



# Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS (ASHA) Project

## MEMORY JOGGERS

MONITORING CHECKLIST  
FOR  
PROGRAM OFFICERS  
AND  
TEAM LEADERS

November 2009



**USAID** | **NEPAL**  
FROM THE AMERICAN PEOPLE

**ASHA**  
Advancing Surveillance, Policies, Prevention,  
Care and Support to Fight HIV/AIDS

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## 1. Project sub-agreement (SA) development

SN	Activities and sub-activities	How often
1	District profile of proposed district available and is updated	18 weeks Prior to SA development
2	Publish expression of interest (EOI) for the proposed work in the selected district ( <i>in average, 2 weeks time will be given to submit the EOI</i> )	16 weeks prior to SA start
3	<p>Short-listing and selection of IA (also refer to FHI NGO Management Guidelines)</p> <p><u>Formation of screening team</u></p> <p><u>Screening:</u> <i>affiliation with Social Welfare Council, Evidence of latest renewal of registration, budget prepared using given format and is within cap, organization registered or working in the project district/s for more than 2 years</i></p> <p><u>Final review:</u> <i>concept, prevention / Integrated Health Services (IHS) / Care, Support and Treatment or CST approach and activities; achievements (public health including HIV and AIDS) of the organization; financial resources (Budget outlining major costs of the proposal, Cost share provision and its reflection and copy of recent audit report); and overall quality of the proposal.</i></p>	13 weeks prior to SA start

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
4	Field visit planned to interact with proposed partner/s for pre-award <i>(in-case of new partner, third party's opinion as needed)</i>	11 weeks prior to SA start
5	If IA is selected after EOI, notify IA (TL to facilitate)	10 weeks prior to SA start
6	Has FHI proposed start date of sub-agreement to IA and made plan accordingly?	8 weeks prior to SA start
7	Has FHI forwarded the template of USAID certification regarding Terrorist Financing to IA for authorized signature (hard copy)	8 weeks prior to SA start
8	Has FHI forwarded the template of USAID certification regarding Prostitution for authorized signature (hard copy)	8 weeks prior to SA start
9	Has FHI forwarded template of the Lobbying Restriction Certification for authorized signature (hard copy)	8 weeks prior to SA start
10	Has program officer shared and oriented SA development templates / process with the selected partner (potential too) for new SA / amendment?	8 weeks prior to SA start
11	Drafted and negotiated activities and budget with the selected / proposed IA	8 weeks prior to SA start

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
12	Drafted request for the Regional Cognizant Office (RCO) approval and forwarded to C&G	6 weeks prior to SA
13	Final / Fixed Cost Objective (FCO) drafted and forwarded to HQ for new SA)	5 weeks prior
14	Received the FCO # / FHI ID	3 weeks prior
15	Circulated sign of sheet in time	2 weeks prior
16	Concurrence taken from partners (re SA text and budget)	2 weeks prior
17	Made changes in accordance with the feedback and review (during signoff) - As per SOP	2 weeks prior
18	Communicated partner/s regarding SA commencement date	1 week prior

## 2. Sub-agreement start up activity checklist

SN	Activities and sub-activities	How often
1	Was signed copy of the SA available at IA level?	1st visit at IA
2	Were all documents (hard copies) of SOP, guid lines & attachment (D, E) available at IA?	1st visit at IA
3	Provided IA with copy of Condom Educational Package in Support of Provisions #32 and #41 of Standard provisions for US and Non-US non-government Recipients	While sending SA to IA for signature
4	Is the process begun to select required staff (advertisement, JD, selection committee as stated in NGO guideline)	1st or prior to visiting IA
5	Did IA recruit any volunteer/ community worker, as per SOP, for new program?	As per Gantt Chart
6	If staff / volunteer selected, as per guideline and IA policy, ask for evidence (name list of volunteers or community workers, TOR, JD...etc.) - <i>if staff has been selected, meet selected staff and validate information above</i>	As staff selected
7	Has the office space and services sites (esp. IHS) been already set up as per current SA? Do you need to renovate or re-establish your office for new program? What is the status on that?	By 4 weeks of SA signed

SN	Activities and sub-activities	How often
8	<p>Is all of your project equipment, as per SOP in place? If yes, verify.  <i>(Ask to see some of project equipment including computer, furniture, motorbike, telephone, medical equipment...etc.)</i></p>	<p>Within 1 month after SA signed</p>
9	<p>Do you have any detailed work plan (monthly, weekly) for this new program? If yes, ask for evidence (written documents). How are you doing on implementing this work plan so far?</p>	<p>Within 1 month after SA signed</p>
10	<p>Is there M&amp;E system in place (written; seen, copy taken)  <i>(M&amp;E Unit; M&amp;E Officer; M&amp;E Plan; confirm what was found to be operational)</i></p>	<p>Within 1 month after SA signed</p>
11	<p>Is meeting between FHI and IA conducted to review progress and plan start up orientation?</p>	<p>By 4 weeks of SA signed</p>
12	<p>Has start up orientation (as per Gantt Chart) been participated by backstopping PO and Finance Officer (FO) of FHI Nepal?  <i>(communicate or orient again regarding SOW, JDs and other requirements like certifications if there is anyconfusion)</i></p>	<p>After SA is signed (within 4 weeks)</p>

SN	Activities and sub-activities	How often
13	Did IA conduct any program assessment /mapping? If yes, is it already completed? Ask for evidence (written documents) - As per SOP	Once SA is signed
14	Did IA conduct any orientation workshop /meeting, as per Gantt Chart, for stakeholders? <i>(if FHI staff took part, refer trip report and if it is done, ask for evidence – e.g. list of participants... etc.)</i>	Within 1 month
15	Is there plans to make Monitoring & Supervision visits to project activities (including field) <i>-If yes, ask for evidence</i>	1 week prior

### 3. Project (sub-agreement) closeout

SN	Activities and sub-activities	How often
1	Has the decision made for SA closeout (by senior management)?	100 days in advance
2	Has FHI sent pre-closeout letter to all implementing agencies (IAs) in time?	90 days prior EOP
3	Has FHI done closeout meeting with IA to follow the plan to closeout by meeting all requirements as stipulated in the SA?	After sending closeout letter
4	Is there progress in taking decision on equipment/furniture etc. to be handed over to the IA? <i>(as required, follow up with the C&amp;G before SA close out)</i>	EOP date
5	Did FHI finalize and communicate the decision to IA regarding the handover of items being used by subproject?	1 month prior to EOP date
6	Has FHI received substantive end of project report of the sub-agreement?	30 days prior
7	Has FHI provided feedback to recipient regarding the concerns of project monitor within 5 workdays of receipt of report?	25 days prior
8	Has FHI received the 3 sets of final end of project report (mark date received)?	EOP date

