STI Register and prescription copy
Program and Technical Specialist and M&E Specialist	Verify attendance sheet and participant of LSE session	Monthly	Attendance sheet and garments workers
	Check received no. of materials (THM, booklet) by SP and distribution to end users	Monthly	Receiving and distribution Sheet
	Verify participant list and audiences of Video show session	Monthly	Participant list and audience
	Verify STI management data between STI Register and prescription copy	Monthly	STI Register and prescription copy
	Physically check the interactive theatre through monitoring formats on the spots	Monthly	Spot of interactive theatre
	Verify training and workshop participants with registration sheet	Event wise	Registration sheet and participant
	Verify the registration/ participant/ attendance sheet with the generated report	Bimonthly	Registration sheet and report
Team Leader	On spot data verification (LSE, VS etc.)	Monthly	Relevant Spot
	Check reported data with source	Periodically	Attendance and

Who will assess	What will be assessed	What Frequency	Sources of assessment
	of data in sampling basis		report
	Verify training and workshop participants with registration sheet	Event wise	Participant and attendance sheet
	Review quarterly and others reports	Periodically	Report

Local Level Data Analysis

The main component of the GF-912 Package is Life Skill Education for garment workers as workplace intervention. Other major activities of this package supplementing as knowledge retention mostly on HIV, AIDS and STI. Education and service activities incorporated in the RCC plan to contribute to the project goal in effective way. LSE as education focused activity and STI management as service focused activity of this package. LSE and STI management data are considered as issue for local level analysis for better outcome.

Issues/ Areas	What to Analyze	Responsible Personnel	Action to be taken	Follow-up Frequency
Consistent participation in the LSE session	# of consistently 4 days participant in LSE session	Master trainer	If there is gap between 3 days participation and consistently 4 days participation of garment worker in the LSE session, which will be identified through monitoring with quality measurement indicator, Master Trainer will take initiative to know the causes and start discussion with Peer Educators and Factory Management to solve this problem	Monthly basis
STI and SRH Treatment seeking behaviour	Flow of STI and SRH patient in the treatment point	Program Officer/ Program Manager	If there is low flow of STI and SRH patient in the treatment point, Program Officer/ Program Manager will meet with their team and review the treatment seeking behaviour data. Accordingly necessary measure will be taken to ensure treatment and follow-up as well. Like more involvement of Peer Educator to counsel and send the patient, discussion with the factory management to encourage for treatment seeking etc.	Monthly basis

Project Evaluation

Ongoing Project Evaluation and Lessons Learned

Throughout the life of the project data will be collected on the garment workers and the efficacy of this method of intervention in terms of reducing the spread of HIV. With the tight timelines placed upon the project by the delay in signing process of RCC it is important to constantly develop and improve the systems by which the project aims to achieve its goals and to allow it to change in response to any necessary changes needed to ensure delivery of the project. A system of project controls is to be put in place to:

- To measure progress against targets in both terms of the financial performance and in terms of the activities performed.
- To allow the project team to identify issues/gaps and weaknesses in the project and manage or adapt to them
- To identify good practice at all levels within the project and disseminate and spread its use.
- To create a base of knowledge on general principles of all aspects of the project that can be used to inform the development and management of other projects.

Mid term Evaluation

At the middle of this Phase-I of RCC project a series of activities will be performed to assess and evaluate two things:

- To test the output of the project on the beneficiaries by testing for changes in knowledge levels.
- To test the stakeholders impressions of the project process.

Qualitative Interviews

The Phase-I of RCC project evaluation will be a series of semi-structured qualitative interviews to understand the levels of knowledge of approximately 50 stakeholders including garment workers, supervisors, owners and concern govt. officials. The interviews will be held in the mid of Phase-I of RCC of the project in order to:

- Test knowledge of the programme
- Test the level of knowledge transfer and discover gaps
- Outcome of project like practicing of safer life
- Assess the process and gain feedback on how the project was implemented and suggested improvements.

Focus Group Discussions

There will be a series of Focus Group Discussions (FGDs) designed to test group knowledge, the type of knowledge and whether it is consistent across the group. There will be six group meetings with workers. In order to select which factories the workers shall come from the factories will be divided into groups based upon size (small, medium and large) and two factories will be selected at random from each of these groups. This will be used to:

- Demonstrate the effectiveness of the knowledge transfer

- Discover the most effective methods that have been used of transferring knowledge and affecting behaviour
- Discover the gaps and inconsistencies for planning future work.

