

**“SANGJOG, a Program for Better Sexual and Reproductive
Health and Rights for Young People Vulnerable to HIV in
Bangladesh”**

Monitoring Report of SANGJOG

Jan 2017- Dec 2017

Prepared on

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
BSMMU	Bangabandhu Sheikh Mujib Medical University
CSE	Comprehensive Sexuality Education
DC	District Coordinator
EKN	Embassy of the Kingdom of the Netherlands
FSW	Floating Sex Worker
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NASP	National AIDS/STD Programme
NGO	Non-Governmental Organization
PC	Population Council
PSTC	Population Services and Training Centre
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TOT	Training of Trainers
VYKP	Vulnerable young key population

1 Introduction

1.1 Background

Population Services and Training Centre (PSTC) and Population Council (PC) partnered together on a two-year initiative named SANGJOG, a program funded by the Embassy of The Netherlands to improve sexual and reproductive health and rights (SRHR) for young people vulnerable to HIV in Bangladesh. The aim is to improve the integration of vital SRHR interventions among vulnerable young key population (VYKP) aged 10 to 24 years. This project will generate important evidence to aid the broader SRHR/HIV integration movement at local, national, and global context. It will also address SRHR and HIV needs of VYKPs who are - street children/pavement dwellers, transport workers, floating sex workers, young people engaged in small trade and work as labors. This intervention is expected to bring positive change in SRHR interventions to existing peer/community-based HIV programmes and create effective linkages with public and private health facilities who provide sexual and reproductive health information and services. The project locations are Chittagong, Cox's Bazar, Dinajpur, Dhaka, Gazipur, Jessore, and Kushtia districts. The SANGJOG project total duration is 24 months while Populating Council activities will last a total of 22 months starting February 2017 until November 2018.

The major interventions implemented under SANGJOG project include:

- Conducting peer sessions with VYKPs
- Conducting comprehensive sexuality education (CSE) sessions with VYKPs
- Providing SRHR and HIV/AIDS related services
- Increasing capacity of 20 government services facilities to provide integrated SRH and HIV services
- Providing advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access of VYKPs to SRHR & HIV information and services

1.2 Purpose of Monitoring and Overview of Process

This document reports the monitoring findings of the activities of SANGJOG project done by the Population Council with the help of PSTC field level staff and headquarter colleagues. In 2017, peer educators performed the primary role for organizing and conducting peer sessions to achieve the target of reaching 50,000 VYKPs during project tenure in all districts. Field supervisors are responsible for

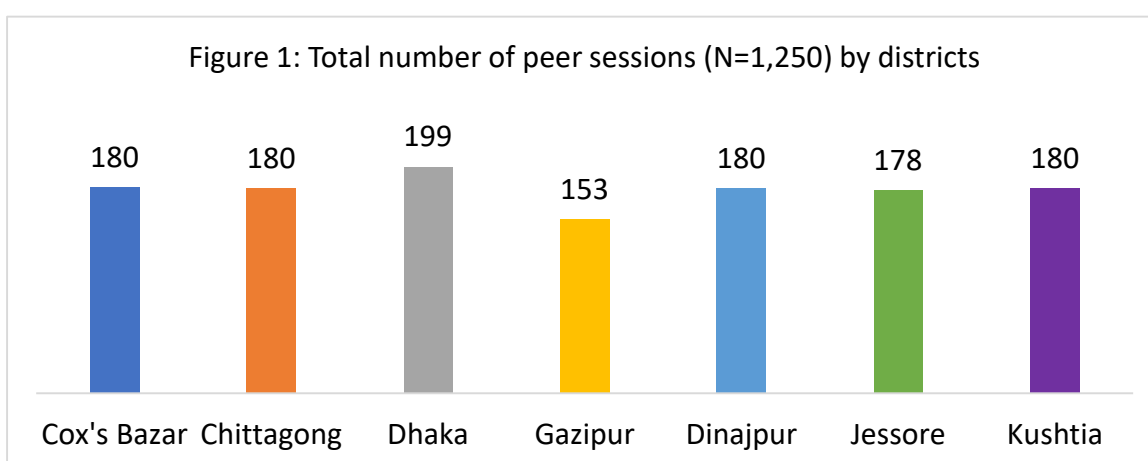
observing the sessions and collect necessary data using SurveyCTO platform. Session observation data were collected through SurveyCTO platform, stored in the Cloud-based server, and analyzed. The findings generated after the end of each month were regularly shared with all levels of SANGJOG officials of both PSTC and the Council for their feedback (details can be found in annex 2). In addition, the Council staff conducted field visits to the seven project districts to observe SANGJOG activities and provide feedback to improve the performances of programmatic activities (details can be found in annex 2).

Other activities were monitored through monthly progress reports and event-based reporting format. Under the direct supervision of district coordinators, field supervisors were responsible for preparing their monthly activity plan. District coordinators consolidated the monthly activity plan by incorporating updates of all programmatic activities and submitted them to their supervising managers. In later stages, managers generated their monthly activity plans for all districts and submitted to team leader. The Council obtained access to these monthly quantitative reports at the end of December 2017 and presented an analysis in this report. This report identified achievements versus targets, identified gaps for the first 12 months (January 2017 to December 2017) and provided recommendations to accelerate the activities to achieve targets in 2018.

2 Activity Status

2.1 Peer Sessions with VYKPs

A key activity of the SANGJOG project is to reach 50,000 VYKPs in the two-year project duration with information and services for increasing their awareness and enhancing their health seeking behaviour related to SRHR & HIV services. To achieve this objective, PSTC planned to conduct 180 peer sessions per year in each of the seven working districts (total of 1,260 sessions) in order to reach 25,000 VYKPs. By the end of 2017, the SANGJOG project successfully conducted 1,250 sessions (99% achievement rate) reaching 25,296 participants (Figure 1).



The monitoring data also reports that except for Gazipur, in all other six districts, SANGJOG project completed the targeted number of sessions. Gazipur, being an industrial zone and neighbouring district of capital city Dhaka, have residents who work particularly in apparel factories or in the transport sector. Getting access to enter into factory premises is a well-known barrier for NGOs. Also, as these VYKPs usually work with longer duration (six days a week), this leaves them with limited time to rest. Thus, conducting sessions in that short resting time is challenging. It is to be noted that in Dhaka district, an additional 19 sessions were also conducted beyond their yearly target that contributed to achieve the total achievement rate to 99 percent (Figure 1).

