**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: Lo Parishad Unit 1**

Lok Parishad is a registered non-profit organization working for women and child in the area of health and Education. Lok Parishad has made its presence noticeable in Panvel region by conducting several programs for the mentioned target audience. Many under privileged children in this area was helped by this organization for school enrolment. While touching and conducting small programs, the need was arise to cater the vulnerable section (female sex workers) of this area and hence this project on HIV/AIDS was implemented with the support from MSACS.

* **Chief Functionary:** Ashok Gaikwad

**Year of Establishment:** February 2000

GBBSD-160F21986 14/02/2000 15/05/2000

* Year of month of project initiation: April 2014
* NGO address: Narmada Complex, Gala No. 42, Behind S.T. stand, Railway station road. Old. Panvel, Raigad- 410206
* Evaluation Team: Ms. Riji Nair

Dr. Dilip Kadam

Mr. Ravindra Kadam (DAPCU- Accountant)

* Time Frame: 14th to 16th March 2016

**Profile of TI**

(Information to be captured)

Lok Parishad is a registered non-profit organization working for women and child in the area of health and Education. Lok Parishad has made its presence noticeable in Panvel region by conducting several programs for the mentioned target audience. Many under privileged children in this area was helped by this organization for school enrolment. While touching and conducting small programs, the need was arise to cater the vulnerable section (female sex workers) of this area and hence this project on HIV/AIDS was implemented with the support from MSACS since 2008.

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

The evaluation team visited office of Lok Parishad Unit II at Panvel Narmada complex. The DIC and Clinic are in the same premises. The staff is recruited as per guidelines of MSACS.

The posts at present filled are as given below:

1. Project Director: 01
2. Program manager:01
3. ORW: 02
4. ANM:01
5. M & E cum accountant:01
6. Peer educators: 13
7. **Organizational Capacity:**
8. **Human resource:**

As sanctioned the project has PM, M & E cum accountant, of 3 ORW sanctioned 2 are in place, 1 ANM, 1 Doctor and 13 Pes in place.

1. **Capacity building:**

The project is initiating HIV/AIDS program among the brothel, 9 bars and Street based areas of Panvel and Kalamboli area. The project covers more than 800 female sex workers.

We met the Outreach and PE and it was understood that the team lacks capacity building. Training from MSACS for them has not been conducted. The project needs to conduct internal training at regular intervals as most of them are still lacking the skill to perform condom demonstration. Training register is maintained but it is not updated. The Peer Educators appointed lacks the program delivering skills and none of the Peers maintain their field activity report. The Peer educator comes to office to take condom. Most of the Peers appointed are from West Bengal and they can write their regional language. The project need to conduct literacy session for the Peers so at least they can write the basics which is needed for documentation of peer educator.

It was observed that no inputs from PO in context of training and skill building of staff is given as all the Pes or ORW are still hesitating to perform oral condom demonstration. The staff is committed and motivated and needs qualitative training, monitoring and proper hand holding.

1. **Infrastructure of the organization**

The project has Drop in Center, Clinic and project office near Panvel station area as it is convenient for the team to reach the targeted group (kps) from this place. One of the brothel site is very close to the project office. The system of brothel here is the kps don’t reside at this place but the gharwali do. The kps travel from different areas and works according to their convenience. The foot fall of KPs at the DIC is there as one of the brothel site is very close from the project office. The project office have small demarcated space for providing clinical services. No enough space for counseling. However the PD said with the limited funding from SACS they can only manage this much.

**Documentation and Reporting:**

The project manager is sound and sensitized towards the project services however she lacks the management skills. The team lacks motivation as they are all drained off because of no fund disbursement from MSACS. They maintain all the required registers and dairies given by MSACS. However few registers/formats (advocacy, training, clinic forms, event register, and stock register) are yet to be received from MSACS. The team is trying to document the same in their own way. Separate committee registers are not maintained for project management committee, clinic advisory committee, etc…

At present the project has 13 Peer Educators in place, appointment letter for them is not given neither the Pes document their daily project activity details. The peer appointed in this project are illiterate and hence they don’t maintain any document. It was very difficult to track the Old and new Peer educator appointed/joining data as no attendance register, appointment letter, PE monthly activity plan are maintained.

