**Annexure: B**

**Reporting Format- B**

**Structure of the Detailed Reporting Format**

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

**Introduction**

* **Background of Project and Organization :**

**Prerana Samajik Sanstha (PSS)** is a non-governmental organization engaged in community based health program in Aurangabad District of Maharashtra state. Since Dec-2008, PSS initiated theprogramme on STD and HIV/ AIDS with the support of MSACS. The programme focuses onprevention and control of STI, HIV and AIDS incidences among non-brothel Home base Female sexworkers from Vaijapur, Gangapur, and Kannad Town of Aurangabad District.

During the course of intervention, PSS has worked very closely with the peer educators who are one of the main stakeholders of the project. As per the recent and updated survey made by ORW/ project staff of PSS, the total number of FSWs is around 1200 in which we could reach 1237 till March 2015. 20 peer educator work through their involvement in the programme, they could develop self confidence and self image. PSS also developed good rapport with preferred providers (PPs) and started community friendly health services. With the help of such proactive and community sensitive stakeholders PSS was able to achieve their best.

**Mission Statement of the Organization**

Strengthening the community and provides a common platform to all typologies of FSW to address their common issues and needs such as health, human rights, crisis intervention, legal literacy, literacy and support to their children, PLHA in Aurangabad Town .

* **Name and address of the Organization :**

Prerna Samajik Sanstha,

Plot No-39, Sambhaji Nagar Colony,

Vaijapur, Tal-Vaijapur,

Dist-Aurangabad

Maharastra State

PIN Code-423701

Phone No-02436-223404

Email:pss.vaijapur@gmail.com

* **Chief Functionary:** Ms. Kadubai Damu Bale (President)

* **Year of Establishment:** CBO – 15 February 2008
* **Year of month of project initiation:** December 2008
* **Evaluation Team:** Mr. Ganesh Prasad K, Mr. Aniruddha Kale and Mr. Sushil Ahire
* **Time Frame:** 27-28 April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile**: FSW**~~/MSM/IDU/TG/TRUCKERS/MIGRANTS~~
* Type of Project: **Core~~/~~**~~Core Composite/Bridge Population~~
* Size of Target Group(s): **1200**
* Sub-Groups and their Size: **Home based**
* Target Area: Total 48 sites of 4 Taluks in Aurangabad district

|  |  |  |
| --- | --- | --- |
| Sr. No. | Name of the town | Number of sites |
|  | Gangapur | 11 |
|  | Kannad | 17 |
|  | Lasur | 08 |
|  | Vaijapur | 12 |

**Key findings and recommendation on Various Project Components :**

1. **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**…

* Interacted with 5 board members which includes two office bearers. During the process interacted with them on their perspectives of this project and overall HIV prevention. Ms. Kadubai Damu Bale, the President said that they founded this CBO with the primary purpose of prevention of HIV in their community. She has been actively involved in the organization and TI project. She is playing a duel role one as president of CBO and second as Peer Educator. They have also appointed one of the board member Ms. Asma Rasid Shaikh as Project Director, who is actively taking part in project activities. Other 5 members are also working with project as Peer Educators. They are well aware of all the components of TI project and even some performance indicators also. They are also from the sex workers community. All of them are actively participating in the project activities. Out of 13 board members one member Ms. Mangla Prabhakar Jaitmal is dead therefore presently board has total 12 executive board members.
* Project Director takes lead role in the TI project review, in which she provide guidance to the project staff and highlights indicators needs improvement. She also does field visits to understand the project progress. As a part of this visit she interacts with community members, staff, PEs and stakeholders. During the review it was found that her interactions with staff, PE, stakeholders are not documented. It is observed that board members need training and capacity building support to run CBO effectively.

