**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 CBO Warangana Sakhi Sangatana was established in the year 2008, and registered in August 2009. It is collective of sex workers in Kolhapur District. The CBO was fostered by MSPSS a TI intervention in Kolhapur. Later on in the year 2014, the CBO received grants for initiating a TI intervention in Gadahinglaj. Earlier in the area of Gadahinglaj, a brothel was existent in the area Warangana. The Sex workers in that area had collective. Since the TI was given to Sakhi Sangatana which is in Kolhapur, the sex workers in both of these areas had come together and named it Warangana Sakhi Sangatana.

The CBO has a long history of establishing itself and fighting for the rights of Sex workers. The President of the CBO they have held effective advocacies with the Police, with the Lodge owners and the Sexual health service holders. The vulnerability aspects have been reduced to a large extent due to the advocacy efforts of the CBO.

* Name and address of the Organization:

825/1 Bhairi Road, Opp.

Shaha Traders,

Gadahinglaj.

* Chief Functionary: Ms. Sharada Yadav
* Year of Establishment: August 2009
* Year of month of project initiation: June 2014
* Evaluation Team:

Mrs. M. Omega Jyotsna

Mr. Raja Babu

Mrs. Manisha

Mrs. Niranjan Desai (DIS).

* Time Frame: 17th April to 19th 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): Active Population – FSW – 174, MSM – 56, TG - 4
* Sub-Groups and their Size: FSW – Home based – 162, Lodge based – 12, MSM – Kothi – 32, Panthi – 22, TG – 4.
* Target Area: Gadhingalaj, Kadgaon, Uttur, Shippur, Aralgundi, Vajare, Gargoti, Minche, Tirawade

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…

* Interaction was held with the CBO President Ms. Sharada and Ms, Sangeeta, a board member. The CBO President informed that the TI is now just in its budding stage and it yet has to be strengthened and the sex workers in the area need to be empowered. The sex workers currently in the area are just being identified and the staff is yet in the process of building rapport with them. Therefore it is long journey, before they are strengthened and collectivized.
* Currently the focus is on registering only the sex workers as the prior staff had enrolled even the non sex workers community. Henceforth they are in the process of streamlining the registration process. Few of the sex workers are above 50 years, henceforth, the registration process needs to be streamlined.

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.

* All the staff is in place, qualified and having commitment of working for benefit of the community. As it is a CBO being implemented for the cause of community welfare the commitment of office bearers is visible. The PD has shared that staff turnover is high during the contract period and attributed the cause for the same to non receipt of funds from the SACS.

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

* No formal trainings were done either by STRC or by SACS and it is reported that orientation is provided for the newly recruited personnel by the internal staff and by the respective project officer on roles and responsibilities, concept of TI with Core population and etc.

1. Infrastructure of the organization:

* The Office premises is very undersized, just enough place for the staff to be seated. There is no enough space to arrange for regular meetings for the PE’s and the Community. The Organization has adequate furniture for the staff to be seated and document their work done. There is private space for Counselling process.
* Currently the staff is few henceforth The office premises are enough for the staff and PES on board currently.

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.

* The Organization adheres to the SACS Protocol with reference to Documentation and reporting. The PM overall orients the Project activities to the PD and thec concerned PO. The ORW report to the PM with respect to their work progress, and document the same in the requisite registers as per the SACS protocol. The ORW visit the field as often as five to six times a week, ensure that they meet the PE’s in the field and supervise and monitor the work done. The ORW help the PE’s to fill in the B formats.
* SOEs and CMIS reports are being sent to concerned agencies on time. All the registers are in place those are to be updated on regular basis. Referral system needs to be so authentic at project and service centers in terms of Dates, age, names and PID numbers. Computerized cash book is well maintained.

1. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category:

* Initially during the starting phase of the Project, the then existing staff had registered 400 target population, but during the monitoring process it was observed that the staff ahd registered even persons from Non FSW community. Hence the registration process was repeated and this time they have ensured that only women from the Sex worker community are registered. Hence forth 232 HRG have been registered against the 400 target. Since the Organization has not yet completed 2 years, and is in the process of establishing itself, the rapport with the community has yet to be established with the community.

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

* Due to the frequent turnover, the staff have minimal information on outreach planning. They have no information on Micro planning. They plan as per the need of the hotspot. The informal mapping is done about the days the HRG visit the hotspots as they come from adjacent villages during market days for sex work. The HRG are met, given info on HIV/STI and with planning are taken to the RMC and HIV testing centers.

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

* The Coverage of the target population is below 60%. The regular contacts ranges from 40 – 50%. The Outreach is very much dependent on the availability of the HRG during market days or any other occasions. The HRG is non resident of the target areas hence forth their anonymity is even more a issue. They come to the said villages only for sex work and then go back to their villages. Their pattern of sex work is very unpredictable. At times they may come to the hotspot, but the PE may not meet them as their pattern of operation is very indefinite.