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
9	Has FHI received 3 sets of all deliverables mentioned in the subproject (IEC etc) and acknowledged the receipt?	EOP date
10	Has FHI received Final Financial Report?	30 days after EOP
11	Has FHI reimbursed unspent and settled not allowed cost (after EOP)?	45 days after EOP

#### 4. Desk review: Sub-agreement implementation

SN	Activities and sub-activities	How often
1	Has FHI received fortnightly update of the program and security situation in time?	12 <sup>th</sup> and 25 <sup>th</sup> of each month
2	Has FHI (backstopping Program Officer) received Recipient's Monthly Financial Report (RMFR) in time?	By 10 <sup>th</sup> of following month
3	Has FHI reimbursed the cost after reviewing RMFR?	In 2 weeks
4	Has FHI (backstopping Program Officer) received Recipient's Project Indicator Form (PIF) in accordance with the SOW / SA in time?  <i>[prevention, STI, VCT, CST, Operational Capacity, Internal External Environment, Training / meeting, Coverage, EID (using template for 6 weeks - 18 month children), and logistics ( condom, drugs: ART, OIs as relevant; and test kits) as applicable]</i>	10 <sup>th</sup> of following month
5	As applicable, has FHI received DBS EQAS samples?	Month's 1st week
6	Has IA received the report of the DBS EQAS samples?	Month's 1st week
7	Has IA received the EID report of the samples sent to APRO?	Within 2 month

SN	Activities and sub-activities	How often
8	<p>Has PO sent reviewed and updated issue and action matrix to TL?</p> <p><i>(using trip/BRM/BCM report and other events like way forwards of reporting out, review of key documents from IAs as specified in SA e.g. community assessment report, IEC materials - for SBC approval, training packages planned; and USAID recommendations)</i></p>	3 <sup>rd</sup> of next month
9	<p>Has TL sent reviewed and updated issue and action matrix to FSO?</p> <p><i>(using trip/BRM/BCM report and other events like way forwards of reporting out, review of key documents from IAs as specified in SA e.g. community assessment report, IEC materials - for SBC approval, training packages planned; and USAID recommendations)</i></p>	10 <sup>th</sup> of following month
10	<p>Has FSO sent reviewed and updated issue and action matrix to TL?</p> <p><i>(using trip / BRM / BCM report and other events like way forwards of reporting out, review of key documents from IAs as specified in SA e.g. community assessment report, IEC materials - for SBC approval, training packages planned; and USAID recommendations)</i></p>	14 <sup>th</sup> of following month

SN	Activities and sub-activities	How often
11	<p data-bbox="174 151 712 261">Was Bi-monthly review meeting (BRM) between FHI and IA conducted?</p> <p data-bbox="174 305 712 341"><i>Regular agenda for the discussion:</i></p> <ul data-bbox="174 349 712 1487" style="list-style-type: none"> <li data-bbox="174 349 712 423">• <i>USAID and ASHA / BISHWAS branding</i></li> <li data-bbox="174 431 712 467">• <i>Inventory of IEC and other supplies</i></li> <li data-bbox="174 475 712 511">• <i>Availability and use of IEC materials</i></li> <li data-bbox="174 519 712 555">• <i>Interaction with invited beneficiary</i></li> <li data-bbox="174 563 712 638">• <i>Use / effectiveness of services provided by IA</i></li> <li data-bbox="174 646 712 682">• <i>Security concerns</i></li> <li data-bbox="174 690 712 725">• <i>Review of fund status</i></li> <li data-bbox="174 734 712 857">• <i>District HIV program update: Coverage and program type, update about the new actor (if any) came in the district</i></li> <li data-bbox="174 865 712 989">• <i>Achievement and gap and plan for improvements reflected (using information from MIS software)</i></li> <li data-bbox="174 997 712 1136">• <i>Debriefing any other update and memo for action (as decided in the Program Tech, Senior Leadership Team and USAID / FHI guidance)</i></li> <li data-bbox="174 1144 712 1219">• <i>Certifications: Trafficking, terrorist financing and lobbying</i></li> <li data-bbox="174 1227 712 1334">• <i>Trafficking In Person (TIP): Review of reports and referrals for the required support</i></li> <li data-bbox="174 1343 712 1417">• <i>Referral directory (including for TIP)</i></li> <li data-bbox="174 1425 712 1487">• <i>Review of the action and issue points</i></li> </ul>	In every 2 months

SN	Activities and sub-activities	How often
	<ul style="list-style-type: none"> <li>• <i>District wide breakdown of the activities, targets, achievements</i></li> <li>• <i>Quarterly plan submitted / approved</i></li> <li>• <i>Randomly verify achievements with monthly PIF</i></li> <li>• <i>Randomly check filing / recording system</i></li> <li>• <i>Program / outreach visit consistent with</i></li> <li>• <i>Mobility mapping (with the basic information)</i></li> <li>• <i>As relevant, review IBBS data &amp; process data</i></li> <li>• <i>Any other issues(staff changes etc)</i></li> </ul> <p>Process for the BRM is mentioned in the heading “G. Organizing meetings and participating in the meetings and networks / forums in the region / centre a. Bi-monthly review meeting (BRM)”. For detail, please <b>see page number 39.</b></p>	
12	Has FHI received quarterly coverage PIF from prevention IA (6 monthly and annual too)	Quarterly: 10 <sup>th</sup> of following quarter’s 1st month
13	Has FHI received of quarterly work plan and projected budget for the following quarter?	Quarterly: two-week preceding quarter

SN	Activities and sub-activities	How often
14	Has FHI provided approval to IA after reviewing quarterly plan and projected budget?	Quarterly: one week preceding quarter
15	Has FHI received quarterly narrative report with the required updated map (scanned copy), success / case story, lessons learned using agreed template?	Quarterly: 10 <sup>th</sup> of following quarter's 1 <sup>st</sup> month
16	Has FHI provided feedback of quarterly narrative report submitted by IA?	Quarterly: one week after receiving report
17	Has PO/TL forwarded success story, photo etc. from the BRM, BCM and quarterly report to SBCS?	Quarterly: 12 <sup>th</sup> of following quarter's 1 <sup>st</sup> month
18	Has PO sent updated the matrix of security focal person of IA to FSO?	Quarterly: 12 <sup>th</sup> of following quarter's 1 <sup>st</sup> month
19	Has PO sent updated matrix of the emergency phone tree of IA (as per change in staff and SA close out) to FSO?	Quarterly: 12 <sup>th</sup> of following quarter's 1 <sup>st</sup> month
20	Has PO sent updated matrix of the SBC focal persons' matrix of IAs (as per change in staff and SA close out) to FSO?	Quarterly: 12 <sup>th</sup> of following quarter's 1 <sup>st</sup> month

