Annexure: B

Reporting Format-B

Background of Project and Organization: RISHTA is an organization formed by a group of dedicated and committed individuals working for the last 14 years in the field of HIV/AIDS and was formed with a prime goal of working for people living with HIV/AIDS to stigma and discrimination faced by them at their workplace, home, hospitals etc.,

Right since inception immense work has been done and going on in the field of HIV/AIDS in the form of awareness programmes conducted for schools, college students, youth, hotel staff, taxi drivers, motorcycle pilots, shack staff, jail inmates, MSM &FSWetc. Along with the North Goacoastal belt, Porvorim, Nerul, Verem, Mapusa, Pernem, Bichloim, Sattari, Rishta has alos put in a lot of their ceartive ideas and hard work in conceptualizing street plays, which are performed in various parts of Goa. The street plays are based on the actual facts of persons with HIVand the stigma and discrimination faced by them. These street plays are performed by the staff of Rishta and have won many awards for their excellent performances.

Rishta relies mainly on the support of the community to curb the spread of HIV/AIDS infections to support people affected by HIV/AIDS at Goa state. Rishta is registered under the societies Registration Act 1860 in the year of 1998 No.162/GOA/1998.

Rishta is covering 600 MSMs in BetimJetti, Briton Church, Nerul, Mapusa, Saligao and Pernem. Also having implementing FSWs TI awarded by GSACS.

Name and Address of the Organization: RISHTA - MSM - TI
2nd Floor, Zeiba Reina Complex,
Naikavaddo, Calangute
Goa – 403516
Email: rishta_vcare@yahoo.co.in

Chief Functionary: Mr. Veronica D'Souza, Project Director.
Mr. Mahesh Shirsath Project Manager. Mobile:7875415011

Year of Establishment: April 1998.

Year and Month of Project Initiation: May, 2002.

Evaluation Team: S Imtiaz Ahmed,Vijaya Prasad K S, VinayGawade.

Time Frame: 02-03-2020 to 03-03-2020

Profile of TI (Information to be captured)

- Target Population Profile: 600 MSM/TG
- Type of Project: MSM TI
- Size of TargetGroup(s): 600 MSM/TG (630 active population)
- Sub-Groups and theirSize: Kothi -275, DD-343 and TG -12 Total 630 MSM/TG
- TargetArea: Calangute

Sub-Groups and their Size:

Slno	***Typology***	***Numbers***
1	***Kothi***	***275***
2	***DD***	***343***
3	***TG***	***12***
	Total	***630***

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

S.No.	**03 - ORW's**	**07 - PEs**	**Kothi**	**DD**	**TG**	**Total**
1	Imran Hange	OnkarSawanth&Tapan	127	60	01	**188**
2	Ganesh Saindane	Preethesh&Ashish	60	121	07	**188**
3	VamanPednekar	Anil, Maruthi& Darryl	88	162	04	**254**
		Total	**275**	**343**	**12**	**630**

Key Findings and recommendations on Various Project Components

I. Organizational support to the programmeThe organization has formed fourcommittees such as Condom, DIC, Advocacy and Crisis Committee 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. 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 November, 2019during the year 2019-20. Activities are implemented and documentation is in place accordingly reports are submitted. There is supervisory oversight provided by The PM, counselor and ORWs.The organization and the staff along with PEs hascommitment towards community and are working in coordination. Staff turnover is very less.Only the ORW Sunil Pednekar is promoted as a counselor during the evaluation period.

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	07/07/2018	SACS	Induction on Program Management	2	PM & Counselor

2	06/09/2018	SACS	induction on STI /Clinic Managemet	02	PM &Counselor
3	16/11/2018	GSACS	Refresher M&E Tools & Finance	03	PM, M&E
4	4&5/07/2019	SACS	Refresher	02	PM & Counselor
5	15 & 16 /07/2019	SACS	Refresher on Documenattion	03	ORWs
6	13/08/2019	SACS	Training on CBS	02	PM & Counselor
7	16/10/2019	SACS	Capacity Building Training	05	PM/Counselor/ORWs
8	30-31/10/20	SACS	DPM Model	03	PM/Counselor / M&E
9	04/12/2019	NGO, Konkan Development society	Refresher on Community Development skills	All TI Staff including Peer Educators	PM/ME/Counselor/ORWs/PEs

3. ***Infrastructure of the organization:*** The organization has a office cum DIC located calangute in Nort Goa. All the three TI project office cum DIC is maintained in the same office premises at Calangute. The another DIC is at Mapusa, where the community is hesitate to attend DIC hence the DIC attendees is very poor. The officecum DICis furnished with computers, printers and internet connectivity with enough space for storage of condoms and records. Furniture and other paraphernalia required is 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 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 anddocumentationneeds improvement.

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

	Kothi	**DD**	**TG**	**Total**
Target				**600/630**
Registered	275	343	12	**630**
Individual contact				**604**
Regular contact				**575**

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 08to10 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 91.2% 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 07PEs the team could meet only 5 whose knowledge levels need improvement.5 PEs areequal to HSC and 02 are 12th standard.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 very high among the PEs 03 out of seven were replaced during the evaluation period and they need hand on training on respective module.

11. ***Supervision- mechanism, process, follow-up in action taken etc.,****The* 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.The Role of M&E is not visible in the review which is taken care by the PM/Counselor Sunil. 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 all near byGMC,Government Hospitals. The Doctor issupportive and accessible to the HRG and has been providing services for the last ten years not only at service even at his residence in PPP clinic.

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 81.4% 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.Over all 45 cases is given PT as identified as new HRGs during evaluation period. About 09 HRG cases were diagnosed of having STI during the year 2019-20. 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.

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	227968	182682	1500	184182	80 %	3.2 %
2018-19	188688	167196	2942	191630	88%	7.7 %

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 4566 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.,14300and zero purchase made respectively.

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. There are 1134 & 879 cases referred and tested at ICTC.However in these teats none found positives.*There is851 STI and Syphilis screening is done. Among 21 STI treated and Syphilis reactive patients are treated.*

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.None found positive during the evaluation period.

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.

11. ***Percentages of HRGs tested in ICTC and gap between referred and tested.*** About 81.4% 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. However in these teats none found positives.*There is851 STI and Syphilis screening is done. Among 21 STI treated and Syphilis reactive patients are treated.*

2. ***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:**Proper Procurement system is in place.

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.MaheshShirsath is done Master of Social Work and having the experience of more than 02 years.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.Sunil Padnekar 12th standard with 15 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 07 peer educators and 0ne is recruited during November 2019 for the year 2019-20 and orientation is done at TI level. The team is able to interact with 05 PEs. They need capacity building on induction and respective modules besides refresher for the remaining peers to improve their performance. All are passed in matriculation of HSC and two are from 12th standard background. The knowledge on HIV/AIDS is good and need more concentration on micro planning for vulnerability and BCC for the community.

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 three years in MSM TI, lacks soft skills on eliciting data from the other staff, she is managing accounts only. She insisted to concentrate on the project activities. She 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 as other Tis are covering in Tis for infected and affects in the state. As for the social entitlements very few were got Aadhar, Bank accounts, Residential and income certificates. They found difficulties in providing and fulfilling the social entitlements due to in and out migrants.

XV. Best Practices if any:Not any.