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

* The monthly plans are laid out, with the no of HRG to be contacted, number to be referred to RMC and other service centers against the said target. However du to the indefinite movement of the HRG, all is not as per the said plans. At times the reach is more than the laid out plans and at times it does not reach even to a minimum level.

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

* The PE : HRG ratio is maintained as per the 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 PE’s presence is constant continuous in the field. The PE’s have already the said data for attending the regular RMC and HIV testing. As and when they meet the HRG, she is referred to the service centre. The condoms are distributed as per the demand.
* The community members are not aware of the schedule of RMC and HIV testing, neither the number of condoms required. Currently it is the PE’s who are identifying the need and responding to it.

1. Documentation of the peer education.

* Only one PE’s is educated until 7Th standard, the rest are illiterate. Henceforth the ORW support them in filing up the B Formats.

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

* The PE’s have adequate knowledge about the HIV, the modes of transmission, the STI, the symptoms of STI, the need for RMC and Condom Demo skills. However the same is not reflected in the community.
* The HRG are currently not in the stage of accepting that they are HRG even with the PE. At times the information of HIV/STI is given to them as being told to general population. The acceptance is only among 20 – 30% of the population.

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

* There are two outreach workers, one has been working past two years and is well experienced. He supervises and monitors the work done by the PE’s and at times checks with the HRG if the PE has actually met them. The other ORW recently joined hence forth, he is yet in the process of understanding the process of implementation of the Project activities.

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

* The Mode of STI service delivery is through PPP mode and through PHC. The evaluation team could not meet any of the Doctor as they had been to Kolhapur. The community reported that they do the PHC for RMC puprposes, b ut the team even could not meet the PHC doctor.
* The HRG primarily did not accept that they were sex workers, and secondly they reported that the PE referred them on the pretext that they may be having any RTI problems.

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

* The evaluation team could not observe any.

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.

* Adherence to SCM could not be verified.
* Few are being referred to Syphilis and ICTC, but the turn out for from 2014 to 2016 has been only about 50 cases.
* The numbers mentioned in the ICTC register do not match the actual number visited.
* The community interacted with, also reported that they have not undergone any blood test after being in contact with the PE.

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, case sheets, ICTC register, ART register are being maintained and updated regularly.
* The PT is not being followed regularly, few HRG are being missed out, few HRG though they have received PT, have again received PT after six months and shown in the register as new.

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

* The distribution of condoms is primarily through PE’s. The need is sufficed through the ranking given as High risk, medium risk and low risk.
* The HRG receive adequate number of condoms. About 10% is completed through Social marketing of condoms.

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** | **Percentage** |
| 1 | Total demand for Free condoms as per CAG | 17411 | 11288 | 28699 |  |
| 2 | Total supply of free condoms as per CAG | 15720 | 12542 | 28262 | 98.47% |
| 3 | Total Distribution as per CAG | 15720 | 12542 | 28262 | 98.47% |
| 4 | Distribution through PEs and ORWs | 15374 | 10672 | 26046 | 90.75% |
| 5 | Distribution Through other outlets | 346 | 1870 | 2216 | 7.72% |
| 6 | Total demand for SM condoms as per NACO guide lines | 3000 | 5000 | 8000 |  |
| 7 | Total distribution of SM condoms | 2100 | 4000 | 6000 | 75% |

1. No. of Needles/Syringes Distributed through outreach/DIC.Information on linkages for ICTC, DOT, ART, STI clinics.

* The Staff of the Organization have adequate knowledge of the linkages for ICTC, ART, DOTS etc.
* The PE’s have information only about ICTC, and STI services.

1. Referrals and follows up.

* The Referrals and follow up are not reflecting the MIS numbers, the same has been observed in the field interactions by the evaluation team.
* The referrals and follow up needs to be strengthened.
* The HRG still have not yet reached the stage of understanding the significance of RMC and HIV testing, therefore they have to be coaxed to be brought into the service centers.

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

* Three community committees are on records however, the community has not yet reached the stage of forming even support groups.

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

* The participation of the community in events and activities is very minimal. Even acknowledgement as HEG amongst the other HRG’s in a group is in negligible numbers.

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

* The HRG are intimidated in attending the service centers for the fear of exposure. The HRG needs to be assured, henceforth, advocacy meetings with the HRG need to be conducted.
* The Organization needs to build on linkages in a more effective manner.

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

* There is huge gap between the referred and the tested, many are referred but few end up in the testing centers.

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

* Support system is good but it still needs to be improvised.

1. **Financial system and procedures**

* System of planning:
* Every Financial term to be followed on the guideline. Expenditure and Payment were Charged to the Correct Head wise. But Statement of Expenditure for the year 2015-2016 Shows that Travel Expenses are more than released fund. .
* 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.
* Systems of procurement –
* Quotation Process is followed for Purchase of Fixed Asset, Clinical Material and Drugs during the Period.
* System of documentation-
* Registers related to Finance are maintained. The Register of Social Marketing Condom is updated 03/05/2014 Closing Balance 6600 then maintained from 11/11/2014 Opening Balance 4340.gap between 6600 to 4340 for the period 03/05/2014 to 10/11/2014 not updated. Bank Account is Jointly Maintained. Bank Reconciliation Statement Maintained every Month.

