**Reporting Format-B**

**Structure of the Detailed Reporting format**

**(To be submitted by Evaluators to SACS for each TI evaluated with a copy to NACO)**

**Introduction**

Background of Project and Organisation:

Positive People is a non-profit NGO founded way back in 1992 by Dominic D’Souza and is registered under the Societies Registration Act (Reg. 76/Goa/92). Since its inception, it has been working in the field CARE AND SUPPORT and prevention programs.

**Objectives**:

* Positive People carries out a wide range of programs and services such as Female Sex workers, Injecting Drug Users, Care and support initiatives for people living with HIV and AIDS(PLHA) children living with HIV/AIDS(CLHAs) and their care givers, action oriented research to design evidence based interventions, translate research findings for advocacy and policy development, advocacy program for the creation of an enabling environment for people infected and affected by HIV, fight against stigma and discrimination and uphold the rights of stake holders , serve as a nodal HIV/AIDS training and documentation centre for the state of Goa. Positive People has been conferred the best Civil Society Award by UNAIDS (United Nations program against HIV/AIDS) meant for the organizations providing outstanding support to HIV prevention and care services in the year 2006**.**
* To provide health education to community through IEC, Seminars, pamphlets, films, exhibition etc.
* To improve sexual health of adolescents and youths through lectures, counseling, and pre / post marriage counseling.
* To improve health of school/college students through **reliable** education, promotion of positive health, prevention of diseases, early diagnosis, treatment and following up of defects, awakening health consciousness in children and healthful environment.
* To promote nutrition / education as a preventive measures through education, distribution of supplements and mass communication.
* To conduct health camps in the community.

# Name and address of the Organization

Positive People

House No. 226, Pequeno Maddel, Margaon, South Goa,

Goa – 403601. T: 0832-6570479

**LIST OF GOVERNING BODY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Address/Ph. No.** | **Occupation** |
| **Mrs. Cynthia Andrade** | **President** | 871,/3- SBI Colony, Alto-Porvorim, Bardez- Goa | Social Worker |
| **Mr. Peter Florino Borgese** | **General Secretary** | C/o H No. 342, Sindholim, Sancoale, Cortalim, Goa- 403710 | Service |
| **Mr. Raj Vaidya**  M. Pharma | **Treasurer** | Hindu Pharmacy,Panaji  Panaji- Goa  2223176/9422062286 | Pharmacist |
|  |  |  |  |
| **Ms. Isabel Santa Rita** | Member | La Citadel Colony, Dona Paulo, Goa- 403004 | Ret. Lecturer |
| **Mr. Roland Martins** | Member | Goa | Service |
| **Dr. Silvano Sapeco, MBBS** | Member | Panaji, Goa | Doctor |
|  |  |  |  |
| **Sr. Esceline Miranda** | Member | Porvorim, Goa | Social Worker |
|  |  |  |  |
|  |  |  |  |

## Year of establishment

4th August 1992

**Year and month of project initiation:**

April, 1999

# Evaluation team

Mr. Nitesh Thapliyal, External Evaluator-Team Leader

Mrs. , Kiran Chodankar, Finance Evaluator

Mrs. Asha Vernekar, SACS Facilitator

# Time frame

1st April 2015 to 31st March 2016

# Profile of TI

(Information to be captured)

Target Population Profile : Core FSW

Type of Project : Core

Size of Target Group(s) : 500 FSW

Sub-Groups and their Size -NA

Target Area : Goa Guest House/ Gandhi Market, Khareban, Sanguem, Pallolem, Municiapl Garden, Tilamol, Colva, KTC Bus Stand, Old Railway Station, New Railway Station.

## Key Findings and recommendations on Various Project Components

## I. Organizational support to the programme

*Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc…*

We have interacted with the Programme Manager, Counselor and 2 ORWs. Project Manager is monitoring whole project activities on day to day basis. Project Manager is well qualified and providing the field supervision to the ORWs and Counselor. All TI staffs are given appointment letters and job profiles and are working towards the program needs. They have also conducted Advocacy meetings and given their support at the time of crisis, most of the crisis within the partners of KP are been resolved by the Project Staffs. It is found that the staffs are empowered.

Counselor is since past 4 years and Project Manager is also completed 4 years in the project, on interaction it is noticed that the both are very well versed with the program indicators and very much involved in the project. Very good rapport of the staffs with Kps and stakeholders and ICTC/STI/PPP clinics.

**II. Organizational Capacity**

1. Human Resource, staffs, governing board, Peer Educators are in place, capacity building and the support by the Governing board is satisfactory.

