

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:**

RISHTA is a Non Governmental Organisation working in Goa since 1998 for the welfare and prevention of various underprivileged communities. On seeing the work the organisation has been given the targeted intervention by the Goa State AIDS Control 'Society for the prevention of HIV among the high risk population in and around Calangute area which is concentrated by the MSM community. The same NGO has been given two more interventions later on to cover the population of migrants and Female sex workers in various other areas. The current T.I. taken for the Evaluation is core TI which caters to 600 Female Sex Workers.

Name and address of the Organisation:	RISHTA
Chief Functionary:	Ms. Sandra (Project Director)
Year of establishment:	7 th October, 1998
Year and month of project initiation:	November, 2008
Evaluation Team:	(1) Mr. Vijay R. Nair, (2) Dr. Shailesh Machhi and (3) Ms. Aarti (Fin.)
Time Frame:	27 th & 28 th February, 2020

Profile of TI (Information to be captured)

Target Population Profile:	600 FSW
Type of Project:	Core
Size of Target Group(s):	600
Sub-Groups and their Sizes	Street based (351), Home (131) and Lodge based (510)
Target Area:	Calangut

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...

No office bearers were available for discussion during the evaluation period.

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 staffturnover

All the staff were on board during the evaluation period. Some of the staff are well conversant with the FSW TI management components but all need to undergo training on immediate basis.

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. PO visit reports were not available when needed.

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 659 FSW and active population is 609 till 31st January, 2020. (High volume based FSW were “0”, Medium were 290 and Low were 319)
Outreach planning – quality, documentation and reflection in implementation	Satisfactory
PE: HRG ratio, PE: FSW	1:87 /PL(total 7 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	Not applicable
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. However, PD’s involvement in the TI was unable to ascertain

IV. Services

Availability of STI services – mode of delivery, adequacy to the needs of the community.	Clinic set up is done in the same office managed by 3 TIs under one roof, clinical services of which is provided by a BAMS Dr. Aishwaria. Overall impression about the clinic was found to be negative as doctor was unable to express the services being delivered
Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.	Non satisfactory. The clinic needs to be shifted with immediate effect to the Mapusa DIC

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 care centres.	Maintained as per NACO guidelines. However, services to the DOTs need linkages, as there is referrals of screened KPs but linkages is very poor to DOTs and follow up is also not satisfactory.
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 (processes) is not being adhered to, Advocacy register needs proper shape and Committees needs to be taking place actively.
Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.	Free condoms supplied by Goa SACS are distributed as per the needs of the KPs.
No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.	Free – distribution only / Social Marketing source could not be ascertained.
No. of Needles / Syringes distributed through outreach /DIC.	Not applicable
Information on linkages for ICTC, DOT, ART, STI clinics.	Satisfactory
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 clinic etc...
TI has strong linkages with ICTC and also has linkages with ARTC. However, linkages with DOTs needs to be strengthened
2. Percentages of HRGs tested in ICTC and gap between referred and tested.
As per mandate all KPs underwent testing.

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.

Ms. Manjula Shintre, has completed her 10th std. and have been associated with the TI for a long time. She is well experienced in managing FSW TI. However, needs further training on managing the TI more effectively.

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

Ms. Geeta J, is the Counsellor with the TI who has sound knowledge about counseling services and has managed the data well. Her register was found to be satisfactory.

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.

Not Applicable

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 FSWTI. None of them were said to be from the community. However, the ORWs needs to undergo training on an immediate basis. The names of the ORWs are as under:

- **Ms. Rajashree J, associated with TI since long**
- **Ms. Shobha Banerjee, Joined in November, 2019**
- **Ms. Jaanvi Sawant, Joined in December, 2019**

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.

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. Ms. Sonali Rathod**
- 2. Ms. Jaya Kambale**
- 3. Ms. Swati**
- 4. Ms. Reshma**
- 5. Ms. Ranjana Kamble**
- 6. Ms. Jayshree G**

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.

- **Not applicable**

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.

- **Ms. PavitraDivkar, has fair knowledge of computer operations and data management. She is hardworking and dedicated staff and definitely an asset to the TI.**

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 are aware about 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. Enabling environment

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 servicesetc. 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 other 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 if any

- 1. Nil**

Confidential**Reporting form C**

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. SHAILESH MACHHI	Mob: 8866235344 Eml: profshai@yahoo.co.in
3. MS. AARTI (FINANCE EVALUATOR)	
Officials from SACS/TSU (as facilitator)	Mr. Ramesh Rathod, AD-TI

Name of the NGO:	RISHTA
Typology of the target population:	FSW (600 TI)
Total population being covered against target:	603 in 10 months
Dates of Visit:	27 th & 28 th Feb., 2020
Place of Visit:	Calangut

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
61%-80% (73%)	B	Good	Recommended for continuation (73%)

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 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