1. **Organizational Capacity:**

**Human resource: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.**

* All approved key staffs Project Manager-1, Counsellor-1, M&E-1, Accountant-1 and ORWs-5 are in place. Project also has 20 PEs who are from the community. Project Manager Mr. Sainath Bargal is associated with CBO around six years. He is working as Project Manager since November 2014. Appointment letters were issued to all Key Project staffs with Role & responsibilities and the copies of the same were filed in the project. It is observed that authorization signatures as missing on some of the appointment letters. The staff appointment is done as per NACO/ SACS guidelines. One of the Outreach worker have joint project recently.
* The interacted the president PD (Board member ) and one of the board member the office bearers were interacted on their perspectives of this project and overall HIV prevention. President said that they founded this CBO with the primary purpose of prevention of HIV in their community. They faced a huge problem of increased incidence of HIV infection in their district. She has been actively involved both in organization and TI project. she is involving all community members and resolves all crises and high level of commitment in advocacy. She attends all the monthly review meetings and giving guidance to accomplish the activities to be carried out by the staff members. The other member discussed is a GB member and observed with a good knowledge but and actively involved in the project

**II. Capacity building:**

**Nature of training conducted, contents and quality of training materials used, documentation of**

**Training, impact assessment if any.**

* Project conducted training of staff on BCC Development, Community Base Training and Volunteer Training. While reviewing the training reports it was observed that 8 staff members were provided the above mentioned training. Detailed report of this training was not available for the review. PSS conducted 1 day training for staff and PEs on HIV and AIDS information along with other TIs.
* Training reports were verified as need to be improved and no impact assessment was done so far.

**III . Infrastructure of the organization:**

* The office of the organization is located at Sambhaji Nagar, Vaijapur. It has all required furniture like chairs, tables, and electronics items such as computers, scanner and printer with internet connection. The office also serves as DIC where FSWs meeting is conducted at least once in a month. The infrastructure of the organisation is excellent and has enough space for project staffs to conduct meetings and trainings. Asset code numbers has been given to all the assets. TI also have 3 DICs at Vijapur DIC cum Project office, Gangapur and Kannad which are mainly used by community and the staff for conducting PE review meeting and community events.

**IV. 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.**

* PSS is maintaining all required documents as per NACO guidelines such as From A, B, C, C1 ,D, E, F FF, G, H,I, J, K, L,M, ORWs tracking Sheets, HRG line list, Syphilis register, Drug Register, Condom Stock register, Event Register, referral slips, Monthly meeting register Movement Register, Micro plan, daily dairy and action plan.
* Worked done by PEs is being maintained by the project in Peer sheet (from B). PEs are supported by their respective ORWs. They are conducting weekly & monthly review meetings on regular basis. All the PE reports are compiled by ORWs and the data is reported to PM. All ORWs data is compiled at project level which is then submitted to SACS/DAPCU. The PD attended 12 of the 12 monthly review meetings conducted.

1. **Progamme Deliverables**

**Outreach**

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

* All identified HRG were line listed and found up to date. As per the line list total 1649 ever registered out of which total 8 new home based HRGs are registered. 1237 HRGs were active HRGs. During the field visit it is observed that some HRGs are also from Brothels.

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

* Not applicable

1. **Registration of truckers from 2 service sources i.e.STI Clinics and Counseling.**

* Not applicable

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

* They have done Site wise/PEs/ HRG wise Micro plan. The micro plan is updated on regular basis. Micro plan documents are available. The form B and C have been verified as properly filled.

1. **Coverage of target population (sub-group wise); Target/Regular Contacts only in HRGs**

* PSS provided project services to 1251 HRGs which includes 8 new HRGs. During the period total 14 HRGs were drop out. Total average 962 HRGs (77% against current population) were contacted regularly and provided project services.

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

* They have been achieving the targets as per micro plan. ORWs said that PE wise outreach plan has been done. The targets achieved and gaps are being discussed during monthly and weekly meetings and action plan is being done based on them. PM along with PD conducts the staff meeting and providing guidance to the other staffs. They have ensured their efforts towards outreach activities in field for increasing regular contact, referrals for RMC and HIV testing which is evident through their performance level. Tracking of condom demand and distribution seems to be challenge for the TI as they were unable to get accurate information of the condom requirement and distribution. The records of the condom distribution are maintained at the project level where condoms are issued to the ORWs. ORWs distribute these condoms to the respective PEs and report these numbers as condoms distributed. The transaction between ORW and PEs is not documented. Therefore it is difficult get accurate information about the condoms available, received and distributed by PEs.