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

**VII a. Project Manager**

Mr. Satish kambley MSW; is the Project Manager in this community led intervention working since 15th April 2015. He needs to be good at Monitoring, Financial management, computerization and data management. He is well versed with the program performance indicators and conducting review meetings. He needs to make frequent field visits to ensure a better service delivery. Advocacies need to be planned and conducted in a systematic and authentic manner.

**VIII b. ANM/Counselor**

Mukhesh vithal Mane MSW; joined this TI as counselor on 16th February 2016 only. As he is new to the TI he needs to initiate and strengthen his linkages with various service providers. Even though he has prior experience as counselor, he needs to get clarity on risk assessment and risk reduction. Updating of data and upkeep of registers need to be ensured. He is good at knowledge regarding HIV and STI.

**VIII d. ORW**

Two ORWs are on board namely Dilip Farakate who is 10th class by qualification and Ranjit Desai B.Sc (DMLT). They are not trained on respective module further they do not belong to the community. They need to spend more time in field to extend supportive supervision to their respective Peer educators. Their skills with regard to preparing micro plan with logical frame work and implement the same need improvement.

**VIII e. Peer educators**

The PE’s are knowledgeable about HIV modes of transmission, RMC, the need for RMC and HIV testing.

There is an immediate need for capacity building in the areas of Prioritization of hotspot, improvisation on condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about services facilities etc.

**VIII j. M&E Officer**

The M&E cum Accountant present in this project is a Commerce graduate, having soft skills and is good at maintaining accounts. He has been preparing prescribed reports and submitting to the concerned authorities on time. He lacks data analysis and provides feedback to the field ensuring quality service delivery.

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

Outreach plans are developed according to the availability of the HRG in the Hotspot. Minute planning is done as there is difficulty in meeting the HRG due to their indefinite schedules. The HRG visit only on market days hence al the outreach and service uptake panned accordingly. The timings of the Outreach, and clinic visits are also planned accordingly. Capacity on Micro planning is needed, and it needs to be done periodically. The Outreach also needs to focus on building trust and confidentiality.

1. **Services**

The overall service provision and uptake is poor. As the HRG are secret based, they dread taking the services as it would open up their status. They are not willing to meet the other HRG’s. The meetings are conducted, but they are conducted as just HIV/STI awareness meetings.

1. **Community involvement**

Even though it is a community led intervention, community is remained at the stage of participating in events only. They have no room in planning and implementation. Efforts need to be made towards strengthening the co- community to participate in advocacies and program related activities. Community led Monitoring need to be ensured to make it a meaningful CBO led intervention. Some name sake community committees are in place. Demand generation and ownership feeling need to be instilled among the community.

1. **Commodities**

Commodities like Condoms and Lubricants are being distributed based on the volume of risk among different categories of FSWs and MSMs. Condom gap analysis need to be in place so as to distribute and avoid unnecessary wastage

**XIII. Enabling environment**

Advocacies with various stake holders are taking place as found with the available registers. Both the formal and informal advocacies need to be carried out with proper planning and authentic documentation. Advocacies conducted need to be reflected in a better service uptake so as to reduce risk and vulnerability.

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

**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:** | **Warangana Sakhi Sangatana** |
| **Typology of the target population:** | **FSW, MSM, TG** |
| **Total population being covered against target:** | **232** |
| **Dates of Visit:** | **17th to 19th April 2016** |
| **Place of Visit:** | **Gadahinglaj** |

Overall Rating based programme delivery score:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **Below 40%** | **D** | **Poor** | **Recommended for** |
| **41%-60% - 43.0%** | **C** | **Average** | **Recommended for Continuation with 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 PD of the Organization needs to focus all her efforts to implement the activities of the Project as per the SACS guidelines. If possible, Staff from local areas need to be recruited and ensured that they visit at least twice a week to discuss the Progrss of the Project. * The PD of the Project is also the PE of MSPSS Kolhapur, this aspect needs to be addressed, as she is not able to cater time for both. She also holds other positions in Sex work organizations henceforth; she needs to prioritize her time. * The turnover of the staff and the PE’s need to addressed. * Micro planning needs to be in place. * The Staff and the PE’s need induction trainings on all the Project components, a specific training on BCC. * Rapport with the community need to be strengthened and enhanced. Hand holding support is very much required by the FSW’s PE’s in Kolhapur, who are also the CBO members. * Linkages need to be established with all the service centres. RMC and HIV testing service provision needs to increased and onus of accessing these services needs to be focused upon. * Older women about 50 years are registered in the Project, the aspect needs to be looked into. * Few non HRG are also registered which needs to be streamlined. * The Project has been in the implementation for the past 2 years yet, it appears from the field observations, that the activities just begun for the past 5-6 months. Greater hand holding support is required. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| M. Omega Jyotsna |  |
| Mr. Raja Babu |  |
| Mrs. Manisha |  |