***Annexure: B***

**Reporting Format-B**

**Structure of the Detailed Reporting format**

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

**Introduction**

* **Background of Project and Organization**

Positive People is a registered Society with 7 members. It established in May 1992. Registration number is 96/Goa/92.

“Positive People” was found by Dominic D’souza, the first HIV positive activist from Goa in the year 1992. When found positive he was arrested and confined in an unused TB sanatorium upon his HIV diagnosis, pursuant to Goa, Daman and Diu Public Health Act 1985 which mandated isolation of PLHIV. His friends approached the high court and launched a public campaign to release him. PPs main strength is in its flexibility and responsiveness to the needs of the community.

The organisation works for HIV prevention, Care & support and advocacy.

* **Name and address of the Organization**
* 1st Bungalow, Next to CMM Showroom, Merces, Vaddy, Goa - 403005.
* Project Office: VFS-2, Second Floor, Venor Plaza, Opp. Fish Market, Calangute, Goa – 403516.
* **Chief Functionary:**

1. Cynthia Pinto de Andrade - President
2. Peter F. Borges – V. President
3. Raj Vaidya – Treasurer
4. Sr. Escaline Miranda - Member
5. Isabel de Santa Rita Vas - Member
6. Roland Martins - Member
7. Dr. Silvano Dias Speaco – Member
8. Santan Dias - Member

* **Year of establishment**

May 1992.

* **Year and month of Project initiation:**

2008

* **Evaluation team**

Snehlata Bhatia – Evaluator

Archana Doshi – Goa SACS Representative

Pradeep Mirajkar – Finance Evaluator, Goa SACS

* **Time frame (dates of evaluation)**

6th March and 7th March 2016

**Profile of TI**

* Target Population Profile: IDU
* Type of Project: Core population
* Size of Target Group(s) : 300
* Sub-Groups and their Size: High Volume 169 male and 7 female

Medium Volume 77 male and 2 female

Low Volume 16 male.

* Target Area: Anjuna, Porvorim, Arpora, Panjim, Mapusa, Candolim, Baga, Betim, Chapora, Pernem, Parra, Saliago, Sinquerim, Vagator, Calangute, Prambol and Ashwen

**Key Findings and recommendations on Various Project Components**

1. **Organizational support to the program**

Meeting was held with Project Director who is President of the organization. TI project of IDU is in line with their objectives. The board members are very supportive to and helpful in sensitization program. The Project Director or one of the board members take program updates during the monthly review meetings.

The project staff presented their achievement of April 2015 to Jan 2016 to the evaluator. Role and responsibilities are known to the project team. All the staff members and Peer Educators were present for two days evaluation.

1. **Organizational Capacity**
2. Human resources:

Staffing is maintained as per the guidelines. The reporting structure and hierarchy is maintained. The roles and responsibilities of each staff and cadre are known to them. The staffs conduct the activities and adhere to them as per the guidelines. The staff is sensitive towards the target community and effectively handles the situation with confidentiality. From November ’15 post of doctor is vacant. All the staff members except ANM have joined during evaluation period. All the PEs except one have been changed during evaluation period.

1. **Capacity building**:

During the evaluation period training has been done by GSACS, Sankalp Project and KEM Hospital for all the staff.

1. **Infrastructure of the organization**

The project office is established at the rented place in Calangute, North Goa, which is near to the one of the major site. The project office and DIC are in the same place. It has sufficient infrastructure and assets including chairs, tables, computer and cupboards.

1. **Documentation and Reporting**:

Monthly reporting is done to Goa SACS by the TI project. Line listing is in computer. Registers and records are maintained at the office level as per the required formats. Monthly review meetings are held at office level and by TSU/SACS at State level. Feedbacks shared during the review are followed up by project staff. SIMS is submitted to NACO.

1. **Program Deliverables**

**a. Outreach**

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

Line listing as per sub category is maintained in computer.

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

NA

3. Registration of truckers from 2 service sources i.e. STI clinics and counseling.

NA

4. Micro planning in place and the same is reflected in Quality and documentation.

Micro planning is developed and maintained in the office. All sites are mapped. ORWs Visit plans are in place and documented at office level. ORWs with other team members develop monthly and weekly plan which is followed.

5. Coverage of target population:

I**DU**: Coverage upto Jan ’16 is 271 from which 45 are new identification against target of 300. Registration is done 662.

6. Outreach planning – quality, documentation and reflection in implementation

Outreach planning is done. Documentation is weak. Out of 271 coverage, 255 are registered for OST. Needle Syringe exchange program is very good.

7. **PE: HRG ratio, PE:**

PE ratio is maintained. Sanctioned PEs is 8 but currently 5 working.

8. **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

Regular contacts are made by PEs, ORWs, ANM and Counsellor. Services are provided. During FGDs and personal meetings with HRGs it is observed that HRGs are aware of the services, Needle Syringe exchange program, OST and HIV testing.

9. **Documentation of the peer education**

All the Peer educators are active IDUs. They do not maintain the records so it is maintained by ORWs. Forms B1 were verified.

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

During evaluation could interact with 4 PEs out of 5. The PEs bring to IDUs and give information of new spots.

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

ORWs are daily in the fields. They meet PEs practically every day and data is collected. Counsellor and ANM are in the field when health camp is organized and events are organized. PM is in the field as and when requires. M & E is present during events.

Goa has pick season from October to March where lot of north Indians and Foreigners are in. For six months they go back and again return in October.

**IV. Services**

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

No STI is found in a year.

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

NA

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.

1. **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 centres.

NA.

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.

Protocol and Guideline followed for OST but from November ’15 no doctor are OST

center so doze is not reduced even after two months. Registers are maintained.