1. **PF: HRG ratio, PE: migrants/truckers.**

* The PE: HRG ratio is 1:60 and ORW: HRG ratio is 1:240.

ORWs. HRGs Maximum 228 Minimum 271 (Total 5 ORWs)

PEs HRGs Maximum 55 Minimum 76 (20 PEs)

1. **Regular contacts (as contacting the community members by the outreach workers/Peers at least twice a month and providing services as 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.**

* During the project period total 962 HRGs were covered under regular contacts

* During the discussion with community members they said that, PES/ORWs are providing condoms, referring to RMC, STI and ICTC to all of them.

1. **Documentation of the peer education.**

* Majority of the PEs are dependent on the ORWs support in preparing their weekly and monthly reports and plans.

* The peer educators are properly filling the form B with the support of ORWs. All PEs are not maintaining diaries. ORWs are mentioning the peer education in their diaries.

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

* During the interaction with PEs it was observed that majority of the PEs are working with TI for more than 5 years. As they are working for long time their efforts of mobilization of sex workers for education, counseling and availing services is found a serious matter of concern. The impact of this can be seen in the interaction with FSWs. Community members had information about condom use, health check up and HIV testing. Very few of them were able to explain these points others were very blank because they were not expose to this information before. 3 PEs did condom demonstration and all of them were unable to demonstrate condom demo accurately.
* They need to improve the STI referrals and follow up and the met PPP also endorsed this.

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

* As a part of TI intervention PSS follows an systematic structural intervention in which Peer Educators are the backbone of the TI there are reaching out to HRGs and provide them TI services. They are supported and monitored by the ORW and Project Manager ensures support to ORWs. CBO board members also conduct field visits to other towns where they identify gaps and support project team in taking TI services to all registered HRGs.
  + - PM and counsellor are visit the field and ORWs are providing regular support to the PEs. They are conducting Weekly & Monthly staff meetings. During the meeting they are reviewing achievements and next follow up action. the monthly meetings are conducted as per programme indicators. Follow up action details were also available.

1. **Services**

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

* PSS providing STI services to the HRGs through PPs and mobile camps. Total 4 PPs (Dr. Kavita she identified and linked with the TI to ensure STI services for the HRGs. In order to have maximum coverage HRGs are motivated to visit PP clinics so that they are able to access STI services easily.
* During the discussion with staff they said that, they were referring HRGs to PPP Clinics and. HRGs are satisfied with STI treatment received from PPP. They are conducting Camps at DIC level.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Type of service | Qualification | Location |
| 1 | Dr. Kavita Shelke | MBBS | Vaijapur |
| 2 | Dr. Ajit Rana | MBBS | Gangapur |
| 3 | Dr. Pramila Agrawal | BHMS | Kannad |
| 4 | Dr. Nandkishor Udavant | BHMS | Lasur |

* According to PPs they have enough stock of STI drugs.

**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 the use of revolving funds**

* Not applicable

**4. Quality of treatment in the service provision-adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC, ART, DOTS centre and community care centers.**

* The met 2 referral doctors said that they were following syndromic case management both in clinics and in their practice also. The follow up of STI cases needs to be improved in the field. And good rapped to the project staffs and community and also participate the project general health camps

**5. 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 officials documents in this regard.**

* The met referral clinic the doctors are maintained the clinic registers and referral slips but not follow up reports found.

* Counsellor maintained the all the reports, but not maintained the proper medicine reports

**6. Availability of condoms- Type of distribution channel, accessibility, adequacy etc.**

* + - Condoms are distributed through PEs, ORWs and in DICs.
    - Condom demand is 3, 50,652 and distributed 2, 28,122 (Including social marketing)
    - Social marketing 10,000 distributed during the year
    - 20 out let depots (Maintained through PEs)
    - It is observed that the condom requirement calculated and number of condoms distributed does not match. It shows that they condom distribution is less than the condom requir**e**ment.

