

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:

DarpanGoa, is a CBO registered under the Societies Registration Act (Reg.No.586/Goa/2011) and was founded on 21st June, 2011. The organisation is engaged in Activities like prevention of HIV/STI services, providing care and support services. Presently the organization runs 3 projects, 1 MSM TI, 2 IDU TI – both supported by Goa SACS and one Vihaan Programme supported by GFATM through Alliance India and NMP+, Pune (SR).

The current DIC is located in the North Goa, Porvorim and office is situated in Santacruz. The DIC is well placed and connected with IDU sites and hotspots and also connected with government centers for further health care services for the target population. The total ever registered population was 375 out of which the active population is 350 as of 31st January, 2020. During the evaluation period no identified cases of HIV or TB was found and those screened for TB were not linked to the DOTs for further services.

Name and address of the Organisation:	Darpan Goa
Chief Functionary:	Mr. Azad Shaikh (PD Mr. Hussain Shaikh)
Year of establishment:	21 st June, 2011 (Reg. No. 586/Goa/2011)
Year and month of project initiation:	1 st September, 2017
Evaluation Team:	(1) Mr. Vijay R. Nair, (2) Mr. Shanka Silmula and (3) Ms. Aarti (Fin.)
Time Frame:	4 th & 5 th March, 2020

Profile of TI (Information to be captured)

Target Population Profile:	300 IDU (Male & Female both)
Type of Project:	Core
Size of Target Group(s):	300 IDU
Sub-Groups and their Sizes	Male & Female Both
Target Area:	Porvorim – North Urban Goa

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 held with the Chief Functionary Mr. Azad Shaikh and Mr. Husaain Khan, both who have fair knowledge about the TI and were found to be actively supporting the TI in overall monitoring, supporting and implementation.

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. The staff urgent need to undergo detailed training on the IDU components and needs to understand the documentation required for smooth implementation of the programme.

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.

Orientation on the project is provided to the staff but no proper training is provided to the staff and the same needs to be planned for effective implementation of the project.

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.

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 is being done on timelines every month as per the SACS protocols. All documents were made available during the evaluations. 3 PO visits were conducted to the TI but no reports were shared with the TI nor any feedback was sought.

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 FSW from 3 service sources i.e. STI clinics, DIC and Counseling.	Not Applicable
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	Ever registered during the period was 375 IDUs and active population is 350 till 31st January, 2020.
Outreach planning – quality, documentation and reflection in implementation	Satisfactory
PE: HRG ratio, PE: migrants/truckers	1:88 / PL (total 4 PEs) – Average
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 urgently need to undergo training on IDU components for effectively managing the project.
Documentation of the peer education	Satisfactory
Quality of peer education- messages, skills and reflection in the community	Satisfactory (FGD conducted with Peers/KPs)
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.	There is no clinic set up nor they have any PPP under the programme (not sanctioned by Goa SACS). Presently, the MSM TI Dr. Sajjan Singh is providing support to the TI
Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.	Clinic not set up. Urgent funds to be made available to the TI for the same.
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.	Not applicable

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. However, services to the DOTs need linkages, as there is referrals of screened KPs but none those screened are linked with DOTs for any services.
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 registers and documents were found to be in place but needs to be updated regularly. Social Marketing of Condoms is not being adhered to, Advocacy register needs proper shape and Committees needs to be established.
Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.	Free condoms supplied by Goa SACS as distributed as per the needs of the KPs.
No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.	Free – distribution only
No. of Needles / Syringes distributed through outreach /DIC.	Total 40955 distributed so far
Information on linkages for ICTC, DOT, ART, STI clinics.	Target populations were having fair knowledge about service delivery system (FGD)
Referrals and followup	Needs strong engagement.

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.
Nil
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents
It was given to understand from the Stakeholders that they were actively involved in the TI and sought inputs where necessary. Peer Educators were found to be actively mobilizing target groups, if needed.

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc...
TI has strong linkages with ICTC and also has linkages with ARTC. However, the TI implements CBS and there is no linkages with DOTs yet.
2. Percentages of HRGs tested in ICTC and gap between referred and tested.
As per mandate all KPs underwent testing under the CBS model.
3. Support system developed with various stakeholders and involvement of various stakeholders in the 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

(FOR ABOVE INFORMATION PLEASE REFER TO THE FINANCE SCORE SHEET)

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.

Mr. Mahesh Govekar, has completed his Graduation and has over 15 years of experience in the development sector. He was found to be well conversant with the overall IDU 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 linkage 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.

Ms. Sanisha Naik, has passed her graduation and has been associated with the project since November 2019. Not well conversant with the project needs. She needs to undergo training on an urgent basis.

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 fair knowledge about the IDU TI. Out of 2 ORWs, 1 is a female outreach worker. None of them were from the community. The names of the ORWs are as under:

- **Ms. Meena Gop (2018)**
- **Mr. Vikrant Naik (Sept. 2017)**

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.

- **Not applicable**

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.

The peers are conversant with the project needs but still need training on an urgent basis. The Peers who were found to be present during the evaluation are as under:

- 1. Mr. Mayur – Joined in January, 2020**
- 2. Mr. Lucky – Joined in March, 2020**
- 3. Mr. Prayag Kamble – Joined in July 2019**
- 4. Mr. MurgeshNadar – Joined in July 2019**

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.

Not applicable.

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.

- **Mr. DattaramGadekar, has passed his 12th std. and has fair knowledge of computer operations and data management. However, detailed training in MEA is strongly recommended.**

IX. a. Outreach activity in Core TIproject

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.

- **From the interaction with the Peers it was evident that they knew the project, site and hotspots well. They were well conversant in identifying KPs and working with the Stakeholders. However, training needs to be provided with updated information and**

documentation.

IX. b. Outreach activity in Truckers and MigrantProject

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.

Not Applicable

X. Services

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

- **Satisfactory**

XI. Communityinvolvement

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,

- **Planning needs to be further strengthened. However, overall the Evaluation team was satisfied with the project management.**

XIII. Enablingenvironment

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 does not have Project Management Committee, however, the communities are actively involved in supporting the TI. Advocacy, network and linkages needs to be further improved and strengthened.

XIV. Social protection schemes / innovation at project level HRG availed welfareschemes, social entitlementsetc.

NOT AVAILABLE

XV. Best Practices ifany

1. **Nil**

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. MR. VIJAY RAMDAS NAIR	Mob: 9322022066 Eml: nairvijaynair@gmail.com
2. MR. SHANKAR SILMULA	Mob: 9833129895 Eml:
3. MS. AARTI (FINANCE EVALUATOR)	
Officials from SACS/TSU (as facilitator)	Mr. Ramesh Rathod, AD-TI

Name of the NGO:	DARPAN GOA
Typology of the target population:	IDU – 300 POPULATION
Total population being covered against target:	350 in 10 months
Dates of Visit:	4 th & 5 th March, 2020
Place of Visit:	Porvorim

Overall Rating based programme delivery score:

Total Score Obtained (in%)	Category	Rating	Recommendations
61%-80% (71.40%)	B	Good	Recommended for continuation (71.40%)

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
15. Linkages with other allied systems needs to be strengthened

Name oftheevaluators	Signature
1. MR. VIJAY RAMDAS NAIR	
2. MR. SHANKAR SILMULA	
3. MS. AARTI	