**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 NGO Muslim Samaj Prabodhan Va Shikshan Sanstha was started with a vision of providing educational services to the Poor and vulnerable Muslim women community. Their model inspiration has been Mrs Savithri Bai Phule who contributed to the women’s education. Their mission is Social awakening and education of the community. The HIV/STI prevention programme was started in the year Oct 1999. The NGO was transitioned from Pathfinder to MSACS Muktha Project in the year 2011. The Organisation has fostered a CBO by name Sakhi Sangatan, which is now implementing a TI independently.

* Name and address of the Organization:

66, Arunodaya Hsg, Society Park, Rajendra Nagar, Kolhapur 416005

* Chief Functionary: Mrs. Parveen Meengole
* Year of Establishment: 1983
* Year of month of project initiation: May 2011
* Evaluation Team: Mrs. Omega Jyotsna, Mr. Raja Babu,
* Time Frame: 14th April 2016 to 16th April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: FSW/MSM/ TG
* Type of Project: Core Composite
* Size of Target Group(s):Total Population – 997 - FSW -641 , MSM -255 , TG - 101
* Sub-Groups and their Size: - FSW – Street based – 641, MSM – Kothi – 222, Panthi – 33, TG – 101.
* Target Area: CBS, Railway Station, Sambhaji Pool, Konda Oal, Vinus Corner, Parcel Office, Mahanagar Palika, Shetkari Sangh, Padma Chowk, Sarlashkar Bhawan, Gopal Lodge, Shahu Maidan, Hutatma Park, Rankala.

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…

The NGO Board members are very zealous about the Project and its implementation. They are primary concern is to bring down the STI/HIV rate amongst the target population. They have envisioned that formation of CBO and support groups are pillar to it. They have fostered a CBO, which now has been implementing TI independently. The Board is also envisioning a Project to provide Residential and Educational support to the children of Sex workers, so that they are not exposed to the perilous environment of the Sex workers. The advocacy activities of the Organization are on a continuum, they have plans to involve all the stakeholders when community events are held.

When interacted with the President Sri. Bhaskar Relekar who is a retired high school Head Master, a board member Mr. Sameer Janekar who is a School Physical instructor, and the project Director and a board member Mrs. Parveen Meengole we came to know that the organizational support to this TI program is countable. In their words they extend financial support to the project staff during crises like no timely budget release from SACS, by taking loans, depositing the same in the bank first and lending the amount to the staff. They occasionally participate in the project’s review meetings to observe the performance of the project’s performance indicators Vs achievements and discuss the same in their quarterly meetings of their Organization. They also involve the Project Manager in such meets based on the need to take an action with regard to gaps identified. The Project director is young, energetic and a post graduate in Social work and able to support the program by all means

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 17 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 is aware 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.

* One external training has been conducted by the Humsafar trust for the ORW
* Inhouse capacity building programmes have been held with the support of the STRC personnel. The recently recruited PE’s and ORW need to be capacitated on Outreach planning, knowledge about the mobility of the sex workers, Micro planning etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Date** | **No. of days** | **Concept** | **Internal/External** | **Agency** |
| **1.** | **6/02/2015** | **7** | **ORW Traning** | **External** | **Hamsafar Trust** |
| **2.** | **19/1/2015** | **1** | **Staff Tranning** | **Internal** | **In House Training** |

1. Infrastructure of the organization:

* The Organization well placed in near vicinity of the Hot spots, accessible to the HRG. The seating capacity and furniture is adequate. There is a spacious DIC for the HRG and enough space for the clinic

1. 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.

* With respect to Documentation and Reporting, all are maintained within the SACS protocol procedures. The Requisite registers are maintained and updated on a regular basis.
* The time lines of reporting and feedback mechanism is in proper place. The updates about the targets vs achievements discussion is held each week and the fed back is given to both the PE’s as well as the ORW. Action is taken up on a regular basis.
* There are few lacunae in the reporting and formats, the follow up dates for the STI needs to be adhered; PID numbers are not mentioned in the referral slips, referral slips at a time in month or so are taken to the ICTC counselor for signatures. The test reports or status of the Syphilis are not maintained or mentioned. The follow up data with the ART centre needs to be matched. In few cases, the dates, names age etc have not been matching.

1. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category:

* The Line listing by category wise is maintained. The relevant and requisite details are maintained. The drop out data is also mentioned with details.

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

* Micro planning is not being conducted on regular basis. The same is reflected in the Quality and Documentation. The reports of the Micro planning are not in place. The charts have been pasted on the walls.

