**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:

The objective of this project is to reduce vulnerability and HIV prevalence among Female Sex Workers and Men having Sex with men in the north Goa coastal belt & sexual health & wellbeing among this community.

Rishta has been working on the core composite project with Female Sex Workers and Men having Sex with Men in the north Goa coastal belt for the last 6 years. Information regarding uptake of STI services is good among the target group. Interventions with FSW and MSM groups are challenging because of lack of visibility and the stigma and denial attached to their behaviour. More so in the case when the MSM and FSW turn HIV positive, than there is more stigma and discrimination attached to them being positive. This is the reason why they do not want to disclose their HIV positive status to their peers. In addition to HIV/AIDS prevention, care and support, most of the target groups seek information and services on sexual health, coping with relationships, self image and self esteem, coping with multiple stigma and discrimination, social acceptance and disclosure of HIV and sexual status with friends and family.

Working with the MSM and FSW communities has given us the information that it is very convenient for them to visit the centre for information, counselling and to avail the services like testing and referrals for STI treatment. Both the MSM and FSW community also visit the centre for regular medical check-up as they feel that they need to take care of their bodies. The sexual behaviour of both FSW and MSM is of serious concern since they have multiple partners and regular partners and safe sex with regular partners is a challenge that we face during our intervention.

**objectives**:

* 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

2ND FLOOR, ZEIB REINA COMPLEX,

ABOVE ODREY’S SUPER MARKET

NAIKAVADDO,

CALANGUTE,

GOA – 403 516.

**LIST OF GOVERNING BODY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Address/Ph. No.** | **Occupation** |
| Ms. Veronica D’souza | **President** | 85/A Santismo, Oitalim, TaligaoGoa | Teacher |
| Mr. Denzil D’souza | **PD** | Santacruz, Ilhas, Goa | Social Worker |
| Dr. Mahesh Pai | **Treasurer** | Flat No.5, Minaxi Building, Dr A B Road, Panjim, Goa | Lecturer |
|  |  |  |  |
| Ms. Sofia Heredia | Ex. Off Member | 2nd floor, S-1, Santaban, Merces, Illhas, Goa | Counselor |
| Dr. Christina D’souza | Member | Goa | Lecturer |
| Ms. Joyce Fernandes | Member | Panaji, Goa | Lawyer |
|  |  |  |  |
| Mr. ASHISH NAGVEKAR | Member | Panjim, Goa | Social Worker |
|  |  |  |  |
|  |  |  |  |

## Year of establishment

07th October- 1998

**Year and month of project initiation:**

April 2007

# 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 Group

Size of Target Group(s) : 600 FSW

Sub-Groups and their Size – Street Based, Lodge based and Home based.

Target Area : MAPUSA- Bus Stand, Municipal Garden, Elephant Garden, Market, Korlim Yard, Karaswada, Pedlem, Sangolda, Guirium, Xelpem/Cuchlim, Tivim, Housing Board Dattawadi.

## 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 3 ORWs. Project Manager is monitoring whole project activities on day to day basis. Project Manager is 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 9 months and Project Manager is since beginning 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, 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 3 and
* Peer Educators : 10

One ORW and one Accountant cum M&E working from last 9 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.

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 | GoaSACS | SIMS, Refresher ORW, Accountant | 4 |
| 11, 17 & 18 Dec 2015 | GoaSACS | M&E, Counseling, Risk, Refresher | 2 |
| 22 jan 2016 | GoaSACS | Gap Analysis, Risk & Vulnerability analysis and Reporting Forms | 3 |

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 600 FSW, as per line list total registered FSW 740.Whereas Dropouts are 110.

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

Street based – 310; Lodge based- 287; Home Based-34.

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

1. *Registration of truckers from 2 service sources i.e. STI clinics and counseling.*
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. Color coding is given for the services. 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 600 FSW, Regular Contact Average 85%.

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

1. 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 (600). Average monthly regular contact with any service is above 84% . No of HRGs attending RMC is below 80%, HIV testing & RPR tests done of 391 one time and 137 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. Some Peers are very strong in communication.

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 One private practitioners, All records are maintained by Counselor at the project office. PPP is 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. PPP is referring clients to testing and treatment to District Govt. Hospital. Doctor is old by age and now as he informed he won’t be able to provide services from next month. We found good linkage of the TI to the Govt. Hospital.

3.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.

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. Symtomatic 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. PT is not available. 27 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 77090 by PE, ORW and Outlet and SM condoms sold are 4020.

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. Total 8 PLHIVs with the project, all are been linked to ART centre and PM herself is following up for adherence.

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 .*

5 SHG Groups of average number 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 4 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 is 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. One time ICTC is 391 and 137 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.

***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 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 9 Months. He is efficient and hard working, maintains the confidentiality and good rapport with the Kps. He is visiting the field and also doing field counseling. Visiting ICTC, STI Clinic, PPP Clinic and Link ART centre.

*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..*

All 3 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 is also from 9 months in the project, 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, 5 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, 4 PLHIVs got KTC discount on bus service. Children’s of PLHIVs are been linked to World vision organization, from where they are getting Books, Toys, Shoes and Cloths etc. 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.***

* Color coding pattern in documentation.

**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**: | 7th and 8th 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%**  **(88.50%)** | **A** | **Very Good** | **Recommended for continuation.** |

**Specific Recommendations:**

|  |
| --- |
| Focus more on quarterly RMCs & ICTC services. TI may be considered for Learning Site. |

**Name of the evaluators Signature**

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