Project Log frame

Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Risks and Assumptions
<p>Goal: To limit the spread and impact of HIV in the Bangladesh through preventing HIV/AIDS/STIs and reducing risks among the garment workers</p>	<ul style="list-style-type: none"> • Rates of transmission of HIV and STIs amongst garment workers reduce over time 	<ul style="list-style-type: none"> • Testing sites • NASP epidemiological modelling 	
<p>Purpose: To empower most vulnerable young people working in [the] garment industry through work-place interventions, including the promotion and practice of life skill education and safer sex</p>	<ul style="list-style-type: none"> • % of Garment workers report risk reducing behaviour • Sites locally distributing condoms report higher % of uptake • Workers and managers report implementation of workplace policy. • % of health seeking behaviour increased 	<ul style="list-style-type: none"> • Surveys of garment workers • Survey of local condom distribution sites • Surveys of BGMEA, Garments Owners & management • Reporting from relevant local services 	<p>Favourable policy related to transmission of HIV/AIDS and STI reduction</p>
<p>Output:</p> <ol style="list-style-type: none"> 1. BGMEA directors, CEPZ authority, garments owners and other stakeholder participated in the national workshop and sensitization meeting 2. One mapping completed on STI facility report is produced in year-1 3. STI and SRH service provided to the garments workers 4. LSE Implementation strategy, Take-home materials, Booklet and modified LSE Flip chart produced and distributed to BGMEA directors, owners, factory workers and Master Trainer & Peer Educator respectively. 5. Master Trainer trained on LSE 6. Project Staff trained/ participated in exposure visit 	<ol style="list-style-type: none"> 1. 250 BGMEA directors, CEPZ authority, garments owners and other stakeholder sensitised on workplace intervention of HIV/AIDS/STIs and STI and SRH services for Garment workers in year-1 & 2 2. One mapping report produced on STI facility in year-1 3. 30,000 STI and SRH case managed of garments workers in year-1 & 2 4. Knowledge retention of BGMEA directors, owners, factory workers and Master Trainer & Peer Educator through distributing of 400 LSE Implementation strategy, 265,000 Take-home materials, 250,000 Booklets and 800 modified LSE Flip chart in Year-1 & 2 5. 30 Master Trainers can provide the training to PE in effective way 6. Project Staff are more equipped to run 	<ol style="list-style-type: none"> 1. Event report 2. Mapping Report 3. STI and SRH case management report 4. Materials distribution list and FGD & sample interview with owners and workers 5. Training report 6. Training report 	<p>Smooth support project counterpart</p>

<ul style="list-style-type: none"> 7. Relevant clinicians and staff trained on STI/SRH management in Year-1 8. Peer Educator trained on LSE 9. PE & MT refreshed on LSE 10. Garments workers received 4 days LSE session 11. Garments workers and community people participated in video sessions 12. 1 audio developed and distributed 13. Interactive theatre showed at the garments premises 	<p>the project activity</p> <ul style="list-style-type: none"> 7. 75 relevant clinicians and staff are able to manage the STI and SRH case as standard rule in Year-1 & 2 8. 505 Peer Educators are able the run the LSE session in Year-1 & 2 9. 660 PE & MT are more organized to conduct the training and LSE session in Year-1 & 2 10. Increased awareness/knowledge and understanding of HIV/AIDS/STIs, causes, modes of transmission etc. of 233,000 workers in Year-1 & 2 11. Increased understanding on HIV/AIDS/STIs of 466,500 garments workers and community people in year 1 & 2 12. 1 audio developed with distribute of 100 copies to garments factory owners for playing during working hour 13. Retention of HIV/AIDS/STIs knowledge of workers through 125 shows at the garments premises in year 1 & 2 	<ul style="list-style-type: none"> 7. Training report 8. Training report 9. Training report 10. LSE report and FGD & sample interview with garment workers 11. Video show report and FGD & sample interview 12. Audio CD and distribution list 13. Show report and sample interview with garment workers 	
<p>Activities:</p> <ul style="list-style-type: none"> 1. Organize National level workshop with national garment export institution and owners 2. Organize sensitize meeting with BGMEA, Garment owners, Workers' representative and health service providers 3. Day Observation (WAD, IWD, May day, etc) 4. Joint event with BGMEA (Workers fair & others) 5. Arrange regular coordination meetings with associate partners as per approved coordination framework [Quarterly Consortium Committee-CC Meeting] 	<ul style="list-style-type: none"> 1. National workshops organized with 100 participants in year-1& 2 2. Sensitizing meeting conducted with 150 participants in year-1&2 3. Different days observed with 750 participants in year-1&2 4. 2 joint event organized in year-1&2 5. Consortium meeting held with 80 participants in year-1&2 	<ul style="list-style-type: none"> 1. Meeting attendance sheets, event report 2. Meeting attendance sheets 3. Meeting attendance sheets 4. Acknowledgement document by BGMEA 5. Meeting attendance sheets 	

