

## **Evaluators Specific Recommendations:**

### **1) DEMM-FSW: 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.

### **2) LLF-I**

#### **Specific Recommendations:**

1. 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 with Vihaan. Out of 15 only 5 KPs registration with the ARTC were found to be in place.
2. Gaps were found in data between the B form and C forms. One ORWs (Sainath's) new registered KPs were not found in the B form at all.
3. Committee registers were found to be written but signatures of the attendees were not seen in many meetings (Almost all meetings)
4. There were KPs screened with Potential TB risk but not even a single KP was referred to the DOTs center during the evaluation period.
5. Training register was found to be in place but internal trainings were not recorded.
6. 14 new KPs were identified during November, PT for whom were given in December, 2019. It is recommended that it should be given during the registration only.
7. Counselor's documentation was found to be good.

### **3) LLF-II-**

#### **Specific Recommendations:**

1. TSU support (Programme Officer) is a must to ensure quality of the programme
2. Appointment letters are issued in 2014 with internal advisory of increment. New appointment letters should be issued to all asap

3. Many of the data in Form 'A' was seen incomplete and regular updation was not seen happening
4. Daily dairies needs to be properly maintained with information of the outreach activities conducted reach of KPs should also be mentioned.
5. Form B needs to be filled in appropriately which was not satisfactorily maintained
6. PLHIV tracking sheet should be in place and follow up needs to be strengthened
7. Mismatch of data witnessed in Health Camp and Clinic register
8. Staff meeting register and other registers needs to be maintained as per guidelines and should have all information required.
9. Data mismatch needs to be verified by the PM regularly
10. ORWs and PEERs need to be further capacitated in overall management of the field
11. TB identification and strong follow needs to be looked into
12. PPP Doctor Ms. Richa Raikar needs training for prescribing right kits to the needy FSWs
13. All new cases of 60 KPs have been identified with STI, but the follow up needs improvement

#### **4) Sai Life Care-FSW**

#### **Specific Recommendations:**

- Younger HRGs should be involved as Peer educators
- Hotspot leaders and more community members need to involve in all the community committees
- Community participation in planning and micro- planning required.
- Social marketing of Condoms need to increase.
- Need to decrease paper work of ORWs. Need to develop computerized system.
- Documentation like STI follow up and HIV positive is needed
- Data analysis like spot analysis, STI symptoms analysis, risk analysis should be done so that micro plan can be developed.
- More PPP should be involved and it is better if doctor is MBBS.

## 5) Rishta-FSW

### Specific Recommendations:

1. TSU support (Programme Officer) is a must to ensure quality of the programme
2. Many of the data in Form 'A' was seen incomplete and regular up dation was not seen happening
3. Daily dairies needs to be properly maintained with information of the outreach activities conducted of KPs should also be mentioned.
4. Form B needs to be filled in appropriately which was not satisfactorily maintained
5. HRGs needs to be tracked properly as STI cases are found but no HIV cases were found during the evaluation period
6. Mismatch of data witnessed in Health Camp and Clinic register
7. Staff meeting register and other registers needs to be maintained as per guidelines and should have all information required.
8. Data mismatch needs to be verified by the PM regularly
9. ORWs and PEERs need to be further capacitated in overall management of the field
10. TB linkages to DOTs is very poor
11. Clinic of the TI need to be shifted to the DIC area Mapusa as from the discussion with the Doctor, it was given to understand that not many KPs are coming for taking services in the present location and moreover all 3 TIs are trying accessing services wherein the doctor visits the TI clinic only twice a week and overall knowledge needs to be updated as per the TI needs
12. Training on documentation is also to be planned on an immediate basis
13. Tracking of services needs to be strengthened
14. Linkages with other allied systems needs to be strengthened
15. Project Director needs to give enough time to support the TI and attend all meetings to guide the staff
16. Social Marketing needs to be strengthened and documented well

## 6) Humsaath Trust-FSW

### Specific Recommendations:

- The office is to be change and should be easy to access by the community.
- Documentation need improvement at all stages
- Monitoring need to be strengthened with handholding support
- Revalidate the field and intense CGA
- Induction and Modular Trainings must be organized for the newly recruited staff and Refresher for the others on priority basis.