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
21	Has FHI Program Officer conducted admin and finance review?	Quarterly
22	Has FHI Program Officer followed up reporting by IAs to NCASC ? <ul style="list-style-type: none"> <li>• <i>VCT, STI service report on monthly basis; and</i></li> <li>• <i>Palliative care on annual basis</i></li> </ul>	Monthly and Annual (Nepali calendar)
23	Has FHI Nepal Admin / Finance section circulated the updated list of VAT refund status to respective IA?	Quarterly
24	Has FHI Nepal PO visited with OE/ CM/PE to monitor outreach activities?	Quarterly
25	Has FHI Nepal PO/TL conducted bi- annual coordination meeting (BCM)?	6 monthly
26	Has FHI Nepal PO/TL conducted data quality audit (DQA)?	6 monthly
27	Has FHI Nepal received annual inventory (as of FY end) submitted by IA?	Yearly
28	Has FHI Nepal conducted Financial Audit by C&G / Finance unit ?	Yearly
29	Has FHI Nepal PO/TL conducted meetings with Program Managers / Directors, with Central Office staff?	As needed

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
30	Has FHI Nepal PO conducted sustainability assessment follow up (as needed and as agreed with IA) ?	As per plan agreed with IA
31	Has FHI Nepal PO conducted process evaluation / follow up conducted ?	As per plan

## 5. Measuring progress by indicators and strategies

SN	Activities and sub-activities	How often
<b>A. Measuring progress of prevention (including prison and children) program</b>		
1	Identification of new MARPs in relation to target	Monthly
2	Number (#) of MARPs reached in HIV/AIDS prevention	Monthly
3	# of condom distributed (in comparison with total people reached)	Monthly
4	# of MARPs referred for STI	Monthly
5	# of MARPs referred for VCT	Monthly
6	# of MARPs referred for other services	Monthly
7	Average visits of people (including MARPs) in the DIC/CIP/ICC	
8	# of people trained to reduce HIV/AIDS related S&D	Monthly
<b>B. Measuring progress of positive prevention program</b>		
1	Identification of new PLHA in relation to target	Monthly
2	# of PLHA reached in HIV prevention (transmission)	Monthly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
3	# of condom distributed (in comparison with sexually active PLHA reached) - Agenda for BRM (NA in case of children)	Monthly
4	# of PLHA referred for STI	Monthly
5	# of PLHA family member / children / partners referred for VCT	Monthly
6	# of MARPs referred for other services	Monthly
7	# of people trained to reduce S&D related to HIV/AIDS infected/affected	Monthly

***C. Measuring progress of STI/VCT/ EPC/CHBC/EID program***

1	# of MARPs examined for STI	Monthly
2	# of STI patients diagnosed and treated	Monthly
3	# of individuals receiving results at VCT sites through post test counseling	Monthly
4	# of PLHA receiving EPC / palliative care	Monthly
5	# of PLHA receiving CHBC services	Monthly
6	# of DBS sample collection (child aged between 6 weeks - 9 months)	Monthly
7	# of blood sample collected for rapid HIV antibody test (9-18 month child)	Monthly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
8	# of people trained to reduce HIV/AIDS related S&D	Monthly

***D. Measuring progress of local advocacy, networking and coordination***

1	# of coordination meeting with ASHA, DACC and other partners	Monthly
2	# of district events organized in coordination with partners / agencies	Monthly
3	# of local (district) initiative to monitor / support HIV/AIDS Programming	Monthly
4	Updated map of services by agencies in the district is available / circulated	Monthly

***E. Measuring progress of capacity building of staff and organization***

1	# of orientations / training organized for the project staff members	Monthly
2	# of individuals trained in HIV related community mobilization for positive prevention	Monthly

## 6. Tools for the on site field monitoring through field visit, observations, interactions and meetings

SN	Activities and sub-activities	How often
<i>A. Standard structure for the field visit report (monitoring)</i>		
1	Date of the place visited	Each visit
2	Name of the place visited	Each visit
3	Objectives of the field visit	Each visit
4	Activities recorded during the visit	Each visit
5	M&E tools used: <ul style="list-style-type: none"> <li>• Target for individual staff as per SA</li> <li>• Daily / weekly / monthly work plan prepared</li> <li>• Check whether the recording tools are used correctly</li> <li>• Daily log sheet maintained</li> </ul>	Each visit
6	Issues/challenges found during the visit	Each visit
7	Recommendations	Each visit
8	Next steps for follow up	Each visit
9	Name of the person (PO/TL) who did monitoring visit	Each visit
10	Date of submission of report	Each visit

SN	Activities and sub-activities	How often
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**B. Monitoring prevention activities (once in each quarter)**

**I. Recording and reporting tools**

1	Recording and reporting tools' availability (provide as needed)	Always
2	Understanding of recording and reporting tools (orient as needed)	Always
3	Correct use of recording and reporting tools (orient as needed)	Always
4	Practices related to filing and entry in avoiding loss of records / reports and re-call biases (check and orient)	Always

**II. Monitoring activities at DIC (of prevention, IHS and children initiative)**

1	All necessary staff members are available at the facility during the advertised hours of operation	Each visit (quarterly)
2	Were the available IEC materials being used regularly?	Each visit (quarterly)
3	Was there any planned educational session?	Each visit
3.1	Were the targeted MARPs visiting DIC regularly?	Each visit (quarterly)

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
4	Numbers of visitors visit DIC per day?	Each visit
5	Check whether the DIC operator equipped with the required skills for the best use of IEC materials?	Each visit (quarterly)
6	Has DIC operator initiated any new / planned activities to attract more visitors?	Each visit (quarterly)
7	Are all supplies listed in the inventory (IEC, recording/reporting tools) available?	Each visit (quarterly)
8	Daily activities of the DIC operator <i>(in case of no visitors and very high number of visitor)</i>	Each visit (quarterly)
9	Are all supporting documents available (recording tools) & correctly used?	Each visit (quarterly)
10	Office / unit / service site / locations with the basic requirements for the quality	Each visit (quarterly)
11	# of office / service site locations with the basic requirements for visibility (emblem)	Each visit
12	Review and validate M&E tools used (target for individual staff as per SA matrix), daily /weekly / monthly work plan prepared, daily log sheet maintained	One visit in each quarter

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
13	Monitor process and progress by reviewing monthly DIC plan.  <i>If yes, please collect a copy and validate with the available source (beneficiary and other staff). Also check if the records of monthly plan available and functional.</i>	Each visit
14	Is DIC branded with BISHWAS logos and strip as per the guideline?	Each visit
15	Is the latest version of the BISHWAS guideline available in the DIC?	Each visit

### **III. Monitoring outreach (peer education session) activities**

1	All OEs and CMs understand outreach / peer education and prevention guidelines?	Each visit
2	Rapport with the already identified MARPs	Each visit
3	Approach to identify new MARPs	Each visit
4	Effort to focus energy to reach MARPs	Each visit
5	Understanding of the project and purpose	Each visit
6	Was the one-on-one/group meeting held at an appropriate place considering local circumstances?	Each visit

