Annexure: B

Reporting Format-B

Background of Project and Organization*: The Targeted Intervention in Santa Cruz, Goa state was established in the year April 2011, with the support from Goa State AIDS Control Society (GSACS). Initially, the intervention was for 600 MSM/TG. The total KPs ever registered with the TI is 691 and active population is 671. They are covering hot spots like Campal Garden/Market, Panaji KTC, Ambedkar Garden, Old & New KTC Ponda, Shanthi Nagar, Curti and in Upper market of Goa.*

Darpan, is a Community Based Organisation (CBO), which was registered in 2011 and the registration No.586/GOA/2011. With the support of Goa Sate AIDS Control Society and other donor agencies. The focus of the organization is on needy communities including MSM, TG, PLHIVs, Migrants, and OVCs. Darpan is having the Vision of 'to enable people living with HIV/AIDS to cope with the infection better and live positively with dignity and to become decision maker in Govt. policy changes. Mission of the CBO is ' to improve the quality of life of MSM & MSM people living with HIV/AIDS in the State of Goa through mobilizing and strengthening the community based organization & providing services to make them instrumental in positive prevention, care and support.

The boardconsists of 07 members from MSM/TG communities openly living with HIV/AIDS and has been in fore front striving hard to ensure human rights for all and a dignified life for all. The president Mr.Azad Shaikh and the Secretary Mr.Mahesh Govekar is actively involving in implementation of the TI activities. Also they are implementing " Vihaan project".

Name and Address of the Organization: *Darpan MSM TI*
HNo: 958, C/o. Villa Pereira, Raulo Bandh,
Santa Cruz, Ilhas, Goa-403005,

Chief Functionary:*Mr. Azad Shaik,President, Mob:9823754869*
Mr. Mahesh Govekar, Project Director, Mob:9823578469

Year of Establishment*: 2011*

Year and Month of Project Initiation: *April, 2012.*

Evaluation Team*: Imtiaz Ahammed Shaik,Vijaya Prasad K S,Arti Malik.*

Time Frame*: 29/02/2020 to 01/03/2020*

Profile of TI *(Information to be captured)*

- *Target Population Profile: 600 MSM*
- *Type of Project: MSM*

- *Size of TargetGroup(s): 600 MSM (671 active population)*
- *Sub-Groups and theirSize: Kothi -177, DD-234, BS-256 and TG-04*
- *TargetArea: Santa Cruz, Goa.*

Sub-Groups and their Size:

Kothi	***DD***	***BS***	***TG***	***Total***
177	***234***	***256***	***04***	***671***

Target Area:*The TI is implementing project activities in Campal Garden,Panaji KTC, Old and New KTC Phonda,*
Shanthi Nagar, Curti, Upper Market.

S.No.	***Name of ORW***	***Name of PE***	***Name of Hot Spot***	***Kothi***	***DD***	***BS***	***TG***	***Total***
1	*Sachin Bhosikar*	*Faizzan M S*	*Campla Garden*	*36*	*38*	*45*	*1*	*120*
2		*Fayyazuddin S*	*PanajiKTC/ Ambedkar Garden*	*15*	*46*	*54*	*3*	*118*
3	*VinayakChapekar*	*Vinayak kotikar*	*Old KTC, Phonda*	*33*	*37*	*32*	*0*	*102*
4		*Mansoor*	*New KTC, Phonda*	*28*	*31*	*32*	*0*	*91*
5	*Ganesh Raikar*	*Vinod Naik*	*Shanthi Nagar*	*24*	*22*	*33*	*0*	*79*
6		*Hirday Narayan*	*Curti*	*19*	*29*	*33*	*0*	*81*
7		*Shabbir Hussain S*	*Upper Market*	*22*	*31*	*27*	*0*	*80*
		Total						*671*

Key Findings and recommendations on Various Project Components

I. Organizational support to the programme *The organization has formed six committees such as Condom, DIC,Crisis Committee and Advocacycommittee in which the 50% are from HRGs besides the staff also belong to community. The committee meetings are being held once in a quarter but in all the committee meetings irrespective of the members all the staff along with PEs present are participating which does not have any meaning. Moreover in such large group meetings the purpose may not be served. The organization is a CBO itself and having concern for the community is providing support to the project staff in planning, implementing, monitoring, documenting and reporting the project activities with handholding support ensuring quality service delivery. The organization needs to provide support to TI on community mobilization aspects.*

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 atlarge staff turnover:*** *All staff is on board during the year 2019-20 as per the agreement with GSACS. Activities are implemented and documentation is in place accordingly reports are submitted. There is supervisory oversight provided by Chairmen, PD, PM, counselor*

and ORWs.The Chairman of the organization and the staff along with PEs has commitment towards community and are working in coordination.

