**Reporting Format-B**

**Structure of the Detailed Reporting format**

**(To be submitted by Evaluators to SACS for each TI evaluated with a copy to NACO)**

**Introduction**

Background of Project and Organisation:

Darpan – Goa was formed in 2008 by Gay community of Goa and it was registered in 21st June 2011 under society’s registration act 1860.  At present Darpan – Goa has 30 registered members who are accepting their status as gay in the society and speak gay and MSM issues openly in state and national platform. Darpan – Goa was working with 600 MSM communities in 2008 under the banner of Zindagi-Goa a state level network for people living with HIV/AIDS in Goa and by the financial support of Goa State AIDS Control Society. Darpan – Goa situated in St. Cruz, Panaji and members are drawn from all classes, castes, creed and religions.  Passive MSM Community (Koti) has significant representation in the network and they take part in the decision making of the organization.  Since 2013-14 Darpan Goa got the NOC from Zindagi to work their own since the objectives of the organisation are:

1. To provide opportunities for the voices of MSM [Men Having Sex With Men] especially Stigmatized and Discriminated men by the society.
2. To promote a positive images and give visibility to MSM issues in order to counter/remove fear, ignorance and prejudice that they face.
3. To develop networking with MSM [Men Having Sex With Men] groups existing and those to be formed.
4. To exchange personal experiences, information, skill and resources, essential to establish, maintain and improve the quality of life.
5. To provide opportunities for skill building of its members, in order to achieve objectives of the organization.
6. To empower MSM to campaign vigorously so that the people respect their fundamental human rights.
7. To advocate strong legislative measures to protect the individuals rights to remain confidential.
8. To lobby for Govt. legislation and commitment to protect the basic human rights and needs of all Men Having Sex with Men including the rights to travel, to employment, to marry and to have job security, Housing, education access to medical care and to obtain an insurance cover.

**work done by the organization in the past**

1. Behavior Change Communication Strategy, 2. Condom Promotion, 3. STI Management
2. Counseling, 5.Peer Education system, 6. Enabling Environment, 7. Community Mobilisation

8. Referrals and testing done for HIV and RPR

# Name and address of the Organization

Darpan,

Vila Parera House, Raulaban, Santacruz, North Goa.

**LIST OF GOVERNING BODY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Address/Ph. No.** | **Occupation** |
| **Mr. Azad Shaikh** | **President** | Vasco | Business |
| **Mr. Mahesh Govekar** | **General Secretary** | Vasco, Goa | Service |
| **Mr. Vishwanath Ghadi** | **Treasurer** | Sakdi, Goa | Service |
|  |  |  |  |
| **Mr. Z P X Fernandes** | Member | Saligaon, Bardes, Goa | Service |
| **Mr. Jabiulla Makari** | Member | Kariwada, Vasco | Business |
| **Mr. Dastagir Shaikh** | Member | Taligaon, Iswadi, Goa | Service |
|  |  |  |  |
| **Mr. Deepak Gurakha** | Member | Ponda, Goa | Service |
|  |  |  |  |
|  |  |  |  |

## Year of establishment

JUNE 2011

**Year and month of project initiation:**

November, 2011

# Evaluation team

Mr. Nitesh Thapliyal, External Evaluator-Team Leader

Mrs. , Kiran Chodankar, Finance Evaluator

Dr. Priyanka Sarkar, SACS Facilitator

# Time frame

1st April 2015 to 31st March 2016

# Profile of TI

(Information to be captured)

Target Population Profile : Core MSM

Type of Project : Core

Size of Target Group(s) : 600 (MSM)

Sub-Groups and their Size –Kothi, Panthi, DD, Bisexual.

Target Area : Old Goa, Jareshwar Ponda, Panjim New Market, New KTC Ponda, Compal Garden, Panjim KTC, Shanti Nagar Ponda, Upper market Ponda, Curti Ponda, Old Bus Stand Ponda..

