**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:

The Oragnisation Lotus Medical Foundation was established in the year 1999. Since its inception the Foundation and its members have contributed to Quality medical services. The Foundation also runs a corporate Hospital. The Foundation has rendered its utmost to the Prevention of Parent to Child transmission programme and Care and support to the HIV positive persons. The Care and support centres were initially funded by NACO, but the funding ceased fron April 2013. For a period, all services were provided free of cost for the HIV positive persons, currently they are charging a minimal cost of Rs 250/- per day.

Some of the other Projects being run by the Foundation apart from the Core Composite TI by Maharashtra SACS, are Migrant TI from August 2010, PPTCT September 2010, Seasonal Migrant Pilot Project for the Sugarcane industry workers from December 2013 to May 2014. Link workers scheme from March 2010 covering 100 villages in Kolhapur District, Mobile Medical unit started in the year 2013 December which provides medical as well as testing services. PPP – ICTC service (Public and private partnership).

* Name and address of the Organization:

Lotus Medical Foundation,

1654, E Ward, lane no 8,

Rajarampuri, Kolhapur, 416008.

* Chief Functionary: Mrs Kimaya Niranjan Shah
* Year of Establishment: 1999
* Year of month of project initiation: August 2013
* Evaluation Team: Mrs. M. Omega Jyotsna, Mr. Raja Babu,
* Time Frame: 11th April 2016 – 13th April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: FSW/MSM/IDU/TG/
* Type of Project: Core Composite
* Size of Target Group(s) – FSW – 544, MSM – 398, TG - 45
* Sub-Groups and their Size: FSW – Street based – 55, Lodge based – 46, Home Based – 436, High way based – 7, MSM – Kothi- 153, Panthi -238, TG - 45
* Target Area: Jaysinghpur, Hatkanangale, Hupari, Vadgaon, Toap/Shiroli Pulachi, Warana Kodoli

Key findings and recommendation on Various Project Components

1. **Organizational support to the programme -:**

The Project having less than five years of implementation experience, is yet to saturate its service provision and outreach component. The HRG are still in the process of accepting the Project services and receiving them . Henceforth, the Project Board is keen on saturation of services. The collectivization and formation of CBO is yet to take a shape.

1. **Organizational Capacity:**
2. 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.

* The staffing pattern in the Organization is as per the laid down structure of the NACO Protocol. The Project Manager of the Project is supported by an M&E officer, four Outreach workers. There are 16 PE’ sin the Project. The M&E and the ORW report to the PM about the Project activities. The PE’s report to the ORW about the Progress of their activities. The supportive supervision in term of the Project components is minimal. Guidance is given only with reference to dues of the RMC and HIV testing.
* The Staff are committed to working with the community. The staff are awre of their roles yet they need to improvise on reaching out to the community in terms of BCC of all Project service components. Turnover has been observed with reference to hindrance in funds flow from SACS.

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

The following are the capacity building activities of the Project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Date** | **Name of the training** | **Resource person / Training Conducted By** | **Participants** |
| 1 | 27/11/2014 to 29/11/2014 | InductionTraining of Counselor | STAPI - STRC, Maharashtra | 1 |
| 2 | 05/01/2015 to 08/01/2015 | InductionTraining of Out Reach Workers | STAPI - STRC, Maharashtra | 3 |
| 3 | 11-04-2015 | In-house training of Out Reach Workers | Mr. Prakash Patole, Mr. Ajit Khot | 6 |
| 4 | 27-04-2015 | In-house training of Peer Educators | Mr. Prakash Patole, Mr. Ajit Khot | 11 |
| 5 | 22-05-2015 | Induction Training on Condom Social Marketing | NACO - TSG | 5 |
| 6 | 09-09-2015 | In-house training of Out Reach Workers & Peer Educators | Mr. Prakash Patole, Mr. Sachin Chougule | 14 |
| 7 | 21-12-2015 | NACO MSM TI Operational Guidelines Training | Humsafar Trust - DIVA Project | 2 |

1. Infrastructure of the organization

The infrastructure of the Organization is very inadequate. The office room is very small just enough for 3 -4 to be seated with chairs and tables in place. There is no enough space for the ORW to document their reports. There is no enough space for the PE meetings. Though there is a hall, it is common for three projects ie Migrants, LWS and CC projects.

