

TI-Evaluation Report of

“Shri Gajanan Maharaj Gramin Vikas Wa Bahuuddeshiya Sanstha”

Evaluation Team:

Dr. Anil Pratap Singh (Team Leader & External Consultant);

Mr. Tushar Dey (Co-evaluator);

Mr. Bhagwat Eknath Kavhale (Finance Evaluator) &

Mr. Pramod Tale (DPO-DAPCU, Buldhana & Internal Team Member)

Submitted to:

**Maharashtra State AIDS Prevention & Control Society,
Mumbai**

April 2016

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 to NACO)

Introduction

- **Background of Project and Organisation:**

Shri Gajanan Maharaj Gramin Vikas Wa Bahuuddeshiya Sanstha (SGMGVBS) is a not-for-profit, voluntary organization was founded in July 1999 under Societies Registration Act 1860. SGMGVBS is implementing the target intervention project amongst female sex workers (FSWs) and men who have sex (MSM) and became partner of Maharashtra State AIDS Control Society (M SACS) since August 2013. The organization has also had experiences in making Self-Help Groups (SHGs) targeting micro-finance for deprived women as well as implemented certain projects on Water and Sanitation, Water Conservation as well.

- **Name and address of the Organization:** *Shri Gajanan Maharaj Gramin Vikas Wa Bahuuddeshiya Sanstha (SGMGVBS)*
Head Office: DP Road, Near Maharana Pratap Chowk, Chikhali Tq. Chikhali, , District: Buldana(Maharashtra)
TI Office: Wadner Bholji Tq. Nandura, District: Buldana(Maharashtra)
- **Chief Functionary:** Mr. Dilip P. Jadhav (Project Director-TI)
- **Year of establishment:** 1999
- **Year and month of project initiation:** August 2013
- **Evaluation team:** Dr. Anil Pratap Singh (Team Leader & External Evaluator), Mr. Tushar Dey (External Evaluator), Mr. Bhagwat Eknath Kavhale (Finance Evaluator)
- **Time frame:** 24th April 2016 to 25th April 2016

Profile of TI

(Information to be captured)

- Target Population Profile: FSW / MSM / IDU / TG/TRUCKERS / MIGRANTS: FSW & MSM
- Type of Project: Core/ Core Composite / Bridge population: Core composite
- Size of Target Group(s): Allocated Target of FSW is 1000 while registered/active. In addition to these 93 MSM registered against the target of 100.
- Sub-Groups and their Size: Amongst 93 MSM, 62 are *Kothi* while 31 *Panthei*. While, all the 781 FSWs are home-based.
- Target Area: There are 6 intervening spots spread over 70 kms.

- **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

Shri Gajanan Mahraj Gramin Vikas Wa Bahuuddeshiya Sanstha, Buldhana (Maharashtra): Core Composite-TI (FSW & MSM)

etc...

Two of the key office bearers were interacted in order to understand their vision about the project, support to the community, advocacy efforts, monitoring the project TI project etc. and observed that still lot more was to be done. During April 2014 to March 2015, the Project Director-TI (who is also Secretary of the NGO) had attended majority of the staff-review meetings. Review mechanism was existed within the system at the level of Project Director (during staff meetings) and programme deliverables have rather been taken into considerations. The involvement of executive body of the NGO in the TI was observed limited to Secretary and the President. The TI had formulated various committees but the representation from the community was observed largely limited.

II. Organizational Capacity

- 1. Human resources: 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:**

Staffs were given with appointment letters wherein roles and responsibilities were spelled-out. Following are the staff allocated whose educational status/experience being given underneath:

Staff Details:

S. N.	Name of the staff	Designation	Qualification	Working Since (with name of month)
1	Dilip P. Jadhav	Project Director	12 th	Aug. 2013
2	Gajanan M. Jadhav	Project Manager	MSW	Jun. 2015
3	Ganesh D. Waghade	ANM/Counselor	MSM	Oct. 2015
4	Ganesh O. Deshmukh	MEO & Accountant	B.Com	Apr. 2014
5	Ujjwala V. Wankhade	O.R.W. 1	HSC	Oct. 2013
6	Rukhmini J. Kalpande	O.R.W. 2	HSC	Oct. 2013
7	Ujjwala D. Chakre	O.R.W. 3	MA	Dec. 2013
8	Smita Paware / Tayde	O.R.W. 4	HSC	Mar. 2014
9	Mo. Afjal Sk. Budhan	O.R.W. 5	SSC	Sep. 2014

