**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 Organization:

**Objectives**:

* To provide maternal health services to the MSM community especially for Rural and under privileged community.
* To provide health education to community through IEC, Seminars, pamphlets, films, exhibition etc.
* To improve sexual health of adolescents and youths through lectures, counseling, and pre / post marriage counseling.
* To improve health of school/college students through **reliable** education, promotion of positive health, prevention of diseases, early diagnosis, treatment and following up of defects, awakening health consciousness in children and healthful environment.
* To promote nutrition / education as a preventive measures through education, distribution of supplements and mass communication.
* To conduct health camps in the community.

# Name and address of the Organization; - HUM SAATH TRUST

**LIST OF GOVERNING BODY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Address/Ph. No.** | **Occupation** |
| Sandeep Chodankar | **President** | 8806670647 | Social Worker |
| **Mahesh Mandekar** | **General Secretary** |  | Social Worker |
|  | Joint Secretary |  |  |
| **Lalbagie** | **Treasurer** |  | Social Worker |
|  |  |  |  |
| Ahemed Sha | Member |  | Social Worker |
| Ravichadra Talwar | Member |  | Social Worker |
| **Arun Kumar** | **Member** |  | Social Worker |
|  |  |  |  |
| Ameer Ahamed S | Member |  | Social Worker |
|  |  |  |  |
|  |  |  |  |

## Year of establishment

2nd  MAY- 2002

**Year and month of project initiation:**

2002

# Evaluation 2-3-2016 To 3-3-2016

# Time: 10 am to 6pm

# Profile of TI

(Information to be captured)

Target Population Profile :

Type of Project : MSM

Size of Target Group 1216

Sub-Groups and their Size -NA

Target Area : MArgao, sada,safi,vas-mmc,newdadem,karevado jeetti, margao KTC, zuari nagar,margao children park, baina beach, margao mmc ground, bogmalo, sandolim, manboor hill, Japanese garden, drivwer hill.

## 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 4 ORWs. The Executive Director of the Board is the Project Manager for this project.

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 is 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 HRGS are been resolved by the Project Staff. It is found that the staffs are empowered.

**II. Organizational Capacity**

1. Human Resource, staffs, governing board, Peer Educators are in place, and 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
* Out reach worker 4 and
* Peer Educators : 17

No staff or peer turnover is observed. All staff members as well as peer educators are aware about their respective roles and responsibilities. He is supervising and monitoring the project activities well.

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 |
| 31 st July 2015 | GSACS | Financial managemant | 1 |
| 11th December 2015 | GSACS | Clinic & Program management. | 1 |
| 17th & 18th December 2015 | GSACS | Clinic & Program management. | 1 |
| 22nd January 2016 | GSACS | Clinic & Program management. | 6 |
|  |  |  |  |
|  |  |  |  |

Various inhouse trainings were conducted:

ORW- April, May, June, Oct, Nov & Dec.

PE- April, May, July, Sept & Dec.

Coun- Oct, Nov & Dec.

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/CMIS in time to GSACS. Reports are prepared as per GSACS & TSU guidelines.

**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 is given for 1200 MSM as per line list total registered .Whereas Dropouts are 37, which has rejoined after 6 months.

*2. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.*

1. *Registration of truckers from 2 service sources i.e. STI clinics and counseling.*
2. Micro planning in place and the same is reflected in Quality and documentation.

Organization is using tools for preparing Micro plan. Site map, individual due details are maintained, they have recently learned about the condom gap analysis and have done it once.

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

TI target is 1200 FSW, Regular Contact Average 75%

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. Documentation is in place. Peer are empowered and well conversant with all the IEC tools.

1. PE: HRG ratio, PE:

PE:HRG ratio is 1:60

1. 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 80% of MSM1200. Average monthly regular contact with any service is above 75% . No of HRGs attending RMC is above 80% HIV testing & RPR tests done of 1045 one time and 2090 twice in 12months.

1. Documentation of the Peer educators.

Peers are not maintaining the documents/diaries, ORWs are monitoring and maintain the reports of peers. Peers are well 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. They are reaching the given targets.

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

Counselor 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 CMIS report is done. Project manager will do all the monitoring.

**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.

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 central location and they have STI kits and equipments. They are referring clients to testing and treatment to 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 ICTC,ART, DOTS centre and Community care centers.

HIV & RPR testing done at ICTC centre at MHC & GMC. 25 HRG is linked to ART and PT was given to 9 HRGs. Treatment is been provided to the HRGs under STI setup with the PPP Doctor. No TB case detected in the current year. For ART follow-up is not done by the organization LFU was visible.

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 clinic 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.

