

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 Organisation:**

Presentation Society is not-for-profit organization registered in 1963 under the provisions of the Societies Registration Act 1861. It has secured permanent registration with the Union Ministry of Home Affairs under the provisions of the Foreign Contribution Regulation Act 1976 to receive foreign funds. Exemptions under the sections of 12A and 80G of the Indian Income Tax Act 1961 are also granted to it.

The Presentation Society strives to promote the welfare of the people by securing and protecting a social order in which justice shall inform all institutions and strives to minimize inequalities in income and endeavor to eliminate inequalities in status facilities and opportunities amongst individuals and to see that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected from exploitation and moral and material abandonment.

Presentation society is implementing the Migrant TI project supported by Goa State AIDS Control Society, since October 2008. Apart from the TI, the organization is also implementing OVC project supported by local donors. There is another project on prevention of women from trafficking from November, 2019.

Name and address of the Organisation:	Presentation Society JeevanJyothi Social Center
Chief Functionary:	Sister DiptiKuruvilla
Year of establishment:	1963 u/provision of Soc. Reg. Act, 1861
Year and month of project initiation:	October, 2008
Evaluation Team:	(1) Mr. Vijay R. Nair, (2) Dr. ShaileshMacchi and (3) Mr. VinayGawade (Fin.)
Time Frame:	25 th & 26 th February, 2020

Profile of TI(Information to be captured)

Target Population Profile:	10,000 Migrants (Construction, Fishing, Industrial and Daily workers)
Type of Project:	Bridge Population
Size of Target Group(s):	10000 Migrants
Sub-Groups and their Sizes	Construction, Fishing, Industrial and Daily workers
Target Area:	Marmogoa

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...

Interaction with the Project Director – Sister Dipti Kuruvilla was taken place in the project office. She was found supportive to the programme and team and was seen monitoring the project very closely. She has been present in all the staff meetings to plan for better progress of the TI.

II. Organizational Capacity

1. Human resources: 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 were on board during the evaluation period. All the staff are well conversed with the NACO guidelines for implementing Migrant Programme and also are aware about each of their roles clarity. Office is well equipped with all necessary assets as per the NACO norms.

The good thing about the TI is that there is no turn over witnessed during the evaluation period and staff has been in the project for over 2 to 7 years.

Reporting system is as per the SACS and NACO guidelines.

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

All the staff is trained by GOA SACS. Last training for the staff was conducted on 30th October, 2019 and on 20th January, 2020. One was done by GOA SACS and other one was internal.

3. Infrastructure of the organization:

The organization is well equipped with all infrastructures as per the NACO guidelines and all assets were found to be in working condition during our visit. (Asset list attached)

4. 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:

Reporting are being done on timelines every month as per the SACS protocols. All documents were made available during the evaluations. However, PO only visited once during the evaluation period (From April, 2019 to January, 2020) and no report of visit was submitted to the TI for their feedback.

III. Program Deliverables

Outreach:

Line listing of the HRG by Category:	Master list was found to be updated as of 31st Jan., 2020.
Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.	STI Clinic (3629), DIC footfall (2827) and Counseling services (5030)
Registration of truckers from 2 service sources i.e. STI clinics and counseling.	Not Applicable
Micro planning in place and the same is reflected in Quality and documentation.	Yes
Coverage of target population (sub-group wise): Target / regular contacts only in HRGs	11006 Migrants were reached till 31st January, 2020.
Outreach planning – quality, documentation and reflection in implementation	Satisfactory
PE: HRG ratio, PE:migrants/truckers	1: 2000/PL (total 5 PLs)
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	Project staff well versed with Migrant guidelines and are effectively managing the project. – Satisfactory
Documentation of the peer education	Satisfactory
Quality of peer education- messages, skills and reflection in the community	Satisfactory (FGD conducted with Peers)
Supervision- mechanism, process, follow-up in action taken etc	ORWs are regularly visiting the field and PM also visits the field. The PD was found to be active and with meaningful involvement in TI supporting the staff where necessary.

IV. Services

Availability of STI services – mode of delivery, adequacy to the needs of the community.	DSRCs are not functional in the state. PPP model is being used by the TI and the services are being provided by Dr. Jose Narohna.
Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.	Clinic was found to have adequate infrastructure as per the NACO guidelines and STI drugs (NACO KITS) were being distributed to the cases detected. Stock register is also being maintained. Privacy was witnessed in the clinic.
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.	Dr. Jose Narohna, prescribes for medicines to the target group if there is stock out of NACO drugs.

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 carecentres.	Maintained as per NACO guidelines. Services to the DOTs need improvement Linkages with Vihaan needs to be established
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 officialdocuments in thisregard.	All registers and documents were found to be satisfactory.
Availability of Condoms- Type of distribution channel, accessibility, adequacyetc.	Social Marketing of Condoms are being done by the TI. During the evaluation period it was found that 15812 SM condoms were sold to the target population
No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.	Social Marketing 15812
No. of Needles / Syringes distributed through outreach /DIC.	Not Applicable
Information on linkages for ICTC, DOT, ART, STIclinics.	Target populations were having fair knowledge about service delivery system (FGD)
Referrals and followsup	Strong referrals were witnessed with service delivery system (ICTC, ARTC etc)

V. Communityparticipation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the projectactivities.
Not Applicable
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities anddocuments
It was given to understand from the Stakeholders that they were actively involved in the TI and sought inputs where necessary. Peer Volunteers were found to be actively mobilizing target groups fro various events and FICTC camps.

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinicsetc...
TI has strong linkages with ICTC, ARTC and TB clinics
2. Percentages of HRGs tested in ICTC and gap between referred andtested.
Since the sites of far away from the connecting ICTCs, FICTC model is being utilized for testings.
3. Support system developed with various stakeholders and involvement of various stakeholders inthe project.
Stakeholders were seen having strong engagement with the TI.

