Annexure: B

Reporting Format-B

Structure of the Detailed Reporting format

(To be submitted by Evaluators to SACS for DIA evaluated with a copy to NACO)

Introduction

- **Background of Project and Organization**

Desterro Eves Mahila Mandal is a registered Society with 7 members. It established in 1984. Registration number is 19/Goa/85. They work on health especially on HIV/AIDS.

- **Name and address of the Organization**

Desterro Eves Mahila Mandal, Adhar Project, 21 Sapana Terraces, Swatantra Path, Vasco de Gama, Goa.

- **Chief Functionary:**

1) Mrs. Brenda Pereira - President
2) Ms. Fabiola Castelo - V. President
3) Mrs. Celsa Antao – Secretary
4) Ms. Milagrina Fernandes – Jt. Secretary
5) Mrs. Shama tirodkar - Treasurer
6) Ms. Smita Chari – Member
7) Mrs. Margaret Rodricks – Member

- **Year of establishment**

1984.

- **Year and month of Project initiation:**

April 2008.

- **Evaluation team**

Snehlata Bhatia – External Evaluator I
P. Lenin Shyamraj – External Evaluator II
Varsha Naik – Finance Assistant, Goa SACS

- **Time frame (dates of evaluation)**

27th and 28th Feb 2020

Profile of TI

- Target Population Profile: FSW

- Type of Project: Core population
- Size of Target Group(s) :
  Estimated population of 10 sites is:
- Sub-Groups and their Size: 220 Home based, 146 Street based, 136 lodge based.
- Target Area: Zuari, Baina, Bogda, New Vaddem 1, Birla, Shantinagar, Dhakaetoddem, Mangor, Kharewadda, Dabolim

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

Meeting was held with Treasurer of the organization. The members are supportive and helpful in community mobilization, advocacy with stakeholder and sensitization program. The Project Director takes program updates during the monthly review meetings. Project Director is involved in many other activities which are linked in support to TI.

The project staff presented their achievement of April 2019 to Jan 2020 to the evaluators. Role and responsibilities are known to the project team. All the staff members were present for two days evaluation. 4 Peers were present for one day.

II. Organizational Capacity

1. Human resources:

Staff members are appointed as per the approval. The reporting structure and hierarchy is maintained. The roles and responsibilities of each staff and cadre are known to them. The staff conducts activities and adheres to them as per the guidelines.

Each PE has average 100 KP.

2. Capacity building:

GSACS conducted CBS training on 27/12/19 in which PM and Counsellor participated. NGO has provided in-house training on CBS, STI and ICTC.

During interaction with outreach workers they could not speak out 6 components of TI. PEs were not able to explain symptoms of STI.

3. Infrastructure of the organization

The project office is established at the rented place in Vasco, South Goa, which is centrally located. The current infrastructure houses TI only. The project office space and DIC are in the same premises. It has sufficient infrastructure and assets including chairs, tables, computer and cupboards.

4. Documentation and Reporting:

Monthly reporting is done to Goa SACS by the TI project. Line listing is in computer. Registers and records are maintained at the office level as per the required formats. Monthly review meetings are held at office level and by GSACS at State level. Feedbacks shared during the review are followed up by project staff. SIMS is submitted to NACO.

III. Program Deliverables

a. Outreach

1. Line listing of the HRG by category.
   Line listing as per sub category is maintained in computer.

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

3. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
   NA

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

Micro planning is developed and maintained in the office. All sites are mapped. All the peers have their site map. Visit plans are in place and documented at office level. ORWs with other team members develop monthly and weekly plan which is followed. Weekly planning is done by ORWs and given to PEs like whom to take for RMC, ICTC etc.

All the reports and records are as per guidelines but during field visit it is observed that planning is lacking. They had not planned proper field visit when the FSWs are available. Did not introduce any of the stakeholders.

5. Coverage of target population:

FSW: Coverage upto Jan '20 is 502 from which 39 are new identification.

6. Outreach planning – quality, documentation and reflection in implementation
   Outreach planning is done. Monthly M&E gives list of due dates for RMC, ICTC to counselor. Counsellor gives to ORWs. ORWs plan and give to their PEs. Every Monday ORWs meeting is with their PEs where data is collected and remaining target is given.

The form B does not have overdue details. There is no mechanism to contact FSWs who have not come for RMC or ICTC.

7. PE: HRG ratio
   PE ratio is 1 PE average 100 KP.

8. 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

Regular contacts are made by PEs. Free condom services are provided. During FGDs and one to one meetings with HRGs it is observed that HRGs are aware of their quarterly physical check up and HIV testing at 6 months intervals, regular Condom use. HRGs performed condom demo.

The data shows that 43 FSWs have never gone for ICTC and syphilis testing. 111 FSWs have never been counseled.

9. Documentation of the peer education

Peer educators maintained Form B.

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

During evaluation interacted with 4 PEs. The PEs are non active sex workers. One is anganwadi worker, one is collecting garbage and two are pimps. All 4 are elderly women. Two sites meetings were conducted with HRGs. Baina site has actual brothels but they are categorized as home based. Shanti nagar has home based sex workers.

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

5 days in week ORWs are in the fields. Every Monday data is collected from PE and next week planning is given. Counsellor is in the field and at PP for counseling. PM is in the field as and when required. M & E is present during events.