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
7	Were the participants seated comfortably; informal arrangement (i.e., semi-circle); see/hear clearly?	Each visit
8	Did facilitator(s) talk loudly and clearly enough for the audience to understand?	Each visit
9	Were the objectives of the session introduced at the beginning?	Each visit
10	Was the session participatory and interactive?	Each visit
11	Was the health education content of the topic appropriate for the audience (easy to understand)?	Each visit
12	Were specific examples used to illustrate the points and link them to the participants' daily life?	Each visit
13	Did the facilitator use any materials to help convey the HE messages? - at least in each quarter	Each visit
14	Were the participants engaged in the discussion? If yes, how many people asked questions?	Each visit
15	During discussion, did the facilitator(s) listen to each comment/question and respond appropriately?	Each visit

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
16	Was there sufficient time for discussion? - at least in each quarter	Each visit
17	Did women in the audience participate actively also?	Each visit
18	Did the facilitator offer any HE materials at the end of the session (such as leaflets, condoms, others)?	Each visit
19	At the end of the session, did the facilitator provide information about specific local site that offers relevant health (referral) services and/or counseling?	Each visit
20	Condom demonstration and distribution (calculating condoms to be distributed)	Each visit
21	Was the recording and reporting practice coherent and consistent by using standard formats?	Each visit
22	Status of the support group meeting (if any)	Each visit
23	Review and validate M&E tools used (target for individual staff as per SA matrix), daily / weekly / monthly work plan prepared, daily log sheet maintained	One visit in each quarter

SN	Activities and sub-activities	How often
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**IV. Monitoring special education session  
(community event)**

1	All necessary staff members are available at the facility during the advertised hours of operation	As needed
2	Was the special event held at an appropriate setting considering local circumstances?	As needed
3	Was the timing of the event conducive to maximizing local audience?	As needed
4	Estimate how many people attended the event, excluding the presenters / entertainer(s)?	As needed
5	Were the local authorities present at the event? ( <i>government and health program officials as appropriate</i> )	As needed
6	Was the selection of entertainers (singers, dancers, etc) appropriate (locally known and recognized)? How many entertainers performed? (approx.)	As needed
7	Were the health educational sections of the program appropriate for the audience?	As needed

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
8	Were the health educational sections of the program well interspersed/mixed in and balanced with the entertainment? (2 songs, info, 2 dances, info...)	As needed
9	Was content of health education information presented in the event accurate and up to date?	As needed
10	Was health education component interactive and participatory? How many people asked questions?	As needed
11	During discussion, did the presenter(s) listen to each comment / question and respond appropriately?	As needed
12	Were key health promotional messages, (or any supporting items) clearly displayed on the stage and/or in the general setting?	As needed
13	Did the special event finish with information about specific local site that offers specific health services and/or additional information?	As needed
14	Review and validate M&E tools used (target for individual staff as per SA matrix), daily / weekly / monthly work plan prepared, daily log sheet maintained	One visit in each quarter

SN	Activities and sub-activities	How often
<b>C. Monitoring IHS Clinic (once in each quarter)</b>		
1	All necessary (minimum and trained) staff members (Doctor/Health assistant, Staff Nurse, Counselor and Lab. Tech/ Ass.) are available at the facility during the advertised hours of operation for running STI /VCT/EPC clinic exists	Quarterly
2	Facility meets basic requirements for delivery of services (adequate space, light, running water, auditory privacy)	Quarterly
3	Doctor/HA, Staff Nurse, counselor and Lab tech had respective training to perform their job	Quarterly
4	Facility has latest version of STI /EPC/ VCT SOP and STI /VCT/logistics national Guideline and MEMO available in the clinic	Quarterly
5	Health providers have appropriate equipment, supplies and medications	Quarterly
6	Providers treat clients with respect (observe and ask some patients)	Quarterly
7	Providers instruct the clients clearly about regimen compliance (observe and ask some patients)	Quarterly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
8	Health providers and registration clerk provides services with visual and auditory privacy	Quarterly
9	Providers follow infection control procedures as per national guidelines (ask providers, observe)	Quarterly
10	Patients benefit from health education information while waiting to be seen. (if yes, specify what)	Quarterly
11	Providers/admission clerk discuss a return/follow-up visit as appropriate (observe and ask some patients)	Quarterly
12	Facility has mechanism to make programmatic changes/ improvements based on clients feedback	Quarterly
13	ALL clients visiting are offered STI (RPR) and VCT (HIV testing)	Quarterly
14	ALL HIV positive identified are enrolled in EPC	Quarterly
15	Female clients are treated for STI after laboratory tests as per SOP	Quarterly
16	All RPR reactive are treated with Penicillin injection immediately on site	Quarterly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
17	Emergency set (Ambu bag, oxygen cylinder with set, adrenaline, hydrocortisone, Chlorpheniramine) available	Quarterly
18	STI / EPC follow up is promoted in accordance with respective SOP/ guideline and memo	Quarterly
19	STI clinic provides monthly screening to MARP	Quarterly
20	Satellite (or mobile if applicable) clinics planned as per SOP and ensured follow up	Quarterly
21	Patient flow is efficient; (how many on visit day? Waiting time is acceptable	Quarterly
22	Facility has health education materials clearly displayed on the walls with the provision for distribution to MARP as relevant (observe)	Quarterly
23	Service records are kept as planned (observe register / actual recording process of in-coming patients)	Quarterly
24	Laboratory flow charts/procedures are displayed on the wall	Quarterly
25	Site has PEP updated flow chart with name on the wall (in the clinic & lab)	Quarterly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
26	Staff are aware of the exact procedure and mechanism of referral for PEP	Quarterly
27	Referral directory exists, staffs are aware where to refer the clients	Quarterly
28	Refrigerator temperature is monitored using temperature monitoring chart	Quarterly
29	The recorded temperatures are within the allowed range of 20 C – 80 C	Quarterly
30	Commodity Expiry Tracking Chart for test kits is displayed on the wall and check for first expiry first out (FEFO)	Quarterly
31	Check test kit and drug requisition form sent recently to FHI and physically count the test kits	Quarterly
32	Logistics system is working, inventory maintained and steady supply of drugs ensured -at least in each quarter	Quarterly
33	Physically count 5 major medicines <i>(Azithromycin, Cefixime, Penicillin, Metronidazole / Tinidazole, Cotrimoxazole)</i>	Quarterly
34	Laboratory Register is maintained	Quarterly
35	This service facility has received a supervisory visit in past 3 months? (ask providers; see report)	Quarterly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
36	Quality Control test results are recorded	Quarterly
37	CHBC and EID linkage promoted	Quarterly
38	Date of case reporting and T&C reporting to NCASC as per National M&E Guideline (pg # 47-49) in Nepali FY	Quarterly
39	Review and validate M&E tools used (target for individual staff as per SA matrix), daily / weekly / monthly work plan prepared, daily log sheet maintained	Quarterly
40	Condoms are available in the clinic, counseling room, and registration	Quarterly
41	Central filing system is maintained and files are kept in locked cupboard	Quarterly
42	Check medical waste disposable practices <i>(review the puncture proof container, incinerator)</i>	Quarterly
43	Check IHS forms and format stock and end balance of last month	Quarterly
44	Is clinic staff are wearing Apron	Quarterly
45	Cleanliness of clinic premises maintained	Quarterly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
46	Availability of CD/DVD at waiting room	Quarterly
47	Perform client exit interview	Quarterly
48	Sharing meeting held between IHS and Prevention team	Quarterly
49	Ledger are maintained preparedly and computer entry done in regular basis	Quarterly

