Annexure: B

Reporting Format-B

Background of Project and Organization*: Goa is a small state of 3,701 sq. mt and a population of 16 lakhs comprising a main land district and an off shore island, and a popular tourist destination among Indians as well as foreigners. There are two districts North Goa and South Goa and 3 talukas having Six principle cities like Vasco-Da-Gama (Mormugao), Margoa (Salcet) ,Sanvordem (Qupem). Popular tourist place which is considered as a safe tourist destination, Experience, heavy traffic of visitors. Tourist also provides employment to local youths and are engaged in hotels, resorts, tourist transportation and masseurs and Anecdotal evidences from Goa suggest that some of Goan men engaged in MSM activity and hence pressing needs of intervention was observed in the year 2001 who desired to reach out to grass root level MSM in Goa by the team of Humsafar Trust-Mumbai during their visit to Goa and had an approached with some of the Goan gay community members and also after much deliberation with Goa SACS by Mr.Vivek Raj Anand , Sir.Ashok Row Kavi and some of the community members. In May 2002 a group to initiate the work of TI's with MSM in Goa was awarded to The Humsafar Trust to intervene with the groups of 1000 MSM in Goa. The process of the grant application included discussion on HRG behaviour and vulnerability of MSM with various SACS official, which paved the way for a baseline needs assessment of MSM; findings of the same were presented along with the proposal to intervene with MSM in Goa to Goa SACS.*

In the beginning lots of efforts are done by The Humsafar Trust and started the organization with the umbrella supports of Rishtaorganisation, TI in Calangute, with few staff strength of 4 peoples, where more than 1000 MSM's were covered in the entire state of Goa along with the provision of services, likes Education, condoms, Referrals for health check up, testing, counseling and etc.

Later on after a year of intervention we are ordered by GSACS to shift the office from Calangute to Vasco and be independent by 30th June 2003, bravely with confidence we then shifted to Vasco and started our work, with lots of mainstreaming programmes, with general population along with MSM's community programme got lots of publicity in the entire state of Goa and recognized by most of the Goans that the Humsafar Trust Goa is organization of Gay Peoples and working for the cause, more than 7000 Existing MSM Population in Goa and some of them are associated with the Humsafar –Goa accessing for services, .

Initialy lots of induction, refresher trainings were being provided by Humsafar Mumbai. With the lots of Technical, moral supports of Humsafar trust-Mumbai we had done successful work till year Sept 2009. But due to some personal disputes among staff of Goa Humsafar the Humsafar Goa is separated from Humsafar Trust-Mumbai and change the organization to The Humsaath Trust-Goa. Registered under Goa Registration act 1860, HST-Mumbai then Withdrawn its direct support but still provides technical moral support in all the matters.

Since from the beginning to till date we come across more than 7000 peoples in contact. including all types of community members in the entire state of Goa but presently working only in three talukas of south district Goa i.e. Mormugao, Salcete and Quepem with 1344 self identified MSM community being CBO's and recently we are the first organization in Goa to get the CBO budget in NACP PHASE III.

We also have been conducted Advocacy programme since August 2006 on the basis of 8 months contract with the Naz Foundation International Delhi.

We also have been participating in HSS round every year and through study it is learnt that in Goa prevalence rate of MSM is 5%.

It is learnt that in the beginning we had gone through lots of hard work, many crises among community, staff and also with the Board members and tough time when MSM's were not at all interested in the organization or behavior was denial. Due to lack of visibility, Stigma and since Goa is such a small state and easily noticeable in all parts of Goa. but we did not gave up but tried to work hard and over come with all the issues .

Name and Address of the Organization: *Humsaath Trust (MSM - TI)*
1st Floor Umashankar Building, Near MPT Ground,
PatrongBaina, Vasco, Goa – 403802
Email: humsaathgoa@gmail.com

Chief Functionary: *Mr. SandipChodankar, PD / Chairman, Mob: 7498008732*
Mr.LalBaigProject Manager, Mob:9923144588

Year of Establishment*: May 2002*
Year and Month of Project Initiation: *May, 2002.*
Evaluation Team*: S Imtiaz Ahmed,Vijaya Prasad K S, VarshaNaik*
Time Frame*: 25-02-2020 to 26-02-2020*

Profile of TI *(Information to be captured)*

- *Target Population Profile: 1300 MSM/TG*
- *Type of Project: MSM*
- *Size of TargetGroup(s): 1000 MSM/TG (1386 active population)*
- *Sub-Groups and theirSize: 1386 MSM/TG*
- *TargetArea: South Goa*

Sub-Groups and their Size:

Slno	***Typology***	***Numbers***
1	***Kothi***	***493***
2	***DD***	***647***
3	***Bisexual***	***225***
4	***TG***	***21***
	Total	***1386***

KOTHI				***DD***				***BISEXUAL***				***TG***				***Grand Total***			
H	***M***	***L***	***Total***	***H***	***M***	***L***	***Total***	***H***	***M***	***L***	***Total***	***H***	***M***	***L***	***Total***	***H***	***M***	***L***	***Total***
			493				*647*				*225*				*21*				*1386*

Target Area:*The TI is implementing MSM project activities in entire SouthGoa, namely MormugaoTq, SalceteTq, QuepemTq, CanconTq, SanguemTq*

