Reporting Format B

Introduction

Background of Scheme and Organization

India had an estimated 1.8-2.9 million HIV infected persons in 2007, with an adult HIV prevalence rate of 0.34%. On the basis of the evidence related to HIV prevalence and the extent of vulnerability to HIV, 187 districts have been identified as priority districts for saturated coverage of HIV prevention and care services. The major mode of HIV transmission in India is through the sexual route, predominantly from unprotected sex with commercial partner. A comparison of urban-rural data reveals that rural areas account for 59% of the total infection. However, in many states, rural areas either have a higher HIV prevalence rate than their urban counterparts or at the very least are at par with the prevalence rate in urban areas. There is growing evidence that HIV is no longer restricted to urban areas. As per the HSS 2007, it was identified that 57% of the HIV positive persons in India are estimated to be living in rural areas. This reinforced the requirement of an intensive rural based intervention for reaching the marginalized groups which remain uncovered even after the expansion of urban based prevention programs. Thus the LWS was designed in NACPIII to cover the rural vulnerable population which is beyond the reach of the urban based TIs.

PROGRESSIVE AGENCY TO HUMANITY (PATH), which is a brainchild, was established in the year 2002 along with a group of like minded people. Mr. Upadhyay, a professional social worker, is continuously working towards the human development by various techniques efficiently and effectively. The philosophies of Mahatma Gandhi and Vivekanand inspired him to relinquish the job, which confined him to cater the needs of his family only, and initiate a movement in the interest of underprivileged and have-nots of the society. Hence PATH came into being. This is the backdrop in which PATH come into existence. Philosophy of the organization is to establish equality, brotherhood and democratic values in the society and help the poorest of poor individuals, groups and communities, so that they gain capacity to help themselves and contribute in the building of the country and the society at large. The organization was recognized as a registered body under Societies Registration Act, 1860 in the year 2002.

Vision: The organization sees an autonomous communities with improved quality of life, with desired capacity and resources to mitigate its development barriers, having minimum exploitation, poverty and discrimination.

Mission: Creation of a new order in the society, in which people are aware and sensitized enough about their problems, needs, potentials and resources, have managerial and leadership capability and willing to take initiative for betterment in their quality of life.

- The organization has taken a stand on developing the internal capacities of the target communities and initiated a noble process of development at the rural grass root and community level. Revamping the rural economy is one of the major thrusts of the organization through which a true process of grass root level development may be initiated.
- Development and support to the vulnerable children and helpless old people are another focus of the organization. Health, Nutrition, education, skill training, drinking water, sanitation and income generation are the different kinds of social support that the organization pledges to provide.
- Sanitation, environment and safe drinking water programmes in the rural areas are need based and are taken up in order to promote overall hygiene and health status of the poor people in the rural areas.

- ❖ Lastly, a true spirit of development requires a missionary zeal, commitment, fellow feeling and brotherhood irrespective of any consideration of caste, race, religion, language and sec. the organization feels that inculcation of the spirit of fellow feeling, nationalism, cultural consciousness is necessary for development and it has directed its efforts to this and from the very beginning of inception.

Name and address of the Organization:
Progressive Agency to Humanity

Registered office:

B-2/3 Sec-13 Gida Gorakhpur (UP)-272004

Project Office:

Near Pandey Talab Patel nager Gonda -271001

Mobile- 9919521585, 9839141315

E. Mail: gonda.path@gmail.com

Chief Functionary:
Mr. Shardindhu Upadhay

Year of establishment: 2002

Year and month of scheme initiation: February, 2013

Evaluation team:
Shantanu Chowdhury
Dr. Ranvijay Singh
Mr. Kapil

Time frame (dates of evaluation): 20th – 21th August, 2014

Profile of DIA
Target Population break-up: (HRG, Bridge, Vulnerable population):

- FSW – 174
- MSM – 35
- IDU – 158
- Truckers – 152
- Migrants – 9861
- Vulnerable population – 50536

Total population mapped – 60916

Total population covered – 21500

Number of Villages covered – 100 villages in 14 blocks

Key Findings and recommendations on Various Scheme Components

I. Organizational support to the programme

The findings from the interaction with the PD clearly shows that he is very much aware of the project activities and provides financial and technical support from the organization HQ. A separate register is maintained to document the meeting minutes attended by the PD. It was noticed that the PD attends such meetings at least once a month. The minutes of the meetings do capture any field level issues faced by Supervisor or LWs or any other administrative issues faced by the core staff which was addressed by the PD.

