***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**

Desterro Eves Mahila Mandal is a registered Society with 7 members. It established in 1984. Registration number is 19/Goa/85. They work on health especially on HIV/AIDS.

* **Name and address of the Organization**

Desterro Eves Mahila Mandal, Adhar Project, 21 Sapana Terraces, Swatantra Path, Vasco de Gama, Goa.

* **Chief Functionary:**

1. Mrs. Celsa Antao - President
2. Mrs. Shubangi Desai – V. President
3. Mrs. Margaret Rodricks – Secretary
4. Mrs. Shama tirodkar - Treasurer
5. Mrs. Sofia Sayed - Member
6. Mrs. Clarina Vaz - Member
7. Mrs. Brenda Pereira - Member

* **Year of establishment**

1984.

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

Snehlata Bhatia – Evaluator

Ramesh Rathod – Goa SACS Representative

Sabina Godinho – Finance Assistant, Goa SACS

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

4th March and 5th March 2016

**Profile of TI**

* Target Population Profile: FSW
* Type of Project: Core population
* Size of Target Group(s) :

Estimated population of 8 sites is:

* Sub-Groups and their Size: 249 Home based, 208 Street based, 46 lodge based.
* Target Area: Zuari, Baina, Bogda, New Vaddem 1, New Vaddem 2, Dhaktlem, Mangor, Birla

**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 and 3 other board members. TI project of FSW is in line with their objectives. The members are very supportive and helpful in community mobilization, advocacy with stakeholder and sensitization program. The Project Director takes program updates during the monthly review meetings. Project Director is involved in many other activities which are linked in support to TI.

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.

1. Capacity building:

The two ORWs have joined in current year. Other staff members are old and are trained by SACS, TSU. In-house trainings are conducted by GSACS, TSU and TI. The NGO have provided in-house induction to the new staff which has joined in May and June.

Check list should be prepared for the induction training.

1. Infrastructure of the organization

The project office is established at the rented place in Vasco, South Goa, which is centrally located. The current infrastructure houses TI only. The project office space and DIC are in the same premises. It has sufficient with 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. All the peers have their site map. 4 PEs one map is with ORW. Visit plans are in place and documented at office level. ORWs with other team members develop monthly and weekly plan which is followed. Weekly planning is done by ORWs and given to PEs like whom to take for RMC, ICTC etc.

5. Coverage of target population:

FSW: Coverage upto Jan ’16 is 503 from which 32 are new identification.

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

Outreach planning is done but documentation is good. Monthly M&E gives list of due dates for RMC, ICTC to counselor. Counsellor gives to ORWs. ORWs plan and give to their PEs. Every Monday ORWs meeting is with their PEs where data is collected and remaining target is given.

7. PE: HRG ratio, PE: migrants/truckers

PE ratio is maintained. All 8 PEs are very active.

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. Services are provided. During FGDs and person meetings with HRGs it is observed that HRGs are aware of their quarterly physical check up and HIV testing at 6 months intervals. Regular Condom use. HRGs performed condom demo.

9. Documentation of the peer education

Peer educators maintained Form B.

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

During evaluation I interact with all 8 PEs. All of them are good in communication. The PEs have clarity of the program. Two sites meetings were conducted with HRGs. The FSWs are aware of all the components. The FSWs performed condom demo also.

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

ORWs are daily in the fields. Every Monday data is collected and next week planning is given to PEs. Counsellor is in the field for counseling and at PP. PM is in the field as and when requires. M & E is present during events.

Follow up of STI cases and HIV positive is done by the counselor.

**IV. Services**

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

STI services are given at PP. Community is very happy with the services.

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

Both PP clinic has privacy and equipped clinic. STI drugs are given.

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.

STI patients are treated as per symptoms. New FSWs are given PT if STI symptoms are not found. All STI treated are referred to ICTC. Follow up is done by the counselor. HIV positive are registered at ART.

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.

Treatment register, referral slips are available. STI drugs are received from GSACS.

Stock register is maintained.

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

Free Condoms are available. During condom stock out they social marketed

Condoms. Condoms are distributed through depots and PEs.

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

Condom demand is 126556 for 10 months and condoms are distributed 115779. 13031 condoms are social marketed.

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

NA

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

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

1. Referrals and follows up:

During 10 months 294 FSWs have been tested twice in a year for ICTC and 151 are for one time. Over 5 years they have 15 HIV positive people in contact all are linked to ART.

