

South Asia Regional Workshop on Monitoring and Evaluation of Most at Risk Populations (MARPs)



June 1st to 4th, 2010
TISS, Mumbai, India



Acknowledgement

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WORKSHOP REPORT

1. Context

The Technical Support Facility for South Asia (TSF-SA) is an initiative of UNAIDS which is being implemented by ActionAid International in partnership with International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) and Tata Institute of Social Sciences (TISS), Mumbai, India. The project covers 8 South Asian countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The mandate of TSF South Asia is to deliver timely, high quality technical support to plan and implement HIV/ AIDS programs effectively, capacity development of consultants and country partners and harmonization of technical assistance in the South Asian region.

In the South Asian context, the HIV epidemic is concentrated, mainly among pockets of populations exposed to higher risk of HIV transmission. As a result, the HIV response is focused on most at risk populations (MARPs). To address this prioritization, M&E systems must be streamlined accordingly and capacity building in HIV M&E be geared towards contributing effectively and efficiently to M&E related activities targeting MARPs in the region.

To do so, TSF South Asia in partnership with TISS, organized a 4 day South Asian Regional Workshop on M & E of MARPs in Mumbai, India from June 1st to 4th, 2010. The workshop mainly targeted mid-level regional consultants and M&E focal points of country partners. Representatives from MARPs communities (from the sex workers community in particular) set the stage for the workshop and presented on community involvement in M&E activities, thereby contributing to fostering an inclusive approach to M & E activities.

2. Objectives and Expected Outcomes

The core objective of the workshop was:

To build capacity and skills in M&E among consultants and focal points in delivering M&E support at the country level in South Asia Region.

Expected Outcomes:

At the end of the workshop, participants will be able to-

- Understand MARPs, Conceptual Clarity of M&E and M&E for MARPs
- Understand mapping and size estimations of MARPS and its criticality in measurements
- Understand IBBA and BSS among MARPS and its use in the context of monitoring progress
- Comprehend the minimum service packages for MARPs and the issues of monitoring them
- Familiarize with select M&E tools
- Develop understanding and capability to provide technical inputs into proposals that strengthen MARPS interventions.

3. Outline of the Workshop

The workshop agenda¹ was designed to keep a logical flow of content relating to M&E of MARPs. Day one began with perspective building on MARPs by sharing of testimonials from people of the MARPs community. Subsequent sessions on day one covered technical inputs on the fundamentals of M&E and its significance for evidence based planning, data needed to specify the problem, mapping and size estimation.

Day two juxtaposed the agenda of day one with sessions covering community involved mapping, validation and enumeration of MARPs followed by inputs on Integrated Behavioral and Biological Assessment (IBBA) and Behavioral Surveillance Survey (BSS). Day two also had small group assignments for participants regarding the minimum package of services for different categories of MARPs and development of indicators to measure the same.

Day three furthered the agenda of day two by discussing quality assessment of monitoring followed by computerized management information system (CMIS) and community capacity building and data collection, collation and completion of the feedback loop. The latter half of the day had participants visit Humsafar Trust, Mumbai, to correlate the learning from the workshop at the field level regarding data collection and collation and completion of the feedback loop.

Day four had sessions on evaluation of MARPs interventions both at the project and program level, followed by M&E work plan development for respective countries. At the end of the workshop, the participants were

¹ Refer to Annexure 1 for Workshop agenda

given an e-resource pack that comprised of several useful documents/handouts and power point presentations of all the workshop sessions.

Each workshop day began with the sharing of plan for the day and closed with take home messages specific to the day's proceedings. The participants were encouraged to share feedback if any so that necessary modifications could be brought about in the content or the methodology of the workshop.