Figure 2: SANGJOG Peer session attendee's by gender (N=25,296) (%)

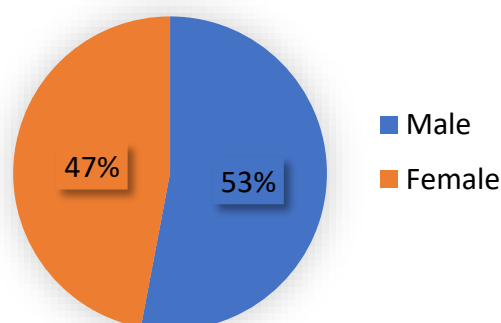
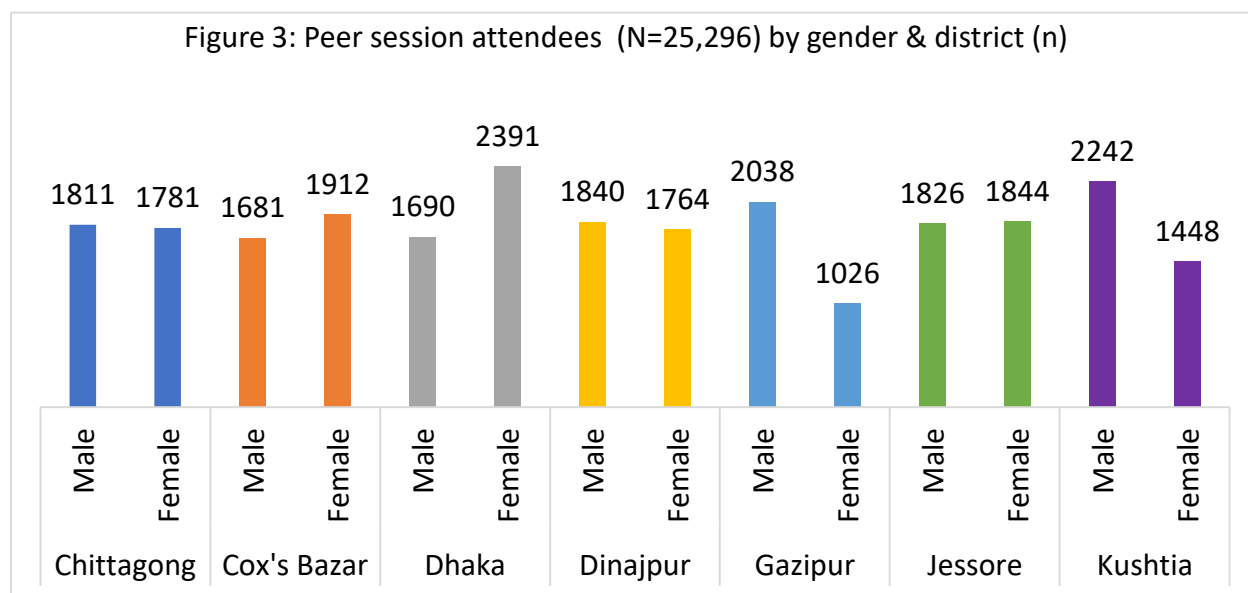
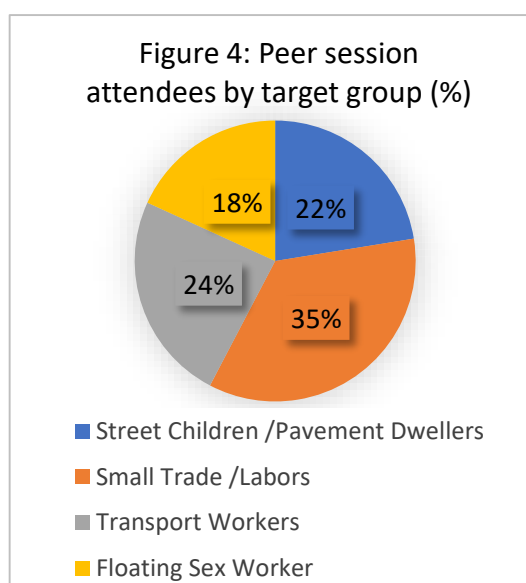


Figure 2 shows that approximately one-half of the participants were male (53 percent). In the districts, the proportion of female participants in these peer sessions varied from 30 to 60 percent except for Gazipur where female participation rate was less than 40 percent (Figure 3). Female participants of Gazipur were only from small trade/labors VYKP group who work mostly in apparel factories. As mentioned earlier, both the VYKP group of Gazipur district are from male dominated sectors.