#### ***D. Monitoring CHBC program***

1	All necessary staff members are available at the facility during the advertised hours of operation	Quarterly
2	Team is trained on CHBC <i>(basic and refresher once a year)</i>	Quarterly
3	Team has SOPs in hand and is aware about it's key messages while promoting CHBC	Quarterly
4	Conducted home visits at regular interval (assuggested by SOP)	Quarterly
5	Adequate CHBC supplies and basic medicines are managed by the CHBC teams	Quarterly
6	CHBC client / beneficiary is happy to have CHBC team at his/her home or agreed location	Quarterly

SN	Activities and sub-activities	How often
7	Referral linkage is developed, communicated and utilized	Quarterly
8	All forms and formats are duly filled	Quarterly
9	Assistance sought as required	Quarterly
10	CHBC and EID linkage promoted	Quarterly
11	Date of annual reporting (palliative care) to NCASC as per National M&E Guideline (pg #51-52) in Nepali FY	Quarterly
12	Review and validate M&E tools used <i>(target for individual staff as per SA matrix), daily / weekly / monthly work plan prepared, daily log maintained)</i>	Quarterly

**E. Monitoring checklist of planned (support group too) meeting**

1	Was the meeting well organized? a. Invitation b. Agenda c. Participant's list d. Facilitator e. Documents shared as handout	As per visit As per visit As per visit As per visit As per visit As per visit
2	Was the meeting conducted in the proper place? a. Clean b. No disturbing noise c. Participant's list d. Fresh air	As per visit As per visit As per visit As per visit As per visit As per visit

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
3	Material condition a. Sound system is good enough b. Was the screen visible for every body? c. White board, marker. Etc	As per visit As per visit As per visit
4	Are the right people who come to attend this meeting? If no, specify	As per visit
5	Did the meeting follow the agenda? If not, please mention other agenda	As per visit
6	What was the meeting methodology? a. Passive? b. Active/Participated? c. Friendly discussion?	As per visit As per visit As per visit As per visit
7	Problems were identified by the meeting	As per visit
8	Did the meeting solve those problems?	As per visit
9	Is action plan made to address the issues and problems?	As per visit

***F. Monitoring capacity building program (Training)***

1	All necessary staff available at the facility during the advertised hours of operation	Each visit
2	Were the appropriate training materials available for all participants?	Each visit

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
3	Did the trainers demonstrate good knowledge of the subject?	Each visit
4	Was workshop content selected appropriately for the specific audience?	Each visit
5	Was the new information presented clearly & sufficiently?	Each visit
6	Were practical examples used to improve learning?	Each visit
7	Did the trainers use teaching tools, such as overheads, flip charts etc.?	Each visit
8	Were the participants engaged actively in the training?	Each visit
9	Did the trainers encourage questions and discussion?	Each visit
10	Were participants' questions answered appropriately?	Each visit
11	Was time used efficiently?	Each visit
12	Did the trainer summarize the session in the end?	Each visit
13	Is there a feedback system among trainers within SR?	Each visit

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
14	Was there an evaluation of the training in the end?	Each visit
15	Was the session plan, time table, hand outs and attendance sheet taken care?	Each visit

## 7. Organizing meetings and participating in the meetings / networks / forums in the region / centre

SN	Activities and sub-activities	How often
<b>A. Bi-monthly review meeting (BRM)</b> <i>(regarding the content of the BRM, please see the heading D. Desk review: Sub-agreement implementation, SN 11 at page number 13 above)</i>		
<b>I. Agreeing date of the meeting and agenda collection for BRM</b>		
1	Decide the date for meeting (prior 2 week)	2 monthly
2	Compile the issues / agenda for the meeting (2 week advance)	2 monthly
<b>II. Reviewing slides and issues of BRM</b>		
1	Received the agenda and slides of the presentation - 1 week advance	2 monthly
2	Provided feedback to IA on the agenda / presentation - 1 week advance	2 monthly
3	Shared meeting date to TL and other DAFT members - 1 week advance	2 monthly
4	Received feedback from TL and DAFT members if any - 1 week advance	2 monthly
5	Promote to share and explore leverage funding- 1 week advance	2 monthly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
<b>III. Conducting BRM meeting</b>		
1	Participated in the agreed date, time and venue - on agreed meeting day	2 monthly
2	Conducted meeting using agreed template - on meeting day	
3	Provided feedback and support as indicated by achievement and constraints	2 monthly
4	Documented notes based on decisions with agreed timeline	2 monthly
5	Identify and encourage leverage of funding if any - on meeting day	2 monthly

#### **IV. Reporting of the BRM**

1	Shared findings & decisions to concerned staff in the ASHA Project for required action (immediately after training)	2 monthly
2	Updated issues and actions matrix for followup - update progress monthly	2 monthly

SN	Activities and sub-activities	How often
<b>B. Reporting out meeting (ASHA staff) in Kathmandu</b>		
<b>I. Agree date of the meeting, collect agenda and plan for the logistics</b>		
1	Deciding date for the meeting - 2 week prior to meeting	Quarterly
2	Compiling issues for the meeting - 2 week prior to meeting	Quarterly
3	Processing PR for the required logistics and supplies - 2 week prior meeting	Quarterly
<b>II. Reviewing slides and issues related to reporting out</b>		
1	Shared meeting date to CD / POs / Admin / Finance / USAID - 1 week prior meeting	Quarterly
2	Prepared agenda / slides compiled by TL - 1 week prior meeting	Quarterly
3	Reviewed slides and improved as per feedback – 3 day prior meeting	Quarterly
4	Agreed final slides / agenda & shared to concerned - 3 day prior to meeting	Quarterly
<b>III. Conducting reporting out meeting</b>		
1	Conduct meetings as planned	Quarterly

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
2	Documenting notes based on decisions with timeline agreed	Quarterly

#### **IV. Reporting of the reporting out meeting**

1	Issues reflected in the issue matrix and also shared in the program tech meeting	Quarterly
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#### **C. Bi-annual coordination meeting (BCM)**