II. Organizational Capacity

1. *Human resources*: All relevant documents regarding staff appointment was available. Staffing pattern, job description was laid down as per the OG. As regards to staff turnover, all Core staff are from the beginning but LWs turnover could not be measured as no relevant documents were available. Attendance register/leave application for the Core staff are available.
2. *Capacity building*: Module 1 & 2 was conducted by HLFPPT before the project was taken over by PATH but refresher training has been conducted and all relevant documents are available. After conducting FGD with the LWs and one-to-one interaction with the core staff, it was found that there is no gap in knowledge level on the basics of HIV/AIDS/STI.
3. *Infrastructure of the organization*: The DIA office had enough space even for holding meetings. The infrastructure as per NACO guideline with all the necessary equipment were in place with proper coding and relevant quotations were found in place.
4. *Documentation and Reporting*: The programmatic reports and documents maintained by the DRP, Supervisors and LWs were adequate, maintaining uniformity. The MRP adhered to SACS protocols, mechanism of review and action taken if any were found to be practiced regularly.

III. Program Deliverables

a. Outreach

1 Line list found to be updated in prescribed format and has been shared with the Supervisors. No proper outreach plan developed but monthly LWs activity plan is available with SNA data being partially used.
2. Micro planning was not in place with HRG tracking mechanism.
3. Coverage of target population:
    - HRG – 100%
    - Bridge & Vulnerable population – 31.06% covered and the gap is resulting due to the latest update of the data through HHS.

4. Outreach planning – SNA and HHS done but not used for district level outreach plans but monthly LWs activity plan is available.
5. Documentation of the modular trainings for DRP, supervisor, M&E and Link workers – Necessary reports and documents were not available as the modular training was conducted by HLFPPT before the project was taken over by PATH.
6. Mid-media activity- messages, pamphlets, wall writing etc – Wall writing is there and still going on in many villages, Street Play in 20 villages, flex developed on HIV/AIDS/STI/condom/TB/Malaria. All the male members of RRC, Debtaha village were given t-shirts with HIV logo and PATH emblem on it. They have been given volleyball and net with which the RRC is conducting village level competition and disseminating information to the

crowd gathered to watch the games. RRC women members are given stitching materials and competition organized for making different HIV related IEC. Wall writing has also been done by the RRC members on the wall of the Migrants houses with a collection of 5/- from each members.

7. Supervision – Proper supervision mechanism is followed by the active supervisors with regular staff meeting and feedback. It was found while interacting with the LWs in one village that the Supervisor visits field quite regularly. LW's diaries are reviewed by the Supervisors on a regular basis.

8. Interaction with volunteers and Link workers – A FGD was conducted with only 12 LWs in the DIA office. It was quite evident that the knowledge level on the basics of HIV/AIDS/STI is adequate among the LWs. The LWs are also well aware of the services available and where those can be accessed. Documentation done by the LWs on outreach activities are well in place.

b. Community Level Indicators

1. Referrals and follows up for ICTC and STI services – Referrals were mostly accompanied by Link Workers and all are spouses of source migrants. 16 HRG tested during July, 2014 which were verified at ICTC and with referral slips at DIA. All HRGs referred for ICTC has also been referred to STI. 66.33% treated for STI. All referrals are done in the ICTC and STI clinic of DH. Referrals were also made to ARTC to link up all the 36 PLHIV.

2. Documentation- Referral slips were available at the DIA office but no proper outreach activities documented in the LWs and Supervisors field diaries. A standard prototype information are captured in these diaries though during field visit it was observed that LWs are working quite hard.

3. Distribution of Condoms- The list of condom depot maintained is not very convincing. The details in the list is not matching with the filled up forms. Condom procured from ANM and stock register is maintained. Distribution record is maintained at the DIA level but no record is maintained by the LWs.

4. No. of condoms distributed- 11422 free condoms were distributed through Depots and 6275 through different channels/regular contacts but now the stock is over which came from organisation's HQ. The LWs time to time generate free condoms from the ANMs and distribute them through different channels.

5. Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc – The project has developed a good rapport with the ICTC and STI clinic of the DH.

6. Percentages of HRGs tested in ICTC and gap between referred and tested – 88.4% tested against 92.4% referred but all FSWs only.

7. Support system developed with various stakeholders and involvement of various stakeholders in the scheme – 4 meetings were held with key stakeholders during the month of July and the minutes of the meetings were available at the DIA. During field visit it was observed that the project has developed a good rapport with the Pachayat Pradhan in both the village. The Supervisor has also developed a good linkage with the PHC of Debtaha.

8. Information on linkages for ICTC, DOT, DIC, ART, STI clinics – During field visit, it was observed that the general community is aware of the availability of the health care facilities which can be accessed through the LWs but not exactly by the definition of ICTC, DOT, ART, STI, etc.

c. Coordination and Collaboration

1. Coordination activities: During field visit it was observed that regular coordination with Village level Bodies are happening as 4 such meeting minutes for the month of July was available at the DIA. Organisation helped the PLHIV to form DLN (Gopal) by registering the network with 9 Executive Body members. All the 36 PLHIV are members of the network. Their main activity is to transfer the PLHIV from Lucknow to the new ARTC of Gonda. Regular meetings are held either in the DIA or in the ARTC as per the project staff but no related meeting minutes were found. No DAPCU is existing in the district.
2. Community participation in scheme activities: It was observed that the community participation is mentionable as the place for VIC is provided by a general community member in his premises.

