

Annexure: B

Descriptive Evaluation Report

Introduction

Background of the Project and Organisation:

Snehalaya is working for the last layer of our society since last 26 years and was started in 1989. Initially, they have worked for the victim women in this trade and their off springs. Later while facing the different challenges, Snehalaya had started the various path finding initiatives for the children and women suffering from HIV/AIDS, child prostitutes, slum children, the children of other special needs etc. Presently, Snehalaya is running 17 different types of grass root social initiatives with the help of small and individual donors. The sex workers are the life members, the trustees and the prime donors. Though most of the rehabilitation projects are based in Ahmednagar. They have admitted the beneficiaries from all over the country. Snehalaya is working on national level crossing the artificial barricades of caste, creed, region and religion. The work of Snehalaya was appreciated by the Government of India by awarding Dr. Durgabai Deshmukh National Award by Dr. Pranab Mukharji, President of India. Snehalaya has been awarded with numerous other prestigious state and national awards. The actor and inspirer of the T.V. show "Satyamev Jayate", Mr. Aamir Khan has twice visited Snehalaya & shown the uniqueness of the work of Snehalaya through his show. Also have also taken successful efforts to involve the policy makers, the Secretary- Minister of Education Department, vice chancellor and university authorities, member of state legislative assembly, the passionate NGOs working for the cause of girl's education to create coordination and common understanding on this issue.

The Snehalaya NGO was given a standalone project for MSM by MSACS in February, 2005. Later in April, 2014 they were given the core TI for FSW, MSM and TG. Snehjyoth project presently has 34 hotspots speared over 7 areas. Presently, 506 FSWs and 511 MSM & TG 56 (total 1073) are being covered by the project. Shrirampur, Rahuri, Newasa, Rahata, Kopargaon, Sangamre & Akole. Currently the project is serving Street based, brothel based, home based, daba based, lodge based and high way based sex workers. They are also working with MSM – kothi , panthi and DD and TG.

Thus Snehalaya– Snehjyoth projects journey goes on.....

Name and address of the Organisation : Snehalaya -Snehjyoth -TI Unit 2 project,
Ward No. 2, Dhangar wasti,
Shrirampur,
Ahmednagar District.
Ph: 02422 – 227906
Email: snehjyot_2@snehalaya.org

Chief Functionary : Mr. Pravin Mutyal

Year of establishment : April 13, 1989

Year and month of project initiation : April 1, 2014

Evaluation team : Mariyamma Paul (Evaluator 1)
Praveen Namdeo (Evaluator 2)
RadhaKrishnan Patole(Finance Evaluator)

Time frame : 3 days (April 16 - 18, 2016 inclusive
of report writing)

Profile of TI

Target Population Profile: FSW, MSM and TG

Type of Project: Core Composite

Size of Target Group(s): 850

Sub-Groups and their Size: 849 registered so far.
(FSW - 400, MSM – 400, TG – 49)

Target Area: Shrirampur, Rahuri, Newasa, Rahata, Kopargaon, Sangamre & Akole. (34 hotspots)

Key Findings and recommendations on Various Project Components

1.Organisational support to the programme

The organisation is a registered society and has been multiple HIV/AIDS intervention projects across Ahmednagar District. The Project Director and Project Manager of the organisation has been actively involved in the overseeing the project activities. There needs to be greater involvement by the NGO board and other staff in addressing the issues and strengthening the relationship with all the stakeholders. PD attends the monthly meeting with the staff.

II. Organisational Capacity

1. Human resources:

The project has 1 Programme Manager, 1 M& E cum Accountant, 1 Counsellor, 4 ORWs, and 14 Peer Educators are present in the Project. The documents such as appointment letters, attendance registers, daily movement registers were maintained. The job descriptions formed part of the appointment letters. The system of preparing weekly and monthly plans were not observed at the project level except for regular monthly staff meeting. The staffing patterns are laid as per the project norms. Some of the staff's were recruited recently within a period of three months. The organisation needs to take measures to reduce the staff turnover within the organisation.