4. Participant Profile

The participants of the workshop were mainly middle level consultants selected by TSF to represent the South Asian region. Information about the workshop was sent to the M&E consultants registered with TSF. A short listing was done based on their expressed needs and level of expertise. The profile of short-listed participants were shared with the M&E focal persons in UNAIDS and/or the national AIDS control authorities for endorsement. Through this process, 22 participants were finally selected to attend: 2 from Afghanistan, 2 from Bhutan, 5 from Bangladesh, 1 from Lao PDR, 8 from India and 4 from Nepal. The participant from Lao PDR was accommodated in the workshop on a special request from the AIDS Data Hub. A participant each from Pakistan and Sri Lanka were also scheduled to arrive for the workshop. However, certain visa related issues prevented them from attending the workshop².

5. Workshop Proceedings

5.1 Day One

5.1.1 Opening Session

Presenter: Dr. Bisika Thapa, M&E and Quality Assurance Advisor, TSF, South Asia

The Opening session began with a welcome note by Dr. Vimla Nadkarni (TSF focal person at TISS and Professor, TISS). She shared about the different HIV related projects in TISS since 1993 and the current one where TISS is the Principal Recipient of the GFATM



Welcome note by Dr. Vimla Nadkarni

² Refer Annexure 2 for detailed profile of participants

for capacity-building of higher institutions in HIV/ AIDS counseling.

In the opening remarks by Mr. Alankar Malviya (M & E Advisor, UNAIDS Nepal & Bhutan), he spoke about the scarcity of skilled human resources in M & E in many of South Asian countries and the need to plug this gap. With examples from Nepal, he explained the importance of community involvement at all stages without which M&E planning and implementation would be ineffective. Lastly, he reminded the participants to focus on MARPs while developing proposals for the next round of Global Fund.

Dr. Sherry Joseph (Capacity Development and Consultant Manager, TSF South Asia) explained the mandate of TSF to develop capacities of consultants in the South Asian region so that they can support their respective national AIDS program. As the Report of the Commission of AIDS in Asia (2008) points out MARPs should remain the main focus of intervention in South Asia and TSF is committed to provide technical support to MARPs interventions.

Dr. Sundar Sundararaman, the lead facilitator of the workshop, presented a brief overview of the participant expectations vis-à-vis the workshop agenda. Responses regarding participant expectations were generated by circulating a questionnaire through email prior to the workshop (see box-1). This played an instrumental role in refining the agenda of the workshop. Dr. Sundar shared that the workshop process includes plenary presentations and discussions, group work, field visit and looking at ways to involve the community. He also described the three key components of M&E of MARPs that would be covered in the four day workshop:

1. **Planning** - What should we do to reduce HIV transmission among MARPs?
 - Know the epidemic
 - Know the determinants of the epidemic
 - Target setting
2. **Monitoring the response:** What activities are we implementing? Are we doing them right?
 - Input monitoring
 - Quality assessment
3. **Process evaluation and coverage**
 - Evaluating effectiveness: Are prevention programs effective?
 - Impact Evaluation

Box 1- List of Participant Expectations from the Workshop

- Tools and methods of data collection
- Validation of M&E data for MARPs
- Analysis of information gathered
- Simplifying data collection processes so that individuals with varying capacities can be involved in the process
- M&E framework and system design
- How to involve MARPs in the data interpretation and use aspects of M&E
- What is needed for M&E of MARPs? What should be the basic service package for each risk group? What are the good indicators for monitoring the coverage
- Assessment of behavior change
- Use of M&E Data for quality enhancement of targeted interventions for MARPs
- Conducting evaluation of MARPs related interventions
- Effective information flow from sub-national to national level and among different national level actors feeding into the national HIV information

The opening session concluded with a round of self introductions of all participants and resource persons.

5.1.2 Session on Perspective Building – Understanding Most At Risk Populations

Presenters: Mr. Akram and Ms. Pratima (Faculty, Ashodaya Academy)

This session was a panel presentation by Akram and Pratima, MARPs faculty members from Ashodaya Academy, Mysore, India. They shared about their personal struggle and the triumph against all odds in their journey so far.