In monthly meeting the Peers are not involved and their action plan is not maintained. The supervisory reports and monthly meeting minutes are maintained but action to be taken by the PE/ORW is not , maintained. The project doctor need to mention the clinical findings or observation in the clinic encounter form and the follow-up mechanism for tracking the STI patients. The project doctor is shared in both the project units.

**Programme Deliverables**

**Outreach**

1. Category wise line listing is carried out by the project staff. A total of 1351 is ever registered in this project through its inception and the active population is 834 KPs. The major sites covered Kalamboli pipeline where street based FSWs function through a gharwali system, a proper brothel set up is located nearby project office, bus stand, etc..
2. The project has formed different committees like DIC, Clinic advisory, project management, Advocacy, etc… but all meetings are noted in one register only. There is no specific point discussed in the meeting in advocacy or clinic, neither the meeting outcome is noted.
3. The project has not initiated condom gap analysis as most of the kps are receiving more than their sexual encounter. While having an interaction with Peer Educators, they even said that double condoms can be used and few kps they do.
4. Of the 3 sanctioned Outreach workers the project has 2 in place covering the active 834 targeted population. On an average the team reaches to more than 790 kps in a month.
5. The Peer Educators appointed in this project are more than 3 to 4 years old and still no initiative have been undertaken by the project to make them document their daily activity with kps.
6. The project doesn’t have outreach and Peer wise micro plan. Hence the monthly Peer activity is not updated nor with the outreach.
7. More than 15300 free condoms and 3100 social marketing condoms are distributed by the team in a year. The social marketing data with respect to distribution and stock doesn’t tally.
8. Condom social marketing is carried out but not in all project sites. The team itself feel that the KPs are used to the free condoms so they won’t buy. There are instances of less lubricant and tear off issues of the free condom which is provided by MSACS.
9. The kps RNTCP linkage data is not maintained in the project.
10. Importance of ORW supervising the Peer Educators work area is not done and documented properly.
11. As there is no proper planning and monthly assessment done in this project by the PM/PO, the project lacks STI follow up numbers and ICTC testing services. It was noticed that The STI cases treated are not given condoms by the PE or the ORW.
12. The project has undertaken a PPP (FICTC) with DAPCU for first test HIV testing. However the report is not shared with the KP. It was understood through the interaction with DP and team that the PO has instructed the NGO not to give the report to the KPs.
13. There are no accompanied referrals done for KPs who are on ART. The project just has the positive KPs data and post that there is no follow up done.
14. The monitoring and supervision mechanism need to be strengthened at each level (ORW/PM/PO). The PM doesn’t maintain the visit report.
15. The PO need to visit all site at regular interval as double condom usage is observed in few sites. Also a good practice of collecting and throwing the used condoms and burning is practiced in one of the site at kalamboli.
16. The Outreach worker need to monitor the quality of condom demonstration conducted by the Pes as they doesn’t carry out condom demonstration regularly on site.
17. Movement register is maintained and matched.
18. Peer appointment letters or attendance register are not maintained, hence it was difficult to understand how may Peer Educators are on board and how many were drop out.
19. **Services**
20. **Basic services:-**

Of the 3 sanctioned Outreach workers the project has 2 in place covering the 800 targeted population (brothel, street and Bar based). It was observed that the team (ORW & Pes) through its regular one to one and group the team is able to reach approximately 750 kps in a month. The Peer activity is not documented. The report is taken by the Outreach worker during their visit at the PE site. No mid-media activity like street play, poster exhibition, etc.. Undertaken as there was no fund availability. Due to no fund disbursement from MSACS the staff turnover was noticeable. The project has counselor post vacant. The District Programme Officer shared that the project suffered because they were no consumable supply from MSACS to DAPCU (Consumable shortage like no testing kits, STI drugs, lab forms, lab form, condoms, etc..) . The Peers are active but they need to be molded in the project properly.

1. **Clinical services:-**

The project office has STI static clinic in its project office however no privacy is maintained. The counselor position is vacant and the project director wants to fill but no funding from MSAC has prolonged the situation. The footfall of kps at static clinic is from one of the brothel site is high. But from other sites the KPs hardly visit the office for any service. On an average the project conducts 6 to 8 health camps in a month covering all site in a year 105 STI cases were identified and treated and follow was made for only 89 kps. The project need to focus on reaching all the STI infected KPs for follow up service and proper condom distribution need to be made for them.