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

Sl No	*Date*	*Training By*	*Induction/ Refresher*	*No. of Participants*	*Designation*
1	*22/09/2018*	*NGO TI*	*Refresher on Program Management*	*4*	*ORWS*
2	*10/10/2018*	*NGO TI*	*Refresher on STI /Clinic Managemet*	*01*	*Counselor*
3	*11/06/2018*	*GSACS*	*M&E Tools & Finance*	*03*	*PM, M&E*
4	*28/01/2019*	*TSU*	*DPM Model*	*01*	*M&E Accountant*
5	*7/06/2019*	*SACS*	*Refresher on Counselling Skills*	*02*	*PM & Counselor*
6	*8/7/2019*	*SACS*	*Refresher on ORW Tools*	*01*	*ORW*
7	*13/8/2019*	*SACS*	*CBT*	*02*	*PM/Counselor*
8	*30-31/10/20*	*SACS*	*DPM Model*	*03*	*PM/Counselor / M&E*

Apart from the GSACS, the TI Darapan is also given the induction and refresher to the newly recruited staff as well as Peer Educators. However they have to maintain Training register, but the report is documented on white sheets and filed.

3. ***Infrastructure of the organization:*** *The organization has a office cum DIC located centrally in Santa Cruz and having good office premises for administering the TI activities. The officecum DICis furnished with computers, printers and internet connectivity whereas there is enough space for storage of condoms and records. Furniture and other paraphernalia required are in place.*

4. ***Documentation and Reporting:*** *Documentation is maintained at all levels much of which is in duplication consuming lot of time and energy of the staff. Reports are being submitted mostly on time as prescribed by GSACS / NACO. Documentation needs improvement at all levels.*

III.Program Deliverables Outreach

1. ***Line listing of the HRG by category.*** *Line listing is in place sub-category and sitewise. Each ORW and PE has a copy of the latest line list pertaining to her site/s.*

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 plan is in place and ORWs are preparing outreach plan along with prioritization.

But tracking of prioritized HRGs is not taking place anddocumentationneeds improvement.

5. ***Coverage of target population (sub-group wise):***

	Kothi	***DD***	***BS***	***TG***	***Total***
Target					***600/671***
Registered	*177*	*234*	*256*	*04*	***671***
Individual contact					***525***
Regular contact					***492***

6. ***Outreach planning:*** *Outreach planning is done by ORWs in consultation with their peer educators and counselor. Visits and other activities are planned on a routine basis and the ORWs are visiting the field an average of 14 times in a month providing support to the peers which resulting in making the peers depend moreonORWs.*

7. ***PE: HRG ratio, PE: Migrants/Truckers***

8. ***Regular contacts:****As per records available in TI the regular contacts are 75 percent during the evaluation period.The reconciliation between regular contacts considering new registrations and drop outs is done to ensure cleansing of data. HRGs need to be encouraged to access services on their own such that accompanied referrals come down and so regular contacts with them may not be required.*

9. ***Documentation of the peer education:*** *Basic data of provision of referral services and meetings with community are maintained by peers but much of their narratives are with ORWs who record the same in their diaries.*
10. ***Quality of peer education-*** *While quality can always be improved. There are 5 PEs each are equal to and above 10^{th} standard whereas the remaining 3 are below 10^{th} class.Out of seven two peer educators are resigned and replaced immediately. PE kits need to be provided as an aid to all and ensure use of the same for effective understanding by the KPs. Staff turnover is noticed at 28% and most of them are not trained on respective module.*

11. ***Supervision- mechanism, process, follow-up in action taken etc.,****Secretary of the organization cum PD, PM, Counselor and ORWs are providing supervisory oversight. ORWs conduct weekly meetings with PEs to collect data as well as plan for the next week. PM interacts with ORWs to monitor work being done and to assess additional support required. Counselor is updating records with availof services and providingfeedback of not reached for prioritization.Follow up needs strengthening and review meetings do assess action taken. The review meetings are being conducted on weekly and monthly review of the performance is done in the last week meeting but the plan for the following month is prepared in the 1^{st} weekly meeting.*