VII. 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.
2. 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.
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.
4. Systems of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports

(REFER THE FINANCE SCORE SHEET FOR FURTHER INFORMATION)

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.

Ms. Pushpa Sakpal, is a B Com Graduate and has been in the project since 2013. She was found to be well conversant with the overall Migrant Project management.

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

Mr. Parshuram Harijan, is a passed his Higher Secondary Exams (12th) and has been associated with the project since 2010. Well conversant with the counseling techniques and was found visiting the field including ICTC, ARTC etc.

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.

Not Applicable

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 ORWs were found having sound knowledge about the TI. Out of 5 ORWs, 4 were female ORWs and 1 male ORW. The names of the ORWs are as under:

- **Ms. AartiGupa**
- **Ms. Kiran Jain**
- **Mr. ShripadHarmalkar**
- **Ms. NiveditaDhuru**
- **Ms. PratimaMandrekar**

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.

Out of 5, one of the Peer was not well and hence was said to be admitted in the hospital. All the PLs were found to be from the target community.

- **Mr. BhupenderJaiswal**
- **Mr. ShambhuAmonkar**
- **Mr. AkramSoudagar**
- **Ms. Divya Pal**
- **Mr. Umesh B.**

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.

Not Applicable

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

- **Mr. BhupenderJaiswal – Uttar Pradesh**
- **Mr. ShambhuAmonkar – Karwar, Karnataka**
- **Mr. AkramSoudagar - Karnataka**
- **Ms. Divya Pal – Uttar Pradesh**
- **Mr. Umesh B - Karnataka**

All the above Peers were from the Source Destination and were having sound knowledge about the project. The peers were able demonstrate condoms, able to plan their outreach, able to 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.

Not Applicable

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.

- **Ms. Bindiya Sakalkar, is a Secondary school educated having fair knowledge about computer operations and data management. She is also well conversant with Financial system management.**

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.

Not Applicable

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.

- **Peer and Out Reach workers were found to having sound knowledge as per the NACO guidelines for implementing the Migrant TI. The Out Reach demonstrated strong skills during the evaluation and were found to be satisfactory**
- **The stake holders were found to be aware of the outreach sessions. The timings of the outreach sessions are convenient / appropriate for the migrants, however, this can further be improved with strong micro planning with the Stakeholders and the target populations.**

X. Services

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

- **Satisfactory**

XI. Community involvement

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

- **Satisfactory, Community is actively participating in the events of the organization and are supportive too.**

XII. Commodities

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

- **Social Marketing of condoms were found to be satisfactory.**

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.

The TI has Project Management Committee which was initiated during the evaluation period and minutes were demonstrating active participation of the members in the meeting assessing the progress of the project.

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

NOT AVAILABLE

XV. Best Practices if any

- 1. The TI is found taking initiative in identifying new areas for intervention where no TI has reached and potentially risked population (Migrants) are engaged in construction work.**
- 2. The TI has taken extra effort in linking one PLHIV with UP rural district**

Confidential**Reporting formC**

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.
1. VIJAY RAMDAS NAIR	Mob: 9322022066 Eml:nairvijaynair@gmail.com
2. DR. SHAILESH MACHHI	Mob: 8866235344 Eml: profshai@yahoo.co.in
3. MR. VINAY G.	
Officials from SACS/TSU (as facilitator)	Mr. Ramesh Rathod, AD-TI

Name of the NGO:	PRESENTATION SOCIETY JEEVAN JYOTHI SOCIAL CENTER
Typology of the target population:	MIGRANTS
Total population being covered against target:	11006 (10 Months Data – April 2019 – January, 2020)
Dates of Visit:	25 th & 26 th February, 2020
Place of Visit:	Vasco

Overall Rating based programme delivery score:

Total Score Obtained (in%)	Category	Rating	Recommendations
61%-80% (74.80%)	B	Good	Recommended for continuation (74.80%)

Specific Recommendations:

- Tracking register of PLHIV needs to be maintained and should be regularly followed up. Also the TI should link the PLHIVs to the nearby Care and Support services either of the organization self or with Vihaan.
- Gaps were found in overall data management. It is advised that weekly collating of data should be practiced to avoid such gaps.
- DIC footfall is maintained for Birla site from mid June 2019 onwards. Prior to June, there was no data available. It is advised that dates for all entries should be maintained well
- All reporting registers needs to be updated on regular basis
- Reach in the clinic footfall and at the FICTC per camp should be increased
- In IPC session with the target population it was found that body mapping is not being done. It is strongly suggested that this practice be brought in with immediate effect
- No reports of events were not found to be in place as only numbers are mentioned in the register. Big events should be properly documented.

8. Counseling register is maintained in soft copy hence was very difficult to ascertain the exact data. It is strongly suggested that hard copy of the Counseling register is to be maintained.
9. It was found that out of 97 STI cases that were identified by the doctor of the project, only 92 follow up forms were in place. Moreover, during the period May and June 2019, there was stock out of Kits and the Migrants detected with STI were asked to buy medicines from outside but was not followed with any means of verification in place. Systems should be strengthened to document this.
10. Total 306 potential cases for TB were screened, but only 2 cases were referred to the DOT center, which were never followed up again. TB referrals needs to be strengthened and such cases are to be followed up very strictly.
11. Project Management Committee should regular meet to provide inputs to the overall progress of the TI
12. It is strongly advised that regular visit of the PO is a must to the TI to help build strong systems and reports of each visit are to be shared with the TI to seek their feedback on the progress made thereof.

Name oftheevaluators	Signature
1. MR. VIJAY RAMDAS NAIR	
2. DR. SHIALESH MACHHI	
3. MR. VINAY G. (FINANCE)	