2. Capacity building:

Trainings have been conducted by the funding agency. The training details are maintained in the formats, and but a report of the same is not maintained. Induction training needs to be conducted at the organization from time to time, especially for the newly recruited staff. The Counsellor need to be sent out of the TI to be trained; like ICTC, STI department for mentoring.

3. Infrastructure of the Organisation:

SNEHLAYA has a separate office for the TI project. The office and STI clinic are located in a away from the bus stand for people from other area but it is in the middle of the brothel area for the same area people to visit. The office has rooms for STI clinic & Counselling, and is furnished with necessary furniture such as cupboards, tables, chairs, computer, printer and telephone facility. The DIC is kept with good display of IEC materials and other charts.

4. Documentation and Reporting:

The documents are maintained as per the funding agency norms. However, there has been mismatch found in some places between the master register and the tracking sheets. Some of the KPs from the field also could not be verified in the master registers. PO has visited the organisation regularly and suggested improvements in the core indicators of the project; however no improvement could be seen in the same.

III. Program Deliverables Outreach

- Line listing of HRG was observed being done as per the MSACS protocol and was updated and tracked on monthly basis. The organisation has registered around 849(FSW - 400, MSM – 400, TG – 49) as against the target of 900.
- Outreach and micro plan is not properly in place and not in use. Randomly picked up events from the micro plan were seen to be failing in execution.
- The high/medium/low risk tracking was understood by the team but it was not seen reflecting in work plans with the focus.
- Site mapping and outreach plans are available but all the available outreach plans for ORWs, PEs not found based on target of the project. The actual achievement of the same was not supported by the observations and interactions done during the field visits.
- There are 8 PEs maintaining a ratio of 33 to 70 with variations as a matter of downsizing.
- The project has registered 1049 HRGs till March, 2016. The regular contact is active claimed to be at 88% out of the 850 target. The ORWs meeting the PEs and the PEs in turn meeting the HRGs on regular basis was not much reflecting on testing front. The understanding of service delivery was found limited. Documentation of the peer educators too.
- Planning part of the organisation was not appropriate and the reflection in implementation is not up to the mark. There is a gap between planning and implementation.
- Only 8 PEs were below 30 years out of 14 PEs. Limited documentation maintained by PEs. ORWs are writing and maintaining the records on behalf of the PEs.
- Peer Educators are not capable of transferring messages to the grass root level. PEs skills further to be improved to influence the target group. Much of their communication does not reflect in the community.
- The mechanism of supervision is existing and functional however it should be concentrating on quality of services. During the field level FGD it is observed that contact between ORWs workers /PEs and HRG is not satisfactory however could take further steps to improve.
- Monitoring from the part of the Programme Manager was not sufficient. The ORWs visited field to monitor the work. The support provided to PEs by ORW on programme front was inadequate. The PE meetings were held but not with 100% attendance.
- The staff meetings were held regularly and documented. Ultimately better services delivery is expected. Could improve much better with supportive supervision and hand holding.
- Community members need hands on training for demonstration of condoms. They are correctly, not able to provide information on STIs/HIV Transmission, Symptoms, etc. very specifically. This may be because of lack of regular meeting and non identification of proper place.

- There is as such no specific monitoring mechanism in place. The PM is there with the TI and efficient but skill to be further improved. The counselor is with the TI for a few months of experience but he also needs to learn and unlearn a lot. There is no evidence that the old PM or other staff had any supervision mechanism.
- The Project Director needs to provide the necessary leadership and directions to the project staff. The Project Manager needs improvement in handling the project activity and staff problems. Monthly planning done under the supervision of Project Manager which helps in advance planning, coordination and advocacy. Documentation of Record system, tracking and follow-up systems needs improvement