7. **No. of condoms distributed through outreach/DIC**

* 2,28,122 distributed through outreach/DIC (Condom demand 3,50,652 as per project report)

**8. No. of Needles/Syringes Distributed through outreach/DIC.**

* Not applicable

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

* + - They have a good raport with ICTC, ART and STI clinics.
    - HRGs were tested 1146 (93%)

**10. Referrals and follows up.**

* 1146 HRGs are ICTC tested, Referred HRGs for Pre ART 01. (One time-380, Second time 731, Three time – 35)

* 1237 HRGs referred for STI treatment. (One time-5, Second time 14, Three time – 174 and Four time – 1044)
* 1187 HRGs referred for STI treatment. (One time-363, Second time 787, Three time – 37)
* TB referrals of HRG to be started.

1. **Community participation:**
2. **Collectivization activities: No. of SHGs/Community groups/CBO’s formed since inception, perspectives of these groups towards the project activities.**

* 60 SHGs are formed but during period more then 10-15 activated.
* The project formed Education committee Heath committee Crisess committee for project areas
* The project doctor was one of the member for Heath committee.

1. **Community participation in project activities-level and extent of e , reflection of the same in the activities and documents.** 
   * + Haldi Kumkum Program – 4 one each town, Womens Day-1, Ganesh Utsav/Navratr programs were conducted and planning is prepared and executed by the TI staff. Most of the time community is involved in the events.
2. **Linkages**
3. **Assess the linkages established with the various services providers like STI, ICTC, TB, clinics**

* ICTC: Vaijapur, Gangapur, Kannad, Deogaon, Pishor, and supported Mobile Van
* Have developed linkage and sent HRGs for the testing.
* The linkages with STI Clinics/ICTC, been verified with them as sufficient.

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

* 1146 HRGs are ICTC tested, Referred HRGs for Pre ART 01 (One time-380, Second time 731,Three time -35)

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

* The support system developed is through the community participation in advocacy committees and mid media activities.
* Visited 2 sites discussion with Stake holders they have a good rapport with the project

1. **Financial system and procedures**
2. **System of planning: Existence and adherence to NGO-CBO guidelines/any approved systems endorse by SACS/NACO-supporting officials communication.**

* In prerana samajik sanstha system of planning is existen and adherence to CBO guidelines.

1. **Systems of payments - Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, practice of setting of advances before making further payments.**

* In prerana samajik sanstha Payment endorsed by SACS availability and some time they taken advance from trust. And practice printed serialized vouchers in tally software, stock & issue register. one or two time they are payment made above Rs, 5000/- for T.A.

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.**

* In this CBO they call quotation but there is no procurement & purchase committee.

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

* PSS have separate bank account for the TI which is operated jointly and president and secretary is the joint signatory for the bank account. Bank account ( bank a/c in Bank of Maharashtra a/c no. 60014406464)is with Bank of Maharashtra. Is operated jointly by President (TI PD) and Secretary.

1. **Competency of the project staff.**
2. **VII 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.**

* Mr. Sainath Bargal (Project Manager) is post graduate in Social Work. He is working with PSS since 2010. During this period he worked at various levels such as started with ORW, Counselor and finally promoted Project Manager. He has good knowledge of subject and field area. He need to be more vigilant about individual and team performance. He needs to give more proactive handholding and supportive supervision in the field so that all the team members they feel empowered.

1. **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.**

* Mr. Shivaji Shingare (Counselor) is Arts graduate. He is working with PSS since 2010. He is well experience in TI. As he worked at ORW level he is well aware about the community dynamics, their needs and communication style. He has developed good rapport with the HRGs and that is helping him during the counseling sessions.

**III 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**

* Not applicable

**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.**

* PSS has appointed 5 ORWs out of which 2 ORWs working since 2011, 2 ORWs working since 2014 and 1 joint in December 2015. **( one of ORWs selected for communittee)** Majority of them have their qualification graduation and above. One Female ORW have studied till 12th Standard. All of them are preparing their micro plans but needs more improve the of prepare the documents skills.