12. *Role of M&E Mrs. Smitha is visible in the review meeting she is taken care of all the activities along with PD. The team has suggested conducting quality review with the performance data and planning for the following month need to be done in the last weekly meeting itself.*

III. Services

1. ***Availability of STI services –****STI services are being availed at Ponda Dr.S.D.Singh MD, TB Hospital Taligao PPP clinics. The PPP doctor is also trained under SCM and having 15 years of experience. The incidents of availing STI services at Government Health Facilities are visible and also maintained through referral slips.*

2. ***Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.*** *STI services are qualitative and are accessible to the HRGs. The facility is well equipped with all the paraphernalia ensuring quality service delivery and privacy.The doctor is highly qualified, sensitive, committed and trained on SCM. RMC achievement is 74% during the year 2018-19 and 2019-20 respectively. It is appreciable to note that there are 418 internal examination is in place at the PPP clinic. Further required treatment kits are in stock with TI for dispensing and placed the indent for further supplies.*

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 centers.*** *STI services are qualitative and are accessible to the HRGs. SCM protocol is followed for all the symptomatic cases by the service providers as all of them were trained and have been providing services for 6 years. About 2.6% of HRGs (18 cases)were diagnosed of having STI and 76 % syphilis is screened and none found positive. Follow up is done and episodes of partner notification and treatment are not visible to address issues of recurrence of STI cases.Regular follow up need focus in case of STI diagnosed and treated HRGs. Referrals to ICTC and linkage of positive with ART centers and symptomatic referrals to DOTS is visible. Mostly HIV tests are done by the PPP FICTCs of nearly located in the TI office target area.*

5. ***Documentation:*** *Documentation is maintained at all levels more than the requirement and this results in duplication and results in missing to capture relevant data. This needs strengthening through focused capacity building.*

6. ***Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.*** *There are no instances of stock outs during the evaluation period and the TI has sufficient stocks of condoms and lubes. The condoms and lubes are being distributed through PEs and ORWs besidesbeing brought by clients in few instances. Further there is adequate availability and accessibility of the same is noticed.*

7. ***No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.*** *Condoms are being distributed by the PEs and ORWs during their visits. CGA is in*

place and there is no gap between demand and distribution.

Year	***Demand***	***Distribution***		***Total***	***%***	
		Free	***SM (20%)***		***Total***	***SM***
2019-20	*101933*	*108480*	*50269*	*158749*	*106*	*73.57*
2018-19	*97500*	*104979*	*18000*	*122979*	*107*	*94.87*

The condoms used for demonstration and re-demonstration are not recorded and are inclusive of total distributionowing to which actual distribution is less than the achievement.There is closing stock of 5500 as on 31.12.2020. Besides lubes were purchased and distributed to the community as per the demand during the years 2018-19 and 2019-20 i.e., 17,172 and 10,744 respectively and there is stock of 4744 as on

31.12.2020.

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

9. ***Information on linkages for ICTC, DOT, ART, STI clinics –****The TI has good linkage with ICTC, DOT, ART and DSRC.*

10. ***Referrals and follows up*** *Referrals are made and all are accompanied referrals with very little HRGs going their own. Most of the services such as RMC, HIV and Syphilis is done by the TI through their PPP doctor and PPP FICTC. Follow up is done of the positive HRGs in linking with ART centers and to ensure adherence but it need strengthening. It is gloomy to note that most of the ever tested are dropped saying migrated. There are 08 alive on ART and are in regular follow up. Follow up of STI cases is need to be given importance and encourage the partner treatment.*

IV. Community participation

1. ***Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.*** *The TI is being implemented by the CBO but to keep the receipts of the HRG enrolled are part of the CBO. But the community is part of project committees.*

2. ***Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents*** *Community participation in project activities as part of the committees is visible as beneficiaries which are also seen in records. Further much effort needs to be put in to mobilize them so that they become owners of the response.*

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V. Linkages

1. ***Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc…****The TI has good linkage with STI, ICTC, TB andART.*

2. ***Percentages of HRGs tested in ICTC and gap between referred and tested.*** *About 76% (75.85%) of the HRGs are tested twice and none were found positive of having HIV during the year 2018-19 and 2019-20 respectively. There is no gap between referrals vs. tested.*

3. ***Support system developed with various stakeholders and involvement of various stakeholders in the project.****There are good linkages with several stakeholders from the line Govt. Hospitals and departments, like ICTC, FICTCs and STI, Alliance India, etc.and service providers who are aware and provide support. The approach seems to be more intensive.*