ORW-wise PE-profile is also being given underneath which were working at present:

1. Outreach Worker-1 (FSW) Ujjwala D. Chakre

Sl. No	Name of PE	Age in years	Qualification	Target	Date of Joining	Intervening area
1.	Renuka Rajiv Honale	40	4 th Std	51	01/10/2015	Khamgaon
2.	Sangita Dashrath Sontakke	40	5 th Std	50	01/09/2015	Khamgaon
3.	Lalita Gajanan Budhalkar	24	8 th Std	51	01/10/2015	Khamgaon
4.	Pushpa Ramdas Chavan	30	8 th Std	50	01/10/2015	Khamgaon

2. Outreach Worker-2 (FSW) Ujjwala V. Wankhade

Sl. No	Name of PE	Age in years	Qualification	Target	Date of Joining	Intervening area
1.	Sudha Vijay Bhojne	35	8 th Std	49	01/09/2014	Shegaon
2.	Vidhya Rajendra Ingle	40	4 th Std	49	01/09/2014	Shegaon
3.	Lata Raju Tiwari	40	8 th Std	49	01/09/2014	Shegaon
4.	Vandana Kishor Bhojane	32	8 th Std	50	01/09/2014	Shegaon
5.	Baby Rameshwar Bhojane	40	8 th Std	47	01/09/2014	Shegaon

3. Outreach Worker-3 (FSW) Smita Pawar

Sl. No	Name of PE	Age in years	Qualification	Target	Date of Joining	Intervening area
1.	Mangala Sandip Pawar	30	4 th Std	54	01/09/2014	Motala
2.	Jyoti Premchand Kharche	40	4 th Std	30	01/09/2014	Motala
3.	Vanita Bharat Mahale	32	4 th Std	48	01/09/2014	Malkapur
4.	Sunita Sidharth Wale	32	4 th Std	44	01/09/2014	Malkapur

4 Outreach Worker-4 (FSW) Rukhmini J. Kalpande

Sl. No	Name of PE	Age in years	Qualification	Target	Date of Joining	Intervening area
1.	Sangita Ganesh Datar	30	4 th Std	54	01/09/2015	Jalgaon
2.	Rekha Kisan Dhurde	40	4 th Std	24	01/04/2015	Jalgaon
3.	Varsha Tatharkar	32	4 th Std	39	01/04/2015	Sangrampur
4.	Shubhangi P. Lonkar	23	4 th Std	42	01/04/2015	Sangrampur

5 Outreach Worker-5 (MSM) Mo. Afzal Sk. Budan

Sl. No	Name of PE	Age in years	Qualification	Target	Date of Joining	Intervening area
1.	Dashrath Sontakke	40	8 th Std	48	01/11/2014	Khamgaon
2.	Mo. Nafij Ab. Khalil	26	8 th Std	45	01/11/2014	Khamgaon

Capacity building training: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

Majority of the project staffs are old ones except Project Manager and Counselor. Staffs have got various trainings both formal-trainings and in-house/on-site mentoring by TSU-PO. Through documents on various training it is hard to comment on the quality of the content/training materials used. Furthermore, the impact of these capacity building efforts could have been reflected more in the practice at each hierarchical level of the TI-team.

Given below are the details of training as happened for TI-staffs and PEs:

Training Details (SACS):

Sl.No	Name of staff/ Designation	Training given by	Content	Dates of Training
1	Ujjwala D. Chakre	STAPI-STRC Maharashtra	ORW Roll On TI , All Document Fill Up	3 To 6 December 2014

2	Ujwala V. Wankhade	STAPI-STRC Maharashtra	ORW Roll On TI , All Document Fill Up	3 To 6 December 2014
3	Smita (Pawar) Tyade	STAPI-STRC Maharashtra	ORW Roll On TI , All Document Fill Up	3 To 6 December 2014
4	Rukhmini J. Kalpande	STAPI-STRC Maharashtra	ORW Roll On TI , All Document Fill Up	3 To 6 December 2014
5	Gajanan M. Jadhav	MSACS (PO) Roshan Rahangade	ITS New Format	04/04/2016
6	Ganesh D. Waghade	MSACS (PO) Roshan Rahangade	ITS New Format	04/04/2016
7	Ganesh O. Deshmukh	MSACS (PO) Roshan Rahangade	ITS New Format	04/04/2016

2. Infrastructure of the organization:

The TI-office cum DIC is at Wadner Bholji Tq. Nandura, Buldana having space for working of the team. Looking at geo-mapping of hot-spots, TI-office cum DIC could have been located at rather centralized place in terms of beneficiaries' numbers/sites. Separate Counseling room still need to be there. Assets' records were available and duly coded as well but the same was still to be verified periodically.

4. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting an feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.

Some of the NACO formats were in use. Documentation at each hierarchy level is poor. However, as per the available records timeliness was followed for submission of MIS but sometimes delayed in complying PO's suggestions at various occasions. Manual entries were still to be computerized for various NACO formats. Documents pertaining to counseling like referral register, counseling registers, etc. were available.

III. Program Deliverables

Outreach

1. Line listing of the HRG by category.
2. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.

3. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
4. Micro planning in place and the same is reflected in Quality and documentation.
5. Coverage of target population (sub-group wise): Target / regular contacts only in HRGs
6. Outreach planning - quality, documentation and reflection in implementation
7. PE: HRG ratio, PE: migrants/truckers
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
9. Documentation of the peer education
10. Quality of peer education- messages, skills and reflection in the community
11. Supervision- mechanism, process, follow-up in action taken etc

Line Listing of HRG by category: Line Listing of HRGs (FSW & MSM) present. TI has been allocated target of 1000 FSW and 100 MSM against which registered 781 FSW & 93 MSM. The current active population is 781 FSW & 93 MSM (62 Kothi and 31 Panthi).

Coverage of target population (sub-group wise): Estimated / regular contacts

As per the MIS, intervention has been made for 781 FSW and 93 MSM. PE diaries were observed in use but they are highly dependent on ORWs. Regular contacts were neither proper nor authentic data were there.

Outreach planning

Outreach and micro-plan needs improvement. Line-listed HRGs' risk assessment was done in the month of December 2015 which taken into consideration till March 2016.

Peer Education

The range of PEs to HRGs was as per norm. During in depth discussions on the nature of their work, it was observed that their roles in the community and their knowledge in context of communication skills for message delivery were found poor average in terms of project requirements. PEs had their bags wherein condom, N/S, IEC in Punjabi and Hindi penis model, were placed. Plan Vs Achievement rather understood by all the met PEs.

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

Counselor as well as PM and ORWs all need to understand the TI for supervising rest of the staffs. However, written feed-backs were not there.

IV. Services

1. Availability of STI services - mode of delivery, adequacy to the needs of the community.
2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.
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.
4. Quality of treatment in the service provisioning- adherence to syndromic treatment

protocol, follow up mechanism and adherence, referrals to ICTC,ART, DOTS centre and Community care centres.

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 official documents in this regard.

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

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

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

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

10. Referrals and follows up

Availability of STI services:

STI services are catered mainly through five non-allopath and one allopath PPP-doctors (- male ones) who were working since long.

PPP Doctor's details:

Sl. No.	Name of the Doctor	Allopath/non-allopath	Received training on Syndromic Management from SACS/TSU	Letter of Understanding (LoU) signed: Yes/No	Working since
1	Dr. Atul Chavan	Non Allopath	Yes	Yes	Aug. 2013
2	Dr. Shriram Fafat	Allopath	No	Yes	Aug. 2013
3	Dr. Madhavi Jaware	Non Allopath	No	Yes	Aug. 2013
4	Dr. Sanjay Warade	Non Allopath	No	Yes	Aug. 2013
5	Dr. Dr. Chandrashekar Bhongal	Non Allopath	Yes	Yes	Aug. 2013
6	Dr. Sandip Dhamode	Non Allopath	Yes	Yes	Aug. 2013

STI-drugs' availability:

STI-Kit No. 4 is balance with quantity of 4 kits (expiry due in 2017) and STI-Kit No. 6 left with 70 kits as balance. None other drugs are available as of now.

Quality of the services and treatment in the service provisioning:

STI medicines were intermittently procured by the TI from MSACS. The TI had faced problems of stock-outs. It was also felt feasible to calculate demand as per the prevailing ailments to avoid situations of having these medicines stocked-out and also to maintain buffer stock.

Documentation

Treatment registers, referral slips, documents reflected modest presence of system as endorsed by NACO/SACS are available.