1. Documentation and Reporting:

* All documentation and reporting structures are maintained as per the SACS protocol.
* The monthly review meetings are written in a monotonous manner, there is no evidence of planning approach in the monthly meetings.
* Very few PE’s have attended the monthly review meetings. None signatures are found in the monthly meeting register.

1. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category

* The Line Listing is maintained category wise with all the relevant details mentioned. Whilst the target is 900, they have active population of 987 and ever registered 1208.

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

* Since the turnover of the Project staff in all position except for one outreach worker position, the staff has limited knowledge on Microplanning. A list is developed each month for the HRG who have to access the RMC and the HIV testing. The outreach with respect to giving BCC, addressing the risk and vulnerability and prioritization of hot spots was not observed.

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

* Whilst the target is 900, the registered active population is 987. The reach is about 97%. The coverage is extensive however all the activities such as outreach, and BCC are centered around the HRG reaching and accessing services through the health camps. MSM = 127, FSW 81, TG 11
* The Drop out numbers are

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

* The Outreach planning is done for receiving the STI and ICTC services. The High risk mapping, listing of vulnerability is minimally done.
* When asked to document in the B format about the outreach coverage, only no of condoms given were mentioned. Information about STI, HIV, one to one and group sessions were not mentioned as the targets for RMC and ICTC were not given.

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

* The PE and HRG ratio is maintained as per the NACO protocol.

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.

* The regular contacts are being done, however as per the interactions with the Staff and the PE’s they are frequently centered around health camps, When the PE’s were interviewed about the BCC, they gave the messages centering around attending the health camps.
* The condom demo skills were very poor amongst the community as well the PE’s.
* The information about Physical and internal examination during RMC was minimal amongst the PE’ hence forth the same reflected in the community.
* The Community were accessing HIV testing services when they felt that they were at risk. They had no knowledge about the window period.

1. Documentation of the peer education.

* There was nil Documentation by the PE’s

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

* Inadequate knowledge amongst the PE’s was observed in the following areas: HIV modes and transmission, STI (Presence of Internal symptoms likeliness), Significance of RMC, usage of condoms( Demo skills, double usage of condoms etc)

1. Supervision-mechanism, process, follow-up in action taken etc.
2. **Services**
3. Availability of STI services-mode of delivery, adequacy to the needs of the community.

* The Mode of service delivery is through Health camps where, the services of RMC, HIV testing and Syphillis testing are being done. There is adequacy of service needs being met by the mode of delivery.

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

* Case history is taken for all HRG attending the camp, Physical examination is conducted when STI or RTI symptoms are reported. No Privacy, no sitting space for the counselor, minimal time for counseling, internal examination is done for selective cases.
* Interview could not be conducted with the Doctor henceforth further information regarding STI treatment protocol could not be ascertained.

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 the use of revolving funds.
2. 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.

* Interview could not be conducted with the Doctor henceforth further information regarding STI treatment protocol could not be ascertained.
* He follow up in outreach STI follow up is being done but not according to the NACO protocol, the follow up in outreach is not being followed The person is brought for follow up only until the next health camp is conducted.
* The HRG tested positive are linked to ART centres, the further follow up to ascertain whether the HRG is actually visiting the ART centre is not being done,. Such record is not maintained at the office. When cross verified, the HRG were attending the ART centre regularly. One person was not linked to ART after he was tested positive. It was mentioned that he has migrated, when outreach continued for two months

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 officials documents in this regard.

* The STI Register, RMC register, Case sheets of RMC attended, STI follow up sheets are being maintained.
* STI follow up data is not mentioned in the register.
* Referral slips in the ICTC centre are maintained. A testing camp was conduted in Jaysinghpur in March 17th 2016, the referral slips of the ICTC centre were with the NGO and the referral slips did not any PID number. But the data matched with that of the PID register.

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

* There is adequate stock of condoms . On two occasions it was found that there was no condom stock and issue of condoms 4/7/14 to 29/8/14 , the distribution again started from 2/9/14. Again in 18/12/14 to 9/1/ 15

1. No. of condoms distributed through outreach/DIC.

* Free Condoms demand and supply:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Demand** | **Total Supply** | **Percentage** |
| April 2014 to March 2015 | 108912 | 75202 | 69.05% |
| April 2015 to March 2016 | 113804 | 76590 | 67.30% |

* Social marketing:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **20% of Free Condom Demand** | **Total Distributed** | **Percentage** |
| April 2014 to March 2015 | 21780 | 9330 | 42.84% |
| April 2015 to March 2016 | 22760 | 19920 | 87.52% |

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

* The Staff have adequate knowledge about ICTC, DOT, ART and STI clinic, however the PE’s have knowledge only about the health camps as source of RMC and HIV testing and the same has percolated to the community as well.