IV. Services

- The organisation conducts health camps at the hotspots and provides them with screening and treatment as per syndromic management. There is a Doctor who visits the sites and conducts RMC at the field (PEs or KPs house). In terms of referrals for HIV. The outreach clinics /camps are mostly organized as per the availability of the community member.
- The TI project has adequate Infrastructure i.e ; a furnished STI Clinic with good stock of Medicines and is located in brothel area of Shri rampur which has easy access for FSW from the TI Project area.
- Basic supply of medicines and equipment's are available in the clinic. Three sites, which are far away from the project office, are reached through occasional medical camps or PPP doctors. The visit to field, very few target groups were available for discussion. Doctor needs training on the RTI/STI and project activities.
- Most of the target population is reached through health camps. The community members admitted that the camps are organised by the NGOs. Quality of treatment and referral linkages is needs improvement. With some more effort the linkages with ICTC can be improved. The Organisation needs more efforts in linking up to increase the institutions. Linkages with CHC and PHC will help in better utilisation of health services provided by the public health system.
- All the documents are maintained by the project. A patient sheet/network clinic format is filled and daily summary sheet is maintained by the counsellor. Counselling register is maintained for those who have been counseled but no counselling sessions format is maintained. Stock registers for STI drugs and condoms are maintained. Referral slips are maintained for all the referrals- ICTC and VDRL.
- Both free and social marketing condoms are available in the project office. Based on the verification of documents and the MIS reports it has been observed that free distribution of condoms is being done only 9 months of the year i.e. Regularity needs to be maintained. The condoms of social marketing and free distribution need to be checked and sizable difference should be there to promote the social marketing. Peer educators as

well as community reported that they distribute condoms in their own service area. According to the peer educators social marketing is not popular with floating based sex workers. The community also accepted that with their close partners/lovers they are not using condoms. Condom demand calculation is done wrong.

- **Condom promotion of free condom:**

Condom distribution is 126350 out of the demand 168696 (75%). Condom shortage was in December, 15 and January, 16.

- **Condom promotion of socially marketing condom:**

Condom distribution is 2941 out of the demand 33738 (87 %).

- Quality of treatment is very poor. Doctor could not be met nor to speak on syndromic management. There is no role of counsellor at his clinic, which in itself explains the lack of sensitiveness on part of both the Doctor and NGO. There is linkage of STI clinic with the ICTC, ART and DOT centre and there is not much mechanism of follow up.
- Quality of referral linkages are at satisfactory level. Linkages with ICTC, Health department and other private and public service providers were at satisfactory level. However there is a lot of scope for improvement in the area of STI treatment and referral system.
- Referral follow-up to be strengthened for increasing accessibility. PLHIV follow-up requires improvement in quality of recording and reporting. Counsellor is not able to record their day-to-day activities. Confidentiality needs to be ensured.

V. Community participation

No community group /CBOs were formed by TI organisation. There is limited involvement of the HRGs in the project as observed through the project activities and documents. The project is yet to initiate activities in this direction. Participation of the community members in the project planning, activity or any events were visible. As per registration 237 (20% to 25%) registered HRGs participated in the events. The community participation is less and this area has to be taken seriously by the NGO and more input has to be done. The PM & ORW should concentrate on it so that effective groups can be formed.

They have done some programme for the beneficiaries like...

- Celebration of events & festival (Ganpati festival, Navratri Ustav, Legal aid workshop)
- Celebrated the International Sex worker day programme.
- Celebrated World Health Day
- Celebrated the national HIV AIDS Week: Rally, Gulabi Melawa for MSM, Veer Ranragini Mahila Melawa, District awareness program, Poster competition (2014, 2015)
- Celebrated Raksha Bandan program.

- Celebrated the Haldi Kumkum program.
- Celebrated the Independence & republic day.
- Celebrated the Maherachi Saree programme.
- Formed Crisis & Advocacy committee with the participation of the community.

VI. Linkages:

Participation of regular male partners of FSWs in the project is NIL, it has to be improved. Client centered approach could be adopted for identification of new HRGS and also for other service delivery. The Organisation should concentrate on building credibility in the district both at community level as well as at stake holder level.

Referral & Linkages – Pravara Medical Hospital, Rural Hospital Sangamner, Rural Hospital Kopargaon, Rural Hospital Sangamner, Shirdi Saibaba Hospital, Rural Hospital Rahata, Rural Hospital Rahuri, Dr. Vaibhav Nikam, Dr. Sandip Phatangare, Dr. Ashok Kulkarni, Dr. Abole Nikam, Snehalaya is running Snehdeep Rugna Seva Kendra (hospital for PLHA)

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.