## Key Findings and recommendations on Various Project Components

## I. Organizational support to the programme

*Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc…*

We have interacted with the Programme Manager, Counselor and 3 ORWs. Project Manager is monitoring whole project activities on day to day basis. Project Manager is well qualified and providing the field supervision to the ORWs and Counselor. All TI staffs are given appointment letters and job profiles and are working towards the program needs. They have also conducted Advocacy meetings and given their support at the time of crisis, most of the crisis within the partners of KP are been resolved by the Project Staffs. It is found that the staffs are empowered.

Counselor is since past 9 months and Project Manager has completed 4 years in the project, on interaction it is noticed that the both are very well versed with the program indicators and very much involved in the project.

**II. Organizational Capacity**

1. Human Resource, staffs, governing board, Peer Educators are in place, capacity building and the support by the Governing board is satisfactory.

At the project level following staff structure is functioning as per the TI Requirements & Guidelines

* Project Director
* Project Manager
* Counselor
* Accountant cum M&E
* Out reach worker 3 and
* Peer Educators : 10

Three ORW and Counselor are working from last 9 months. All staff members as well as peer educators are aware about their respective roles and responsibilities. All staffs are well versed with the project goals.

They have very good rapport in field, ICTC centre, STI clinic, PPP Doctors, Stakeholders, ART center, all are known to the staffs, a good communication system in place.

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

During the year following trainings were conducted and the details are as follows

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Training conducted By | Topics covered | Staff attended |
| 02, 22, 23, 31 July 2015 | GoaSACS | SIMS, Refresher ORW, Accountant | 4 |
| 11, 17 & 18 Dec 2015 | GoaSACS | M&E, Counseling, Risk, Refresher | 2 |
| 22 jan 2016 | GoaSACS | Gap Analysis, Risk & Vulnerability analysis and Reporting Forms | 3 |

Various in hose trainings for Peer Educators are been conducted in the current financial year.

1. **Infrastructure of the organization**

The Organization has its office and DIC at primary location. All assets are properly codifies and asset register is maintained.

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.**

Organization is preparing and submitting all necessary reports i.e. SIMS by 5th of every month to NACO and for GoaSACS, NGO is sending monthly input sheet, typology wise dashboard data and ICTC referral data. Reports are prepared as per NACO and GoaSACS, TSU guidelines. All are been verified and cross matched.

**III. Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.**

Line listing is updated and NGO has maintained both soft and hard copies. Though the TI got target of 600 MSM, as per line list total registered MSM is 620.

1. ***Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling. -NA***
2. ***Registration of truckers from 2 service sources i.e. STI clinics and counseling****.-NA*
3. **Micro planning in place and the same is reflected in Quality and documentation**.

Organization is using tools for preparing Micro plan. Site map is available with the ORW, individual due details are maintained by Counselor. They are well versed with the condom gap analysis and have done it on quarterly basis.

1. **Coverage of target population (sub-group wise**): Target / regular contacts only in HRGs

TI target is 600 MSM, Regular Contact Average 60%.

1. **Outreach planning – quality, documentation and reflection in implementation**

Outreach Planning is in place duly supervised and monitored by NGO. Staff and Peers are well conversant with the planning and reporting. Form B/B 1 are maintained by ORWs as well as by some Peer Educators. Documentation is in place. Some PEs are good in BCC activities and rest need to be more pro active.

1. **PE: HRG ratio, PE:** PE:HRG ratio is 1:60
2. **Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members**

Average monthly outreach with any service is given to 90% of MSM (620). Average monthly regular contact with any service is above 90% . No of HRGs attending RMC is above 58% HIV testing & RPR tests done of 454 one time and 139 twice in 11 months. Footfalls of ICTC and RMC need to be more focused through BCC activities.

1. **Documentation of the Peer educators.**

Peers are maintaining the documents/diaries; ORWs are monitoring and maintain the reports of peers. All Peers are conversant with the form B/B1 and can explain it at the field level.

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

Peers are having good rapport with the community as well as stake holders. Knowledge about STI is satisfactory.

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

Program Manager is taking the weekly meetings of the staffs and as well as of Peers and accordingly Counselor and M&E is providing the due data to the ORW and PE, PM is effectively supervising and monitoring the day to day project activities. All staff meetings are held on weekly basis for review and further planning. Timely submission of SIMS report is seen.