**V. Community participation**

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

2 SHGs are formed. 1 CBO is formed. They are happy with the project activities. The CBO has taken up project of door to door garbage collection.

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

For major events some of the community members and PEs are called and event is planned.

**VI. Linkages**

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

Referral slips of ICTC are verified randomly and record found.

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

During 10 months 58 % are tested twice and 30 % once for HIV. 42 % gap.

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

Stakeholders like Taxi drivers, pilots, shop owners are supportive It is suggested to

Involve pimps in the program.

**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,

All transaction above Rs.5000/- are through bank, cash transactions are for petty work below Rs.5000/-

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 the NGO is using printed, serialized vouchers, vouchers are approved, bills are enclosed to the respective vouchers, stock and assets registers are maintained. No advance is given by the NGO.3 quotations are invited for procurement purpose,

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.

Medicines are supplied by GSACS, yes minimum 3 quotation are invited for procurement purpose, lowest is given the order.

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

Yes separate bank account is maintained operated jointly, bank reconciliation is carried monthly upto 29th Feb 2016 the books are reconciled. audit observations are adhered to.

**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.

Maria Vicky Antao is with TI from August 2008. She is Graduate. She has clear understanding of the program. She has knowledge about proposal. Quarterly, monthly and weekly planning are available. Review meetings are conducted regularly. Minutes are available. Field monitoring are done. Advocacies are conducted. Need clarity on who are the stakeholders

**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

Smita Bandekar is with TI from April 2011. She is 12th pass. The counselor is trained and experienced.

**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. Shripad Harmalkar is with TI from May ’15 and Nivedita Dhuri from June-2015. Both ORWs are new. The ORWs have knowledge of the components and well verse with target community.

**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.

All 8 PEs are experienced. All are trained. Have good rapports with the FSWs. They have knowledge of all the components. They need handholding in planning and prioritizing hotspots.

**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.

Ms.Urmila Parab is M&E cum Accountant with TI from April 2012. She is 12th pass. She line listing of all HRGs. She gives list of due dates for RMC and ICTC to the counselor on monthly basis. Monthly CMIS is send to GSACS.

**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.

All the PEs have maps of their hotspot. Maps are updated once in 6 months. Planning is done monthly then weekly with ORWs and Counsellor.

**X. Services**

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

HRGs are happy with the services. They get condoms whenever they need. They go for RMC and ICTC. 294 FSWs have been tested twice and 151 once during April ’15 to Jan ’16 out of 503. Condom distribution is 115779.

**XI. Community involvement**

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

The community is involved in event planning and advocacy.

**XII. Commodities**

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

Quarterly condom gap analysis is done and accordingly condom distribution target is set. Female condoms are not available in the market.

**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 staff need clarity on who are the stakeholders and what is advocacy. It was explained during evaluation. Network and linkages are established with different program of the NGO and government.

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

Not observed.

**XV. Best Practices if any**

(***CBO Formed by HRGs for Garbage collection run by own HRG under supervisory of PD)***

**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:** | **Sabina Godinho** |
|  |  |
| **Officials from SACS/TSU (as facilitator)** | **Archana Doshi,** |

|  |  |
| --- | --- |
| **Name of the NGO:** | Desterro Eves Mahila Mandal-DEMM |
| **Typology of the target population:** | FSW |
| **Total population being covered against target:** | 503 against 450 |
| **Dates of Visit:** | 04/03/16 and 05/03/16 |
| **Place of Visit:** | Office cum DIC, New Vaddem 2, Zuarinagar, Chicalim Hospital – ICTC, PP doctor at sada-Bogda. |

**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%**  **(85.50 %)** | **A** | **Very Good** | **Recommended for continuation** |

**Specific Recommendations:**

|  |
| --- |
| * Need to contact pimps and through them contact of sex workers who are full time in sex work. * Need to train Peed educators on prioritising HRG and planning. * FSWs attacked by the clients are not reported as crisis. * Condom tear is never reported. FSWs should be talked on this and report as crisis. * The team need clarity on who are the stakeholders and their involvement. * There are two discordant couples. The counsellor should constantly counsel and keep the track. * Need to prepare check list for induction training. * The PEs should conduct condom demos every time they educated the FSWs. |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| Snehlata Bhatia |  |
| Ramesh Rathod |  |
| Sabina Godinho |  |