

Reporting Format - B

Structure of the Detailed Reporting format

(To be submitted by Evaluators to SACS for DIA evaluated with a copy to NACO)

Introduction

- **Background of Scheme and Organization**

LWS projects goal of “Reduction in incidences of HIV/AIDS amongst rural population with high-risk behavior, as to reduce morbidity, mortality and impact of epidemic in the target area. For better implementation and coverage by cluster approach, more focus were given in highly vulnerable 100 villages in all 19 blocks of Jaunpur district due to high migration.

The scheme envisages identifying and training, this village level workforce of Supervisors,

Link Workers and volunteers on issues of HIV/AIDS, gender, sexuality, STIs and above all on

Mobilizing difficult-to-reach, especially rural vulnerable sub populations including high risk individuals,

Youth and women. Linking these marginalized sub populations to the public health services for STI, ICTC, ART and then their follow up back to communities is one of the key areas that is expected to be addressed by these Link Workers, generating volunteerism among the community for fighting HIV/AIDS and inculcating health values is another cornerstone of this strategy.

- **Name and address of the Organization**

Progressive Agency To Humanity (PATH)

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- **Chief Functionary**

Mr. Shardindu Upadhyay

- **Year of establishment : 2002**

- **Year and month of scheme initiation:** NGO has been awarded the scheme since 1 April 2013

- **Evaluation team :**

Mr. Sanjay Jain- Team Leader Evaluator

Mr. Shakti Dubey- Co Evaluator

Mr. Anurag- Finance Evaluator

- **Time frame (dates of evaluation) :**
12 Aug to 13 Aug 2014

- **Target Population break-up: (HRG, Bridge, Vulnerable population)**

HRG	MAPPE D /TARG ET FSW	ACHIEVEMEN T	MAPPE D /TARGE T MSM	ACHIEVEMEN T	TOTAL MAPPE D /IDU HRG	ACHIEVED
383	285	285	53	53	45	45

Total Mapped /Target Vulnerable Population	Total Vulnerable Population Covered	Total Mapped/Target Bridge population	Total Bridge Population Covered
80473	10252	20040	3074

- **Number of Villages covered:**
100 Targeted Villages Covered

Key Findings and recommendations on Various Scheme 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 scheme, support to the community, initiation of advocacy activities, monitoring the scheme etc.)

During the evaluation the team met only with the Project Director on behalf of the organization. The director leads the entire team and is found to be taking part in most of the meetings conducted in the office, but monthly staff meetings register shows that he has present in only three meetings. The governing body representatives require analyzing the gaps through the indicators and coming out with plans to address those issues. They need to make a frequent field visits in order to assess the developments. The organization was not able ensured lesser turnover, has appointed qualified employees.

II. Organizational Capacity

1. Human resources: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the scheme, perspective of the office bearers towards the community at a large staff turnover

The NGO had recruited DRP (P), M&E, and Supervisors, and involved them for conducting district survey. The prospective candidates for Link Worker (LW) were identified during the mapping exercise.

The staffing is the proposed staffing in the LW guidelines which is 20 pairs of link workers (having 20 each male and female workers) to be working across 100 villages. Male female ratio of 1:1 was found to be ok at there in place as per record. The average age of the link workers are 32yrs.

Staffing	Estimated number for district	Number in position	Qualifications
DRP (P)	1	1	MSW
M&E and account assistant	1	1	Graduate B.com
Supervisor	4	4	Graduates
Link workers	40	40	10th to Graduate

Each pair of link worker is responsible for one cluster outreach and provides referral services. The LWs have identified volunteers and formed several RRCs in each of the villages. It is observed that the pair concept was fully adhered in the project and each LW is given charge of couple of the villages and thus the entire 100 villages are covered. The organization has been working with the experienced DRP and supervisors but turnover of link workers & supervisors have been reported.

Most of the staffs are felt to be dedicated and sincere in their work and are committed in the scheme. It is evident from the meetings conducted that they are aware of the project component and their roles. It has been found that the entire supervision is done by the DRP (P) only and not found organization's governing body monitoring of the project. System of internal evaluation was on place some gap analysis has seldom been done. It has been found that the organization has got experience of running TI & other HIV projects and thus the same experiences used and enhance the outcome of the activities, even though those policies was not in the LWS.