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

* The Coverage of the Population is very extensive, more than the prescribed frequency of the SACS Protocol. The FSW sites being with a radius of just 1 KM, the access of the PE’s is very effortless. About 60% of the PE’s have been working for the past 7 years, hence forth they are very much aware of the HRG residing in the location. The Outreach occurs during the peak hours of business, the interaction for outreach henceforth is minimal. The HRG are more focused on clients

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

* The Outreach planning is done with more emphasis on reaching out to the HRG who have not accessed the RMC and the HIV testing. The BCC and other HIV/STI prevention messages are not given much focus. The Risk and vulnerability patterns are not given emphasis though there is an urgent need in lieu of the high number of STI access being identified that is 1.4% to 1.8 %.
* The sites are highly volatile; the HRG population is on constant move. There is mobility within the sites, across the sites and across the city to other nearer adjacent cities such as Sangli. Henceforth even more the need for Micro planning once in two months. The Organization needs to take stock of all the HRG who are mobile, what are the mobility patterns, where do they access services when they go across the cities etc.

1. PF: HRG ratio

* The PE ratio is as per specified SACS 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 HRG are contacted more than tice a month as the PE is present with the HRG in the Hotspot on daily basis. The HRG visit the Hotspot regularly as it is their specified Hotspot. Occasionally there is mobility. The HRG in one Hotspot are aware of the HRG from different hotspots.
* The regular contacts are being done, however as per the interactions with the Staff and the PE’s they are frequently centered on health camps, When the PE’s were interviewed about the BCC, they gave the messages centering around attending the health camps.
* Camps in the sites are conducted regularly at least 20 times a month. The camps are conducted in the near vicinity, in the lodges which are accessible. About 20 – 3-% of the HRG are taken to the DSRC centre’s.

1. Documentation of the peer education.

* Few PE’s are literate, hence forth the documentation is don e by them. Apart from them nil documentation is maintained by the PE’s

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

* The Capacities of the PE’s is superior. However they have reached the saturation stage of giving the BCC messages, hence for the actual quality and IPC needs to be re looked at. The BCC needs to be more focused on reducing the risk and vulnerability. Currently it is emphasized more on issuing condoms and mobilizing them to the health camps.
* The HRG are aware of the HIV/STI information in totality, however there is an impending risk of STI as per the records, therefore the PE’s and the ORW need to look at the causes plan their activities to reduce the risk and vulnerability.

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

* The Supervision mechanism is good. However, since the PE’s have been working since long time the attitude to take on instructions is questionable. The PE’s are active members in the CBO such as President, treasurer etc, hence forth the Organization needs to relook at the support given by the PE’s and the actual follow up in the Hotspot.

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

* The availability of the STI services is through camps, and DSRC. The arrangement suffices the needs of the community.

1. The Percentage of the HRG attending the camps is on the higher side. Quality of the services-infrastructure (clinic, equipment etc), location of the clinic, availability of STI drugs and maintenance of privacy etc.

* The camps are arranged in the Lodges, a room is given for the check up. Privacy for counseling is questionable. CM protocol, one has limited knowledge of SCM protocol. The other Service providers reported that they have now reduced number of camps, but Dr Ramesh who has limited knowledge is involved with more number of camps.
* All the clinical equipment is provided with the NGO to the service providers along with material for sterilization.
* The service providers reported that the personal hygiene of the sex workers was in a very deteriorated condition.

1. 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 quality of treatment in the service provision centers is adequate as the kits are provided by the NGO.
* The capacities of the service providers to follow the SCM need to be ascertained.
* Follow up mechanism needs strengthening.
* All case tested positive are linked to ART services. The information is with the counselor only. The NGO needs to regularly follow up the ART as few data regarding the dates etc were not matched.
* DOTS referral needs to be strengthened.

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.

* All the requisite registers are maintained. Other details such as status of Syphilis testing, PID numbers, STI follow up dates and visited dates to be regularly filled in.
* Stock registers for medicines; syphilis is maintained and regularly updated.
* Stock register for Clinic apparatus needs to be updated regularly. The existing apparatus or the newly purchased, equipment issued to service providers is not maintained.
* Procurement systems are not being followed. Chairs for the office when checked randomly, did not have any tenders.