**IV. Services**

1. **Availability of STI services – mode of delivery, adequacy to the needs of the community**.

Project is having PPP linkages with two private practitioners, All records are maintained by Counselor at the project office. PPP are been provided with the STI kits at their clinic. Project also organizes health camps on their sites with the help of their PPP. PPP maintain the Clinic Forms and Counselor on weekly basis visiting the PPP to collect the forms.

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

PPP clinic is located in intervention area and they have STI kits and equipments, Speculum. They are referring clients to testing and treatment to GMC. The Doctor Wanda is very efficient and managing the ART center. We found good linkage of the TI to the Govt. Hospital.

3.**In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds----** NA

1. **Quality of treatment in the service provisioning- adherence to Syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centers.**

HIV & RPR testing done at ICTC centre at District Hospital as well as in Camps where ICTC counselor and lab technicians of District Hospital are doing counseling and collection of sample. Symptomatic cases are identified by the PPP Doctors and accordingly the STI Kits are been provided to the KPs with the knowledge of Counselor. Partner notification is followed up by the ORW and Counselor. Current year 2 HRG is linked to ART centre at GMC. PT is given to 12 HRGs. 52 HRG got the STI Treatment under STI setup with the PPP Doctor. No TB case detected in the current year.

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 official documents in this regard.**

All clinics related documentation is maintained by Counselor and updated; all project registers are in place. Referral records are maintained properly. Crosschecking with ICTCs was done and observed that all the referrals are maintained properly.

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

Free condom distribution is done on the basis of need; condoms are mainly distributed by peer educators and ORW. Outlets including blind depots are there. Condom Gap analysis is done by the project staffs on quarterly basis. SM condoms are also sold in this project period.

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

During the year total no of condoms distributed for free are -47316 by PE, ORW and outlet and Social Marketing condoms sold are -20585.

1. **No. of Needles / Syringes distributed through outreach / DIC**. –**NA**
2. **Information on linkages for ICTC, DOT, ART, STI clinics**.

Organization has effective linkages with ICTC, ART, DOTS and STI clinics. All the referrals done to ICTCs were actually tested for HIV and RPR. This year 2 MSM is linked to ART, one is on ART and other on Pre-ART. Total 9 PLHIVs with the project.

10. **Referrals and follows up**

Follow-up is done effectively by counselor for the due list. As well as linkages Counselor and ORW give some accompanied referral service as per need basis.

***V. Community participation***

1. ***Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project .***

8 different Groups comprising on an average 9 members are formed in the Project and there is community participation. Recommended to form SHGs.

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

2 mega event is organized in the Month of Dec. 2015. DIC FGDs are on regular basis are seen and verified.

***VI. Linkages***

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

TI staff and community is having good access to ICTC, STI Clinic, PPP and Link ART center.

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

Total registered population is 620, out of the same 454 are tested once and 139 are tested twice.

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

Good rapport of the project staff is been verified with the meetings of stake holders. Stake holders when asked said that they are happy with the project services, they are supportive to the ORWs and Peers at the field level especially during crises situations.

***II. Financial systems and procedures***

1. ***Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting official communication.***

*Project follows the NGO/CBO Guidelines.*

Vouchers and bills are maintained with approval. The vouchers and bills are in place. The SOEs are submitted to GoaSACS office and taking acknowledgment.

1. ***Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments****.*

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. All payments are made obtaining bills and supporting documents. Salaries and TA are paid to staffs by their SB accounts, all registers are well maintained.

*3.* ***Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking****.*

Project is more than 4 years old and all procurements are been done on the basis of 3 quotations. Asset Register is maintained, numbering of assets is seen physically.

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

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. Cash book is maintained on daily basis/entry made in the software tally (verified cash book and interviewed accountant. Accountant is joint and reconciliations are done on monthly basis.

***VIII. Competency of the project staff***

***VIII a. Project Manager***

***Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.***

The Project Manager is working with the project since more than 4 years. He is well qualified and hard working. Has good communication with staff. He has effective supervisory capacity about overall management of the project including programmatic and financial procedures. He is also actively participating in the field level activities. Good rapport with Linkages and stakeholders.