2. Capacity building: modular (I, II and III & IV- Where ever applicable) & refresher training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

Capacity building of the staff is one of the key activities in LWS. As reported the link workers and other team members were found to be trained since the inception of the LWS but no post assessment of the training has been conducted ever. The LWS staff was provided preliminary orientation on LWS and its implementation strategy by Lead agency at the district level. As per cascade of training, training was also provided to cadre of staff. Supervisors and LWs were trained at the district level by the trained staff. Volunteers have been trained by the Supervisors and DRP. The motivated volunteers were provided orientation on basics of HIV &

AIDS, risk and vulnerable factors of HIV, stigma and discrimination, health care services related to HIV in the district, about LWS, importance of community participation, and role of volunteers in prevention of HIV in the village. But unfortunately the volunteers at the time of visit were found to have very little knowledge on the basics of HIV.

The documentation of the trainings was quite improved but there should be in and exit tests to assess the knowledge gained by the trainees. The follow up mechanism should be in place especially for the link workers and the volunteers.

The link workers were got sessions on the basics of HIV and condom use to sharpen their skills. They are the people responsible to enhance the capacity of the large group of volunteers working in the villages.

Trainings for new LWs has not yet been conducted for all modules , Turn-over among LWs is high. There is no formal training for RRC members, VIC members, PRIs and other village level key functionaries

3. Infrastructure of the organization

The organization has been running for many years and they have implemented LWS projects in the district. They have got a fair good place for the project office and they have got computers with internet connections and printers as well. They have almiraahs for safe keeping of the documents. The office has got enough places to house a meeting of the staffs conducted along with the LWS. It is observed that organization have spend heavy amount on IEC and poster banner in a very clear and easily understanding manner.

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.

Documentation is done in every level and periodical reporting system is not in place. They have been found to adhere with SACS/DAC protocol but the understanding of the output indicator is not clear to the staffs. Data inserted against certain columns seemed to be irrelevant and there is no documentation system available to track the exact figure of certain indicators. They LWS have been found to low understanding in the reporting format and few of them have not reported for regularly on monthly basis and not brought their record at visit. The understanding of the reporting format found not to be clear with the LWs and they require apprehending well all the columns before using it. And organising is not having data of Bridge population coverage and still no system to capture that data. Organization spouse to follow the info flow: LWs fill up the daily dairy of activities carried out against the plan and provide detailed information related to that particular activity.

Information capture is systematic – (LWs to Supervisors to DRPs) after compilation at different time intervals

Supervisors take lead in compiling monthly progress based on the fortnightly reviews and forward the data to M&E cum accountant and DRP for MPR generation

LW action plan

The project does not have a district action plan and works with a monthly activity plan, which the project has also does not indicate the presence of the district action plan and when asked it was informed that these data is with the previous DRP.

It is also noted that the mapping data is not analysed properly and the bare data is used to fix the targets without understanding the value of these data. This is also seems to be the reason for not developing a district action plan.

The data so collected is used and revalidation of the data periodically does not seem to happen. It is visible that the line list is not upgraded or rectified since the beginning of the project.

Daily Dairy

Link workers fill up the daily dairy of activities carried out against the plan, and provide detailed information related to that particular activity. This dairy is filled up on daily basis. The data transferred to and collated by supervisors. Not able to verified at DIA off. And nor the LWs brought in meeting. And during field no one showed the updated diary.

Consolidated Daily outreach register

Daily outreach carried out by the link worker is captured into a register on a weekly basis for further compilation. It is observed that the line list is not updated and services delivered are not recorded in the line list. So the LWs are not keeping update outreach registered. Thus the MPR data seems cooked one.

Compilation of weekly reports

Further weekly reports based on LWs activities (as recorded in daily diary/ register) are consolidated by the supervisors in the fortnightly review meetings for their respective clusters. The supervisors submit the consolidation report directly to the DRP. No one's able to provide his cluster's complete and correct data.

Monthly progress reports

The physical achievements, pertinent to that month, along with the financial report are forwarded as monthly report to UPSACS. But not matching with available base data.

III. Program Deliverables

a. Outreach

1. Line listing of the HRG by category.

The HRGs were identified and line list of the same was prepared categorically. They have identified 247 FSWs, 66 MSM & 15 IDU. Among the bridge group population 13441 have been identified and 27683 vulnerable men and female have been identified by the project. Though they have line listed of all the community.

2. Micro planning in place and the same is reflected in Quality and documentation.

Micro-planning is not prepared. They only rely on meetings and address issues coming up in the periodical review meetings. But which was not documented properly.

3. Coverage of target population: HRG, Bridge, Vulnerable population

They have identified 285 FSWs, 53 MSM & 45 IDUs. Among the bridge group population 20043 have been identified. There is another 80473 vulnerable population identified.

The documentation and reports prepared could not define the number of coverage. But it is assumed that they have about 15% coverage through regular contacts of vulnerable & bridge by LWs and volunteers.

4. Outreach planning – quality, documentation and reflection in implementation

Outreach planning not available with the supervisor and LWs, which is not good.