##### **I. Agreeing date of the meeting / agenda collection and logistics for BCM**

1	Decide date for meeting - 2 week advance	Six monthly
2	Compiling issues / agenda for the meeting - 2 week advance	Six monthly
3	Processing PR for the required logistics and supplies - 2 week advance	Six monthly

##### **II. Reviewing slides and issues related to BCM**

1	Date of receipt of the agenda and slides of the presentation	7 day prior BCM
2	Date of feedback provided to IA on the agenda / presentation	7 day prior BCM
3	Date of meeting shared to other TLs and FHI Senior Management	7 day prior BCM

<b>SN</b>	<b>Activities and sub-activities</b>	<b>How often</b>
4	Date of meeting shared to CD/POs/ C&G/Admin/Finance/HR	7 day prior BCM
5	Date of meeting shared to partners, USAID and NCASC	7 day prior BCM

### **III. Conducting BCM meeting**

1	Conduct meetings as planned	6 monthly
2	Documenting notes based on decisions with timeline agreed	Six monthly
3	Identify and encourage leverage of funding if any	Six monthly

### **IV. Reporting of the BCM**

1	Issues reflected in the issue matrix and also shared in the program tech meeting	Within 1 week after BCM
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**ANNEX 1: Reference documents and publisher by program area**

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
<b>A. Guidelines</b>			
1	National Guideline on Anti-Retroviral (ARV) Therapy 2005 (2062 BS)	NCASC, WHO, GFATM	ART
2	National Guidelines on Pediatric HIV and AIDS 2008 (2065 BS)	NCASC	ART
3	National Guidelines Prevention of Mother-to-Child Transmission of HIV in Nepal (Dec 2008)	NCASC	ART
4	National Opportunistic Infection Management Guidelines (May 2008)	NCASC	EPC
5	National Guidelines on Sexually Transmitted Infection Case Management (Sep 2006)	NCASC	STI
6	National Guidelines for Voluntary HIV/ AIDS Counseling and Testing (Aug 2007)	NCASC	VCT
7	Guidelines for Implementing HIV Prevention program among MARP (Aug 2009)	FHI/ASHA	Prevention

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
8	BISHWAS Branding Strategy and Guidelines (Revised 2009)	FHI/ASHA	Prevention, care, support and treatment

**B. Standard Operating Procedures**

1	Community and Home-Based Care Standard Operating Procedure Manual (August 2007)	ASHA	CHBC
2	Revised EPC Operational Guidelines (SOP) 2008	ASHA	EPC
3	Clinical Management of HIV Operational Guidelines (SOP) 2007	ASHA	EPC
4	Standard Operating Procedures for Laboratory Services at Integrated Health Services (December 2008)	ASHA	Laboratory
5	EQAS for HIV Tests Conducted at VCT Centres in Nepal Using DBS	ASHA	Laboratory
6	HIV/ AIDS Logistics Management System SOP Manual (August 2007)	NCASC	Logistics

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
7	Standard Operating Procedures for STI Clinics (September 2007)	ASHA	STI
8	Standard Operating Procedures for HIV Counseling and Testing (August 2007)	ASHA	VCT
9	Standard Operating Procedures for Positive Prevention Program, July 2009	FHI/ASHA	Positive Prevention

### **C. Display materials**

1	PEP Flow Chart	ASHA	ART
2	Growth Charts (6 different documents) (From SOP EPC)	ASHA	EPC
3	Laboratory Procedure Flow Charts (From SOP Laboratory)	ASHA	Laboratory
4	STI Treatment Flow Charts (From SOP STI)	ASHA	STI
5	Temperature Chart [FHI/ TU-L/ F03/ R00 (2008-02)]	ASHA	Laboratory
6	Commodity Expiry Tracking Chart [FHI/ TU-L/ F06/ R00 (2008-03)]	ASHA	Logistics

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
7	Drugs Expiry Tracking Chart	ASHA	Logistics
8	WHO Clinical Staging of HIV for Infants and Children with Confirmed HIV Infection	NCASC, UNICEF	EPC
9	WHO Clinical Staging of HIV for Adults and Adolescents with Established HIV Infection	FHI/ASHA	EPC
10	Framework for Positive Health Impact	FHI/ASHA	Prevention
11	CHBC Home Visits Procedure	FHI/ASHA	CHBC
12	CHBC Service	FHI/ASHA	CHBC
13	EID Flow Chart	FHI/ASHA	EID/Children

#### ***D. Brochures***

1	Pediatric Antiretroviral and Cotrimoxazole Dosing Brochure (2008)	NCASC, FHI, UNICEF	ART
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#### ***E. Training Materials***

1	HIV/ AIDS Logistics Management Training Participant Handbook	NCASC	Logistics
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<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
2	HIV/ AIDS Logistics Management Training Reference Handbook	NCASC	Logistics
3	Stigma and Discrimination Toolkit (2009)	FHI, NCASC, NAP+N	Prevention, Care, Support and Treatment
4	Training Manual for Community Mobilizer and Peer Educators (2009)	FHI/ASHA	Prevention
5	Positive Prevention Training	FHI/ASHA	Positive Prevention

***F. IEC Materials***

1	Brochure: Do you know about HIV?	FHI/ASHA	Prevention
2	Brochure: Do you know the difference between HIV and AIDS?	FHI/ASHA	Prevention
3	STI Brochure	FHI/ASHA	Prevention
4	STI Brochure (Syphilis)	FHI/ASHA	Prevention
5	Bihaniko aagaman, Photo Novela (Part 1, 2, 3)	FHI/ASHA	Prevention
6	Snake and ladder game with guidelines (game)	FHI/ASHA	Prevention

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
7	Ludo game with guidelines (game)	FHI/ASHA	Prevention
8	Baghchal game with guidelines (game)	FHI/ASHA	Prevention
9	Outreach bag with set of IEC materials with guidelines	FHI/ASHA	Prevention
9.1	Condom Negotiation Skills Dice (1 piece with 6 sides)	FHI/ASHA	Prevention
9.2	Condom Negotiation Wheel (1 wheel)	FHI/ASHA	Prevention
9.3	Avoiding Alcohol & Drug use Negotiation Wheel (1 Wheel)	FHI/ASHA	Prevention
9.4	HIV/AIDS True/False Cards (13 cards) and VCT Access (5 cards)	FHI/ASHA	Prevention
10	Brochure: How to reduce stigma and discrimination (S&D)?	FHI/ASHA	EPC
11	Brochure: How to remain healthy after getting HIV?	FHI/ASHA	EPC
12	Brochure: How to remain peace and happy after getting HIV?	FHI/ASHA	EPC