**VIII e. Peer educators**

**Prioritization of hotspot, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about services facilities etc**

* As per NACO guidelines they have selected 20 peer educators. We had discussion with 17 peers. Some of the PEs are illiterate. They are taking supports from ORWs. All peers are having good knowledge on HIV/AIDS, Condoms & condom demo and service delivery. But new joined PEs should improve basic knowledge of HIV/AIDS, Condoms, knowledge about service facilities. They have daily dairy not maintained. Form B also maintained by supported ORWs.
* Each peer is providing STI, ICTC, Condom services to the HRGs. They are conducting weekly hotspot meetings. ORWs are providing supports at field level
* Peer educators are well aware of PPP doctors & clinics.
* We have met 15-20 HRGs at field level and conducted 02 FGDs. During this discussion community members said that they are well aware of ICTC, Condoms & clinical visit.

**VIII f. Peer educators in IDU TI**

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

* Not applicable

**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 priorities the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condom, able to plan their outreach, able to manage the DIC’s/health camps, working knowledge about symptoms of STI, issues related to treatment of TB, service in ICTC & ART.**

* Not applicable

**VIII h. peer educator in Truckers Project**

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

* Not applicable

**VIII j. M&E Officer**

**Whether the M&E officer (FSW & 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.**

* Mrs. Asha Kuhile is BSc qualified and working with TI since April 2015 as M&E officer. She able to support TI by calculating information about the performance and areas of improvements.

**Ix a. Outreach activity in core TI project**

**Interact with all PEs (FSW, MSM and IDU) interact with all ORW’s 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.**

* As per micro plan and monthly plan outreach activities have been done. The service uptake among the community has been apparent. Total HRGs line listed is 1649 and 1237 are active. They have 962 HRGs regular contacts. 1237 HRGs are taken RMC services. 1146 HRGs were ICTC tested.

**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 services uptake that is whether enough clinic footfall, 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.**

* Not applicable

**IX. Services**

**Overall services in the project, quality of services and service delivery, satisfactory level of HRG’s.**

* During the discussion with HRGs they said that, they were satisfied with the project services but some reported that they were not included in getting benefits other than TI. Community members are taking good services from projects.

**X. Community involvement**

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

* The project Management & crisis management committees are actively participating in the project activities. TI has three level advocacy committees like education committee, Health Committee and crises committee Community formed for project level.

1. **Commodities**

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

* ORWs are conducting hot spot level meetings. They do risk assessment and condom estimation and due for other services.
* Condom requirement calculation is being done on client load basis per week and calculated to month. They have distributed condoms through one to one and outlets(Through PEs) No female condoms have been distributed in the past one year

1. **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.**

* There is an 3 committee found at TI level. 4 area level committees and they have done advocacy among police and local leaders, they have done 05 advocacy activities and reported. We could meet only one police staff in Vijapur he told department supported the project programme

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

* 60 SHGs are formed but during period more then 10-15 activated.
* Project supported for the social support like Ration card , Voting card and Etc…

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

**\*Good Practices\***

**PRERNA SAMAJIK SANSTHA (PSS) VAIJAPUR**

* PreranaSamajikSanstha (PSS) is a Non Govt. Organization engaged in Community based health programmes in Aurangabad district of Maharashtra state. Since Dec-2008, PSS initiated the programme on STD and HIV/ AIDS with the support of MSACS. The program me focuses on prevention and control of STI and HIV/ AIDS incidences among non-brothel Home base Female sex workers from Vaijapur, Gangapur, and Kannad, town of Aurangabad District

* PSS has worked very closely with the peer educators who are one of the main stakeholders of the project. As per the recent and updated survey made by ORW/ project staff of PSS, the total number of FSWs are ever registered around 1649in which we could reach active 1237 till March 2016, PSS during these last years could identify and train 20 peer educators who are actively involved in all the activities. Through their involvement in the programed, they could develop self-confidence and self-image.