1. Referrals and follows up.

* The referrals are upto 97% however the STI folowup is heavily reliant only on the next health camp to be conducted in the site.
* There is absence of follow up even to the HIV testing, for the HRG who have been diagnosed as having STI.
* All 18 were linked to ART centre’s. Only one HRG tested positive in March 2015 could not be linked.

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

* The Project implementation focus is yet maintained on the saturation of services. Hence impetus is not being put in collectivization activities.
* 70% of the community belongs to the home based groups, hence the collectivization activities has taken back stage.

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

* Few cultural activities such as Rangoli, fashion shows and cultural events have taken place. The Community though with limited number attendance, yet participation with zeal and enthusiasm. There was a sense of ownership in the participation of such events.
* The major events such as World AIDS day, Candle light movement etc were given limited emphasis

1. **Linkages**
2. Assess the linkages established with the various services providers like STI, ICTC, TB, clinics etc…
3. Percentages of HRGs tested in ICTC and gap between referred and tested.
4. Support system developed with various stakeholders and involvement of various stakeholders in the project.
5. **Financial system and procedures**
6. System of planning:

* Every Financial term to be followed on the guideline. Expenditure and Payment were Charged to the Correct Headwise.

1. Systems of payments –
   * All the Transaction which are more than Rs.2000 are paid by through Cheque. Cash Register maintained. No Advance System for day to day Transaction.
2. Systems of procurement –
   * No Purchase of Fixed Asset /Needle and Syringes during the Period..
3. System of documentation-
   * All Financial Registers Properly maintained by NGO. Bank Account is Jointly Maintained.
4. **Competency of the project staff.**

**VII a. Project Manager**

Mr. Mahesh Ashok Kambley is the third Project Manager since the inception of the TI program in the year 2013. The first and second PMs were Mr Satpute and Sainadh resigned for the reasons unknown. This Kambley who did 2 PGs in Sociology and Social work and pursuing PhD also, joined this organization on 12th December, 2014. His knowledge about performance indicators is okay. He is not very proficient at computer and management of data. He conducts weekly and monthly review meetings and takes action in accordance with the meeting minutes. He needs to plan for the Advocacies in a systematic manner and he needs to be good at supportive supervision so as to ensure an audible service delivery Vs service uptake. His skills with regard to documentation in English need to be brushed up. The PM needs to make strategic project, site and hot spot wise Micro plans to track the HRGs towards various services. Mr. Kambley needs to be proactive in the area of monitoring the entire outreach mechanism so as to see that service delivery through outreach is assured.

**VIII b. ANM/Counselor**

The present Counselor in the project is Rohit Kalidas Chinchwadekar. He is a post graduate in social sciences (MSW). He joined the organization on 15th October, 2015. Before this Counselor, 3 counselors namely Mr. Ramesh S Kambley, Mr. Mohan G Satpute and Mr, Amol D Zade worked for short periods and left the project. His knowledge levels regarding risk assessment Vs risk reduction, STI/HIV-AIDs are not so adequate. He has inadequate skill at book keeping, and updating of data. His basic counseling skills need to be improved with immediate effect. There is no problem with his field visits and initiation of linkages with various stakeholders.

**VIII d. ORW**

As per the ratio 1: 240, currently 4 ORWs are on board by names Asish Aravind Kambley BA, Sandeep A Kambley BA, Ramzan N Khalifa BA and Pooja H Kujlkarni. This Pooja hails to FSW community studied 10th class only. So far 2 Outreach workers left the TI program since the beginning of the same. The knowledge levels of all the ORWs are good. But they need to strengthen the system of Peer Education to ensure services to the community at their door steps. They need to extend supportive supervision to their respective Peer Educators so as to instill knowledge with regard to STI/HIV/AIDS, knowledge dissemination and to ensure an amicable service delivery Vs service uptake. They need to take action based on the discussions held in weekly and monthly review meetings e program and the gaps mentioned by the respective program officer during his visits.