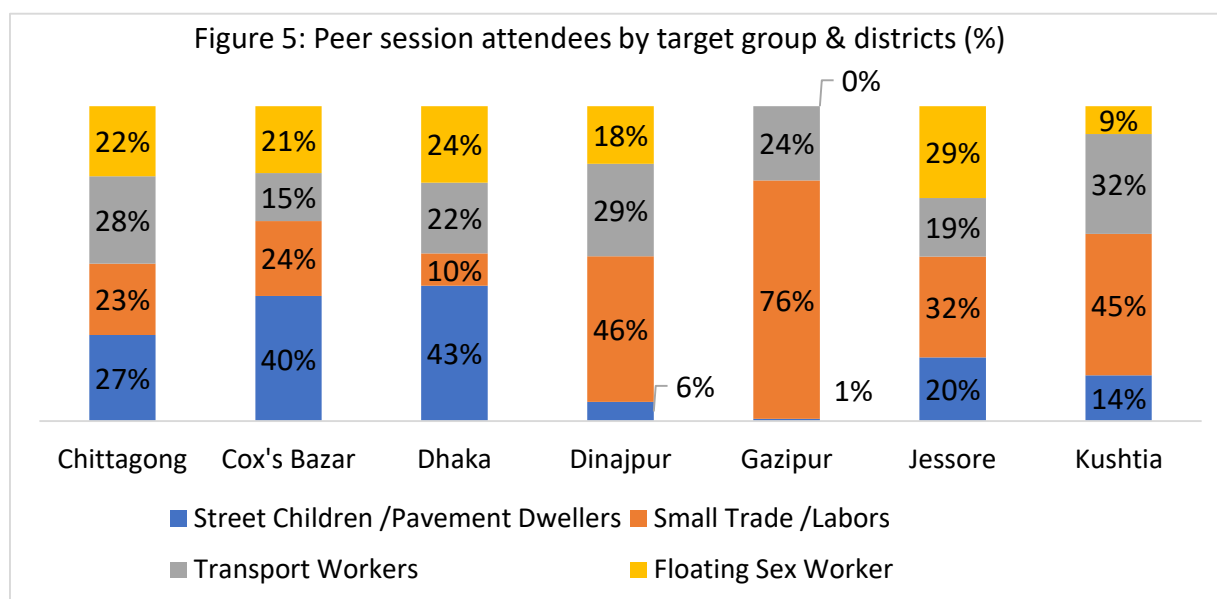
Reaching four VYKPs (street children/pavement dwellers, small trade/labors, transport workers and floating sex workers) varied from district to district. Street children/pavement dwellers ranged from six percent in Dinajpur district to 43 percent in Dhaka district; small trade/labors ranged from 10 percent in Dhaka to 76 percent in Gazipur districts; transport workers ranged from 15 percent in Cox’s Bazar district to 32 percent in Kushtia district; and floating sex workers made up zero percent in Gazipur to 29 percent in Jessore districts.

It was challenging to reach the required number of floating sex workers (FSW) and street children in Gazipur district. Per the National AIDS/STD Programme’s (NASP) report of 2016, there are only 1,315 FSWs in Gazipur and according to the project field staff, many of the FSWs are scattered throughout the district making formation of peer groups difficult. To offset these challenges, SANGJOG project



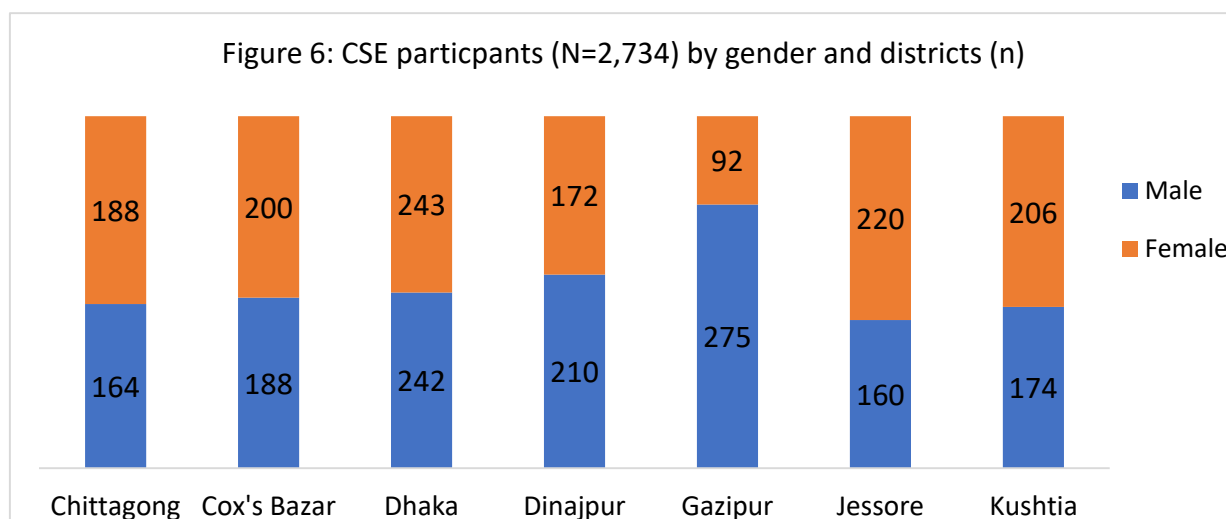
conducted sessions with garment workers in Gazipur district. Gazipur statistics therefore vary from other districts- where young labours and/or small trade constituted 76 percent and transport workers groups were 24 percent. Almost half of the participants from Dinajpur (46 percent) and Kushtia (45 percent) belonged to the small trade and/or young labours VYKP group. (Figure 4).

Figure 5, providing the classification of the overall participants by their VYKP status, shows that one out of three participants were involved in small trade or in young labor category (35 percent), followed by transport workers (24 percent), street children and/or pavement dwellers (22 percent), and FSWs (18 percent). The relatively lower proportion of FSWs reached is the direct reflection of the peer sessions of Gazipur districts that were discussed above.



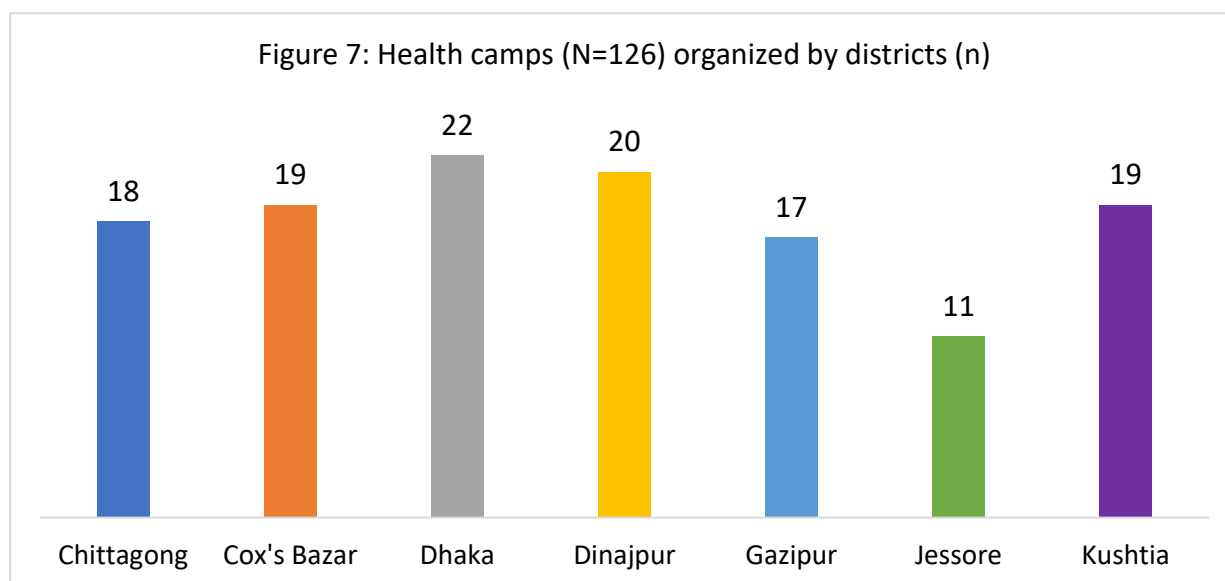
2.2 Comprehensive Sexuality Education (CSE) Sessions with VYKPs