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

Free condoms are available. No condom gap analysis is done.

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

Condom distribution is 1412.

1. **No. of Needles / Syringes distributed through outreach / DIC.**

Needle/syringe demand is 33800 and distributed 31134. 92 % and collection is 30450. 98 %.

1. **Information on linkages for ICTC, DOT, ART, STI clinics.**

Linkages with ICTC, DoT, ART, STI clinics are established.

1. **Referrals and follows up**

During 10 months 160 are tested to ICTC. Over the 8 years they have 9 people who are HIV positive from which 4 have died, 4 are migrated and 1 is in contact. Who is registered at ART.

**V. Community participation**

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

Not done

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

Not done

**VI. Linkages**

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

Yes

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

No gap as blood samples are collected at OST by ANM and send to PHC and Dist. Hospital for testing. The IDUs are counseled by TI counselor for Pre and Post HIV test.

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

The staff need understanding of stakeholder. They have considered stakeholder

who are dealer but they are active IDUs. Who could be stakeholder was explained to

PD, PM and staff.

**VII. 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.

Financial planning and expenditure is as per SACS/NACO guidelines.

1. Systems of payments- Existence and adherence of payments endorsed by SACS/NACO,

Yes.

1. 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.

Yes.

1. 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.

Yes

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

Cashbook was not updated up to 29th Feb 2016.

**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.

Ms. Sunita Salgaonkar is with TI from June ’14 but appointed as PM from Sept. ‘15. Her educational qualification is Master in Social Work. She has understanding of the program but needs hand holding.

**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

NA

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.

Ms. Aparajita Mandrekar is a counselor and with TI from May 2015. She is Bachelor of Social work. She has knowledge of the program, she too needs capacity building especially counselling on HIV testing as she does pre and post test counseling. She is told to collect sexual history from IDU. The IDUs who are involved in unprotected sex should be contacted and given services on priority.

Ms. Rehana Mulla is ANM and with TI from May 2015. Her qualification is 10th pass. She has clarity on risk assessment, risk reduction, harm reduction, OST etc. Since doctor is not available at OST from November ’15 onwards she is handling the cases.

**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..

There are 2 ORWs. Suresh Bhaidkar is with TI from October ’15, he is commerce graduate. Sushant Kharvat is with TI from November ’15, he is 10th pass. Both ORWs have undergone training but still they need capacity building for handling the IDUs.

NA

**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.

The peer educators are doing good job in needle syringe exchange program. 5 cases are reported for abscess during evaluation period. They are aware of local drug abuse scenario and de-addiction centre etc.

**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.

Rama Kharvat is M&E cum Accountant. He has joined the TI from November 2015. He is Commerce graduate. He has the knowledge but still he is in learning process. He needs training for data analysis.

**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.

During evaluation interacted with all the staff members and Peer educators. Peer educators were annoyed and demanding their honorarium as they have not got from October ’15. They needle syringe exchange program is very good. They have hotspot wise plan. The outreach plan need to rework which was explained to PD, PM and all staff.

**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,

Condom demand is 1500 and distributed 1412. 94 %. Needle/syringe demand is 33800 and distributed 31134. 92 % and collection is 30450. 98 %. 160 are tested for HIV, RPR and Hepatitis C, 59 %.

**XI. Community involvement**

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

Community is not involved. It is explained that the ex IDUs can be involved in different committees and as speakers.

**XII. Commodities**

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

Needle syringe demand is calculated and distributed as per demand. Condom gap analysis is not done.

**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.**

The team do not have clarity on stakeholder and advocacy. The community is not involved in advocacy. Linkages with other services is established.

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

Not observed.

**XV. Best Practices if any**

Not observed

**Annexure C**

**Confidential**

**Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated with a copy to DAC)**

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

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Snehlata Bhatia** | **B-2 City Light Apartment, City Light, Parle Point, Surat, Gujarat 395 007**  **Phone: 9879517651** |
| **Finance Evaluator:** | **Mr. Pradeep Mirajkar** |
|  |  |
| **Officials from SACS/TSU (as facilitator)** | **Archana Doshi,** |

|  |  |
| --- | --- |
| **Name of the NGO:** |  |
| **Typology of the target population:** | IDU |
| **Total population being covered against target:** | 271 against 300 |
| **Dates of Visit:** | 06/03/16 and 07/03/16 |
| **Place of Visit:** | Office cum DIC, Calangute, Baga, Mapusa, Parra, District Hospital Mapusa, PHC Candoli. |

**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%**  **(78 %)** | **B** | **Good** | **Recommended for continuation** |
| **>80%** | A | Very Good | Recommended for continuation with specific focus for developing learning sites |

**Specific Recommendations:**

|  |
| --- |
| * The IDUs registered in TI are pick-pocketing or cheating for money or drugs but not involved in sexual relationship for money of drugs. Such IDUs could be explored as this year not a single IDU is tested HIV positive. Counsellor can take sexual history of each IDU and prioritise the population. * The team need hand holding as all of them are new. * The team needs training on Advocacy and who are the stakeholders. * Doctor’s post is vacant from Nov ’15 so OST’s same doze is continued even after two months. * Needle syringe packet has 10 needle syringes. When it is given the packet is torn off. If the single needle syringe packing is done. It can remain disinfected till the use. * Need to do condom gap analysis. * IDUs who have given up the drugs can be involved in different committees and as speakers. * Used needles are send to PHC at Candolim and there they dump into pit. Need proper waste disposal mechanism. |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| Snehlata Bhatia |  |
| Pradeep Mirajkar |  |
|  |  |