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

* The type of distribution is mainly through one to one and condom depos.
* The HRG have enough and good accessibility to the condom distribution and receive as pr the demand.
* The causal factors for excess or low use of condoms is not monitored or inquired.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Performance Indicator** | **During April 2014 to March 2015** | **During Ap. 2015 to Dec.2015** | **Total** |
| 1 | Total demand for Free condoms as per CAG | 358353 | 265445 | 623798 |
| 3 | Total Distribution as per CAG | 314672 | 243385 | 558057 |
| 4 | Distribution through PEs and ORWs | 213215 | 108756 | 321971 |
| 5 | Distribution Through other outlets | 77413 | 37354 | 114767 |
| 6 | Total demand for SM condoms as per NACO guide lines | 71671 | 53089 | 124760 |
| 7 | Total distribution of SM condoms | 24044 | 97275 | 121319 |

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

* Only the ORW and the counselor have adequate knowledge about the referral centers.
* The PE’s are not very much informed about the service centers.
* The PE are aware of the health camps and the DSRC.

1. Referrals and follows up.

* The HRG with symptoms of STI are referred to the health services. The follow up is done, however needs to be improvised more efficiently with dates of follow up and the actual visit made by the HRG.

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 NGO has fostered a CBO. The CBO now has its own TI intervention. The CBO is very vibrant and actively takes part in all the TI activities as well as any of the community events planned by the NGO.
* Community committees have been set up such as the Crisis, Clinic and Advocacy committee. The Crisis committee manages all crisis issues with the support of the PE’s and the CBO

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

* About 60% have participated in the community events. They organize functions like Rakhi and involve the Police for greater support from the. Activities such as CBO elections, general body meetings and other cultural events have been held

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

* The NGO has established good linkages with all the Service providers

1. Percentages of HRGs tested in ICTC and gap between referred and tested.
2. Support system developed with various stakeholders and involvement of various stakeholders in the project.

* Very effective support system has been developed with different stakeholders such as Lodge owners and the Police.

1. **Financial system and procedures**
2. System of planning:

* Every Financial term to be followed on the guideline. Expenditure and Payment were Charged to the Correct Head wise.
* Due to Delay of new Rent for Office Utilization Guideline by MSACS , NGO already use old Guideline.( Grant 12000/- against 8000/-.)but now use as per Guideline.

1. Systems of payments –
   * All the Transaction which are more than Rs.2000 are paid by through Cheque. Cash Register is maintained. Vouchers are printed and machine numbered.
2. Systems of procurement –
   * Quotation Process is followed for Purchase of Fixed Asset, Clinical Material and Drugs during the Period but Quotation Procedure not done Properly by NGO. Purchases have been made without comparison of the tenders. Fixed Asset Register is Maintained & Updated. Clinical assets register is not maintained.
3. System of documentation-
   * Registers related to Finance are maintained. Bank Account is Jointly Maintained. Bank Reconciliation Statement Maintained every Month.
4. **Competency of the project staff.**

**VII a. Project Manager**

Mr. Shivaji Done a post graduate in Social work is the Project Manager of this TI program. He is not proficient at computer and management of data. He was not very much aware of the Targets and indicators when inquired. He conducts weekly and monthly review meetings and takes action in accordance with the meeting minutes. He needs to plan in a strategic as well as systematic manner in order to ensure better service delivery Vs service uptake. He needs to be good at computerization and data management. He is well connected to Service providers as observed by the evaluation team during visits to the service centers. He has good linkages with the stake holders like police and we could interact with the police personnel in this regard. He is committed but need to be improved in almost all areas with regard to these project performance indicators.

**VIII b. ANM/Counselor**

Mr. Suchit kumar MSW; a fresher from college joined this organization as project ANM/Counselor on 14th January 2016. As a newcomer to the program he needs to be trained on his job specific performance indicators with immediate effect. He requires capacity building on counseling. However his commitment is praise worthy which is not sufficient to ensure a better service delivery to the community. Turnover in the position of Counselor need to be addressed

**VIII d. ORW**

In the project as per NACO guide lines 4 ORWs are present by names Mr.Vikas Panduranga Gaikwad, Mr. Vishvajeet Bapuso Naik, Mr. Ravi Jadhav and Mrs. Mukhul Sakte. Out of the 4 ORWs mentioned above one is from MSM community promoted to the position. The male ORWs are 1.5 years to 6 months old regarding experience. Only the female ORW Mukhul has been working since 2011 when SACS started supporting the TI program. Rest of the ORWs need to be refreshed with regard to their job specific performance indicators so as to ensure an amicable supportive supervision to their respective Peer Educators. Presently Mr. Naik is pursuing B.Sc through correspondence and all others are under qualified. Turnover among the ORWs need to be checked. Outreach workers need to encash the close vicinity of community as the project is well encircled by the community, various service centers and stake holders.