6. Bi-monthly PMU-Partners meeting	6. PMU-Partners meeting held with 240 participants in year-1&2	6. Meeting attendance sheets
7. Monthly/ Bi-monthly coordination meeting between AO and SP/PMU team meeting	7. Meeting held between AO and SP with 500 participants in meeting in year-1&2 by YPSA	7. Meeting attendance sheets
8. Monthly/ Bi-monthly coordination meeting between AO and SP	8. Meeting held between AO and SP with 350 participants in meeting in year-1&2 by HASAB & SKUS	8. Meeting attendance sheets
9. Annual review meeting	9. Annual review meeting held with 40 participants in year-1&2	9. Meeting attendance sheets
10. Regional Coordination meeting	10. Regional Coordination meeting with 100 participants in year-1&2	10. Meeting attendance sheets
11. Mapping of health care facilities for STI SRH management and general health of garment factory workers within and local to the factories through rapid situation assessment with BGMEA support in Chittagong.	11. One mapping conducted in year-1	11. Tools used for data collection
12. Management of STI and other SRH cases	12. Arranged STI and SRH services for 30,000 patient in year-1 & 2	12. Register
13. Printing of LSE Implementation strategy	13. 400 LSE Implementation strategy printed	13. Printed copy
14. Develop and produce one page take home communication material	14. 265,000 Take-home materials printed in year-1 & 2	14. Printed copy
15. Finalize and printing of flip chart including guideline	15. 800 modified LSE Flip charts developed by year-1	15. Printed copy
16. Booklet for garment workers as communication material	16. 250,000 Booklet for garment workers printed in year-1 & 2	16. Printed copy
17. Training of master trainers on life skill education for the prevention of HIV	17. MT training organized with 30 participants in Year-1	17. Training attendance sheet
18. Need based Project Staff training and exposure visit	18. Took necessary step for Project Staff training/exposure visit	18. Training offer letter
19. Training/orientation of relevant clinicians on case management, recording and reporting of STIs with BGMEA support (5days)	19. Organized training with 25 relevant clinicians on STI/SRH management in Year-1	19. Training attendance sheet
20. Training/orientation of relevant staff on	20. Organized training with 50 staff on	20. Training attendance sheet

<p>case management, recording and reporting of STIs with BGMEA support (3 days)</p> <p>21. Training of peer educator on life skill education for the prevention of HIV</p> <p>22. Common refreshers for Peer Educators including Master Trainers</p> <p>23. Master Trainer Assembly</p> <p>24. Conduction of 4-day LSE sessions on HIV prevention in the workplace</p> <p>25. Video presentation and discussion at the home of garment workers for the prevention of HIV</p> <p>26. Develop one audio documentary on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture</p> <p>27. Interactive Theatre on HIV and STI</p>	<p>STI/SRH management in Year-1</p> <p>21. Organized PE training with 505 participant on LSE in Year-1 & 2</p> <p>22. Organized common refreshers for 600 PE & MT in Year-1 & 2</p> <p>23. Organized Master Trainer Assembly with 60 MT in Year-2</p> <p>24. Arranged 4 days LSE session with 233,000 workers in Year-1 & 2</p> <p>25. Arranged video sessions with 466,500 garments workers and community people in year 1 & 2</p> <p>26. 1 audio developed in year-1</p> <p>27. Arranged 125 shows at the garments premises in year 1 & 2</p>	<p>21. Training attendance sheet</p> <p>22. Training attendance sheet</p> <p>23. Training attendance sheet</p> <p>24. Session attendance sheet</p> <p>25. Show participant sheet</p> <p>26. Audio CD</p> <p>27. Show register</p>	
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Monitoring and Evaluation Framework

Activity SI no.	Title of Activity	Indicator	Tools (GF-912)	Data Sources	Frequency of Data Collection	Method	By Whom Collected	Linked with GF Indicator
2.5.4	Organize National level workshop with national garment export institution and owners	100 participants attended in national workshops in year-1& 2	G-1, O-2 & F-1	Meeting attendance sheets, workshop report	Event wise	Visit, Discussion & record review	PMU/AO	
2.5.4.i	Organize sensitize meeting with BGMEA, Garment owners, Workers' representative and health service providers	150 participants attended in sensitizing meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	PMU/AO	
2.5.4.ii	Day Observation (WAD, IWD, May day, etc)	750 participants attended in event in year-1&2	O-2 & F-1	Event Report	Event wise	Visit, Discussion & record review	PMU/AO	
2.5.4.iii	Joint event with BGMEA (Workers fair & others)	2 joint event organized in year-1&2	O-2 & F-1	Event Report	Event wise	Visit, Discussion & record review	PMU/AO/SP	
2.5.4.iv	Arrange regular coordination meetings with associate partners as per approved coordination framework [Quarterly Consortium Committee-CC Meeting]	80 participants attended in meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	PMU	
2.5.4.v	Bi-monthly PMU-Partners meeting	240 participants attended in meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	PMU	

Activity SI no.	Title of Activity	Indicator	Tools (GF-912)	Data Sources	Frequency of Data Collection	Method	By Whom Collected	Linked with GF Indicator
2.5.4.vi	Monthly/ Bi-monthly coordination meeting between AO and SP/PMU team meeting	500 participants attended in meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	AO	
2.5.4.vi	Monthly/ Bi-monthly coordination meeting between AO and SP	350 participants attended in meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	AO	
2.5.4.vii	Annual review meeting	40 participants attended in meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	PMU/AO	
2.5.4.ix	Regional Coordination meeting	100 participants attended in meeting in year-1&2	G-1	Meeting attendance sheet, meeting minutes	Event wise	Visit, Discussion & record review	PMU/AO	
2.5.4.ix	Printing of LSE Implementation strategy	400 LSE Implementation strategy printed and distributed	G-2	Printed copy and Distribution sheet	Once	Physical verification and Record review	PMU/AO	
2.5.5	Develop and produce one page take home communication material	265,000 Take-home materials produced distributed in year-1 & 2	G-2	Take home materials & Distribution sheet	Monthly/ quarterly	Physical verification and Record review	PMU/AO	