The team need to focus on HIV testing twice a year indicator, as not even 60% kps have undergone the same. More than 18 kps are positive but no follow-up mechanism is maintained for accompanied next CD4 test.

The project has a PPP set-up for which DAPCU and the organization has an agreement. The kps undergone testing, their reports are given by Peers in hand or not given the reports at times. The data of HIV positive is reported wrongly to MSACS in year 2014-15 and 2015-16. The counselor need to fill the PLHIV data accurately and PO need to guide them properly as the counselor mention drop out and drop in frequently.

1. **Commodities**

Condom Social Marketing (CSM) depots list are not updated. More than 15300 free condoms and 3100 social marketing condoms are distributed by the team in a year. The social marketing data with respect to distribution and stock doesn’t tally.

Condom social marketing is carried out but not in all project sites. The team itself feel that the KPs are used to the free condoms so they won’t buy. There are instances of less lubricant and tear off issues of the free condom which is provided by MSACS. It was observed that Condom social marketing is still not initiated by the team in few of the bars. The project had shortage of free condoms from MSACS for more than a quarter.

1. **Community participation:**

It was observed that the community participation in DIC is there but no utilization of them is made in committee formation or forming SHGs (community mobilization). The project has formed various committees (DIC, Clinic, Condom, Advocacy, etc). However, registers for each committee need to be maintained separately. The Peers or KPs are not involved much in the committee. One of the gharwali is appointed as Peer but not utilized her properly in the project. She could have been used to grab other gharwalis for the meeting at office or on site. Need based advocacy is not carried out in the project as the Peers and KP involvement in the project is not much.

Very less initiative undertaken in this context. PO need to guide or show them the way on how they can involve KPs in the project.

1. **Linkages**

The team has developed linkages with ICTC & ART centers. They refer to Panvel Rural hospital ICTC center for testing. However from Jan 2016, the project with DAPCU initiative have started a PPP (FICTC) model for covering all KPs for HIV testing. Still the coverage for testing is 60%. The Unit 1 project counselor plays a role of ANM in this project and go for camps.

The KPs turn out to be positive in this test are then referred for confirm test result at Panvel rural ICTC center. The data of HIV positive is reported wrongly to SACS in year 2014-15 and 2015-16.. This happened because the team was unclear on how to fill the PLHIV register (drop outs noted are many).

On ART and pre ART cases are registered at Dhirubhai Ambani Hospital and Jyotish Care center. However post registration to these centers the project doesn’t follow up with them for next CD4 test.

1. **Financial system and procedures**
2. **Systems of Planning :**

Existence & adherence of SACS guidelines & any approved systems endorsed by official communications.

1. **Systems of Payments :**

Printed & Serialized vouchers, approval systems & norms, bills, stock & issue registers practice of setting of advances & then payments.

1. **Systems of Procurement :**

Existence & adherence of systems and mechanism of procurement as endorsed by SACS.

1. **Systems of documentation :**

Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports available, Asset’s register, cash book, bank book, ledger book, payment register is maintain regularly.

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

**VII a. Project Manager**

The PM appointed in this project has done her BA in Sociology and is associated in this project from last 4 years. The PM is doing multi-tasking but lacks direction. She need to be trained on management skills as the team knows she is cooperative and multi-tasking so most of the work is been done by her.

**VIII b. ANM/Counselor**

Counselor position is vacant.

**VIII d. ORW**

Of the sanctioned 3 Outreach workers, the project has 2 in place. They both are very hard working but need direction as to measure the quality and quantity of work done in a month. The project service suffered alot because of no proper fund disbursement from MSACS.

**VIII e. Peer educators**

The project at present have 13 Peer Educators in place of the sanctioned 13 and all are from the community. However capacity building of these Pes need to be done at regular intervals as they lack certain project related information and were unable to perform condom demonstration. They also don’t do oral condom demonstration at field even though most of the KPs complain of doing oral sex.

**VIII f. M&E Officer cum Accountant**

The project have M & E cum accountant who is thorough with the excel data that he share with MSACS. With regards to account knowledge many SOE vouchers were not in place with proper PD approval.