At the project level following staff structure is functioning as per the TI Requirements & Guidelines

* Project Director
* Project Manager
* Counselor
* Accountant cum M&E
* Out reach worker 2 and
* Peer Educators : 8

One ORW and one Accountant cum M&E working from last 7 months. All staff members as well as peer educators are aware about their respective roles and responsibilities. All staffs are well versed with the project goals and very hard working and sincere.

They have very good rapport in field, ICTC centre, STI clinic, PPP Doctors, Stakeholders, ART center, all are known to the staffs, a good communication system in place. PPP Doctor Kenny is even coming for health camps. Stakeholder, a Lodge owner is willing to provide one room for the TI to conduct counseling and even can do HIV/STI screening there itself.

1. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

During the year following trainings were conducted and the details are as follows

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Training conducted By | Topics covered | Staff attended |
| 02, 22, 23, 31 July 2015 | Goa SACS | SIMS, Refresher ORW, Accountant | 4 |
| 11, 17 & 18 Dec 2015 | Goa SACS | M&E, Counseling, Risk, Refresher | 2 |
| 22 Jan 2016 | Goa SACS | Gap Analysis, Risk & Vulnerability analysis and Reporting Forms | 3 |
| 30 Sept. 2015 | In house | Resource Mobilization | 5 |

Various in hose trainings for Peer Educators are been conducted in the current financial year.

1. **Infrastructure of the organization**

The Organization has its office and DIC at primary location. All assets are properly codifies and asset register is maintained.

1. **Documentation and Reporting**: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.

Organization is preparing and submitting all necessary reports i.e. SIMS by 5th of every month to NACO and for GoaSACS, NGO is sending monthly input sheet, typology wise dashboard data and ICTC referral data. Reports are prepared as per NACO and GoaSACS, TSU guidelines. All are been verified and cross matched.

**III. Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.**

Line listing is updated and NGO has maintained both soft and hard copies. Though the TI is given for 500 FSW, as per line list total registered FSW 711.Whereas Dropouts are 302.

Actual Kps typology as per the line list is given below:

Street based – 295; Lodge based- 20; Home Based-43; Call Girls- 51.

*2.* ***Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling****: NA*

1. ***Registration of truckers from 2 service sources i.e. STI clinics and counseling: NA***
2. **Micro planning in place and the same is reflected in Quality and documentation**.

Organization is using tools for preparing Micro plan. Site map is visible in DIC, individual due details are maintained by Counselor, a separate register is maintained for the same. They are well versed with the condom gap analysis and have done it on quarterly basis.

1. **Coverage of target population (sub-group wise): Target / regular contacts only in HRGs**

TI target is 500 FSW, Regular Contact Average 86%.

1. **Outreach planning – quality, documentation and reflection in implementation**

Outreach Planning is in place duly supervised and monitored by NGO. Staff and Peers are well conversant with the planning and reporting. Form B/B 1 are maintained by ORWs as well as by some Peer Educators. Documentation is in place. Peer are empowered and well conversant with all the IEC tools.

1. **PE: HRG ratio, PE:** PE:HRG ratio is 1:60
2. **Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members**

Average monthly outreach with any service is given to 100% of FSWs (500). Average monthly regular contact with any service is above 77% . No of HRGs attending RMC is above 80% HIV testing & RPR tests done of 354 one time and 216 twice in 11 months.

1. **Documentation of the Peer educators**.

Peers are maintaining the documents/diaries, ORWs are monitoring and maintain the reports of peers. Peers are well conversant with the form B/B1 and can explain it at the field level.

1. **Quality of peer education- messages, skills and reflection in the community**

Peers are having good rapport with the community as well as stake holders. One Peer is Educator is very strong in communication and is also part of the Crisis Team.

1. **Supervision- mechanism, process, follow-up in action taken etc.**

Program Manager is taking the weekly meetings of the staffs and as well as of Peers and accordingly Counselor and M&E is providing the due data to the ORW and PE, PM is effectively supervising and monitoring the day to day project activities. All staff meetings are held on weekly basis for review and further planning. Timely submission of SIMS report is seen.

**IV. Services**

1. **Availability of STI services** – mode of delivery, adequacy to the needs of the community.

Project is having PPP linkages with two private practitioners, All records are maintained by Counselor at the project office. PPP are been provided with the STI kits at their clinic. Project also organizes health camps on their sites with the help of their PPP. PPP are maintain the Clinic Forms and Counselor on weekly basis visiting the PPP to collect the forms.

1. **Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.**

PPP clinic is located in central location and they have STI kits and equipments, Speculum. They are referring clients to testing and treatment to District Govt. Hospital, Margaon. The Doctor Lorna Fernandez is very efficient and managing the Link ART center, STI Clinic and Skin Clinic at one setup only. We found good linkage of the TI to the Govt. Hospital.