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
13	Brochure: General information about OI	FHI/ASHA	EPC
14	Brochure: General information about OIs and its treatment	FHI/ASHA	EPC
15	Brochure: Information on skin related infections	FHI/ASHA	EPC
16	Brochure: How to remain physically healthy after HIV infection?	FHI/ASHA	EPC
17	Brochure: What to do to remain happy and calm after developing AIDS?	FHI/ASHA	EPC
18	Brochure: What to plan for future after developing AIDS?	FHI/ASHA	EPC
19	Brochure: General information about OIs during AIDS	FHI/ASHA	EPC
20	Brochure: Things to consider while providing care and treatment to AIDS patient	FHI/ASHA	EPC
21	Nutrition Brochure	FHI/ASHA	EPC
22	Antiretroviral therapy (ART) Brochure	FHI/ASHA	EPC

<b>SN</b>	<b>Document Names</b>	<b>Publisher</b>	<b>Area</b>
23	ART Side Effect Brochure	FHI/ASHA	EPC
24	Things to know about OI	FHI/ASHA	EPC
25	Care and Support series set with guidelines (Booklet 1, 2, 3, 4, 5)	FHI/ASHA	EPC
26	Maya Coloring book for children (with brief 1 pager guideline )	FHI/ASHA	Children
27	You are special booklet	FHI/ASHA	Children
28	Playgroup materials and guidelines for children	FHI/ASHA	Children
29	Nevirapin Pouch Insert (CBPMTCT) (with brief 1 pager guideline )	FHI/ASHA	CB- PMTCT
30	EID Booklet for parents (with brief 1 pager guideline)	FHI/ASHA	EID/ Children
31	Early Infant Diagnosis (EID) poster (with brief 1 pager guideline )	FHI/ASHA	EID/ Children
32	EID Brochure for health care providers (with brief 1 pager guideline )	FHI/ASHA	EID/ Children
33	EID flow chart (flex)	FHI/ASHA	EID/ Children

SN	Document Names	Publisher	Area
34	Ludo game with guidelines	FHI/ASHA	EPC

### **G. VCD/DVD**

1	Asha	FHI/ASHA	Prevention
2	Jeevanko Geet	FHI/ASHA	Prevention
3	Jeevanko Upahar	FHI/ASHA	Prevention
4	Janepachhi and Maya lagchha (Condom negotiation) (Video film)	FHI/ASHA	Prevention
5	Guruji ra antarey (Nepali and Hindi version)	FHI/ASHA	Prevention
6	S&D reduction music video (Mainis sanga manis mile) (VDC/DVD/CD)	FHI/ASHA	Care, support and treatment
7	Left Right (video film)	FHI/ASHA	Care, support and treatment
8	S&D reduction music CD (Mainis sanga manis mile) (Audio)	FHI/ASHA	Care, support and treatment
9	Songs of Hope (audio CD)	FHI/ASHA	Care, support and treatment

## ANNEX 2: Commonly used acronyms in ASHA Project

A&B	Abstinence and Be Faithful
ABC	Abstinence from Sex, Be faithful to partner (reduce) and Use Condoms Correctly and Consistently
AD	Associate Director
AKP	Asha Kiran Pratisthan
AIDS	Acquired Immune Deficiency Syndrome
AMDA	Association of Medical Doctors of Asia
AOTR	Technical Representative of Agreement Officer
APD	Asia Pacific Department (FHI)
APRO	Asia/Pacific Regional Office (FHI Bangkok)
APV	Accounts Payable Voucher
ART	Antiretroviral Therapy
ARV	Anti Retro Viral
ASHA	Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS
AusAID	Australian Agency for International Development
AYC	Arunodaya Youth Club
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BCM	Bi-annual Coordination Meeting
BDS	Blue Diamond Society
BIJAM	Student Awareness Forum
BRM	Bi-monthly Review Meeting
BSS	Behavioral Surveillance Survey
C&G	Contracts and Grants
C&S	Care and Support
CA	Cooperating Agency
CAADA	Community Awareness Against HIV/AIDS and Drug Addiction
CAC	Community Action Centre
CB	Capacity Building
CBO	Community-Based Organization

CB-PMTCT	Community Based – Prevention of Mother-to-Child transmission of HIV
CBC	Capacity Building Specialist
CCCU	Correct and Consistent Condom Use
CD	Country Director
CDC	Centre for Disease Control and Prevention
CDF	Community Development Forum
CFR	Code of Federal Regulations
CHBC	Community and Home Based Care
CIP	Community Information Point
CM	Community Mobilizer
CMS	Chhahari Mahila Samuha
CMT	Clinical Management Training, Crisis Management Team
CO	Country Office
COB	Close of Office Business
COI	Conflict of Interest
COP	Chief of Party
CR	Cost Reimbursable
CREHPA	Center for Research on Environment, Health and Population Activities
CST	Care, Support, and Treatment
CTO	Cognizant Technical Office/r
CWC	Community Welfare Centre
CWES	Child and Women Empowerment Society Nepal
DACC	District AIDS Coordination Committee
DAFT	Design & Finance Team
DBI	Digital Broadcasting Initiative
DBS	Dried Blood Sample
DD	Deputy Director
DDA	Department of Drug Administration
DDC	District Development Committee
DFID	Department for International Development (UK)

DHS	Demographic and Health Survey
DIC	Drop-in Centre
DoHS	Department of Health Services
DOTS	Directly Observed Therapy/Treatment, Short-course (strategy for TB control)
DPG	Dharan Positive Group
DPHO	District Public Health Office
DQA	Data Quality Audit
Dristi	Dristi Nepal
DSA	Decentralized sub-agreement
DTF	Decentralized Task Force
EID	Early Infant Diagnosis
ELISA	Enzyme-Linked Immunosorbent Assay
EOI	Expression of Interest
EOP	End of Project
EPC	Essential Package of Care
EQAS	External Quality Assessment Scheme
F&A	Finance and Administration
FBO	Faith-based Organization
FCHV	Female Community Health Volunteer
FCO	Final / Fixed Cost Objective
FEFO	First Expiry First Out
FFP	Firm-Fixed Price
FHD	Family Health Division
FHI	Family Health International
FMM	Financial Mechanisms Manual
FO	Finance Officer
FSGMN	Federation of Sexual and Gender Minorities Nepal
FSN	Foreign Service National
FSO	Field Support Officer
FSW	Female Sex Worker
FU	Finance Unit
FW	Far West (Nepal)
FY	Fiscal Year

FYI	For Your Information
G&A	General & Administration
GAP	Global AIDS Program (CDC)
GaRDeF	Gangotri Rural Development Forum
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with HIV/AIDS
GIS	Geographic Information System
GON	Government of Nepal
GSS	Global Spread Sheet
GWP	General Welfare Prasththan
HBC	Home-Based Care
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNRRF	HAPPY (Holier Association of Polite and Progressive Youth) Nepal Red Ribbon and Friends
HQ	Head Quarters
HSACB	HIV/AIDS and STD Control Board
HSS	HIV Sentinel Surveillance
HSWO	Himalayan Social Welfare Organization
IA	Implementing Agency
IBBS	Integrated Behavioral and Biological Surveillance
ICC	Information Communication Centre
ICDDRBR	International Centre for Diarrheal Disease Research
ICH	Institute of Community Health
IDU	Injecting Drug User
IEC	Information, Education and Communication
IHA	Institute for HIV/AIDS (Officers in either the Arlington or Bangkok Office)