Annually, each of the seven SANGJOG project districts set a target to conduct 20 CSE sessions with 20 participants in each session (total of 140 sessions with 2,800 participants). Due to delayed project start-up and consequent budget revisions in Gazipur and Jessore, as a result of the Rohingya crisis, the target number of CSE sessions varied between Dhaka and remaining districts. A total of 136 CSE sessions (against target 140) were held in 2017 (97%) with 2,734 participants where 48 percent were female participants (Figure 6).

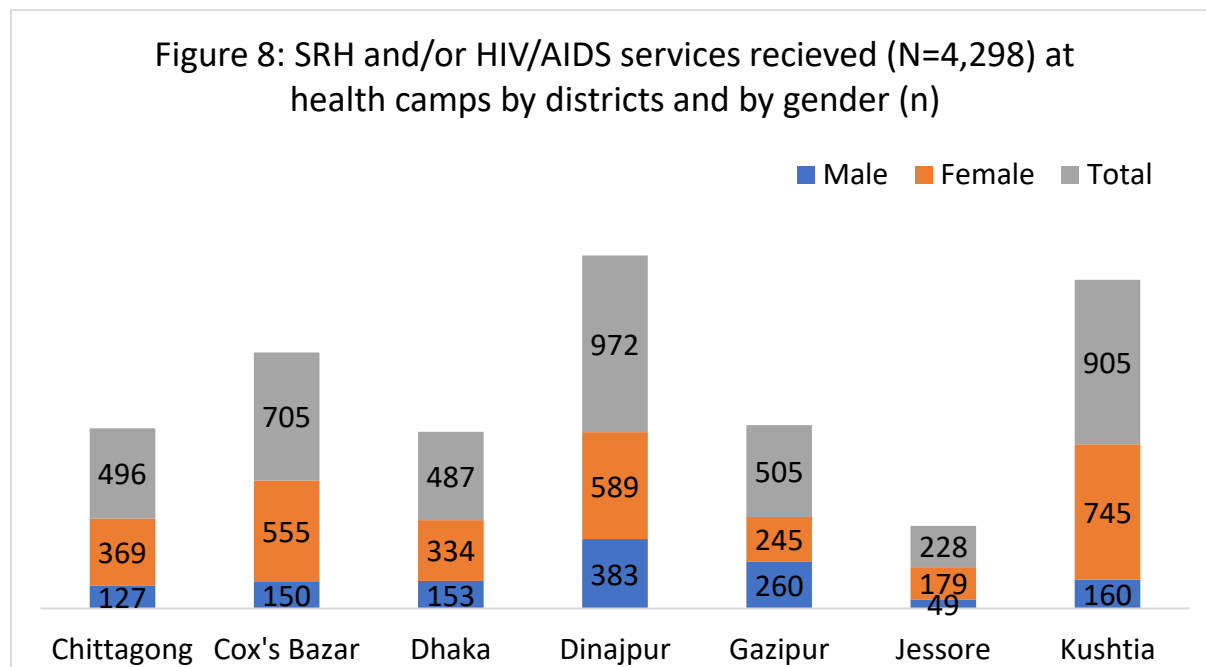


2.3 Providing SRHR and HIV/AIDS Services

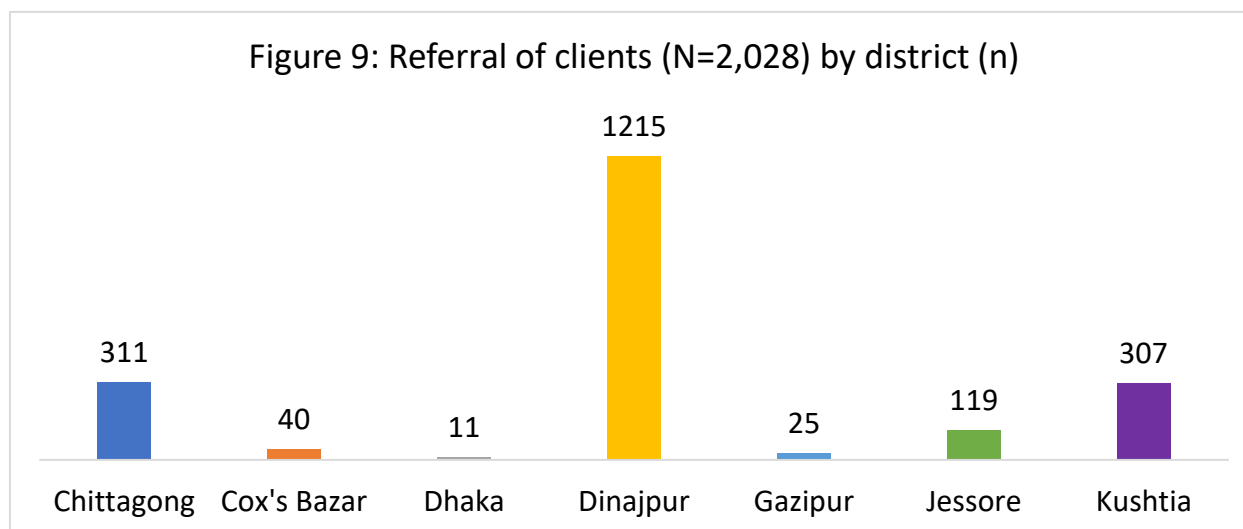
In addition to educating VYKPs, a major activity of SANGJOG project was to provide SRHR and HIV/AIDS services. The SRHR and HIV/AIDS services were provided by organizing health camps in each district and providing referral to previously selected and trained nearby Government of Bangladesh (GoB) and/or NGO health facilities. In 2017, a total of 126 health camps were organized where Dhaka organized the maximum number of health camps (22) and Jessore organized the least number of health camps (11). Jessore yielded fewer camps as they started a few months later and experienced some staffing issues. The target was revised (mentioned earlier) to include 18 health camps in Jessore, 17 in Gazipur and 19 in each of the remaining districts (Figure 7).