- The project may track the information of new HRG participation in the Events, meetings, etc.
- Improved systems of documentation which including the evidence based and correctness of data.
- Monthly review meetings have to address various issues and problems that are in the field.
- Field plan has to be made on facts and figures and ensures that all staff and PEs adhere to it.
- The organization may focus on skill building programs for the community for employment and income generation and other social entitlements
- The organization may support the HRG for formation and registration of Domestic workers union ensuring their rights and security
- STI drug management need to be improvement and not undergone internal speculum examination, drugs are issuing by oral instruction

## 7) Darpan-MSM

### Specific Recommendations:

- Induction and Modular Trainings must be organized for all the recruited staff and Refresher for the others on priority basis.
- Documentation need improvement at all stages
- Monitoring need to be strengthened with handholding support and Close monitoring of the project activities by the Darpan is highly essential
- Key stake holders, who addresses the project issues to be identified & built rapport
- Should have plan for advocacy / demand generation activities plan and evidence based
- Quality of counseling need to be ensured and follow up of STI and HIV Positive cases need strengthening
- Community mobilization may be focused as an demand generation activity
- Commodities need to be made available to the community as per their demand i.e., lubes
- Linkages may be developed for skill building, placement and income generation
- Improved systems of documentation which including the evidence based and correctness of data.
- Monthly review meetings have to address various issues and problems that are in the field.
- Field plan has to be made on facts and figures and ensures that all staff and PEs adhere to it.
- More efforts to be made to avail social entitlements to the TI community.

- The organization may develop policies such as Finance, Procurement and HR, etc., and implement the same

## 8) Humsaath Trust-MSM

### **Specific Recommendations:**

- Induction and Modular Trainings must be organized for the staff and Refresher for the others on priority basis.
- Appointment letters should be in proper manner.
- Site validations should be done once in 6 months.
- Outreach activity should be strengthening in field level.
- Project manager field visits should be increase.
- All designations reporting system should be improvised in TI
- Community events needs to be conduct at TI level.
- Stakeholders meetings should be involved in project planning.
- Need to focus on HIV positive dropouts ( Out of 17 on ART 2 LFUs)
- Documentation need improvement at all stages
- Monitoring need to be strengthened with handholding support
- Quality of counseling need to be ensured and follow up of STI and HIV Positive cases need strengthening.
- Community mobilization should be on regular basis
- Commodities need to be made available to the community as per their demand i.e., lubes
- Linkages may be developed for skill building, placement and income generation
- The organization may develop policies such as Finance, Procurement and HR, etc., and implement the same

## 9) Rishta-MSM

### **Specific Recommendations:**

1. Prepare outreach plan based on micro plan which is updated on a regular basis.
2. ORWs shall maintain daily diary and short note on the daily field visits including services provided shall be written.
3. Other project staff should not to be involved in other projects.
4. **The project staff should be shift to MAPSUA the community is higher in this area.**
5. The documentation should be increase.
6. Master register should be maintain in clean manner.
7. Avoid the data errors from master registers.
8. **REPALCE THE OUT REACH TEAM (Peers Above 35years) in immediate effect.**

9. Condom demand analysis should be done as per HRG demand.
10. Peer Leaders are focus on BCC based on the risk level and also to maintain a daily diary and field visit details.
11. Monthly staff review meetings are to be planned more meaningfully. Apart from discussing targets, achievements, issues at the outreach, capacity building of staff, best practices.
12. Minutes of the monthly review meeting shall include the comments/suggestions of the PD.
13. Counselling records shall contain qualitative data including the risk-behaviour.
14. Maintain evidence based report for advocacy meetings and events.
15. The PM should increase the field visits and monitor the TI on basis of result oriented.
16. Reports of SACS PO shall be maintained and ATR shall be prepared.
17. Mid media activities, congregation events, registration of high risk migrants to be revisited.
18. Programme Management committee (PMC) for FSW/MSM TI program to be initiated and continued.
19. All STI cases to be followed up without fail and documented accordingly.
20. Budgetary flow to be on continuous basis and conducting events, mid media activities should be based on need, not whenever they receive funds conducting programs is not good.