**VIII e. Peer educators**

As per ratio fixed by NACO 16 Peer educators are with the project out which 4 are Trans gendered and there are MSMs. The PEs on board, are not able to do prioritization of hotspot. Out of the 16 PEs nearly 6 are above 45 years of age and I 1s 55 and another is 64 years old who need to be replaced immediately. Most of the PEs are not even good at Condom demonstration. The 8 age old Peer educators are to be replaced and capacitated towards Correct and consistent use of condom, Condom negotiation skills, available services for the community and PLHS.

**VIII j. M&E Officer**

Monit L Bhandari is a Commerce graduate who has been working as Accountant cum M&E office in the TI program of Lotus Medical foundation since 2nd july, 2014. He is capable of providing analytical information about the gaps in outreach and he is able to provide key information about various indicato0rs reported target intervention and CMIs reports. He is proactive and has very good expertise and skillful computer operator. Prior to Bhandari Nitin A patil was the M& E officer in this TI and left the organization after a brief stay of two months for the reasons unknown.

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

Actually in any TI lion part of the outreach has to be done by the Peer educators being supported by their respective Outreach workers. The same is being practiced in this TI also. The project manager is monitoring the outreach activity with a mode of supportive supervision. A specified and strategic micro plan along with evidence based outreach plan should be in place to track the HRGs for all the needed and essential services. Then only the outreach activities will be reflected in service uptake.

1. **Services**

The main service available in the TI is supply of commodities such as free and SM condoms along with lubricants for the MSM community, against the demand based on condom gap analysis. The other services are counseling and referrals to service centers like ICTC, ART, Syphilis, TB (DOT) and PLHA networks

1. **Community involvement**

No community involvement is found in planning and implementation project related programs. The community’s involvement is found with events only to some extent. No Community committees are in place and no CBO is established for the betterment of the community. But as appraised by the head of the organization a District wise CBO is in place

1. **Commodities**

Supply of commodities like free and social marketing condoms and lubricants for MSM commodities is happening in the Target intervention based on project and hotspot wise planning. However the quantity issued to community need to be reflected in the B forms and a well prepared hotspot and project wise condom gap analysis should be kept with the ORWS, PEs so as to ensure proper distribution of commodities and avoid unnecessary wastage.

**XIII. Enabling environment**

Need based periodical Advocacies are taking place in Target intervention but with no proper plan and authentic documentation

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

No such signs are found in this regard

**XV. Best Practices if any.**

None could be observed or have been reported.

**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.** |
| **M. Omega Jyotsna** | **9866159993** |
| **Raja Babu** | **8985592553** |
| **Officials from SACS/TSU (as facilitator) – Deepa Shipurkar – DPO ( Kolhapur)** | **9881253088** |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Lotus Medical Foundation** |
| **Typology of the target population:** | **FSW/MSM/TG** |
| **Total population being covered against target:** | **987/900** |
| **Dates of Visit:** | **11th to 13th April 2016** |
| **Place of Visit:** | **Kolhapur** |

Overall Rating based programme delivery score:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **Below 40%** | **D** | **Poor** | **Recommended for** |
| **41%-60% - 55.2%** | **C** | **Average** | **Recommended for Continuation Specific recommendations** |
| **61%-80%** | **B** | **Good** | **Recommended for** |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites.** |

**Specific Recommendations:**

|  |
| --- |
| The Staff require training on Microplanning with immediate effect. (Focus to be maintained on BCC in outreach, outreach planning, reaching the most Vulnerable and addressal of Risk and vulnerability with the most at risk.  Refresher training on BCC, Outreach planning with specific inputs to reducing risk and vulnerability, onus building of RMC and ICTC.  Supportive Supervision and mentoring of Project staff by PM and ORW to PE’s.  Data Decision making  Minimizing the duplication of numbers with respect to HRG visiting the RMC and HIV testing more than the frequency prescribed by NACO which would give the actual no of tested and accessed RMC services.  Proper maintenance of STI cases details with respect to date of follow up and reach to them for follow up by the PE’s on regular basis. Follow up with respect to HIV testing.  ART follow up to be documented and maintained by PE’s and ORW.  Efforts to be geared towards collectivization of community.  Reporting of crisis events to be streamlined from the community, systems to be established.  Community groups need to be established. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| **M. Omega Jyotsna** |  |
| **Raja Babu** |  |
|  |  |
| **Deepa Shipukar** |  |