A total of 4,298 patients were provided services related to SRH and HIV/AIDS at the health camps. More patients were observed in Dinajpur (972) and Kushtia (905) and the least number of patients were observed in Jessore (147) in 2017 (Figure 8). The number of attendee in Jessore was lower because of the fewer number of health camps.

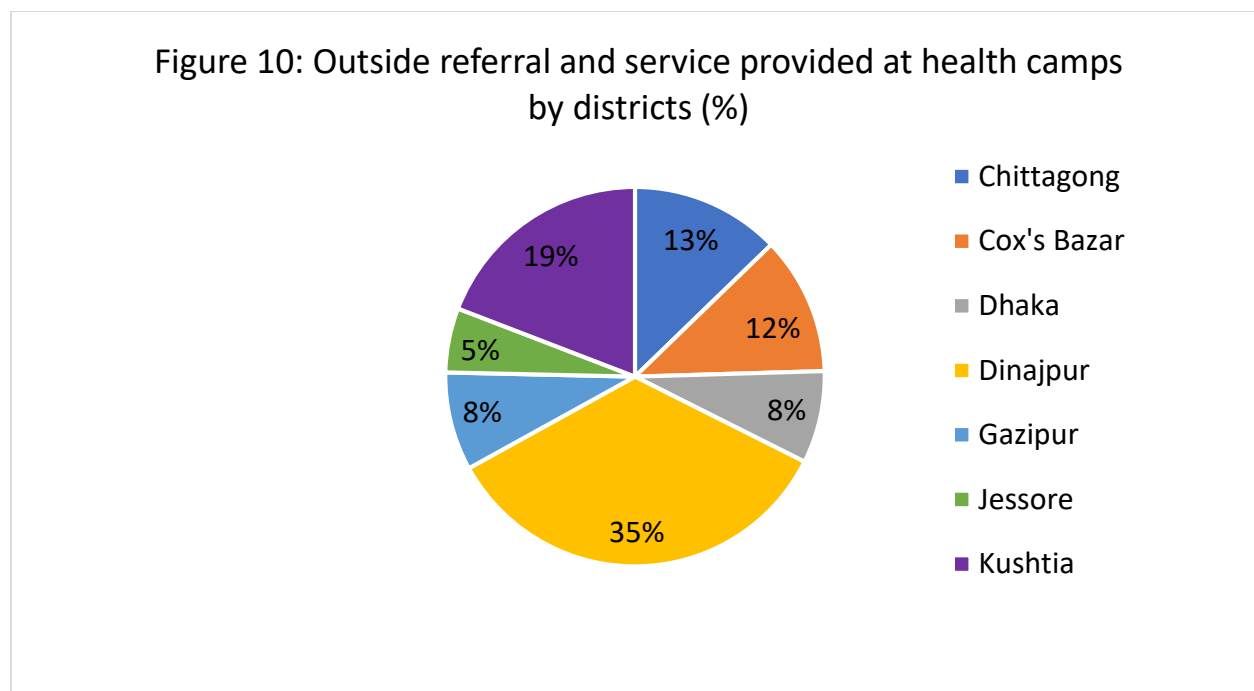


The SANGJOG project additionally aimed to establish effective referral linkages with GoB and NGO health facilities to refer patients. In 2017, more than 2,000 patients were referred to nearby GoB and/or NGO health facilities to seek treatment regarding SRH and HIV/AIDS. Figure 9 shows that more than half of the patient referrals took place in Dinajpur district with remaining referrals being primarily in Kushtia and



Chittagong districts. This reflects that effective referral linkages need to be established in nearly all districts. The success of Dinajpur is likely due to the high performing peer educators (as observed from our field visits) and the program being networked with local leaders (e.g., transport workers union).

Based on the above, it is evident that 6,326 VYKPs received direct health services at various health camps or were referred to nearby GoB and NGO health facilities. Figure 10 provides district wise comparison where regardless of providing direct health care at health camps or referring patients, Dinajpur (35 percent) leads these activities followed by Kushtia (19 percent), Chittagong (13 percent), Cox’s Bazar (12 percent), Gazipur (8 Percent), Dhaka (8 percent), and Jessore (5 percent).



2.4 Other Activities

Table 1: Selected SANGJOG activities by districts under each objective

Objective	Activities	Target	Districts														Total
			Dhaka		Gazipur		Jessore		Kushtia		Dinajpur		Chittagong		Cox's Bazar		
			Achievement	Participants	Achievement	Participants	Achievement	Participants	Achievement	Participants	Achievement	Participants	Achievement	Participants	Achievement	Participants	
1: Increase awareness and health seeking behavior of 50,000 vulnerable young key people on SHR & HIV services.	1.2.1 Number of Peer Educators capacitated	70 peer educators	10	10	9	9	10	10	10	10	10	10	9	9	10	10	68
	1.3.2 Coordination meeting with local committees	24 meetings	5	111	3	59	0	0	4	81	4	81	3	61	4	91	23
2: Established functional referral linkages with GoB health facilities for providing SRHR and HIV services to 25,000 VYKPs	2.1.1 Orientation for service providers	7 meetings	0	0	0	0	1	8	1	37	3	50	3	52	4	69	12
3: Increase capacity of 20 Government services facilities for providing integrated SRH and HIV services	3.1.1 Training of GoB health service providers (3 days)	20 training events	NA	NA	3	24	2	29	1	41	3	24	3	37	3	26	15
4: Advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access of VYKPs to SRHR & HIV information and services	4.1.2 Advocacy with district level stakeholders	7 advocacy meetings	1	23	0	0	0	0	2	62	1	20	1	23	1	15	6
	4.2.3 Create linkages with other relevant networks	28 meetings	3	72	2	32	2	26	4	74	4	80	4	54	1	15	20

Table 1 represents the status of select SANGJOG activities. The six SANGJOG activities outlined in Table 1 were selected among 33 indicators-focused major programmatic activities (as agreed upon between PSTC and the Council).