Activity SI no.	Title of Activity	Indicator	Tools (GF-912)	Data Sources	Frequency of Data Collection	Method	By Whom Collected	Linked with GF Indicator
2.5.5.i	Finalize and printing of flip chart including guideline	800 modified LSE Flip charts Produced by year-1	G-2	Flip chart & Distribution sheet	Once	Physical verification and Record review	PMU/AO	
2.5.5.ii	Booklet for garment workers as communication material	250,000 Booklet for garment workers printed and distributed in year-1 & 2	G-2	Booklet & Distribution sheet	Monthly/ quarterly	Physical verification and Record review	PMU/AO	
2.5.6	Training of master trainers on life skill education for the prevention of HIV	30 MT trained on LSE in Year-1	S-7, O-2 & F-1	Training reports & attendance sheet	Once	Record review & visit	PMU/AO	
2.5.6.ii	Need based Project Staff training and exposure visit	# of Project Staff trained/ participated in exposure visit	O-2	Training reports	Event wise	Record review	PMU/AO	
2.5.6.iii	Training/orientation of relevant clinicians on case management, recording and reporting of STIs with BGMEA support (5days)	25 relevant clinicians trained on STI/SRH management in Year-1	G-1, O-2 & F-1	Training reports & attendance sheet	Once	Record review & visit	PMU/AO	
2.5.6.iv	Training/orientation of relevant staff on case management, recording and reporting of STIs with BGMEA support (3 days)	50 staff trained on STI/SRH management in Year-1	G-1, O-2 & F-1	Training reports & attendance sheet	Event wise	Record review & visit	PMU/AO	

Activity SI no.	Title of Activity	Indicator	Tools (GF-912)	Data Sources	Frequency of Data Collection	Method	By Whom Collected	Linked with GF Indicator
2.5.7	Training of peer educator on life skill education for the prevention of HIV	505 PE trained on LSE in Year-1 & 2	S-8, O-2 & F-1	Training reports & attendance sheet	Event wise	Record review & visit	AO/SP	
2.5.7.i	Common refreshers for Peer Educators including Master Trainers	600 PE & MT refreshed on LSE in Year-1 & 2	S-9, O-2 & F-1	Training reports & attendance sheet	Event wise	Record review & visit	AO/SP	
2.5.7.ii	Master Trainer Assembly	60 MT participated in Year-2	G-1, O-2 & F-1	Assembly reports & attendance sheet	Event wise	Record review & visit	PMU/AO/SP	
2.5.8	Conduction of 4-day LSE sessions on HIV prevention in the workplace	233,000 workers received 4 days LSE session in Year-1 & 2	S-1,2,3,4, F-2, F-4 & C-7	LSE report and Attendance sheet	Monthly/ quarterly	Record review & visit	PMU/AO/SP	
2.5.8.ii	Mapping of health care facilities for STI SRH management and general health of garment factory workers within and local to the factories through rapid situation assessment with BGMEA support in Chittagong.	One mapping report is produced in year-1	F-1	Mapping report	Once	Discussion & visit	PMU/AO	
2.5.8.iii	Management of STI and other SRH cases	30,000 cases of STI and SRH Managed in year-1 & 2	R-1 & C-4,5,6	Report and register	Monthly/ quarterly	Record review & visit	PMU/AO	
2.5.9	Video presentation and discussion at the home of garment workers for the prevention of HIV	466,500 garments workers and community people participated in video sessions in	S-5,6 & F-3	VS report and participant list	Monthly/ quarterly	Physical verification & Interview	PMU/AO/SP	

Activity SI no.	Title of Activity	Indicator	Tools (GF-912)	Data Sources	Frequency of Data Collection	Method	By Whom Collected	Linked with GF Indicator
		year 1 & 2						
2.5.9.i	Develop one audio documentary on HIV and STI prevention to increase knowledge retention among the Garment Factory Workers considering local language and culture	1 audio developed and ready to distribute in year-1	O-2	Audio CD and Distribution sheet	Once	Record review, physical verification	PMU/AO	
2.5.9.ii	Interactive Theatre on HIV and STI	125 shows at the garments premises in year 1 & 2	R-2 & O-3	Show Register and report	Monthly/ quarterly	Physical verification & documents review	PMU/AO	

PMU- Project Management Unit, SP- Strategic Partner, AO-Associate Organization,

Field Supervision plan (Consortium Staff)

There will be a field supervision plan based on the work plan where tentative plan of field visit for project personnel will be reflected. For the RCC phase-1 tentative field visit plan is prepared as follows:

Position	Times (per month)	Monitoring and Supervision issues	Monitoring Tools
Team Leader	4 times	Regular monitoring meetings with staff Spot checks on project activities	Partners' monitoring visit checklist, event monitoring checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist, STI service monitoring checklist
Monitoring and Evaluation Specialist	5 times	Oversee implementation and use of monitoring systems Oversee the Associate Partner monitoring systems Occasional spot checks on activities	M&E framework, Partners' monitoring visit checklist, event monitoring checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist, STI service monitoring checklist
Program and Technical Specialist (Material Development and Documentation)	7 times	Checks on use of materials at all levels Check on project documentation at all levels Ongoing checks of project activities	Partners' monitoring visit checklist, Cross check of Material distribution, Quality Monitoring Checklist, LSE & Video show monitoring checklist
Program and Technical Specialist (Training and Health Service)	7 times	Systematic checks on delivery of all training and health service activities On-going checks of project activities	Partners' monitoring visit checklist, event monitoring checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist, STI service monitoring checklist
Program and Technical Specialist (LSE and Advocacy)	7 times	Systematic checks on delivery of LSE session and advocacy workshops On-going checks of project activities	Partners' monitoring visit checklist, event monitoring checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist
MIS and Documentation Officer	8 times	Systematic checks on all AOs and SPs activities On-going checks of project activities	Partners' monitoring visit checklist, event monitoring checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist, STI service monitoring checklist

Program Manager (YPSA)	10 times	Systematic checks on all SP activities	Partners' monitoring visit checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist
Program Officer (YPSA, HASAB, SKUS)	12 times	Systematic checks on all SP activities	Partners' monitoring visit checklist, Quality Monitoring Checklist, LSE & Video show monitoring checklist
Associate Program Officer (YPSA)	15 times	Systematic checks on all SP activities	Quality Monitoring Checklist, LSE & Video show monitoring checklist

Appendix 1 – Data Collection Tools Guideline and Compilation of Top Sheet

DATA MANAGEMENT, RECORD KEEPING & REPORTING

Tools, Formats, Checklists

YPSA Consortium (GF-912 package)

Guideline

HIV prevalence in Bangladesh is still very low but there are a large number of medium and high risk groups that can promote the spread of the disease. Behavioural surveillance reports in Bangladesh reveals significant levels of high-risk behaviour, low rates of condom use, large numbers of customers served by the sex workers. In Bangladesh 1745 people were found infected with HIV/AIDS as of 2009. Among them 250 are newly infected, 143 had developed AIDS and 35 had died due to AIDS and AIDS related illness in this year (NASP, 1st December, 2009). To this end a number of packages have been set as part of the RCC with the title of “HIV Prevention and Control among High-Risk Populations and Vulnerable Young People in Bangladesh” is a collaborative project between the Ministry of Health & Family Welfare and Save the Children-USA. To contribute to the overall project goal YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is “Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries”.

The GF-912 project focuses on prevention of HIV through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, endorsement & implementation of a workplace policy, sensitization meeting with BGMEA & other stakeholders, LSE at workplace, peer education, video show, distribution of BCC materials, management of STI and other SRH cases etc. The activities are being implemented both at workplace, and at residential setting of young garment workers and their neighbors.

Goal of the Package:

To limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers

General Objectives:

- Mainstreaming of life skill education including safer sex in collaboration with BGMEA at workplace and implementation of workplace policy through continues advocacy to ensure support; providing support to ensure services for STI and sexual & reproductive health problem through facilitate effective referral mechanism to nearby health facilities
- To capacitate garment factory workers through conduction of like skill education using peer approach; providing training for the master trainers, peer educator; demonstrate and playing video documentary related to HIV/AIDS to ensure source of information beyond the education session.

As per the M&E Framework of the GF-912 Package each activity will be carefully monitored in order to make sure that it is occurring to plan and to the standards that have been set out. The following document will be used by the person monitoring the activity to assess the performance of the activity. In this document there are a number of draft tools for using by staff in reporting the work that they are doing. The tools themselves are designed to be simple and specific. The M&E tools are to be used when performing the activity. The frequency of the visits and the designation of the monitors have been set out in this template.

The Major category of tools is

1. **Compilation tools:** This group of tools will be used for compile reporting such as monthly/periodically report, monitoring visit compilation report, health service compilation, quality monitoring compilation etc.
2. **Session tools:** These tools will be used for LSE session, video show, training etc.
3. **General Tools:** General tools will be used for Meeting/workshop and material distribution purpose
4. **Follow up tools:** These tools will be used for follow up activity and schedule monitoring visit or program audit by Consortium staff including the quality monitoring
5. **Register:** These tools will be used for health service record and interactive theatre show documentation
6. **Other tools:** Other tools comprises of three major templates of event calendar, event report and lay out of interactive theatre show report

Table of Tools:

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
Compilation tools	C-1	Periodical Progress Report of SR	Periodical	M& E Specialist	Team Leader	To know periodical progress of the activity and project trend	This compilation tool will be used for monitoring the quarterly targets & achievements under GFATM project by YPSA consortium members. M&E specialist will be responsible to compile this tools and team leader will authorize this report and send to Save the Children USA, which will include the programmatic and financial report too.
	C-2	Monthly & periodically progress report of SSR	Monthly/ Periodical ly	Program Manager/ Program Officer	Focal person	To know periodical /monthly progress of the activity	This format will be used by Associate Organization (AO). AO will send this report to lead NGO and lead will send this report to SC-USA after compilation all AO report
	C-2.1	Monthly & periodically program and finance formative report of SSR	Monthly/ Periodical ly	Program Manager/ Program Officer	Focal person	To know periodical /monthly progress of the activity comparing with programmatic achievement and budgetary expenditure	This format will be used by Associate Organization (AO). AO will send this report to lead NGO and lead will send this report to SC-USA after compilation all AO report. This format is the part of Monthly/Quarterly Progress Report of Associate Organization
	C-3	Monitoring Visit Compilation report	Need based	All Consortium staff	Line supervisor	To know the finding of monitoring with detail	This is a compilation tools with detail analytical option of findings. YPSA consortium staff will use this tool at least once in