***VIII b. ANM/Counselor***

***Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages etc***

Counselor is there in the project since past 9 months. He is efficient and hard working, maintain the confidentiality and good rapport with the Kps. To do effective counseling he must undergo good training on counseling.

***VIII c. ANM/Counselor in IDU TI***

***Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers. Working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments.***

***For ANM, adequate abscess management skills.***

*NA*

***VIII d. ORW***

***Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings etc..***

All the 3 ORWs of the project are well versed with the project goals. They are very much committed to the project activities. Have good rapport with community members. Have good coordination with peer educators. They are able to give information on STI and HIV. They are maintaining and supervising the condom outlets. Maintains daily diaries, and all the formats as per NACO guidelines.

***VIII e. Peer educators***

***Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.***

Peer educators are having good and effective rapport with community members. They are doing condom distribution based on demand and need as well as at outlets. They are empowered and demonstrated condom demo, fair knowledge about HIV/STI. Some PE needs refresher trainings.

***VIII f. Peer educators in IDU TI***

***Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities etc.***

***VIII g. Peer Educators in Migrant Projects***

***Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritise the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to:*** *NA*

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

***VIII h. Peer Educators in Truckers Project***

*Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics:NA*

***VIII i. M&E officer***

*Whether the M&E officer ( FSW and MSM/TG TIs with more than 800 population and all migrant Tis are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports.*

M&E cum Accountant old in the project, he is efficient in maintaining tracking sheet and line listing. He is good in tally software.

***IX. a. Outreach activity in Core TI project***

***Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.***

Outreach activities are well planned as per the micro-planning. Project outreach is 100% with at list one service. Coordination between ORWs, Counselor and Peers is very good and well planned. All staff is aware and adhering to their roles and responsibilities.

***IX. b. Outreach activity in Truckers and Migrant Project***

*Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake that is whether enough clinic footfalls, Counseling is happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc: NA*

***X. Services***

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

Community's service uptake is good. Community members are availing PPP services and ICTC services. Staff is maintaining the confidentiality.

***XI. Community involvement***

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

As per the records and registers, community involvement in Advocacy, Crisis is good. Community is actively taking part in planning of the project activities. Crisis, Prgramme, Condom promotion, DIC, Advocacy and Community mobilsation Committees are formed and Minute register is maintained.

***XII. Commodities***

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

Project is effectively doing condom distribution. Regular Condom Gap analysis on quarterly basis is in place. SM condom is sold by PEs.

***XIII. Enabling environment***

*Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy , networks and linkages, community response of project level advocacy and linkages with other services etc.* ***In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.***

4 Advocacy meetings are conducted by the Project team.

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

Social scheme is present in the State, it is difficult to provide 15 years residence proof to avail the social entitlement. Govt. level advocacy is needed to get relaxation on residence proof.

***XV. Best Practices if any.***

* PE are keeping the drawings of services.

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated)**

**Profile of the evaluator(s):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| Nitesh Thapliyal | [niteshthapliyal7@gmail.com](mailto:niteshthapliyal7@gmail.com) Mob: 8298122198 |
| Ms Kiran Chodankar - Finance |  |
| Dr. Priyanka Sarkar – Facilitator SACS |  |
| Officials from SACS/TSU (as facilitator) |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | DARPAN |
| **Typology of the target population:** | MSM |
| **Total population being covered against target:** | 100.00% |
| **Dates of Visit**: | 6th and 7th March 2016 |
| **Place of Visit:** | NGO office. Santacruz, North Goa |

**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% | B | Good | Recommended for continuation |
| **>80%**  **(86.60%)** | **A** | **Very Good** | **Recommended for continuation.** |

**Specific Recommendations:**

|  |
| --- |
| Focus more on quarterly RMCs and half yearly ICTCs. TI may be considered for Learning Site. |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Nitesh Thapliyal** |  |
| **Mrs. Kiran Chodankar, Finance** |  |
| **Dr. Priyanka Sarkar, SACS Facilitator** |  |