1. **In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds:** NA
2. **Quality of treatment in the service provisioning- adherence to Syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centers.**

HIV & RPR testing done at ICTC centre at District Hospital as well as in Camps where ICTC counselor and lab technicians of District Hospital are doing counseling and collection of sample. Symptomatic cases are identified by the PPP Doctors and accordingly the STI Kits are been provided to the KPs with the knowledge of Counselor. Partner notification is followed up by the ORW and Counselor. Current year 2 HRG is linked to ART centre at District Hospital. PT is given to 12 HRGs. 10 HRG got the STI Treatment under STI setup with the PPP Doctor. No TB case detected in the current year.

1. **Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.**

All clinics related documentation is maintained by Counselor and updated, all project registers are in place. Referral records are maintained properly. Crosschecking with ICTCs was done and observed that all the referrals are maintained properly.

1. **Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.**

Free condom distribution is done on the basis of need; condoms are mainly distributed by peer educators and ORW. Outlets including blind depots are there. Condom Gap analysis is done by the project staffs on quarterly basis. SM condoms are also promoted in this project period.

1. **No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.**

During the year total no of condoms distributed for free are 72778 by PE, ORW ,Outlet and SM condoms sold are 3850.

1. No. of Needles / Syringes distributed through outreach / DIC. –**NA**
2. **Information on linkages for ICTC, DOT, ART, STI clinics.**

Organization has effective linkages with ICTC, ART, DOTS and STI clinics. All the referrals done to ICTCs were actually tested for HIV and RPR. This year 2 FSW is linked to ART. Total 16 PLHIVs with the project, out of 16 one is not accepting her status and believing in God and do not want to enroll herself to ART.

10. **Referrals and follows up**

Follow-up is done very effectively by counselor for the due list. As well as linkages Counselor and ORW give accompanied referral service as per need basis.

***V. Community participation***

1. ***Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project .***

2 Groups of 18 and 14 members are formed in the Project, Bank accounts are opened and on monthly basis meetings are conducted, a register is also maintained at Project Office. There are 3 committees formed by the project and there is community participation. Recommended to have more groups of SHGs.

1. ***Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents***

One DIC level mega event is organized in the Month of Dec. 2015. DIC FGDs are on regular basis are seen and verified.

***VI. Linkages***

1. ***Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc…***

TI staff and community are having good access to ICTC, STI Clinic, PPP and Link ART center.

1. ***Percentages of HRGs tested in ICTC and gap between referred and tested.***

No gap found in number of HRG Referred and actually tested at ICTCs. Total registered population was 711, Total drop out 311 in the current project period, active population 409. Out of the same 354 are tested once and 216 are tested twice.

1. ***Support system developed with various stakeholders and involvement of various stakeholders in the project****.*

Good rapport of the project staff is been verified with the meetings of stake holders. Stake holders when asked said that they are happy with the project services; they are supportive to the ORWs and Peers at the field level especially during crises situations. One Lodge owner is also willing to give one room to conduct camps and screenings.

***II. Financial systems and procedures***

1. ***Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting official communication.***

*Project follows the NGO/CBO Guidelines.*

Vouchers and bills are maintained with approval. The vouchers and bills are in place. The SOEs are submitted to GoaSACS office and taking acknowledgment.

1. ***Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.***

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. All payments are made obtaining bills and supporting documents. Salaries and TA are paid to staffs by their SB accounts, all registers are well mentained.

*3****. Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.***

Project is more than 5 years old and all procurements are been done on the basis of 3 quotations. Asset Register is maintained, numbering of assets is seen physically.

*4.* ***Systems of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports***

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. Cash book is maintained on daily basis/entry made in the software tally (verified cash book and interviewed accountant. Accountant is joint and reconciliations are done on monthly basis.

***VIII. Competency of the project staff***

***VIII a. Project Manager***

*Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.*

The Project Manager is working with the project since more than 4 years. She is well qualified and hard working. She has good vision about the progress of the project. Has good communication with staff. She has effective supervisory capacity about overall management of the project including programmatic and financial procedures. She is also actively participating in the field level activities. Good rapport with Linkages and stakeholders. She is an asset for the organization.

***VIII b. ANM/Counselor***

***Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages etc***

Counselor is there in the project since past 4 years. She is efficient and hard working, maintain the confidentiality and good rapport with the Kps. She is visiting the field and also doing field counseling. Visiting ICTC, STI Clinic, PPP Clinic and Link ART centre. She is an asset for this organization.

*VIII c. ANM/Counselor in IDU TI*

*Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers. Working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments.*

*For ANM, adequate abscess management skills: NA*

***VIII d. ORW***

***Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings etc..***

Both the ORWs of the project are well versed with the project goals. They are very much committed to the project activities. Have good rapport with community members. Have good coordination with peer educators. They are able to give information on STI and HIV. They themselves taking clients to the STI, PPP and ICTC at Govt. Centre. They are maintaining and supervising the condom outlets. Maintains daily diaries, and all the formats as per NACO guidelines.