**VIII e. Peer educators**

The Total Peer educators in the project are 17 out of which 4 are from MSM community. The knowledge levels of them are good and most of them are good at condom demonstration. Except two from MSM PEs and two from FSW PEs all are not able to read out or fill the B forms. One PE namely Sarada is the President of CBO fostered by MSPSS which is handling another CC TI Program. Three of the PEs are very age old between 55 to 63 years who are to be replaced immediately. The PEs are well supported by the ORWs in all aspects. The PEs are good at having good linkages with stake holders like police personnel etc. The PEs need be oriented on micro plan prioritization. The PEs can liberally as well as leisurely track their respective co- community members to the services as their sites and hotspots are located within their close vicinity.

**VIII j. M&E Officer**

Mr. Akash Jadhav a Commerce graduate, has been working as Accountant cum M&E officer in the TI program of this MSPSS organization since 2nd February, 2015. He is well versed with computer but needs to analyze the data and good at data management. He needs to make prescribed field visits so as to cross verify the data provided by the OR staff. He needs to be trained on respective module and CMIS. He needs to ensure that HRG’s who are due for RMC and HIV are actually attending the service centres.

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

The outreach activity in the project functional area is being carried out by the Peer educators being supportively supervised by their respective ORWS. The entire outreach activities are being monitored by the Project Manager. The outreach planning needs to follow Micro planning and this exercise needs to be down atleast once in two months to monitor the high volatility and mobility in the sites. The regular contacts are to be made by the PEs on regular basis. Referrals and Condom distribution are to be made through outreach to cover prescribed regular contacts.

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**

The MSPSS has fostered a CBO on its own, the community involvement is good but not up to the mark. The community’s involvement in events is good. But their involvement has to be ascended to the extent of involving in planning and implementation of program related activities such as Advocacy and etc. As the TI is more than 5 years old and the CBO fostered by MSPSS is handling a TI with core population, the current PE’s who are holding positions in the CBO need to take back seat and encourage active HRGs’ to take up the roles of PE”s.

1. **Commodities**

Supply of commodities like free and social marketing condoms and lubricants for MSM community is happening in the Target intervention based on project and hotspot wise condom gap analysis.

**XIII. Enabling environment**

The advocacy efforts of the NGO with various stakeholders such as Lodge owners, Police and other shop vendors is remarkable.

The linkages with various stakeholders like police personnel and etc is good and the advocacies are taking place at all levels. Proper and strategic plan need to be made before conducting informal advocacies and authentic documentation need to be in place. Crises management team is in place. The staff has good rapport with various stakeholders.

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

The NGO has helped 201 HRG to avail Aadhar cards.

**XV. Best Practices if any.**

**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) Mrs. Deepa Shipurkar DPO.** | **9881253088** |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Muslim Samaj Prabodhan Va Sikshan Sanstha** |
| **Typology of the target population:** | **FSW,MSM,TG** |
| **Total population being covered against target:** | **997** |
| **Dates of Visit:** | **14th to 17th 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%** | **C** | **Average** | **Recommended for** |
| **61%-80% - 63.4%** | **B** | **Good** | **Recommended for Continuation** |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites.** |

**Specific Recommendations:**

|  |
| --- |
| * The capacity building of the ORW is required in the areas of Outreach planning, Micro planning, tracking of RMC and STI according to the Micro plans. Counseling is an urgent need of the hour, hence forth rigorous planning is required to address the HRG with STI * The gaps in maintaining the STI register such as missing out on data, date of follow up and the date attended, HIV tracking, ART tracking, PID nos on referral, Syphilis test report status etc needs to be stream lined. * A strategic Planning needs to be laid out for the Outreach. The mobility within the sites and outside the sites is high hence forth the PE’s and the ORW need to on continuous look out for new HRG in the sites and details need to be maintained. The data for such HRG who come for short periods need to be maintained. Microplanning must be done especially the tools of Broad and Focused mapping need to done as required by the mobility pattern of the HRG. * The Outreach plan must match the volatile community. * The causes and factors for high STI prevalence need to be evaluated and monitored on a regular basis. The reasons ascertained with a strategic action plan laid out. * The NGO need to maintain focus even on improving the personal hygiene of the FSW. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| **M. Omega Jyotsna** |  |
| **B.Raja Babu** |  |
| Mrs . DeepaShipurkar |  |
|  |  |