5. Documentation of the modular trainings for DRP, supervisor, M&E and Link workers.

Trainings were conducted for all level of the staff during the initial phase but none has been done recently for the new staff and LWs. No TNA was done for the staffs but the training modules were followed & documented. They do not have post training assessment system.

6. Mid-media activity- messages, pamphlets, wall writing etc.

There are IECs like pamphlets and posters were made available BY UPSACS. And wall writing or other messages could not found in the field. The IECs are there in the project office & VICs as well, but is not adequate. It has been reported that they conduct street dramas and reports of the street theatre were available. During the field visit it was found that not much effort were made for IEC activities the district.

7. Supervision- mechanism, process, follow-up in action taken etc

Supervision-mechanism starts from DRP level itself. It was evident that there has been no supervision from the organization level. Supportive supervision from SACS and district level need to be made more frequent as the team was found to be very poor and there is no team spirit within the core team found. They need good guidance. The supervision from LWs supervisor is poor.

8. Interaction with volunteers and Link workers.

While interacting with RRC members, volunteers & LWs it was found that the entire section of the group we met has very poor knowledge on condom and basics of HIV/AIDS. The organization requires more training the volunteer of the RRC and equipping them with relevant knowledge on HIV/AIDS, STI, RTI and condom usage. The group is expecting benefits from the project and it seems they are not getting enough recognition from the organization which will motivate them to volunteer. The organization requires doing periodic appraisal and promoting them to the post of link worker as and when any turnover taking place.

The link workers have been found not to have adequate knowledge on the basics while trying their knowledge about BCC they had skipped few steps. And their knowledge on STI and STD require to be strengthened.

Community Level Indicators

1. Referrals and follows up for ICTC and STI services – mode of delivery, adequacy to the needs of the community.

The regularity referral to ICTC is very less in the project and tracking for services not very regularly done. The villagers visit the ICTC at district and the samples and testing is done.

The same goes with the STI referral and documentation related to the both the services are kept. The follow up seem to be poor and no records available to reflect the follow up provided in the project. And it is also reflected as difference in referrals and actual tested/treated data. Organization has referred only 50% HRGs for the testing and STI is even below to this, it seems that monitoring at district level is very poor and field level no tracking system.

2. Documentation- Availability of daily registers of outreach, referral slips, etc.

Daily Dairy

Link workers not brought their daily diaries for meeting and during field we met few of them and found that diaries are not properly maintained and even core team is

also not following it up during their routine field visit. Dairy is filled up on daily basis, but the quality and consistency not found in the same.

Consolidated Daily outreach register

Daily outreach carried out by the link worker is captured into a register on a weekly basis for further compilation. But not found any complete format with any of LW/supervisor we met.

3. Distribution of Condoms- depots and by link worker/volunteers.

No demand analysis. They have registered more than 383 HRGs, about 20000 of the bridge population and over 80000 thousand vulnerable population identified but they have distributed only 14131 condoms in the last one year and that estimates to some 14% of the assumed of that large population got condom once in a year. Condom distributed by the LW is seemed to be considerably low. And there no record found to verify distribution at village level by Depot or LW.

The condom outlet has got no IEC or promotional posters to attract people and through functional condom depots and no data is available in the project.

4. Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc...

The project has average linkage with the ICTC service in the district but the STI service is not adequately utilized by the project. The TB and DOT services are hardly used by the project till date.

Percentages of HRGs tested in ICTC and gap between referred and tested.

50 % of the HRGs identified have undergone testing once in a year but there is no record to report periodic testing of the HRGs. There is mismatch with the data of the referrals and tested under the project No tracking system available to trace referred HRGs. And gap found is about 40%, which is considerable and needs to track.

5. Support system developed with various stakeholders and involvement of various stakeholders in the scheme.

No support system developed found at the district level and same as well as at the village level. Team does not have the clear understanding about various stake holders nor they have any such list with them.

6. Information on linkages for ICTC, DOT, DIC, ART, STI clinics.

The linkage with the ICTC, STI & ART in the district is good but linkages with the DOT clinics are not strong. The overall referral to TB clinics is less and DOT is nil. The project has played little role in follow up of PLHA in ART treatment and follow up seems to be low. And not documented as well.

b. Coordination and Collaboration

1. Coordination activities: Meeting with Village level Bodies, facilitation of PLHA Networks, DAPCU

The coordination at village level is not at all good, especially with AWW, ANM and PRI during field visit no one from above list met.

As per the documents team has sensitized community level, Panchayat functionaries are involved in the LWS implementation and monitoring. PRI and frontline functionaries like ASHAs, AWW were sensitized about the LWS. LWS participate in the monthly review meetings at the Gram Panchayat. But not observed during the field visit.