Follow up of STI cases and HIV positive is done by the counselor.

IV. Services

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

   STI services are given at PP. 6 STI patients are treated during evaluation period. During site visit at shantinagar interacted with one FSW who was in great pain due to her monthly period. She had not gone to PP but to her own doctor and she said every month she goes to her doctor only.

   Need to involve female doctor in that area.

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

   Both PP clinics have privacy. Clinics are equipped. STI drugs are given to PP by NGO.

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

4. 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 centres.

   STI patients are treated as per symptoms. New FSWs are given PT if STI symptoms are not found. All STI treated are referred to ICTC. Follow up is done by the counselor.

5. 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.

   Treatment register, referral slips are available. STI drugs are received from GSACS. Stock register is maintained.

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

   Free Condoms are available. Condoms are distributed through depots and PEs. Social marketing of condoms is very less.

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

   Condom demand is 106740 for 10 months and condoms are distributed 100298. 999 condoms are social marketed.

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

9. Information on linkages for ICTC, DOT, ART, STI clinics.

   Linkages with ICTC for testing and kit, ART.

10. Referrals and follows up

    During 10 months 188 FSWs have been tested twice and 272 for one time. 43 have not been tested. 5 HIV positive are in contact, who are tested positive prior to evaluation period. They all are registered at ART centre.

V. Community participation

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

1 SHG is formed, which has 23 members.

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

For major event planning some of the community members and PEs are called.

VI. Linkages

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

   Linkages established

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

   During 10 months 37 % are tested twice and 54 % once at ICTC. 43 FSWs are not tested.

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

   The documents say they have stakeholders like Taxi drivers, motor pilots, shop owners are supportive. During evaluation could not interact with any of the stakeholders.

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.

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.

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.

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 by PFMS.

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.

Drugs are not purchased

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. (All transaction are done according to PFMS System). Separate bank account is maintained.

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 PM is with TI from August 2013. She is Graduate. Quarterly, monthly and weekly planning are available. Review meetings are conducted regularly. Minutes are available.

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

The Counsellor is with TI from April 2011. She is 12th pass and ANM. The counselor is trained and experienced.

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..

There are 2 ORWs. One joined in Feb 2017 and other one Feb 2020. One worked as PE earlier. The ORWs do not have knowledge of the components. There is lack of field planning.

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.

There are 4 PEs. All are experienced and trained. Interacted with all PEs. They are elderly women. None of them is active sex worker. One is anganwadi worker, one is collecting garbage and two are pimps.

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.

NA

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.

NA

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.

The M&E cum Accountant is with TI from April 2012. She is 12th pass and holding diploma management. She is line listing all HRGs. She gives list of due dates for RMC and ICTC to the counselor on monthly basis. Monthly CMIS, STI, CBS, Dashboard, SOE and Input sheet submitted to GSACS.

She needs to work on data analysis.

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.

All the PEs have maps of their hotspot. Planning is done monthly then weekly with ORWs and Counsellor.

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,

Some of the HRGs said they are not sex workers. They don't need condoms. Some said they are happy with services. They get condoms whenever they need. They go for RMC and ICTC. 188 FSWs have been tested twice and 272 once during April '19 to Jan '20 out of 502. 43 have not been tested. 6 are treated for STI. Condom distribution is 100298.

XI. Community involvement

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

Some of the community members are involved in event planning and advocacy.

XII. Commodities

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

Quarterly condom gap analysis is done and accordingly condom distribution target is set.

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.**

Could interact with one stakeholder. Need to have stakeholders from govt. department.

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

Not observed.

XV. Best Practices if any

Not observed.

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.**
Snehlata Bhatia	Phone: 9879517651
P. Lenin Shyamraj	Phone: 9849889491
Finance Evaluator:	Varsha Naik
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	DMM
Typology of the target population:	FSW
Total population being covered against target:	502 against 450
Dates of Visit:	27/02/20 and 28/02/20
Place of Visit:	Office cum DIC, New Vaddem 2, Zuarinagar, PP doctor at sada-Bogda, Baina, Shantinagar

Overall Rating based programme delivery score:

Total Score Obtained (in %)	**Category**	**Rating**	**Recommendations**
Below 40%	D	Poor	
41%-60%	C	Average	
61%-80% (74.40%)	**B**	**Good**	**74.40 % Recommended for continuation**

>80% (85 %)	A	Very Good	

Critical Observations:

Areas of the Project	**Achievement**	**Areas of improvement**	**Recommendations**
Organizational Capacity			
Program Deliverables			
Out reach			
Services			
Commodities			
Enabling Environment			
Financial systems, procedures and expenditure			

Specific Recommendations:

- Need to have active sex workers as Peer educators.
- The overdue details should be given to PEs so that HRGs can be prioritized
- Community mobilisation is weak.
- ORWs need training on TI components and planning.
- Female doctor should be appointed in the area where male doctor is operating.
- Data analysis like spot analysis, STI symptoms, risk analysis, health seeking behaviour etc. which should be used for micro planning.

Name of the evaluators	**Signature**
Snehlata Bhatia	
P. Lenin Shyamraj	
Varsha Naik (Finance)	