Akram's story

Akram is the youngest child and only son to his parents from a middle class family in Mysore. He was raised in a very protective environment. He was shy by nature. He was always teased by his friends for his effeminate mannerisms. Akram was very fond of reading. The gatekeeper of the library near his school made him read books in his house. While Akram read books, the gatekeeper used to caress/ fondle him until one day when he had sex with him. Once when he was sitting in a park, he received Rs. 50 from a man in exchange for sex. This was the first time he felt that it is possible to earn money through sex and took up sex work as a

profession. His feelings from embarrassment of being effeminate turned into pride of being a male sex worker wherein he earns his own money.

In the year 2003 Akram was diagnosed with HIV. Along with his profession as male sex worker, he now works as a faculty member of Ashodaya Academy in Mysore (run by sex workers for sex workers).

Pratima's Story

Pratima hails from Shimoga, Karnataka. She grew up in a conservative culture where interaction with men was not permitted. She fell in love with a boy belonging to an upper caste. The marriage was not socially permissible as Pratima was from a lower caste. They eloped to Mysore to get married. There they stayed with the boy's sister. He insisted on having a sexual relationship with Pratima since they were to get married soon. However, the boy left her after a few months to stay with his parents and marry a girl of their choice.



Ms. Pratima and Mr. Akram sharing their story with the participants

Meanwhile, Pratima realized she is pregnant and returned to her natal family. They did not accept her. She came back to Mysore and then to Bangalore and finally to the red light area in Mumbai. She felt compelled to take up sex work to support her daughter and herself. Her first client was kind enough to help her move from Mumbai to Bangalore and finally back to Mysore. She is happy in her profession, has a rented house to stay, a grown up daughter and a boyfriend too. Now she is also working for Ashodaya academy and her family has accepted her back. CNN-IBN, a news channel in India has aired an interview of her life story.

Main Issues Discussed

- The participants were able to relate to similar stories from their own countries. They upheld Akram's and Pratima's self determination and asked them the source of their strength to overcome the life's struggles. Both replied that the different adverse situations gave the courage to face the life problems.
- One of the participants pointed out that the centre stage in Akram's and Pratima's life does not appear to be HIV, but issues relating to

livelihood and subsistence. Hence, socio-economic aspects need to be considered while developing comprehensive services for MARPs so that their basic needs are addressed in addition to HIV related risks and vulnerabilities.

- The participants wanted to know if Akram and Pratima ever considered another profession. Both replied that they did try only to realize that other professions came with their own forms of exploitations. Given this, they decided it is better to be inside the profession and fight for an enabling environment within it. All participants echoed a sense of respect for Akram and Pratima because they respected themselves and were content to be who they were. This helped to drive home the fact that involvement of MARPs community is essential to planning and developing M&E systems.

5.1.3 Session on Significance of M&E and Strategic Information Relevant to MARPs

Facilitator: Mr. Alankar Malviya UNAIDS (Nepal and Bhutan).

Mr. Malviya discussed the basics of the HIV pandemic, stages of M&E of MARPs, importance of M&E of MARPs, how to generate strategic information from the environment to inform policy/ program and to complete the loop.

Mr. Malviya further emphasized the following messages:

- M&E activities must be tailored to fit the needs, contexts, resources specific to one's country.
- No M&E activities can be completed without including MARPs communities meaningfully at all stages, and demonstrating cultural sensitivity toward them.
- Creative and "out of the box" approaches will help prevent duplication of programs and double counting.
- Data collected through M&E exercise should be analyzed and used for evidence based planning.



Mr. Malviya on significance of M&E

5.1.4 Session on Data Needed to Specify the Problem and Design interventions- Examples from Mapping and Size Estimation in South Asia

Facilitator: Dr. S. K. Singh, Associate Professor, IIPS, Mumbai, India and Mr. Alankar Malviya, UNAIDS (Nepal and Bhutan).

Dr. Singh's first presentation provided technical inputs to participants regarding the following topics:



Dr. S.K. Singh presenting data needed to specify the problem

- The importance of data base in advocacy and program planning
- Different methods of developing data base for identification of the problems and planning of intervention
- Mixed-methods approach for developing contexts, locations and organizations for individual as well as community based interventions
- MARPs mapping and size estimation along with imputation of correction factors due to mobility
- Application of modified capture-recapture for revalidation of MARP size prior to planning of intervention and services

Following Dr. Singh's aforementioned presentation, Mr. Malviya took over to discuss the topic '**Size Estimation of MARPs**' that covered aspects like relevance of size estimation, different methods of size estimation and types and formulas for adjustments in numbers to arrive at different size estimates.