Availability of Condoms- Type of distribution channel, accessibility, adequacy, No of condoms distributed etc:

TI could not calculate condom demand properly and variance of distribution against the demands was gestured. The same was also told to us by all the met peer educators and HRGs interacted. The main channel of condom distribution was through PEs. Condom balance as on date was 100000. Condom gap analyses need to be done properly.

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents

No community meetings were held by the TI during the entire span of the assessment. The TI was not observed collectivizing the rest of the community but included HRGs in Advocacy Committee and Crisis Management Committee (CMC).

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc...
2. Percentages of HRGs tested in ICTC and gap between referred and tested.
3. Support system developed with various stakeholders and involvement of various stakeholders in the project.

Linkages (for ICTC/VDRL/ART/TB etc.) as being used by the TI:

- a) General Hospital, Khamgaon;
- b) Rural Hospital, Shegoan;
- c) Sub-district Hospital, Malakpur

HRGs had undergone HIV testing (ICTC), a total of 909 ICTC tests were done for FSWs (including twice tests) during April 2014 to March 2015 and in this period one FSW detected sero-positive. For Rapid Plasma Reagin (RPR), HRGs had enjoyed single prick whilst testing for ICTC. 60 MSM were also tested for ICTC and VDRL in this period. TB cases not identified for linking to DOT.

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.

The NGO is adhering to the NGO-CBO Guidelines and other 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.

- The NGO is using Pre printed and serialized Vouchers.
- All the payments were approved by the competent authority.
- Quotations were not invited for purchases made above Rs.2000.
- All the vouchers were supported with required evidence.
- NGO is maintaining Stock and Issue register.

- 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.

- NGO is procuring medicine as per the guidelines.

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

- A Joint Bank Account is maintained by the NGO.
- Bank Reconciliation Statement is maintained on monthly basis.
- Cash book not maintained on daily basis and nor signed monthly by the concerned authority as well.
- During the time of Evaluation we observed that printouts of ledger accounts as per tally was maintained but manual ledger register not in place.

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 having MSW degree. The Project Manager (PM) had very limited knowledge about the proposal, quarterly and monthly plan, financial management, computerization and management of data, knowledge about program performance indicators, and conduction of review meetings. He observed visits field and doing advocacies but he has to understand essence of advocacy meetings.

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 has his average clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs etc. He need to be acquainted properly on his job related assignments.

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.

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.

There are four ORWs in the project and their records showed that quarterly risk assessment happened but having data inaccuracies. But, they had more or less average knowledge about target on various indicators for their PEs, outreach plan, STI symptoms, RMC and ICTC testing, support to PEs, field level action based on review meetings etc. and accordingly doing documentation. They were not observed filling weekly summary sheet Form-D.

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.

PEs were not properly familiar in filling their diaries. There was ample scope for improvement in doing proper prioritization. All the met peer educators had limited understanding on the project. Only few of the PEs knew the importance of RMC and ICTC testing, demand vs. distribution, condom demonstration, communication skill, symptoms of STI and also known to service facilities available in the city's periphery.

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.

Not applicable for this TI as evaluated.

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 prioritize 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 manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

Not applicable for this TI as evaluated.

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.

Not applicable for this TI as evaluated.

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.

Exclusive M&E position was sanctioned who has limited knowledge to provide analytical information about the gaps in outreach, service uptake etc. and key information about various indicators as were reported through MIS'.

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 were observed being implemented but plans need to be proper. Data authenticity is one of the major concerns as there prevailed inaccuracies. Service uptake need to be proper.

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.

Not applicable for this TI as evaluated.

X. Services

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

Service uptake through the project was still need to be proper. Some of the met project beneficiaries were observed rather satisfied with the project.

XI. Community involvement

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

None of the staffs belonged to the community. DIC foot-falls as well as DIC-meetings' attendances could have been more.

XII. Commodities

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

The project level planning for commodity distribution as per Demand Vs Distribution not very understood by the TI. Free condom distributions being done but CSM could not happen.

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.

Stakeholders' involvement was rather invisible and as per interaction, stakeholders like police (who are still at negative stake for this intervention) could be involved properly and TI also need to identify potential stakeholders and advocacies should be done both

for need-based and regular. And, advocacies are to be followed-up.

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

The project is yet to properly link its line-listed beneficiaries with various social protection schemes. However, there are incidences when TI has helped a few of the HRGs in opening their bank account, making Adhaar Card and Voter Id etc.

XV. Best Practices if any

None.