Under ***objective 1: Increase awareness and health seeking behavior of 50,000 vulnerable young key people on SHR & HIV services***, capacity building of the peer educators took place in all seven districts. However, Chittagong and Gazipur reduced their number of peer educators. In total, 68 peer educators (against target 70) attended the capacity building sessions. A total of 23 coordination meeting with local committees (against target 24) took place with 484 participants. These meetings were held so that discussions can create a supportive socio-cultural environment for the protection of SRH rights of VYKPs for HIV. At the annual coordination meeting, the field supervisors of Dinajpur and Kushtia shared their positive experience regarding these events. However, Jessore's quantitative monthly reports did not report this sort of meetings.

Under SANGJOG annual activities, a major activity under ***objective 2: Established functional referral linkages with GoB facilities for providing SRHR and HIV services to VYKPs*** was meeting with service providers orienting them for promoting and distributing SRH services, commodities and medicines. In, Dhaka and Gazipur, these meetings were not held in 2017. Though the target was seven meetings (three meetings/district) in this category, in some districts more than one meeting was held (as selected health facilities are geographically more distant from each other and remote location). In total, 12 orientation meetings were held with 216 participants (52 percent females).

A three-day long training session for GoB health service providers to increase user-friendly SRH/HIV services is a major activity under ***objective 3: Increase capacity of selected Government services facilities for providing integrated SRH and HIV services***. After reviewing the quantitative monitoring reports submitted by the District Coordinators (DCs), 15 training sessions (against target 20) were conducted in 2017 that trained 181 service providers (48 percent females). Bangabandhu Sheikh Mujib Medical University (BSMMU) hospital is targeted to be the major referral center for Dhaka district and all the service providers working here are already highly trained. Thus, in Dhaka particularly, this training session was found to be irrelevant and considered not applicable.

Under ***objective 4: Advocacy for creating enabling environment sensitizing 300 stakeholders for increasing access of VYKPs to SRHR & HIV information and services***, 6 advocacy meetings (against target

1 meeting/district) were conducted with district level stakeholders with 143 participants (9 percent females). In Gazipur and Jessore, these advocacy meetings were not held as dropout of district coordinators and finance officers hindered the natural progress of activities in particular 2 districts. Also, another 20 meetings (against target 4 meetings/district) took place with 353 participants (37 percent females) from relevant networks and partners to create linkages.

3 Monitoring Field Trip Observation

The Council staff made a total of 12 field trips in all seven districts of SANGJOG project. During these trips, staff observed the quality of educational session, peer educators, role of field supervisor in monitoring, role of DCs in project's progress. Following each trip, Council staff developed a narrative field report and shared key observations with relevant SANGJOG colleagues through email in addition to face-to-face discussion. All field reports can be found in Annex 2.

Major observations include:

Privacy and confidentiality

Most sessions observed during the field trips tried to ensure privacy and confidentiality. However, some peer sessions were conducted in open spaces for instance in front of a shop or beside a crowded place. As a result, many outsiders from different age group including children gathered to hear the sessions, which hampered the privacy and confidentiality aspects of the peer session. The Council staff identified and discussed this issue specifically with the corresponding field supervisors during the field trip.

Age limit of the participants

VYKPs who participate in peer sessions are between 10-24 years of age. During the field trips in all seven districts, most sessions successfully maintained the age limit although it was observed that some participants whose age was more than 24 years attended some of these sessions.

Peer educators' skills to use behaviour change communication (BCC) materials

BCC materials (flipchart) usage among peer educators was not observed in the field trips conducted before September 2017 as these materials were distributed starting in September 2017. During the field trips after September 2017, it was found that some peer educators were not trained to use the BCC materials during the sessions. The skills improved during the field trips conducted in October 2017 and onwards.

Peer educators need to have more patience and concern for taking pre-test and post-test score during the sessions. Also, during these monitoring trips, specific instructions were provided to field supervisors to improve overall capacity and skills of the peer educators.

Building referral linkages

Activities for establishing referral linkages with all 20 government and NGO health facilities in the working districts had not started during the field trips. In some districts minimum referral linkages were established but not found in a satisfactory position. More efforts should be given in the upcoming year to improve the referral linkages at facility level.

Follow-up trip observation

More than half of the SANGJOG working districts (4) were repeatedly visited by the Council personnel for monitoring purpose as some observations were made during the first visit. In each of these repeated visits, issues identified in the previous visits such as skills of peer educators to use BCC materials and maintaining privacy and confidentiality of the sessions had improved.

4 Recommendations

Despite initial challenges that delayed the launch of field activities until June 2017, SANGJOG project activities were relevant as well as effective in addressing the priority SRHR needs in terms of HIV awareness. Peer approach seems effective to work within the target groups. In future it might create intervention strategies for sustainable outcomes. However, from the monitoring perspective the following steps may be taken into consideration to ensure improved performance in 2018:

1. Increase field supervisors' adherence to using the monitoring apps (based on observations during field visits).
2. More timely submission of quantitative monitoring reports by DCs as well as sharing these with Council staffs to allow for more timely feedback.
3. Increase attention and level of detail in project documentation.
4. Provide counselling and support to low performing peer educators.
5. Strengthen referral systems across all districts in 2018 to achieve the overall target.
6. Better equip and train referral facilities for receiving referral patients.