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. Outlets including blind depots are there. Social marketing of condoms initiated .

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 126000 and SM condoms sold are 4700.

8. No. of Needles / Syringes distributed through outreach / DIC. -NA

1. 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. Till date one FSW is linked with ART and one is still not linked. In last nine months no positive case is detected for HIV and TB.

10. Referrals and follows up

Followup was done very effectively by counselor for the due list. From 25 seropositive cases detected till date by the organization. 4 PLHIV clients are expired, 10 are LFU.

***V. Community participation***

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

2 Groups of 15 each members are there. There are Five committees formed by the project and there is community participation. Recommended to have more groups of SHGs.

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

DIC level events are not been organized due to lack of budget. VATTA PURNIMA. DASERA,HALDHI KUM KUM,SATYA NARAYAN PUJA, WAD was done by the organization during the contract period.

***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, ART center.

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

No gap found in number of HRG Referred and actually tested at ICTCs. Total registered population is 1216 active, out of the same 1045 are tested once and 2090 are tested twice.

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

Meetings conducted with major stake holders are as per the need. 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.

***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 GSACS office and taking acknowledgment. April and may 2015 due to unavailability of funds the SOE is not been submitted, advised to submit NIL SOE.

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.

*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.*

Since there was no purchases procurement was not applicable.

*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 (varified cash book and interviewed accountant.

***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 its beginning. He is executive Director of the governing board. He had good vision about the progress of the project. 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.

***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 was first working as ORW in same Project of the Organisation and then later He is been promoted as Counselor in MSM project. He is working with the organization for more than 8 years. With counseling activity she is also computing and compiling all the data needed for the project. Compiling monthly reports, doing all the activities of M & E officer. HE is belongs to the MSM community only. He used counseling all the STI cases and visits to the field regularly. He is an asset for this organization.

*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 four the ORWs are from the community . project are 12th standard pass. 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 themselves taking clients to the STI and ICTC at Govt. Centre. They are maintaining and supervising the condom outlets.

***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.*

17 Peer educators are having good and effective rapport with community members. They are doing condom distribution based on demand and need as well at outlets. They are empowered and demonstrated condom demo satisfactorily.

*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.*

***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. DIC events need to be organized on regular basis.

***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 not actively taking part in planning of the project activities. Crisis, Prgramme, Condom promotion, DIC, Advocacy and Community mobilization 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 but still has vast scope for social marketing. Regular Condom Gap analysis should be done by the project staffs. Condom Gap analysis formula has to orient again to the all staff its recommended.

***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.***

Advocacy meetings are conducted by the Project team, . Need to organize legal literacy programs for the HRGs. Increase the linkages with line departments of to avail to social entitlements for MSM HRG group

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

No presence of such social entitlements is seen. Need to be increase its recommended .

***XV. Best Practices if any. All the MSM group meet on projet staff birthday and share their personal health related issues through games***

**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.** |
| **P Lenin shyam raj** | [leninshyamraj.p@gmail.com](mailto:leninshyamraj.p@gmail.com) 9849889491 |
| **Kiran chodankar – Finance** |  |
|  |  |
| **Mis priyanka sarkar** |  |
| **Officials from SACS/TSU (as facilitator)** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Humsaath Trust vasco** |
| **Typology of the target population:** | **MSM** |
| **Total population being covered against target:** | **100.00%** |
| **Dates of Visit**: | **2nd to 3nd March 2016** |
| **Place of Visit:** | **NGO office. Vasco 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%**  **(90.30%)** | **A** | **Very Good** | **Recommended for continuation.** |

**Critical Observations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas of the Project** | **Achievement** | **Areas of improvement** | **Recommendations** |
| **Organizational Capacity** | Strong Organisation | Community participation in project planning | More concentration of the governing body needed. |
| **Program Deliverables** |  |  |  |
| Out reach | 100% outrach | Micro-planning tools | PM has to monitor in regular basis. |
| Services | 90% coverage |  |  |
| Commodities |  | Improve condom social marketing. Knowledge of the PES has to be improved. | Increase the one to one and one two group meetings. |
| Enabling Environment | Good rapport and support from Community. |  |  |
| **Financial systems, procedures and expenditure** | Proper systems are in place. |  |  |

**Specific Recommendations:**

|  |
| --- |
| **Community participation in planning and micro- plans.**  **Social marketing of Condoms as per demand. Field monitoring by the project manager, ORW increase one to one meet with HRGs minimum 10 members in a day .** |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **P Lenin shyam raj** |  |
| **Kiran chodankar Finance** |  |
| **Priyanka sarkar SACS/ TSU** |  |
|  |  |