HRG and Vulnerable group representatives: HRG and Vulnerable group representatives expressed their dissatisfaction about the services provided by the LWS. They expressed their satisfaction with regard to service provision by link worker such as condom distribution, creating awareness about the HIV. But the distance issue was raised by most of villagers and the attitude of the ICTC/STI staff.

2. Community participation in scheme activities- level and extent of participation, reflection of the same in the activities and documents

Not able to sense any community participation initiative at the village level nor the LWS team share any example.

IV. Financial systems and procedures

1. Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/DAC- supporting official communication.

- i. During the verification of vouchers we have observed that NGO has followed the guideline provided by SACS/DAC
- ii. Procedures suggested for planning in Guidelines for financial and management and the reports and registers were properly maintained.
- iii. The pattern of budget utilization suggests that utilization on Project is around the sanction budget or grant provided to the NGO for the last financial year.. However for the current agreement between DIA and UPSACS there is underutilization of budget due to non-availability of fund.

2. Systems of payments- Existence and adherence of payments endorsed by SACS/DAC, 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.

- i. Vouchers are printed and serially numbered.
- ii. Generally payments above Rs. 2,000.00 have been made by cheques, however in one case payment above 2000/- have been made by cash.
- iii. NGO has maintained his books of accounts on Tally and printed ledgers from tally also kept.
- iv. Separate Bank account has been maintained by the NGO with two joint signatory.
- v. All Expenditures and payment have been made with the proper approval.
- vi. Generally supporting documents are found in order and attached with the vouchers, however in few case bills and supporting documents have not been attached with the vouchers.
- vii. Stock stationary register have been maintained by the NGO, receipt and issue of stock have been properly maintained by the NGO.
- viii. NGO is following good advance system as per their records.

3. Systems of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports.

- i. Separate Bank account has been maintained by the NGO for the LWS project with two joint signatory.
- ii. As per records Bank reconciliation have been properly maintained by the NGO on regular basis.
- iii. All SOE upto March 2014 have been submitted by the NGO on time, however for the current period no SOE have been submitted by the NGO, due to non-availability of funds.
- iv. Audit reports for the FY 2013-14 are not available at NGO for LWS project.

V. Competency of the scheme staff

a. District Resource person (programme and training)

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in not much, and 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. was ok..

Responsibilities as per job offer letter and operational guideline.

The DRP (P) has done his MSW and is working with the organization for the last few months. He has been found that not taking the lead role in the project. He has no plans to supervise team as well as program. Though he has got in-depth knowledge about the program indicators, he has limitations in inspiring the team. His internal monitoring related to data management is not very relevant and appropriate. DRP was not able and very fluent to monitor the data entry in the project.

b. M&E Officer cum Accountant

(Whether M&E Officer is able to provide analytical information about the gaps in outreach, service uptake to the scheme staff. Whether he/she is able to provide key information about various indicators reported in TI and STI CMIS reports.)

Responsibilities as per job offer letter and operational guideline.

The M&E officer has done his graduation and is well versed with the computer software and data management, M&E has deep understood the value of information. It is also noted that he manages accounts of the project also. He well versed with date as well as the account found to be ok.

c. Link Worker

(Knowledge about target, training of volunteers, outreach plan, STI symptoms, HRG referral and ICTC testing, field level action based on review meetings etc.)

The link workers are mostly aware with the program & equal proportion in pair. There are turnover of link worker in the project. It was found that the link workers have the knowledge on the basics of HIV and they have condom demonstration skill. But they need to get capacitated with more knowledge in STI and its symptoms & BCC process and tool. Their field presence is very strong and their efforts have been admired by different village level officials and service providers.

d. Volunteers

(HIV referral and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.)

The volunteers no. were seen into the data and supporting document as mentioned total numbers 1540 include the group of young and dynamic people and most of them are students and the requisite proportion of male and female volunteers are not found. The volunteers of the scheme knowledge level and their association with project were not ok. Their participation in the meeting & training is not much record was found at DIA level and also we were not able to meet during field visit.

VI. Enabling Environment

(Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy, networks and linkages, community response of scheme level advocacy and linkages with other services etc.)

There is no understanding prevail in the core team as well as in the PD about the enabling environment in the LWS program and the list of stake holders also not prepared during the SNA, thus not much effort were done and nor it is visible in the field.

The organization has got rapport and linkages with different district level, officials. Village level service providers like ASHA, AWW and ANM are found to be supportive, but no effort were seen to leverage the same for the betterment of the program.

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

Nothing has been share with the evaluation in this regards and same observed in the field as well. .

VIII. Good Practices (if any)