Tool type	Tool/ Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
						recommendation of respective staff	a month incorporating all findings of monitoring visit. This report will be submitted to the respective supervisor. Findings of visit will be reflected in the monthly report.
	C-4	Monthly Health service record_HS PO	Monthly	Doctor/ Health service provider	Focal person	To know monthly health service data	This record will be generated from the patient register and from this service record monthly progress report of health service will be prepared. Service providing organization will be responsible for preparing this monthly health service record.
	C-5	Monthly health service report format_AO	Monthly	Program Officer /Assigned person	Program Manager	To know monthly progress of health service	From this service record monthly progress report of health service will be prepared. Program Officer /Assigned person of AO will be responsible for it and Program Manager will check/ verify the report. This report will be sent to PMU for quarterly compile report.
	C-6	Quarterly health service report format_PM U	Periodically/ quarterly	MIS & Doc Officer	M&E Specialist	To know periodical progress of health service	Based on the monthly health service progress report MIS and Documentation Officer will prepare the periodical report and M&E Specialist will supervise closely for data verifications. This report will be preserved in PMU and during the comprehensive periodical report this data will be utilized under the specific activity.

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
	C-7	Quality Monitoring report Compilation format of LSE	Monthly	All Consortium Staff	Line supervisor or	To know the monitoring findings of quality LSE session	This is a compilation tools, YPSA consortium staff will use this tool in monthly basis to compile the quality monitoring visit findings. This report will be submitted to the respective supervisor. Findings of visit will be reflected in the monthly/ periodical report.
Session tools	S-1	LSE session attendance sheet	Session wise	Peer Educator	Master Trainer	To know the presence of garments workers in the LSE session	This is the base document of Peer Educator report. Peer Educator is mainly responsible to fill up this tool during the LSE session at factory level. Master will collect this attendance sheet during collection of Peer Educator report as evidence
	S-2	Monthly LSE reporting format of PE	Monthly	Peer Educator	Master Trainer	To know the detail garments wise LSE session implementation Status	Peer Educator will prepare this at the garment factory level and Master Trainer will collect this format for making his report
	S-3	Monthly LSE reporting format of MT	Monthly	Master Trainer	Focal person	To know the Peer Educator wise progress of LSE session	Master Trainer will prepare this report and submit to Focal Person of respective SP for compilation

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
	S-4	Monthly LSE reporting format of SP	Monthly	Focal person	Line Supervisor	To know the progress/ achievement of LSE session as per target in each month	Each Strategic Partner (SP) organization will prepare this monthly formative report compiling all Master Trainer report and send it to Associate Organization. AO will entry this data to the monthly/ periodically report after checking properly.
	S-5	Video show session participant list	Show wise	Master Trainer	Focal person	To know the presence of people in the Video show	This is the base document of video show reporting. Master Trainer is mainly responsible to fill up this tool during the video show. This is the evidence of Monthly video show reporting.
	S-6	Monthly Video show session reporting format of SP	Monthly	Focal person	Line Supervisor	To know the SP wise information of Video show	Focal Person will prepare this format based on Master Trainer report and submit to AO checking by line supervisor of respective SP. Then AO will entry this data to prepare monthly/ periodically report
	S-7	MT training attendance sheet	Event wise	Assigned person by the Team leader	Team Leader	To know the presence of Master Trainer as well as their performance	The Assigned person by the Team leader will ensure the attendance of master trainer and fill up the mark of pre test and post test in the sheet. This sheet will be attached with the training report and submit to the Team Leader through Program and Technical Specialist- Training and Health service.
	S-8	PE training attendance sheet	Event wise	Master Trainer	Program Officer/ Manager	To know the presence of Peer Educator as well as their performance	The Master Trainer assigned by the Program Officer/Program Manager will ensure the attendance of peer educator and fill up the mark of pre test and post test in the sheet. This sheet will be attached with the

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
							training report and submit to Program and Technical Specialist- Training and Health service after checking by Program Officer/Program Manager.
	S-9	Common Refreshers for PE Incl. MT	Event wise	Assigned person by Program Manager	Program Manager	To know the presence of Peer Educator as well as their performance	Assigned person by the Program Manager will ensure the attendance of peer educator including Master Trainer. This sheet will be attached with the refreshers report and submit to Program and Technical Specialist- Training and Health service after checking by Program Manager.
General tools	G-1	Meeting/ workshop Attendance sheet	Event wise	Assigned person by Program Manager/ Officer	Line Supervisor	To know the presence in the meeting/ workshop	This attendance is the basic evidence of meeting/ workshop. The organizer will appoint a respective person to take the attendance of participant, which will be included with the report/minutes later on.
	G-2	Materials distribution sheet	Need based	Accounts and Admin Officer	Program Officer /Finance Manager	To know how many materials are distributed properly	Accounts and Admin Officer will maintain distribution list with receivers signature and preserve and maintain. It can be enclosed as evidence during reporting.