1. **Services**
2. Of the 3 sanctioned Outreach workers the project has 2 in place covering the 800 targeted population. It is observed that the team (ORW & Pes) through their regular one to one and group session is covering more than 750 kps in a month. However the Peer activity is not documented.
3. STI screening is done for more than 2500 kps in a year and only 2171 kps of which internal examination is done for 1610. In a year almost 109 STI cases were observed and treated of which only 89 were given follow-up services.
4. Condom social marketing is carried out but not in all sites. The team itself feel that the KPs are used to the free condoms so they won’t buy.
5. More than 15300 free condoms and 3100 social marketing condoms are distributed by the team in a year. The social marketing data with respect to distribution and stock doesn’t tally. Condoms distributed for 800 kps in year is only 12% in a year.
6. Micro plan for ORW and Peer is not even importance and it’s not mounted.
7. RNTCP referral data is not maintained.
8. More than 1050 kps have undergone syphilis screening and none are turned out to be positive.
9. **Community involvement**

It was observed that the community participation in DIC is there but no utilization of them is made in committee formation or forming SHGs (community mobilization). The project has formed various committees (DIC, Clinic, Condom, Advocacy, etc). However, registers for each committee need to be maintained separately. The Peers or KPs are not involved much in the committee. One of the gharwali is appointed as Peer but not utilized her properly in the project. She could have been used to grab other gharwalis for the meeting at office or on site. Need based advocacy is not carried out in the project as the Peers and KP involvement in the project is not much.

Very less initiative undertaken in this context. PO need to guide or show them the way on how they can involve KPs in the project.

The Peer involvement in project is not much as their daily activity are not documented. However the project need to have capacity building training of their project team mates as most of them are still not carrying out condom demonstration effectively.

1. **Commodities**

Condom Social Marketing (CSM) depots list are not updated. More than 15500 free condoms and 7100 social marketing condoms are distributed by the team in a year. The team need to conduct condom gap analysis as it was observed that only 10% condoms are distributed against the need. It was observed that Condom social marketing is still not initiated by the team in many of the bars. The project had shortage of free condoms from MSACS for more than a quarter. The kps are facing issues with this condom as it’s less lubricative.

In last financial year the project faced shortage of most of the consumable like STI drugs, lab form, HIV test kit, condoms etc... The project team has requested and informed DAPCU about the same at various intervals however the reply received by them was MSACS has not delivered.

1. **XIII. Enabling environment**

The project have formed various committee but KPs are not involved much in it. The Peer Educators too are not involved in any committeeThe project has formed various committees (DIC, Clinic, Condom, Advcacy, etc). However, registers for each committee need to be maintained separately. The Peers or KPs are not involved much in the committee. The project team has not made any effort to involve the project related stakeholders in Project Management committee. Need based advocacy is not carried out in the project as the Peers and KP involvement in the project is not much.

**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.** |
| **Riji Nair** | **9819102146** |
| **DR. Dilip Kadam** | **9869228406** |
| **Mr. Ravindra Kadam** | **9527029249** |
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| --- | --- |
| **Name of the NGO:** | **Lok Parishad (Unit 2)** |
| **Typology of the target population:** | **Female Sex workers- brothel, street and bar based** |
| **Total population being covered against target:** | **800** |
| **Dates of Visit:** | **14th to 16th April 2016** |
| **Place of Visit:** | **Panvel** |

Overall Rating based programme delivery score:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **Below 40%** | **D** | **Poor** |  |
| **41%-60%** | **C** | **Average** | **average** |
| **61%-80%** | **B** | **Good** |  |
| **>80%** | **A** | **Very Good** |  |

**Specific Recommendations:**

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| --- |
| 1. The team lack support from DAPCU- PO as we didn’t see any visit recommendation given to the tem in their visit register. 2. The team is good and need motivation on regular basis by the project head and PO- TSU 3. The PO need to train the Peers and ORW on condom demonstration and the typology they are providing service do indulge in Oral sex. 4. Project director need to involve KPs in project activities by forming self-help groups or skill building activity for them. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| Ms. Riji Nair |  |
| Mr. Dilip Kadam |  |
| Mr. Ravindra Kadam |  |
|  |  |