**Advocacy & Networking**

Meeting with secondary stack holder such as DHO, DRCHO, DPM, TB Center, NGOs/CBOs, Civil surgeon, THO, MO, DAPCH and ICTC, WCD department etc.

**

**

**District Networking and Advocacy meeting at Hotel Raviraj, Aurangabad**

**PRERNA SAMAJIK SANSTHA (PSS) VAIJAPUR is good working in the HIV/ AIDS Field.**

* There has to be better rapport building with peers and KPs to help them open up to the conversation more.
* Government schemes take a long time to get implemented and for the FSWs to avail the scheme takes an even longer time. It is important for the organization to push for better implementation of the schemes.
* P E is involvement and participation is important in Community Based Activity
* Preplanning of monthly activities is the first step of achievement.
* Services of free Condom distribution , ICTC , RMC , VDRL testing & STI is very important for K P
* New techniques and approaches are important for successful implementing.
* Mobile ICTC Van is very important for Hotspot level.
* Networking & Linkages is important with other stake holders for involvement and Services. Ex. Linkages to ART center, advocacy police station in block, DAPCU office, Bank manager for SHG formation, Rural Hospital etc.
* Advocacy meetings are important with District & village level stakeholders
* There is big challenge to join the KP and work with them. ( New identification KP )
* All the stakeholders realized about the importance of mutual cooperation
* Basic language training for the peers will help them to be more informed by being able to read basic information such as expiry date on the condoms pack.
* PSS already established & formed each town of committees fromHRG Group for BCC.

1. Education committee. 2) Health Committee. 3) Crisis Management Committees.

* PSS have been given support of Nutrition& Travel Support as well as link with VIHAAN network for the purpose to get various facilities.

**District Level Advocacy Meeting done & discussion with:-**

Honorable Guest Mr. Additional Collector Sormare.

Women & Child Development Welfare Department .

District Police Department .

ART Center & ICTC Center.

Other NGOs

* Prernasamajiksanstha (PSS) through K.Ps children admitted into the government hostel and education facilities. It is beneficial for the K.P. through by these activities.
* PSS always prompt to entitlement with government various scheme , like a SGNY (Sanjay Gandhi NiradhharYojana for the widow Wed Woman as well as for the FSW. Those who Childs have not support for the education for those above 5 years needy, we Are Trying To Gives them education support from through the help of ICDS Women & child welfare department This Year.
* All PLHIV FSW Women’s are linked to ART Center.
* PSS Always ready to solve the various issues of FSW like a ration card, Aadhar card, Voting card, Bank Passbook.
* PSS has to be work in very well about HIV/ AIDS field in starting of project in Four town Vaijapur, Gangapur, Kannad, Lasur.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**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.** |
| **Mr.Ganesh Prasad.K** | [**Kush.kesh@gmail.com**](mailto:Kush.kesh@gmail.com) **9845531231** |
| **Mr.Sushil Ahire** | [**sushils303@yahoo.com**](mailto:sushils303@yahoo.com)  **9420001888** |
| **Mr. Aniruddha Kale** | [**Aniruddha.kale475@gmail.com**](mailto:Aniruddha.kale475@gmail.com)  **9850568267** |
| **Officials from SACS/TSU (as facilitator)** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **PRERANA SAMAJIK SANSTHA (PSS)**  **CBO** |
| **Typology of the target population:** | **FSW** |
| **Total population being covered against target:** | Covered 1237 Active population Against 1200 target |
| **Dates of Visit:** | **27 & 28 April 2015** |
| **Place of Visit:** | **Vaijapur, Aurangabad** |

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 Extension/Continuation** |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites.** |

**Specific Recommendations:**

|  |
| --- |
| **PSS has lot of potentials to grow as community organization. Since majority board members are PEs they are unable to review project performance critically. More capacity building and handholding is support required for PSS board members to run CBO and quality TI. PSS also need to give focus on capacity building of PEs and their interaction HRGs. They also need take lead role in advocacy initiatives.** |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| Mr. Ganesh Prasad.K |  |
| Mr.Sushil Ahire |  |
| Mr . Aniruddha Kale (Finance) |  |