IHS	Integrated Health Services
IMPACT	Implementing AIDS Prevention and Care Project
INF	International Nepal Fellowship
INF/Paluwa	International Nepal Fellowship/Paluwa
INGO	International Non-Governmental Organization
INSES	Indreni Sewa Samaj
IP	Infection Prevention
IPC	Inter Personal Communication
IR	Intermediate Result
IT	Information Technology
ITM	Institute for Tropical Management (IMPACT Partner)
JD	Job Description
JICA	Japan International Cooperation Agency
JSI	John Snow Incorporated
KMS	Knowledge Management System
LC	Local Currency
LMD	Logistics Management Division
LMIS	Logistics Management Information System
LOP	Life of Project
LP	Lumbini Plus
M&E	Monitoring and Evaluation
MACC	Municipality AIDS Coordination Committee
MARG	Most At Risk Group
MARP	Most At Risk Population
MASS	Management and Support Services
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MFR	Monthly Financial Review
MIS	Management Information System
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MSH	Management Services for Health (IMPACT Partner)

MSM	Men who have Sex with Men
MSW	Male Sex Worker
MTCT	Mother to Child Transmission
MTX	Accounting System (being used by FHI)
MW	Mid West (Nepal)
N/A	Not Applicable/Not Available
NA	Nepal Army
NACP	National AIDS Control Program
Namuna	Namuna Integrated Development Council
NANGAN	National Association of NGOs Against AIDS
NAP	National HIV/AIDS Action Plan
NAP+N	National Association of PLWHA in Nepal
NC	North Carolina
NCASC	National Centre for AIDS and STD Control
NDC	Nava Deep Jyoti Center, Nepal
NFCC	Nepal Fertility Care Centre
NFHP	Nepal Family Health Program
NFWLHA	National Federation of Women Living with HIV and AIDS
NG	Nepal Government, Naulo Ghumti
NGO	Non-Governmental Organization
NHEICC	National Health Education, Information and Communication Centre
NHRC	National Health Research Council
NHTC	National Health Training Centre
NICRA	Negotiated Indirect Cost Recovery Agreement
N-MARC	Nepal Social Marketing and Franchise Project: AIDS, Reproductive Health (RH) and Child Survival (CS)
NNSWA	Nepal National Social Welfare Association
NPHL	National Public Health Laboratory
NRCS	Nepal Red Cross Society
NRL	National Reference Laboratory
NSARC	Nepal STD and AIDS Research Centre
NSWG	National Surveillance Working Group

NTP	National Training Program
OE	Outreach Educator
OI	Opportunistic Infection
OP	Operational Plan
OR	Operational Research
ORDF	Oxygen Resource Development Foundation
P&L	Profit and Loss
PATH	Program for Appropriate Technologies for Health (IMPACT Partner)
PC	Peer Communicator, Project / Program Coordinator
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PGD	Planned Group Discussion (Interaction)
PHSC	Protection of Human Service Committee (approval requirement for research SA)
PIF	Project Indicator Form
PITC	Provider Initiated Testing and Counseling
PLHA	People Living With HIV and AIDS
PMIS	Patient Management Information System
PMTCT	Prevention of Mother-to-Child transmission of HIV
PO	Program Officer, Purchase Order
POS	Program Operations Support
PPT	Periodic Presumptive Treatment
PR	Purchase Requisition, Public Relationship, Principal Recipient
PSC	Program Support Center
PSI	Population Services International
PU	Program Unit, Prevention Unit
PVO	Private Voluntary Organization
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement

QIP	Quality Improvement Project
QR	Quarterly Report
RAO	Regional Agreement Office (USAID Regional Dev. Mission, Bangkok)
RCO	Regional Cognizant Office/r
RDF	Rural Development Foundation
REC	Repeated Educational Contact
RFO	Regional Finance Officer
RFP	Request for Proposal
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
RHD	Regional Health Directorate
RLG	Radio Listeners' Group
RMFR	Recipient Monthly Financial Report
RN	Recovering Nepal
RPR test	Rapid Plasma Reagin Test
RRF	Rapid Response Fund
RSO	Regional Security Officer (at US Embassy)
RSVP	Répondez s'il-vous-plaît" or "Réservez s'il-vous-plaît", Please Answer
RTK	Rapid Test Kit
SA	Sub-agreement
SAC	Social Awareness Center, Nepal
SACTS	STD/AIDS Counseling and Training Services
S&D	Stigma and Discrimination
SBC	Strategic Behavioral Communication
SBCS	Strategic Behavior Communication Specialist
SC/US	Save the Children / US
SF	Supplementary Fund
S-IR	Sub Intermediate Result
SIDC	Society Improvement and Development Center
Sneha	Sneha Samaj
SO	Strategic Objective
SOP	Standard Operating Procedure
SOTA	State-of-the-Art

SOW	Scope of Work
SPK	Sahara Paramarsha Kendra
SPARSHA	Society for Positive Atmosphere and Related Support to HIV and AIDS
SPN	Sakriya Plus Nepal
SR	Sub Recipient
SRH	Sexual and Reproductive Health
SRM	Surveillance, Research, Monitoring & Evaluation
SSG	Syangja Support Group, Syangja
STD	Sexually Transmitted Disease
STEP Nepal	Society for Empowerment-Nepal
STI	Sexually Transmitted Infection
SW	Sex Worker
SWAN	Society for Women's Awareness in Nepal (Nari Chetna Samaj)
SWG	Surveillance Working Group
TA	Travel Authorization, Technical Assistance
TB	Tuberculosis
TBD	To Be Determined or To Be Decided
TCN	Third Country National
TDY	Temporary Duty
TER	Travel Expenses Report
TIP	Trafficking In Person
TL	Team Leader
TO	Task Order, Technical Officer
TOR	Terms of Reference
TPHC	Trisuli Plus
TSDA	Thagil Social Development Association
TU	Technical Unit
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
UNC	University of North Carolina-Chapel Hill (IMPACT Partner)
UNCHR	United Nations Commission for Human Rights

UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UP	Universal Precaution
USA	United States of America
USAID	United States Agency for International Development
USD	US Dollar
USG	United States Government
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
VPN	Virtual Private Network
VSAT	Very Small Aperture Terminal
VSO/N	Voluntary Services Overseas / Nepal
WATCH	Women Acting Together for Change
WB	World Bank
WBGSS	Web Based Global Spread Sheet
WHO	World Health Organization
YV	Youth Vision
#	Number



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