Main Issues Discussed

- **Mixed- Method Approach:** Dr. Singh highlighted that the mixed-methods approach is a favored way of generating data as it captures both qualitative and quantitative information. This approach also provides room for triangulation, which brings variability in the program as well. Participants raised a concern about the approach when the quantitative and qualitative methods came up with different findings. Dr. Singh replied that in such a case, common findings among both types of data would have to be considered.
- **Social Mapping:** While discussing social mapping as a research method, one of the participants raised a query about doing a key informant interview (KII) with a brothel owner or a tea stall owner in case of FSWs. Dr. Singh shared that protocols of research/ data collection help minimize errors and these processes should not be bypassed. Dr. Singh further added that one should carefully choose

participants for KIs because the person giving information in KIs is more valuable, unlike in depth interviews where the subject is important. Generally, 4 – 6 KIs with persons of varied backgrounds is preferred. Dr. Singh cautioned that KIs should be conducted in a very sensitive manner to prevent any backlash from the community since the feedback on the interview process usually reaches them.

One of the participants asked if it was imperative to follow all the steps of social mapping since there were no MARPs identified in Bhutan. Dr. Singh, Mr. Malviya and Dr. Joseph reiterated that following the steps in a systematic manner is advisable for collecting specific data. Moreover, the step wise scientific process has an advantage whereby hidden populations may feel empowered enough to identify themselves.

Data Quality

Accuracy: the data measure what they are intended to measure

Reliability: the measures do not change according to who is using them and when or how often they are used

Precision: the data have the necessary detail

Completeness: all-inclusive and not partial

Timeliness: up-to-date and available on time

Integrity: no deliberate bias or manipulation

Confidentiality: clients are assured that their data will be maintained according to national and/or international standards for data

- Another concern that participants shared was that since **hotspots** keep changing and how can they be reliably mapped? Dr. Singh responded that during mapping, greater focus should be given to traditional sex worker sites in the highways, brothels and so on.
- There was another concern raised about the **reliability of data** drawn from the sample to which Dr. Singh replied that sample survey with five percent margin of error is acceptable.
- One of the participants wanted to know how to overcome the difficulty of estimating the size of clients of sex workers? Mr. Malviya suggested that instead of asking for the number of clients, the number of condoms used can be asked as a proxy indicator to arrive at an estimate of the number of clients.

5.1.5 Closure of Day 1

Dr. Sundar made a brief recap of the day's proceedings with the take-home messages for the first day of the workshop.

Box 2 - Take home messages for day 1

- Put the information/data in the context of the epidemic.
- Meaningful participation of MARPs at all stages is essential, especially during initiation.
- Use a protocol to map MARPs at the district level or any other significant lower level.
- Plan validation of data collection along with the mapping and not post facto.
- Triangulation of data is essential at every stage.
- Use existing information-do not reinvent the wheel.
- Give room for adjustment.
- Mixed method for quality assurance of the data.
- Different countries scenarios – be context specific – but use

5.2 Day Two

5.2.1 Session on Community involved mapping validation and enumeration of MARPs- Field experience, methods, tools and challenges

Facilitators: Mr. Akram and Ms. Pratima (Faculty, Ashodaya Academy)

Akram and Pratima (with translation assistance from Mr. Vishwa Deepak (participant) and Dr. Sundar respectively) discussed the methods of community involved mapping and enumeration through a power point presentation. Their session highlighted the following:

- What is mapping and enumeration?
- The three essential stages of mapping and enumeration:
 - Pre mapping stage - preparations prior to mapping,
 - Actual mapping and enumeration
 - [different spot validation tools, spot profiling, process and stages of enumeration, capture-recapture method (unique lottery system of Ashodaya), results from capture – recapture]
 - Using the results for planning the intervention