IV. Financial systems and procedures

1. Systems of planning: Though the existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/DAC- supporting official communication is in place but no SoE was submitted by the project.
2. Systems of payments- Vouchers and bills are properly maintained and are all with approval. No single payment in Cash was made during the period. Vouchers were printed and machine numbered. Books of accounts are maintained on Tally and were found be updated till the date of verification.
3. Systems of documentation- No separate bank account is maintained.

Other information

1. The DIA has not received any sum. However it has spent Rs 649185/- towards scheme out of loan from parent NGO and credit from suppliers of goods and services.
2. No separate bank account is opened, hence it is not possible for us to verify the same.

V. Competency of the scheme staff

a. District Resource Person (Program)

Educational qualification & Experience as per norm. He has the knowledge about the proposal, Quarterly plan not made but monthly plan are in place as per the SNA findings. Financial management, computerization is adequate and management of data, knowledge about program performance indicators are quite clear.

b. M&E cum Accounts Officer

M&E Officer was not able to provide analytical information about the gaps in outreach, service uptake to the scheme staff. He was not very confident in providing key information about various Indicators reported in LWS and STI CMIS reports.

c. Supervisor

The Supervisors seemed to be very confident in guiding the Link Workers. Rapport with local health units & facilities seemed to be good as per the 1-1 interaction with them. The Supervisors were found quite efficient in compiling reports of work done by Link Workers and monitor a minimum standard of output expected of Link Workers.

d. Link Workers

The LWs did not have the knowledge about target but well versed with STI symptoms, HRG referral and ICTC testing, field level action based on review meetings etc.

e. Volunteers

The volunteers as interacted in the field had knowledge about condom depot, VIC, RRC and basics of HIV/AIDS.

VI. Enabling Environment

Advocacy meeting with DTO happened on 18-06-14 which has been documented. CMO needs to be sensitised primarily for service provision to PLHIV. A sensitisation Workshop was held in September, 2013 where 13 BDO, 10 ADO and some Pachayat Pradhans attended. The program was supported by the HQ and all relevant documents are available. Regular meetings are happening with ANM, ASHA, Pachayat Pradhan and documented with signature.

VII. Social Protection Schemes/ Welfare Schemes, Social Entitlements etc.

Nothing has been initiated by the project for the target community or for the community at large.

VIII. Good Practices (if any)

- Condoms were given to the FSWs for distribution and usage.
- Flex on Swine Flu and Malaria were made and displayed in the VIC.

Reporting Format C - Confidential
EXECUTIVE SUMMARY OF THE EVALUATION

Profile of Evaluator (s):

Name of Evaluators	Contact details
Mr. Shantanu Chowdhury	9971197043
Dr. Ranvijay Singh	9450197895
Mr. Kapil	9839016924

Name of DIA	Progressive Agency to Humanity (PATH)
Name of District	Gonda
Total SNA Population	60916
Total population being covered against target	21500
Date (s) of visit	20th-21th August, 2014
Place (s) of visit	Gonda, Debtaha

Overall Rating based Programme Delivery Score:

Score range	Rating	Recommendation
81 and above A	82 (79.95%)	The project should continue and some of their innovative initiatives as mentioned in Good Practices should be replicated in other LWS.
60 – 80 B		
50 – 65 C		
Below 50 D		

Critical Observations: DIA

Areas of the scheme	Achievement	Areas of improvement	Recommendation
Organisational Capacity		• Staff turnover • Capacity building	As given below
Program Delivery	Condom outlet through FSWs	• District level plan • SNA findings needs to be used in preparing work plan • Line list needs to be updated and used as a base for outreach activities • Needs improvement in community mobilization	As given below

Financial System		**SoE needs to be submitted regularly on time**	**As given below**

Specific recommendation:

- Follow up of HRG as per line list
- Quarterly/Monthly Outreach Plan
- Social Marketing of condom
- Capturing of field level issues faced during outreach and documenting in the monthly meeting minutes
- Stakeholders' meeting minutes to be maintained and a list of key stakeholders should be developed
- Advocacy meeting with PHCs to cater health care services to PLHIV in particular
- Supervisors and LWs diaries should capture the details of all outreach level activities. The reporting format for the daily diaries should be uniform
- Staff capacity building on the basics of HIV/STI/TB and different service components should be a priority
- Monitoring of Supervisors and LWs by the DRP on a regular basis

Name of the Evaluators	**Signature**
Mr. Shantanu Chowdhury	
Dr. Ranvijay Singh	
Mr. Kapil	