***VIII e. Peer educators***

***Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.***

Peer educators are having good and effective rapport with community members. They are doing condom distribution based on demand and need as well as at outlets. They are empowered and demonstrated condom demo, good knowledge about HIV/STI. It is noticed that Kps are quite empowered.

*VIII f. Peer educators in IDU TI*

*Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities etc.*

*VIII g. Peer Educators in Migrant Projects*

*Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritise the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to: NA*

*manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.*

***VIII h. Peer Educators in Truckers Project***

***Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics****: NA*

***VIII i. M&E officer***

***Whether the M&E officer ( FSW and MSM/TG TIs with more than 800 population and all migrant Tis are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports.***

M&E cum Accountant has joined in June 2015; she is efficient in maintaining tracking sheet and line listing. She is good in tally software. Needs little training in MS-Excel.

*IX. a. Outreach activity in Core TI project*

*Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.*

Outreach activities are well planned as per the micro-planning. Project outreach is 100% with at list one service. Coordination between ORWs, Counselor and Peers is very good and well planned. All staff is aware and adhering to their roles and responsibilities.

***IX. b. Outreach activity in Truckers and Migrant Project***

***Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake that is whether enough clinic footfalls, Counseling is happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.***

*NA*

***X. Services***

***Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs,***

Community's service uptake is good. Community members are availing PPP services and ICTC services. Staff is maintaining the confidentiality.

***XI. Community involvement***

***How the TI has positioned the community participation in the TI, role of community in planning, implementation, Advocacy, monitoring etc***

As per the records and registers, community involvement in Advocacy, Crisis is good. Community is actively taking part in planning of the project activities. Crisis, Prgramme, Condom promotion, DIC, Advocacy and Community mobilsation Committees are formed and Minute register is maintained.

***XII. Commodities***

*Hotspot / project level planning for condoms, needles and syringes. Method of demand* ***calculation, Female condom programme if any,***

Project is effectively doing condom distribution. Regular Condom Gap analysis on quarterly basis is in place.

***XIII. Enabling environment***

*Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy , networks and linkages, community response of project level advocacy and linkages with other services etc.* ***In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.***

Advocacy meetings are conducted by the Project team, 2 SHG of FSW available. Need to organize legal literacy programs for the HRGs.

1. ***Social protection schemes / innovation at project level HRG availed welfare schemes, social entitlements etc.***

Social scheme is present in the State, 2 PLHIVs is in process to get privilege of the scheme. As most of the KPs are from other State, it is difficult to provide 15 years residence proof to avail the social entitlement. Govt. level advocacy is needed to get relaxation on residence proof.

***XV. Best Practices if any.***

* Accompanied referrals.
* IPC with KPs, Stakeholders, Linkages & networking.

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated)**

**Profile of the evaluator(s):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| Nitesh Thapliyal | [niteshthapliyal7@gmail.com](mailto:niteshthapliyal7@gmail.com) Mob: 8298122198 |
| Ms Kiran Chodankar - Finance |  |
| Mrs. Asha Vernekar – Facilitator SACS |  |
| Officials from SACS/TSU (as facilitator) |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | Positive People |
| **Typology of the target population:** | FSW |
| **Total population being covered against target:** | 100.00% |
| **Dates of Visit**: | 2nd and 3rd March 2016 |
| **Place of Visit:** | NGO office.Margaon, North Goa |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| Below 40% | D | Poor | Recommended for |
| 41%-60% | C | Average | Recommended for |
| 61%-80% | B | Good | Recommended for continuation |
| **>80%**  **(85.70%)** | **A** | **Very Good** | **Recommended for continuation.** |

**Critical Observations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas of the Project** | **Achievement** | **Areas of improvement** | **Recommendations** |
| **Organizational Capacity** | Strong Organisation | More Community participation in project planning. |  |
| **Program Deliverables** |  |  |  |
| Out reach | 100% outreach | Micro-planning tools |  |
| Services | 95% coverage | RMC | Indentify more PPP |
| Commodities | 100% coverage | Improvement in condom social marketing. |  |
| Enabling Environment | Good rapport with Stake Holders, KPs, Linkage networks and support from Community. |  |  |
| **Financial systems, procedures and expenditure** | Proper accounting systems as per guidelines of NACO are in place. | Audit compliances to be fulfilled in time. |  |

**Specific Recommendations:**

|  |
| --- |
| More Community participation in planning and micro- plans.  Focus more on quarterly RMCs. |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Nitesh Thapliyal** |  |
| **Mrs. Kiran Chodankar, Finance** |  |
| **Mrs. Asha Vernekar, SACS Facilitator** |  |