Ms. Pratima (with translation assistance from Dr. Sundar) presenting Mapping and Enumeration of MARPs

Main Issues Discussed

- When asked what if there was any **specific time** suited for mapping, Akram and Pratima replied that first and last days of the month were preferred since mobility and visibility of the sex workers becomes more prominent due to salary time.
- Some participants were keen to know more about the **lottery system** used by Ashodaya and how they prevented the double counting. Akram and Pratima shared that during the capture-recapture round, the distribution of the lottery ticket was done zone wise to track the target population more systematically. To overcome the problem of double counting, they ensured that one person received only one lottery ticket. No one was allowed to collect lottery ticket on behalf of others. If anybody was found with a twin ticket, it was disqualified. Peer guides also helped to check double counting. The lottery ticket, invitation card for the lottery draw or any event related to the same did not display the red ribbon or any AIDS symbol, so that sex workers could join the program freely, without fear of stigma.
- One of the participants asked if Ashodaya had **alternate livelihood projects** for sex workers. Pratima replied that they run an eatery in Mysore and people from all over the place come to eat here. The money generated from the eatery is used to maintain a drop in center for the clients who come to the city to receive ART. Now Ashodaya is planning to open a franchise of that eatery in other places where it operates, so that more money can be drawn in.

5.2.2 Session on Integrated Behavioural and Biological Assessment (IBBA) and Behavioral Surveillance Survey (BSS)

Facilitator: Dr. S.K. Singh, Associate Professor, IIPS, Mumbai, India

Although scheduled for day one, this session was held on day two owing to time constraints. Dr. Singh's presentation on IBBA highlighted the following:

- Objectives and coverage of IBBA
- Study design and methods
- Implementation process and protocols
- Strategic messages from different indicators and outcomes

Dr. Singh's presentation on BSS addressed the following:

- Objectives of BSS
- Methodology involved in conducting BSS
- How to determine sample size in BSS for different target populations like FSWs, truckers and migrants.
- Findings of BSS for general population, FSWs, client of the sex workers and so on.

Main Issues Discussed

- Dr. Singh stressed on the importance of **community participation** in the research as it helps to shape questions in a culturally sensitive manner. People tend to share more information with people from within the community.
- Participants from Bangladesh and Afghanistan raised concerns about the **operational definitions** for MSMs and IDUs respectively. Dr. Singh and Dr. Sundar opined that operational definitions of the target group should be culturally sensitive to capture the real target population of a specific country. They should also fall in line with the national guidelines.
- Dr. Singh cautioned that IBBA findings reflect only specific project level situation and should not be used for generalizations at the national level. Moreover, IBBA is an expensive exercise and difficult to conduct at country level among general population. Its main purpose is to check program level efficacy. Mr. Malviya added that IBBA has been conducted in Nepal for the whole country since it is comparatively a small country, but for India, it is preferable to intervene in selected districts or states.
- Another participant wanted to know how frequently should IBBA or BSS be conducted? Dr. Singh replied that ideally a gap of 3 -5 years is required. Mr. Malviya further added that for BSS, there is a need to examine the impact of intervention on behavior change, which will not be identified before 2 years.

5.2.3 Session on Minimum Package – Unpacking it for deeper understanding of M&E of MARPs and its Applicability

Facilitator: Mr. Binod Mahanty, M & E Advisor, UNAIDS



Mr. Mahanty began his session with the traditional M&E framework (input – output cascade) and discussed the different steps of

M&E of MARPs and how they fit into the traditional framework. The participants were divided into 3 small groups, each representing a category of MARPs - FSWs, MSMs and IDUs. The small groups were assigned the task of discussing the minimum package of services for each MARPs. This was followed by a large group presentation and discussion.