VI. Financial systems and procedures

1. ***System Planning: A****s per NACO guidelines and as directed by the GSACS from time to time that all communication received through e-mail, or through various meetings or as regulated or as directed by technical support unit, the planning systems have been complied.*

2. ***System of Documentation****: Documentation for the purpose of the utilization for the program is in accordance to NACO Guidelines and Bank books and General ledger are maintained in system and regularly updated. BRS is being done on monthly basis.Certified hard copies of Cash Book and General ledger are being maintained by the TI.*

3. ***System of Procurements:*** *Procurement system isin place as per NACO guide lines.*

4. ***System of Payments:*** *Availability and practice of using tally accounting software, printed and serially numbered vouchers with supporting documents are in place with proper approval. No cash transaction above Rs.5,000/-.*

VIII. Competency of the project staff

VIII a. Project Manager: *Project Manager Mr.Mhammed Azad Shaik is having the HSSC and having more than 20 years of experience in TI project activities. His is having good knowledge and capacities but the same are not reflected in addressing project issuesand need to focus on community mobilization, monitoring and documentation.*

VIII b. ANM/Counselor: *Counselor Mr.Shoeb Shaikhis HSSC standard with 2 years of experience in TI project. He has been doing work at his best but there are capacity building needs for counseling, follow up and documentation. He is sensible for the community.*

VIII c. ANM/Counselor in IDU TI– NA

VIII d. ORW: *There are 3 ORWs in 07 sites as per sanctioned in the year 2019-20 for the TI works and they are placed in the sites. One of them is BA graduate and remaining two is of the background 10th standard. All are recruited during the evaluation period and are trained at TI level only. Further all of them need to be trained on induction and respective modules.*

VIII e. Peer educators: *There are 07 peer educators and 5 among them are recruited during the year 2019-20 and orientation is done at TI level. The team is able to interact with all PEs and all are having 3 to 4 years' experience in TI activities. Only two of them replaced during the evaluation period and the staff turnover is 28%. They need capacity building on induction and respective modules besides refresher for the remaining peers to improve their performance.*

VIII f. Peer educators in IDU TI – NA

VIII g. Peer Educators in Migrant Projects – NA

VIII h. Peer Educators in Truckers Project - NA

VIII i. M&E officer:*M&E AMrs. Smitha Gaonkaris a Post Graduate in commerce andworking for more than two years. She is able to eliciting data from the other staff, she is also managing accounts. Sheneeds to be trained on soft skills to analyze the data ensuring quality review and documentation.*

IX. a. Outreach activity in Core TI project: *Outreach planning is in place along with prioritization in micro planning. Periodical qualitative reviews should be able to make it more meaningful.*

IX. b. Outreach activity in Truckers and Migrant Project - NA

X. Services:*Community members are passive beneficiaries with a very limited numbers accessing services on their own. There is a need to address this issue of communities taking lead to demand and access of services. There is accompanied referral currently and services such as HIV and Syphilis at their doorstep. RMC is being done regularly wherein proctoscopy examination is ensured.The team advised encouraging independent access of these services.*

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XI. Community involvement: *Community involvement and engagement is limited to accessing healthcare services as beneficiaries. Further they also have received other social entitlements but more so as beneficiaries. The organization has provided support in all these case and CBO is to be encouraged for ensuring the ownership. However the community members are part of the project committees.*

XII. Commodities:*Commodities such as condoms, Lubes, STI kits, HIV and Syphilis test kits are observed to be available during the evaluation period and are made available to the community.*

XIII. Enabling environment: *There is very little done to create an enabling environment as more of the services are being provided at their doorstep. The TI has been informed to do more activities to motivate HRGs availing services at government health facilities and to provide such an environment through sustained engagement with key stakeholders. The organization has significant rapport with the police department.*

XIV. Social protection schemes /innovation at project level HRG availed welfare schemes, socialentitlements.

The TI has facilitated to provide the following;

S.No.	*Name of the Benefit / Scheme*	*No. of Beneficiaries*
1	*Aadhar Card*	*07*
2	*Residential certificate of 15years*	*03*
3	*Income certificate*	*16*
4	*Free bus passes of Govt buses*	*08*
5	*Director of Social Service Pension of Rs.2000/-*	*08*
	Total	*42*

XV. Best Practices if any: *Not any.*