Snehjyot TI-II Project is adhering the guidelines and approved systems endorsed by SACS/NACO.

2. 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.

There is cash & bank (Cheque) payment system, cash book & bank Book are maintained in tally software and kept hard copy in place. As per NACO's guidelines no cash transactions are made above Rs.4000/-in the month of April -14 and no cash transaction above Rs.1000/- in the year 2015-16. The TI have strictly maintained cash balance below Rs.1000/-except year 2014-15. A separate bank account in nationalized Bank i.e. Bank Of Maharashtra , branch - Dashmeshnagar Shrirampur in project area is maintained as per NACO guidelines. The Accountant has taken Authorization of Bills and Vouchers before payment.

3. Systems of procurement: Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO.

TI follows the adherence of system and mechanism of Procurement as endorsed by MSACS/NACO.

1- While purchasing of THPA kits, TI has took approval from MSACS, then asked three Quotations and placed the order for purchasing Kits.

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

It is observed that the books of accounts are maintained in tally package software system. Cash/ Bank books, receipt vouchers, cash payment vouchers, cheque receipt & payment vouchers, journal vouchers, required ledgers Bank Reconciliation & Trial balance are properly maintained. SOE's are submitted irregular but it was in a prescribed format. The overall accounts are maintained in good. The NGO have produced Audit Report for F Y 2014-15 for reference. According to Audit observations TI had to show the Monthly Meeting Register, DIC Meeting register and Hotspot meeting register and TI has maintained it.

5. General:-

The Expenditure made is as per approved Budget. The NGO have deducted the profession tax from the salaries of concern staff and recovered amount is sent Head to head office for onward remittance to GOM treasury.

The evaluation period is 2014-2015 and 2015-2016

1- In the year 2014-15: Grant received for April 2014 - March 2015 Rs.1812837/-

Expenditure for Apr 2014- Mar 2015 Rs.1858037/- i.e.102%

2- In the year 2015-16: Grant received for Apr 2015 to Sept 2015 Rs.1744483/-

Expenditure for Apr to Dec 2015 Rs.1118507/- i.e.64% i.e. 12 out of 13 score.

Suggestions:- *It is suggested that to maintain Advance register for project and settle the advance within next 7 days.*

VIII. Competency of the project staff

VIII a. Project Manager:

The project manager has done in graduation in Social work and has been working in the project since March 2014. He is only a Bachelor in Social work. The PM is knowledgeable and assertive. He is aware of the programme and performance indicators to be followed at the project level. He also visits the field and monitors. The management skills of the PM since has

direct impact on the performance of the team has to be improved by handholding and capacity building.

VIII b. ANM/Counsellor

Counsellor is a postgraduate in Social Work. He is been with the organisation for about an year but his counselling skills and information on HIV/AIDS and other key indicators is nil. Counsellor maintains counselling register and referral register not in order. Based on the interviews, documents made available and the reports and registers it was found that the Counsellor was not quite trained about the Project which was reflected in the reports of the project and the output of the programme. There seems to be no role of counsellor in any of the outreach activities. Based on the interviews, documents made available and the reports and registers it was found that the Counsellor was not quite trained about the Project which was reflected in the Reports of the project and the output of the programme. As per document verification and interview with the Counsellor, he needs to be replaced.

VIII c. ANM/Counsellor in IDU TI

NA

VIII D. ORW

The organisation has been sanctioned 4 ORWs. Knowledge 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 are average. 100% of the outreach workers are from the community.

Outreach plan is prepared in advance by the ORWs. It was found that the quality of outreach planning is not adequate and the ORWs not following the weekly schedule as planned. Outreach workers are maintaining their daily dairies which contain not much relevant information of their daily activities. They have average knowledge on STI management, RMC, ICTC testing and condom demonstration. ORWs need to improve their communication skills and condom demo to be made more effective.