Annex - 1

June 2017 session monitoring report

Field supervisors	District	Sessions done	Major problem in data collection	Peer performance Low	Peer performance High	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	15	1. GPS location (missing 3) 2. Invalid Time duration (8)	410 with average score 15	406 with average score 23	22	Improvement needed in time capturing & GPS
Homayun Kabir	Cox's Bazar	9	1. GPS location (missing 6) 2. Invalid Time duration (8)	404 with average score 15	401,402,403,405 with average score 18	20	Improvement needed in time capturing & GPS
Tauhida Akther	Chittagong	4	1. GPS location (missing 2) 2. Invalid Time duration (3)	305 with average score 14	303 with average score 17	20	Improvement needed in time capturing & GPS
Mannan Meah Chowdhury	Chittagong	5	1. Invalid Time duration (4)	310 with average score 10	307 with average score 15	19	Improvement needed in time capturing
Md. Rakib Ullah	Dhaka	7	1. GPS location (missing 2) 2. Invalid Time duration (4) 3. Signature field missing (1)	109 with average score 18	108 with average score 21	19	Improvement needed in time capturing GPS, Signature field
Sayeeda Akter	Dhaka	6	1. Invalid Time duration (1), 2. Peer ID mistake (1)	102 with average score 19	104 with average score 22	19	Improvement needed in time capturing
Habibul Islam	Gazipur	5	1. Invalid Time duration (3)	207 with average score 11	210 with average score 17	20	Improvement needed in time capturing
Salma Begum	Gazipur	7	1. Invalid Time duration (5), 2. Signature field missing (3)	202 with average score 14	203 with average score 22	20	Improvement needed in time capturing & Signature
Shahnaj Parvin	Dinajpur	6	1. Invalid Time duration (2)	708 with average score 16.5	706 with average score 20	20	Improvement needed in time capturing
Md. Mamunur Rahman	Dinajpur	6	1. GPS location (missing 1) 2. Invalid Time duration (6)	701 with average score 17.5	702 with average score 24	20	Improvement needed in time capturing & GPS
Kakoli Khatun	Jessore	5	1. GPS location (missing 2) 2. Invalid Time duration (5)	506 with average score 15	507 with average score 18	20	Improvement needed in time capturing & GPS
Utpol Roy	Jessore	4	1. Invalid Time duration (2)	501,503,504 with average score 17	502 with average score 18	21	Improvement needed in time capturing
Mst. Nazmin Naher	Kushtia	4		602 with average score 15	601 with average score 19	20	Nice work!!
Md. Golam Rasul	Kushtia	5	1. Invalid Time duration (3)	610 with average score 15	606 with average score 19.5	20	Improvement needed in time capturing

July 2017 session monitoring report

Field supervisors	District	Sessions done	Major problem in data collection	Peer performance*	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	10	1. GPS location (missing 1) 2. Time duration (Too high 1)		19	Improvement needed in time capturing & GPS
Homayun Kabir	Cox's Bazar	10	1. Time duration (Too low 1, Too High 7)		21	Improvement needed in time capturing
Tauhida Akther	Chittagong	15	1. Time duration (Too high 13 & Too low 2)		20	High Improvement needed in time capturing
Mannan Meah Chowdhury	Chittagong	15	1. GPS location (missing 1) 2. Time duration (Too high 7)	308, 310	21	Improvement needed in time capturing & GPS
Md. Rakib Ullah	Dhaka	12	1. Peer ID mistake (1) 2. Time duration (Too high 1)		21	Please carefully input Peer ID
Sayeeda Akter	Dhaka	15	1. GPS location (missing 3) 2. Time duration (Too low 3)		20	Improvement needed in time capturing & GPS. Sayeeda unintentionally deleted the form to enter data. After having conversation with PC monitoring team, the form was again downloaded to her set and she entered these 2 sessions info at HQ on the next day
Habibul Islam	Gazipur	8		206,207,208, 210	20	Excellent
Salma Begum	Gazipur	6	1. GPS location (missing 2) 2. Time duration (Too high 2, Too low 1)		20	Improvement needed in time capturing & GPS
Shahnaj Parvin	Dinajpur	18	1. Time duration (Too high 4)	710	20	Improvement needed in time capturing
Md. Mamunur Rahman	Dinajpur	16	1. GPS location (missing 1) 2. Time duration (Too low 4, Too high 4)		20	Improvement needed in time capturing & GPS
Kakoli Khatun	Jessore	10	1. Time duration (Too high 3)		20	Improvement needed in time capturing
Utpol Roy	Jessore	10	1. GPS location (missing 2) 2. Time duration (Too high 2)		20	Improvement needed in time capturing & GPS
Mst. Nazmin Naher	Kushtia	15	1. Time duration (Too high 1)		20	Improvement needed in time capturing
Md. Golam Rasul	Kushtia	16	1. GPS location (missing 1) 2. Time duration (Too high 1)		20	Improvement needed in time capturing & GPS

* with average score less than 15 out of 25

August 2017 session monitoring report

Field supervisors	District	Sessions done	Major problem in data collection	Peer performance	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	12	1. GPS location (missing 2) 2. Time duration (too high 1)		20	Improvement needed in GPS & time capturing.
Homayun Kabir	Cox's Bazar	10	1. GPS location (missing 3)		19	High improvement needed in GPS. Homayun unintentionally did not record a session info to his mobile device. After having conversation with PC monitoring team, he entered this 1 sessions info at Cox's Bazar office later. Also, please increase number of peer attending the sessions.
Tauhida Akther	Chittagong	17	1. Time duration (Too high 1, too low 1)	301, 302 & 305	20	Improvement needed in time capturing. Talk to peer educators
Mannan Meah Chowdhury	Chittagong	15	1. GPS location (missing 2)		20	Improvement needed in GPS
Md. Rakib Ullah	Dhaka	15	1. Time duration (too high 1)		21	Improvement needed in time capturing.
Sayeeda Akter	Dhaka	15	1. GPS location (missing 1)		20	Improvement needed in GPS. Sayeeda unintentionally input a dummy session info to the server. After having conversation with her, PC monitoring team discarded the data.
Habibul Islam	Gazipur	8	1. GPS location (missing 1)	206, 207, 208 & 210	20	Improvement needed in GPS. Also talk with your peer educators - seems like you are not satisfied with their performances.
Salma Begum	Gazipur	7	1. GPS location (missing 1)		20	Improvement needed in GPS
Shahnaj Parvin	Dinajpur	8	1. Time duration (Too high 1)	708 & 710	20	Improvement needed in time capturing.
Md. Mamunur Rahman	Dinajpur	10	1. GPS location (missing 2) 2. Time duration (Too low 1)		20	Improvement needed in GPS
Kakoli Khatun	Jessore	10	1. GPS location (missing 2)		20	Improvement needed in GPS
Utpol Roy	Jessore	10	1. GPS location (missing 1)		21	Improvement needed in GPS
Mst. Nazmin Naher	Kushtia	15			20	Excellent!!!
Md. Golam Rasul	Kushtia	15	1. Time duration (too high 1)	610	21	Improvement needed in time capturing. You should talk with peer educator numbered 610 as his/her performance is way too low.
* with average score less than 15 out of 25						