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
Follow up tools	F-1	Event Monitoring Checklist	Event wise	TL, PMU staff, M&E Specialist, MIS & Documentation officer	Line Supervisor	To know the status of event through physical verifications	This is a tool, which will be used through physical verifications. Respective personnel will hold this tool during event monitoring and accordingly report to the supervisor.
	F-2	Life Skills Education Monitoring Checklist	Continuous	All Consortium staff including Master Trainer	Line Supervisor	To know the implementation status of LSE session	The Checklist is mandatory for all YPSA consortium staff including Master Trainer to use during LSE session visit. This checklist will be preserved by staff as evidence and utilized for compilation report.
	F-3	Video Show Monitoring Checklist	Continuous	All Consortium staff	Line Supervisor	To know the implementation status of video show	This Checklist is mandatory for all YPSA consortium staff to use during video show visit. This checklist will be preserved by staff as evidence and utilized for compilation report.
	F-4	Quality Monitoring Checklist/format of LSE	Continuous	All Consortium Staff	Line Supervisor	To know the implementation status of LSE session against the quality indicator	The Checklist is mandatory for all YPSA consortium staff including Master Trainer to use during LSE session visit in day-4. This format will filled up against the indicator set out for quality monitoring of LSE session. This format will be preserved by staff as evidence and utilized for compilation report.
	F-5	Health service Monitoring Checklist	Continuous	All Consortium Staff specially Prog. & Tech. Specialist	Line Supervisor	To know the quality of health service	The Checklist is mandatory for all YPSA consortium staff to use during the visit at health service point. This format will be preserved by staff as evidence and utilized for monitoring compilation report.

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
				of Health service			Program and Technical Specialist of Training and Health Service will be the focal point of quality checking of services.
	F-6	Interactive Theatre Monitoring Checklist	Continuous	All Consortium Staff	Line Supervisor	To know the implementation status of Interactive Theatre show	The Checklist is mandatory for all YPSA consortium staff to use during the theatre show. This format will be filled up against the indicator set out for quality monitoring of LSE session. This format will be preserved by staff as evidence and utilized for monitoring compilation report.
	F-7	Program audit Checklist of AO (HASAB & SKUS)	Continuous	PMU Staff	Line Supervisor	To check the progress of activity and compliance issues with proper documentation process	This tool will be used as per schedule visit to partner organization. During the visit assigned person of PMU staff member will follow the checklist to know the progress and identify the areas to be improved in participatory process. This report will be submitted to respective line supervisor for further actions. Respective staff will share this report with the counterpart after completion of audit.
	F-8	Program audit Checklist of AO (YPSA)	Continuous	PMU Staff	Line Supervisor	To check the progress of activity and compliance issues with proper documentation process	This tool will be used as per schedule visit to partner organization. During the visit assigned person of PMU staff member will follow the checklist to know the progress and identify the areas to be improved in participatory process. This report will be

Tool type	Tool / Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
							submitted to respective line supervisor for further actions. Respective staff will share this report with the counterpart after completion of audit.
	F-9	Program audit Checklist of SP	Continuous	Staff of AO/PMU Staff	Line Supervisor or	To check the progress of activity and compliance issues with proper documentation process	This tool will be used as per schedule visit to partner organization. During the visit assigned person AO or PMU staff member will follow the checklist to know the progress and identify the areas to be improved in participatory process. This report will be submitted to respective line supervisor for further actions. Respective staff will share this report with the counterpart after completion of audit.
Register	R-1	Daily Health service register	Daily	Health service provider	Focal person and Consortium staff	To keep detail record of assignment and to use as data source	This register will be used in daily basis to keep all health service related record. Service provider is responsible to maintain this register and based on this monthly report will be generated. Focal person of service providing organization and assigned person from consortium staff will be responsible for check/verify the data.
	R-2	Interactive Theatre Show Register	Daily	Assigned person of AO	Line supervisor or	To keep detail record of assignment and to use as data source	This register will be used in daily basis (as per schedule of show) to keep all theatre related record. Facilitator/ Assigned person of AO is responsible to maintain this register and based on this

Tool type	Tool/ Form ID No.	Tool name	Frequency of Use	Prepared by	Checked /verified/ Recommended by	Purpose of the tools	Guideline
							monthly/quarterly report will be generated. Program Manager of AO will be responsible for check/verify the data.
Other Tools	O-1	Monthly Implementation Calendar	Monthly	PO & PM of AO and assigned person of PMU	Line Supervisor or	To chalk out the possible event in the coming month	This calendar will be prepared at the end of each month mentioning the major event in the coming month. Team Leader will finally send this report to SC-USA compiling by assigned person.
	O-2	Lay out of event report	Event wise	Event wise Assigned person/ MIS and documentation Officer	Line Supervisor or	To make the uniformed report with optimum information of event	After completion of each event it is mandatory to make a comprehensive report following this template within sort of time. Assigned person of organizer along with MIS and Documentation Officer is responsible to make the report and through line supervisor it will be preserved as evidence of assignment.
	O-3	Lay out of interactive theatre show report	Monthly/quarterly	Assigned person of AO	Line Supervisor or	To make the uniformed report with optimum information of show	After completion the show of each month/quarter it is mandatory to make a comprehensive report following this template within sort of time. Assigned person of organizer is responsible to make the report and through line supervisor it will be preserved as evidence of assignment. And information will be used in the package periodical report.