D1. Shadow Leader

NA

D2. Community Coordinator

NA

D4. Community Mobiliser

NA

VIII E. Peer Educators

As evidenced in the current month by the evaluation team there are 14 PEs. Peer Educators need to improve knowledge about routes of transmission, risk perception and correct use of condom. Communication skills and condom demonstration skills of the peer educators need refreshers and basic training once again. Quality of peer education is above average. Peer educators could explain when asked about STI, relation of STI with HIV, prevention of HIV / AIDS, mode of HIV transmission, benefits and demonstration of condoms, etc. But FSWs were not able to explain about the condom uses and importance of condom when discussed at Gopinath Nagar brothel site.

VIII F. Peer Educators in IDU TI

NA

VIII G. Peer Educators in Migrant Projects

NA

VIII H. Peer Educators in Truckers Project

NA

VIII I. ME cum Accountant

The ME&A is a commerce graduate and is been working for more than an years. The M& E is maintaining the records in the TI. However they are not analysing it and no feedback is given based on the analysis. The project could elevate his skills by giving her more capacity building to reach heights.

IX. A. Outreach activity in Core TI project

The Outreach area is not clearly defined to each Peer Educator. Join visit are done by Community Volunteers but needs improvement. ORWs maintain diary and regular contacts are made through PEs with the target community. ORWs have good rapport with the target community and various stakeholders. No safe sex practices are ensured with active community

participation. The community is lacking of knowledge and is not opening up. The field visit of the staff also needs improvement.

IX. b. Outreach activity in Truckers and Migrant Project

NA

X. Services

Outreach plan is present but not systematically made or used. There is no Micro plan in place. Registration is more than 99.8%. HRGs selected randomly during field visits could not be tracked exactly. HRGs randomly selected for verification of services during field visits could not be tracked for verifying uptake of services.

KPs are counselled who are attended but quality of counselling needs drastic improvement. Over all 55 HRGs treated under STI. All were counselled. 119 new registrations have been done. 586 HRGS were screened for syphilis among 589. More than 97% (825) have undergone for RMC twice in the past one year. The HRGs who attended the DIC & Health camps are counselled. 76% of the HRGs were counseled but the quality of counselling is poor. 52 HRGs have been detected positive and all of them have been linked to ART. The documentation for the same needs to be strengthened and follow-up to be done to minimise loss to follow-up. Three of them are currently on ART this year. Only 75% of free condom has been the distributed out of the demand. But there was in between a problem of supply of condom from MSACS. Condom gap analysis has not been done. Social Marketing also been done. No suspected cases and hence not referred for DOTS evidenced from the TI. Advocacy meetings are conducted as evidenced from documents but were found to be intermittent and not exactly need based. Social welfare schemes were availed for the KPs.

XI. Community involvement

The TI has representation from the community; however the programme planning lacks their involvement. Community involvement in planning, implementation, advocacy, monitoring, service delivery etc could not be reflected in any of the documents as well as in the interaction with the community members. Community participation is also less in FGDs organised at field level. The project team formed no committees except Advocacy and crisis. An area where community participation and involvement could generate was these committees and was not utilised. Project team should initiate steps and adopt new strategies to increase the community involvement.

XII. Commodities

Only condom distribution is been done and not any other commodity. Through outreach they have been distributing 75% out of the demand. But there was in between a problem of supply of condom from MSACS. Demand is not calculated as HRG* no. of clients* no. of encounters in a day or week equals to the number of condom required. However social marketing of condom is been done too. The project has been encouraged to do the same with proper calculation.

XIII. Enabling environment

DIC established at Shirdhi taluk which helps the PEs and HRGs to function well their task. Various advocacy meetings have been conducted by the project with the government officials (Police & ICTC counsellor) for smooth service delivery of the programme. They have also taken efforts to reduce the police harassment. Legal AID workshop has been conducted and advocacy meetings with stakeholders has been done to bring an enabling environment. Also conducted a programme for the PLHIV regarding their diet. However, it appeared that the advocacy have been conducted without proper planning and follow up. A crisis team has formed.

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

The following facilities were done for the HRGs...