An overview of the small group presentations of the minimum package of service for each category of MARPs is given below:

Box 3: Minimum package for IDUs	Box 4: Minimum package for MSMs	Box 5: Minimum package for FSWs
<ul style="list-style-type: none"> • Needle Syringe Exchange Program • Condom distribution (including their partners) • OST • VCT • STI Management • IEC/BCC Services • Provision of ART Services • Referrals: (Detox, TB Screening) FP, RH, GBV – for FIDU • Overdose and abscess management (PHC services) • Social Support Services and MCH Services of IDUs • Advocacy and Community Mobilisation • Support in Creating enabling environment and save from police harassment and stigma 	<p>Prevention and Treatment</p> <ul style="list-style-type: none"> • Awareness and education services • Distribution of condoms and lubricants (availability) • STI treatment services • VCT services and ICTC • General health services <p>Advocacy and Empowerment</p> <ul style="list-style-type: none"> • Advocacy - community level (to reduce violence and stigma) • Counseling for social repositioning • Self Help Group and networking 	<ul style="list-style-type: none"> • Condoms promotion and accessibility of condom • IEC for prevention and control of HIV, CST (also for community) • SRH services • VCT facility • ARV – ART • Care/support • Living – Wellness and Meditation • Empowerment • Advocacy/lobbying • Nutritional support • Positive Prev. support • Provision of DIC • Alternative livelihood options • Issues related to Stigma and discrimination

Comments of the large group on IDU presentation

Female IDUs are often sex workers too. Hence convergence of services is required.

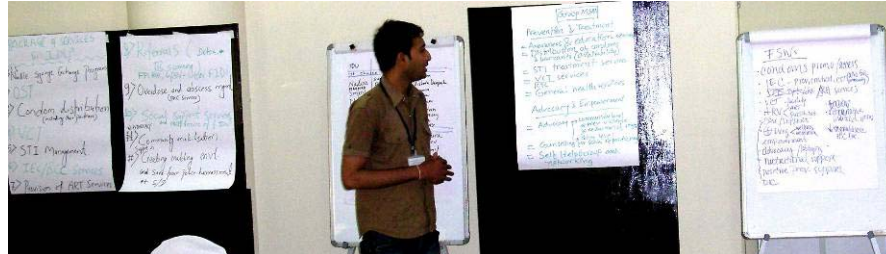
- Children of IDUs need specialized services.
- Importance of legislative service required.
- The minimum package service needs to specify whether the service is for HIV alone or deals with alcohol abuse as well.
- Prioritization of services is needed as too many services are not possible to implement.

Comments of the large group on MSM presentation

- Wives/female partners of MSMs are also an important element to be considered during programming.
- Sub-categories of MSMs have specific needs and services that need to be addressed accordingly.

Comments of the large group on FSW presentation

- Children of sex workers will need specialized services.
- FSWs often feel exploited/ harassed by their boyfriends and pimps, which has to be addressed.



Following M&E of package... **A participant sharing his small group presentation on minimum package** ...ies for sensitive

Mr. Mahanty further asked the small groups to develop suitable indicators for M&E based on the minimum package of service for MARPs as proposed in the exercise. An overview of the small group presentations on indicators for M&E of minimum package of services for each category of MARPs is given below.

- Box 6: Indicators – IDUs**
- % of IDUs who correctly identify ways of prevention and transmission of HIV
 - % of IDUs who reported using sterile injecting equipment in last injection
 - % of IDUs who report the correct use of condom in their last sex
 - % of IDUs who tested positive for syphilis
 - % of VCT clients who tested positive for HIV in last 12 months and who know the results
 - % of IDUs reached with HIV prevention program
 - # of condoms distributed
 - # of needles/ syringes distributed
 - # of advanced HIV infected IDUs receiving ART
 - # of IDUs receiving OST
 - # of organizations providing treatment, care and support to IDUs
 - # of social leaders mobilized

- Box 7: Indicators - MSMs**
- % MSM satisfied with condoms and lubricants provided
 - # of MSM accessed STI services
 - # of partners treated
 - % of people/users satisfied with services
 - % of MSM tested out of total referred for VCT
 - % of funds utilized
 - % of funds released out of total budget
 - % of MSM aware of services available
 - % of MSM aware of safe sexual practices
 - % of MSM contacted throughout reaches
 - # of times one MSM is contacted in a quarter
 - % MSM reported of using condoms in the last sex act
 - # condom outlets available