## **10) Darpan-IDU**

### **Specific Recommendations:**

1. TSU support (Programme Officer) is a must to ensure quality of the programme
2. Many of the data in Form 'A' was seen incomplete and regular updation was not seen happening
3. Daily dairies needs to be properly maintained with information of the outreach activities conducted reach of KPs should also be mentioned.
4. Form B needs to be filled in appropriately which was not satisfactorily maintained
5. HRGs needs to be tracked properly as STI cases are found but no HIV cases were found during the evaluation period
6. Mismatch of data witnessed in Health Camp and Clinic register
7. Staff meeting register and other registers needs to be maintained as per guidelines and should have all information required.
8. Data mismatch needs to be verified by the PM regularly
9. ORWs and PEERs need to be further capacitated in overall management of the field

10. TB linkages is "0", the TI needs to focus on potential TB cases to be linked to the DOTs
  11. PPP Doctor for the TI is a must. MSM TI doctor is unable to provide adequate time on request and hence KPs are suffering from up taking of services.
  12. Existing MSM TI doctor too needs training immediately
  13. Training on documentation is also to be planned on an immediate basis
  14. Tracking of services needs to be strengthened
- Linkages with other allied systems needs to be strengthened

## **11) Rishta-CC**

### **Specific Recommendations:**

- Planning and record keeping need modification.
- Committees meetings are stereo types. Need to focus on issues and how to improve program
- Police, lawyers, social welfare dept. should be involved as stake holder.
- There is strong need of training to the new staff and doctor. Refresher for the old staff.
- Documentation like STI follow up and HIV positive is needed
- Data analysis like spot analysis, STI symptoms analysis, risk analysis should be done so that micro plan can be developed.
- GSACS should appoint one TSU person for intensive visit for fine tuning of the organization

## **12) LLF-Migrants**

### **Specific Recommendations:**

- Induction and Modular Trainings must be organized for the newly recruited staff.
- Refresher for the others on priority basis.
- PMC need to be strengthened and ensure being functional
- PL roster need to be maintained along with allocation of population
- Ensure registration of single male/female migrants
- Micro plan for providing the project serviced need to be in place
- Condom outlets need to validated
- Need to focus on HIV positive follow up
- Testing for HIV of STI treated migrants and follow up
- Documentation need improvement at all stages
- Monitoring need to be strengthened with handholding support
- Need to ensure follow up of PLHIV
- Data cleaning/triangulation need to done on priority basis

### **13) Presentation Society-Migrants**

#### **Specific Recommendations:**

1. 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.
2. Gaps were found in overall data management. It is advised that weekly collating of data should be practiced to avoid such gaps.
3. 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
4. All reporting registers needs to be updated on regular basis
5. Reach in the clinic footfall and at the FICTC per camp should be increased
6. 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
7. 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.

### **14) CRF-Truckers**

#### **Specific Recommendations:**

- Need to give information on STI to the truckers. STI identification is low.
- Need to focus on Social marketing of Condoms.
- Record keeping and documentation should be as and when activity done.
- The finding of TI (doctor) is truckers suffer from hyper tension at very young age of 30 to 35 years. The NGO can work out with other funding agency on mental health which will support the TI program.
- Peer educators need training on STI symptoms and message delivery.



## **15) Sai Life Care-Truckers**

### **Specific Recommendations:**

- Community participation in planning, micro-planning and field monitoring is needed.
- More transport agencies should be contacted.
- Social marketing of Condoms should be increased.
- PM, Counsellor, ORWs, PEs need refresher.
- Need repainting of Khushi clinic
- Computerized line listing of clinic footfall should be developed.