- Adhar Card: FSW - 9, MSM – 2,
- Caste Certificate: 11
- Sanjay Gandhi Niradhar Yojna: FSW 17,
- Health Certificate: FSW 2,
- Ration card FSW 7
- Adhar Card: FSW 1f0, MSM 15,
- Residential proof: 30
- Income Certificate: 24
- Age proof: 24
- Jan dhan Yojna: 30
- Voter ID: FSW 1
- Housing schemes: 124 (In Process)

XV. Best Practices

- HRG children were referred to Snehalaya for shelter (Total 84 children out of 380 (22%).

- Free facility of care, support & treatment at Snehdeep Rugna Seva Kendra. (PLHA hospital run by Snehalaya NGO).
- Contribution for affected in Tamil Nadu during the rain – 2016; Live interview on CNN – IBN lokmat about the contribution for affected in the natural calamity in Tamilnadu.
- Conducted one day figurative strike on occasion of National women's day.
- Snehjyoth has established a clinic set up at red light area premise.
- Community members are the trustee in Snehalaya's trustee board.
- Conducted the advocacy programme for housing schemes.
- NGO supports and issues advance as loan for sustaining the project.

Confidential**Reporting form C**

EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated with a copy to NACO)

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
Mariyamma Paul	Plot No. 5, S1 - Perfect Paradise, Bharathiyar Salai, Madipakkam, Chennai – 600 091. Ph: 09941933353 mariyapaul@gmail.com
Praveen Namdeo	Ph: 09893550114 praveennamdeo@rediffmail.com
Radhakrishnan Patole	Ph: 09970777815 rypatole@gmail.com
Shivaji Jadhav DPO – DAPCU, Ahmednagar	Ph: 9881401312 dpoahmednagar@mahasacs.org

Name of the NGO:	Snehalaya – Snehgyoth TI , Unit II
Typology of the target population:	Core composite – FSW, MSM & TG
Total population being covered against target:	849
Dates of Visit:	April 16 - 18, 2016
Place of Visit:	Sri rampur, Ahmednagar - Maharashtra

Overall Rating:

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

Specific Recommendations:

- Long standing credibility of the organisation and its commitment to the project is respected.
- Outreach and micro plan need to be prepared meticulously and implemented.
- Counselling is a gray area where the Counsellor is nil with the project.
- DIC and Hotspot level meetings to cover new HRGs identified and ensure all HRGs in that hotspot are covered.
- Data validation of HRG should be done by PM & M&E before finalising monthly reports.
- ORWs diaries need to be updated and should reflect work done by PEs.
- No project management committee in place.
- Training and capacity building required at all levels. Reports to be made for the same.
- TB referrals need to be done for all identified HRGs.
- Stakeholder's involvement needs to be strengthened.
- Monitoring system needs to be strengthened.
- Peers of younger age need to be recruited to reach out the younger population and PE profile to be maintained. All PEs must be trained in reporting through format B. Currently the formats are filled by the ORWs for most of the PEs.
- Committees to be formed and needs to be strengthened with more peers in the project. Feedback of the committee to be incorporated in the project work.
- Individual counselling record has to be maintained by the Counsellor and follow-up services have to be recorded time to time.
- PLHIV follow up to be regularly done to reduce loss to follow up and it is important to refer them for ART registration at the earliest
- Improve the knowledge and skills of the ORWs/PEs and counsellor especially.
- The organisation should develop a strategy for condom promotion and ensure correct calculation for correct & consistent use of condom. Availability of condoms from the end of the SACS also should be ensured.
- Involvement of community in decision-making / planning should be ensured.
- Hand holding of PO is further required and the project also need to follow-up on the reports of the P.O, MSACS.
- The NGO has a strong base with multiple projects but at the same time is also encouraged to play a much more active role in ensuring the TI functions more efficiently in reducing the HIV epidemic amongst the target community. Role of PM to be increased in the project and there is a need for constant support and monitoring at the project level. In general, close monitoring system has to be developed.

Name of the evaluators

Signature

Mariyamma Paul

Praveen Namdeo	
Radhakrishnan Patole	