DATA MANAGEMENT, RECORD KEEPING & REPORTING

Tools, Formats, Checklists

Top Sheet Compilation

Package 912: YPSA Consortium

Compilation Tools

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
C-1	Periodical Progress Report of SR	<i>Package 912</i>	Periodically/ quarterly	M&E Specialist	Team Leader	
C-2	Monthly & periodically progress report of SSR	<i>Package 912</i>	Monthly/ Periodically	Program Officer/ Program Manager	Focal person	
C-2.1	Monthly & periodically program and finance formative report of SSR	<i>Package 912</i>	Monthly/ Periodically	Program Officer/ Program Manager	Focal person	
C-3	Monitoring visit compilation report	<i>Package 912</i>	Monthly	All Consortium Staff	Line supervisor	
C-4	Monthly Health service record HSPO	<i>Package 912</i>	Monthly	Doctor/Health service provider	Focal person	Quality services will be assured by Prog & Tech Specialist- Training and Health Service
C-5	Monthly health service report format_AO	<i>Package 912</i>	Monthly	Program Officer /Assigned person	Program Manager	
C-6	Quarterly health service report format_PMU	<i>Package 912</i>	Periodically/ quarterly	MIS & Doc Officer	M&E Specialist	
C-7	Quality Monitoring report Compilation format of LSE	<i>Package 912</i>	Monthly	All Consortium Staff	Line supervisor	

Session Tools

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
S-1	LSE session attendance sheet	<i>Package 912</i>	Session wise	Peer Educator	Master Trainer	
S-2	Monthly LSE reporting format of PE	<i>Package 912</i>	Monthly	Peer Educator	Master Trainer	

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
S-3	Monthly LSE reporting format of MT	Package 912	Monthly	Master Trainer	Focal Person	
S-4	Monthly LSE reporting format of SP	Package 912	Monthly	Focal Person	Line Supervisor	
S-5	Video show session participant list	Package 912	Show wise	Master Trainer	Focal Person	
S-6	Monthly Video show session reporting format of SP	Package 912	Monthly	Focal Person	Line Supervisor	
S-7	MT training attendance sheet	Package 912	Event wise	Assigned person by Team Leader	Team Leader	
S-8	PE training attendance sheet	Package 912	Event wise	Master Trainer	Program Officer/Manager	
S-9	Common Refreshers for PE Incl. MT	Package 912	Event wise	Assigned person by Program Manager	Program Manager	

General Tool

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
G-1	Meeting & Workshop Attendance Sheet	Package 912	Event wise	Assigned person by Program Manager/Officer	Line Supervisor	
G-2	Material distribution Sheet	Package 912	Need Based	Accounts and Admin Officer	Program Officer/Finance Manager	

Follow up Tools

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
F-1	Event Monitoring Checklist	Package 912	Event wise	TL, PMU staff, M&E Specialist, MIS & Documentation officer	Line Supervisor	
F-2	LSE Monitoring Checklist	Package 912	Continuous	All Consortium Staff including Master Trainer	Line Supervisor	
F-3	Video Show Monitoring Checklist	Package 912	Continuous	All Consortium Staff	Line Supervisor	
F-4	Quality Monitoring Checklist / format of LSE	Package 912	Continuous	All Consortium Staff	Line Supervisor	
F-5	Health Service Monitoring Checklist	Package 912	Continuous	All Consortium Staff specially Prog. & Tech. Specialist of	Line Supervisor	

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
				Health service		
F-6	Interactive theatre show Monitoring Checklist	<i>Package 912</i>	Continuous	All Consortium Staff	Line Supervisor	
F-7	Program audit Checklist of AO (HASAB & SKUS)	<i>Package 912</i>	Continuous	PMU Staff	Line Supervisor	
F-8	Program audit Checklist of AO (YPSA)	<i>Package 912</i>	Continuous	PMU Staff	Line Supervisor	
F-9	Program audit Checklist of SP	<i>Package 912</i>	Continuous	Staff of AO/PMU Staff	Line Supervisor	

Register Tools

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
R-1	Daily Health service register	<i>Package 912</i>	Daily	Health service provider	Focal person and Consortium staff	
R-2	Interactive Theatre Show Register	<i>Package 912</i>	Daily	Assigned person of AO	Line supervisor	

Other Tools

Form Id.	Heading of the Tools	Used for package	Frequency of use	Responsible person	Checked & verified by	Remarks
O-1	Monthly Implementation Calendar	<i>Package 912</i>	Monthly	PO & PM of AO and assigned person of PMU	Line Supervisor	
O-2	Lay out of event report	<i>Package 912</i>	Event wise	Event wise Assigned person/ MIS and documentation Officer	Line Supervisor	
O-3	Lay out of interactive theatre show report	<i>Package 912</i>	Monthly/quarterly	Assigned person of AO	Line Supervisor	