S.No.	ORW's	Kothi	DD	BS	TG	Total
1	ShrinivasKadlimath	55	172	66	4	297
2	Seema	97	113	47	4	261
3	Rajesh	122	153	40	1	316
4	Farooq	125	113	34	12	284
5	Monalias	94	96	38	00	228
	Total	493	647	225	21	1386
S.No.	PE	Kothi	DD	BS	TG	Total
1	YellappaMadar	15	68	23	--	106
2	JavedUsgaonker	21	64	15	4	104
3	Smile Sheikh	19	40	28	--	87
4	Suresh Dasar	47	57	13		117
5	Chidananda Pujari	39	43	10	01	93
6	Ankith	36	53	17		106
7	Muazzim Khan	37	27	11	0	75
8	Dharam Singh	48	59	13	11	131
9	Saiesh	39	30	08	01	78
10	RitheshSawanth	36	31	15		82
11	Vishwas	34	28	08	0	69
12	Sayed	24	37	15		77
13	Manikanth	37	47	22	4	110
14	Ravi	30	33	13		76
15	Ibrahim	31	30	14		75
	Total	493	647	225	21	1386

Key Findings and recommendations on Various Project Components

I. ***Organizational support to the programme****Theorganization has formed fourcommittees such as PM& Advocacy,Condom, DIC, SH, Health and Crisis Committee in which the 70% 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 and 1 ORW was recruited in the month of June, 2019 sanctioned during the year 2019-20. 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. Staff turnover is very less. The organization may develop HR policy.*

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*

Training register is maintained but the report is documented on white sheets and filed. Besides the orientation/refresher training is being conducted as part of ICB once in a month during the monthly review meeting by the PM/PD/Chairman which is not recorded.

3. ***Infrastructure of the organization:*** *The organization has a office cum DIC located centrally in PatrongBaina, Vasco Da Gama in the heart of the city admeasuring about 100 sqft and another one at Sanvordem. All ORWs and Peers stay in and around their respective areas for greater availability to community. The officecum DICis furnished with computers, printers and internet connectivity whereas there is not enough space for storage of condoms and records. Furniture and other paraphernalia required is in place. There is good open area within the premises for holding small meetings.*

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 SACS / 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 anddocumentationneedsimprovement.

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

	Kothi	***Panthi***	***DD***	***TG***	***Total***
Target					***1300/1386***
Registered	*493*	*647*	*225*	*21*	***1386***
Individual contact					***1329***
Regular contact					***1248***

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 10to12 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 above 90% percent during the year 2018-19 and 2019-20 respectively. 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. Out of 15 PEs the team could meet only 9 whose knowledge levels need improvement.5 PEs each are graduates in commerce and equal to and above 10th standard whereas the remaining 3 are below 10th class.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 38% and most of them are not trained on respective module.*

11. ***Supervision- mechanism, process, follow-up in action taken etc.,****Chairman of the organization, 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 1st weekly meeting. Role of M&E is not visible in the review which taken care by the PM. The team has suggested to conduct quality review with the performance data and plan 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 01identified Project Doctor VishwajithDeasi also he is providing clinic service at in his residence " AnithAnand Clinic" Near Govt School, Headland Sada, Vasco Gooa. The Doctor issupportive and accessible to the HRG and has been providing services for the last 16 (since 2004) years.*

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 90% during the year 2018-19 and 2019-20 respectively. It is appreciable to note that 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 (25 cases) and 2% (19) were diagnosed of having STI during the year 2018-19 and 2019-20 respectively. 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 FICTC located in the TI office in the office premises and in camps at the field besides in SA ICTCs. No community care centers are seen.*

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***		***Total***	***SM***
2019-20	*282596*	*275534*	*27199*	*302733*	*97.5*	*9.6 %*

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 3,35,505as on 31.12.2019. Besides lubes were purchased and distributed to the community as per the demand during the years 2018-19 and 2019-20 i.e., 36000 and 31,500 respectively and there is stock of 10500 as on 31.12.2019.

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 17 alive on ART.out ofever registered and are in regular follow up. Follow up of STI cases is done but not documented properly and partner notification is not visible.*

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 none 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% of the HRGs are tested twice and none found positive during the year 2018-19 and 2019-20 respectively. There is no documentation to verify the 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 departmentsand 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 the 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 is from community and having the experience of more than 20 years. Also having 6 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 is 12th standard with 11 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 5 ORWs in 15 sites including the 1 ORW sanctioned in the year 2019-20 for the TI works and they are placed in the sites. One of the ORW is from are graduates in Arts andCommerce and the other is 12th 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 15 peer educators and 4 among them are recruited during the year 2019-20 and orientation is done at TI level. The team is able to interact with 9 PEs. 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 officer is HSSC, thoughworking for the last , lacks soft skills on eliciting data from the other staff, he is managing accounts only.This poses a challenge for him to maintain data and hence the burden is on the PM who is unable to concentrate on the project activities. He needs 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. There is no CBO at present though the TI is implemented by the CBO. Formation of 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 avail the free bus passes for on ART's and covered under Dayanannda Social Service Scheme. all on positive provide the benefit to the community like with the deprived

S.No.	***Name of the Benefit / Scheme***	***No. of Beneficiaries***
1	*Aadhar Card*	*15*
2	*Voter ID*	*02*
3	*Bank Accounts*	*20*
4	*Sanjay Gandhi Pension Scheme*	*03*
5	*Bus passes for Positives from Kadamba Transport*	*05*

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