September 2017 session monitoring report

Field supervisors	District	Sessions done	Major problem in data collection	Peer performance	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	17	1. GPS location (missing 3)		20	High improvement needed in GPS capturing. Despite visit of M&E earlier, I think another visit is needed to find out the persisting problem in this regard.
Homayun Kabir	Cox's Bazar	13	1. GPS location (missing 3)		21	
Tauhida Akther	Chittagong	20			20	Excellent!!!
Mannan Meah Chowdhury	Chittagong	17	1. GPS location (missing 4)	307 & 310	20	High improvement needed in GPS capturing. Despite visit of M&E earlier, I think another visit is needed to find out the persisting problem in this regard.
Md. Rakib Ullah	Dhaka	15	1. Time duration (too high 2, too low 2)		20	Amazing problem! Need to check the handset as time goes back and forth.
Sayeeda Akter	Dhaka	15			20	
Habibul Islam	Gazipur	11		207	20	
Salma Begum	Gazipur	13	1. GPS location (missing 5), 2. Time duration (too high 1)		20	High improvement needed in GPS capturing.
Shahnaj Parvin	Dinajpur	15	1. Time duration (too high 5)		20	Some of the August sessions must have been merged into September
Md. Mamunur Rahman	Dinajpur	20	1. Time duration (too high 1, too low 1)		20	1 of the August sessions must have been merged into September
Kakoli Khatun	Jessore	15			20	
Utpol Roy	Jessore	14			21	
Mst. Nazmin Naheer	Kushtia	15	1. Time duration (too high 1)		20	1 of the August sessions must have been merged into September
Md. Golam Rasul	Kushtia	15			21	
* with average score less than 15 out of 25						

October 2017 session monitoring report

Field supervisors	District	Sessions done	Major problem in data collection	Peer performance	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	20			20	Excellent!!!
Homayun Kabir	Cox's Bazar	22	1. GPS location (missing 3), 2. Date and time capturing problem (2), 3. Signature missing (2)		20	High improvement needed in GPS capturing. Despite visit of M&E earlier, I think another visit is needed to find out the persisting problem in this regard.
Tauhida Akther	Chittagong	17	1. GPS location (missing 1)		20	
Mannan Meah Chowdhury	Chittagong	11	1. GPS location (missing 1)		20	
Md. Rakib Ullah	Dhaka	15			21	
Sayeeda Akter	Dhaka	15			20	
Habibul Islam	Gazipur	15			20	
Salma Begum	Gazipur	14	1. GPS location (missing 4)	204 with average score less than 15 out of 25	20	High improvement needed in GPS capturing.
Shahnaj Parvin	Dinajpur	15	1. Date and time capturing problem (3), 2. Signature missing (1)		20	2 of the September sessions must have been merged into October
Md. Mamunur Rahman	Dinajpur	12	1. GPS location (missing 1) 2. Date and time capturing problem (1)		20	
Kakoli Khatun	Jessore	18	1. GPS location (missing 1)		21	
Utpol Roy	Jessore	21			21	Excellent!!!
Mst. Nazmin Naher	Kushtia	15			20	
Md. Golam Rasul	Kushtia	20			20	Excellent!!!

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Field supervisors	District	Sessions done	Major problem in data collection	Peer performance	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	20			19	
Homayun Kabir	Cox's Bazar	19	1. Time capturing (too high 1)		19	
Tauhida Akther	Chittagong	12			20	
Mannan Meah Chowdhury	Chittagong	15	1. GPS location (missing 3)	310 with average score 10 out of 25	20	
Md. Rakib Ullah	Dhaka	15			21	High improvement needed in GPS capturing.
Sayeeda Akter	Dhaka	15			20	
Habibul Islam	Gazipur	16			20	Excellent!!!
Salma Begum	Gazipur	12			20	
Shahnaj Parvin	Dinajpur	16	1. GPS location (missing 1), 2. Time capturing (too high 1)		20	
Md. Mamunur Rahman	Dinajpur	12			20	High improvement needed in GPS capturing.
Kakoli Khatun	Jessore	17	1. Time capturing (too high 2)		20	
Utpol Roy	Jessore	16			21	
Mst. Nazmin Naher	Kushtia	15			20	
Md. Golam Rasul	Kushtia	15			21	

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Field supervisors	District	Sessions done	Major problem in data collection	Peer performance	Average session attendance	Comments from M&E end
Arundati Dey moon	Cox's Bazar	3			20	
Homayun Kabir	Cox's Bazar	3			19	
Tauhida Akther	Chittagong	0			NA	
Mannan Meah Chowdhury	Chittagong	10			21	
Md. Rakib Ullah	Dhaka	15	1. GPS location (missing 6)		20	High improvement needed in GPS capturing.
Sayeeda Akter	Dhaka	15	1. GPS location (missing 1) 2. Too high duration (1)		21	
Habibul Islam	Gazipur	17			20	Excellent!!!
Salma Begum	Gazipur	13	1. GPS location (missing 1)	204 with average score 13 out of 25	20	
Shahnaj Parvin	Dinajpur	15	1. Too high duration (2), 2. Too low duration (1)		19	
Md. Mamunur Rahman	Dinajpur	12	1. GPS location (missing 4)		20	High improvement needed in GPS capturing.
Kakoli Khatun	Jessore	15	1. GPS location (missing 3)		20	
Utpol Roy	Jessore	13	1. Too high duration (1), 2. Too low duration (1)		21	
Mst. Nazmin Naher	Kushtia	8			20	
Md. Golam Rasul	Kushtia	7			21	