- Box 9: Indicators – FSWs**
- # of FSWs using Male / Female condoms at last sex
 - # of FSWs accessing VCT and received post test counseling
 - # of FSWs going for diagnosis of STIs
 - # of FSWs going for treatment of STIs
 - # of health centers offering stigma and discrimination free services to FSWs
 - # of stakeholders sensitized to FSW related social issues
 - # of FSWs currently on ARVs
 - # of FSWs utilizing alternate livelihood services
 - # of peer educators trained and active

Comments of the large group on IDU indicators presentation

³ Operational Guidelines for M&E of IDUs and MSMs (May 2010), were shared as e-resources with all participants

- Aspect of quality of service needs to be factored in. Service availability mapping (SAM) for effective services, like how many hospitals have VCTs etc., too need to be incorporated.
- Demand side indicator, for example referral to VCTC, also needs to be built in. Without internal demand generation, community will not get mobilized.
- IDU programs can be monitored through a rapid assessment within 2 weeks and the developed program could be built around the basic findings.

Comments of the large group on MSM indicators presentation

- How to measure client satisfaction is a concern of the participants and developing an indicator to measure satisfaction remains an issue. A participant suggested using probes in exit interviews. Prof. Nadkarni discussed about developing an empowerment index to generate the specific information on satisfaction.

Comments of the large group on FSW indicators presentation

- Number of FSWs availing alternative livelihood could be another indicator, but then alternative livelihood and its types will have to be defined.
- Number of FSWs positive and number of positive FSWs on ART could also be an indicator.



Small Group Discussion on Indicators for Minimum Package Service for MARPS

5.2.4 Closure of Day 2

Dr. Sundar encouraged the participants to share their take home messages for the second day of the workshop which is summarized below.

Box 10 – Take home messages for day 2

- Mobilization of the community is essential in mapping.
- Involvement of community brings down the cost of mapping.
- Mapping and enumeration should take place simultaneously.
- Appropriate understanding of IBBA and BSS is important.
- It is important to take into account family and children of MARPs.
- Indicators should be well defined.
- Participatory method is a better way of conducting a workshop.

5.2.5 Cultural Evening

Closure of Day 2 of the workshop culminated into a cultural evening at Oasis Banquet Hall, near TISS. Participants had the opportunity to let their hair down and sing local songs, play group games and dance to music followed by dinner.



Cultural evening with songs, dance and dinner

5.3 Day Three

5.3.1 Session on Quality Assessment in Monitoring

Facilitator: Mr. Binod Mahanty, M&E Advisor, UNAIDS, India

Mr. Mahanty's presentation on the aforementioned topic covered the following aspects:

- Universal standard of quality services - quality checklist
- Output monitoring and coverage
- Definitions of MARPs and service
- Strategies to avoid double counting - unique identification code (UIC)

Box-11: Quality Checklist

FIVE A's approach for all services:

- Adherence to national standards
- Availability of service
- Accessibility of service
- Acceptability of service
- Attitudes of service delivery providers towards clients are positive

Main Issues Discussed

- **Unique Identification Code:** Mr. Mahanty discussed that the UIC allows tracking the number of contacts made with clients, services received and whether referrals have been followed-up. He further added that effective reaching out with service is important and not just a mere contact. He emphasized the importance of a 'safe' UIC that protects the identity of clients. He cited the example of UIC developed by Population Services International (PSI) by using a 7-digit code composed of first two letters of mother's first name, first two letters of father's first name, gender (single letter M/F or number) and year of birth (last two digits). The concept of UIC was further reinforced in the field visit (during the second half of the day) where participants had an opportunity to see its implementation at the field level.
- **Double Counting:** One of the participants shared that double counting is a problematic situation when two personnel from the same organization start tracking the same person. Mr. Mahanty suggested that coordination and understanding among staff will address this issue. The peer educators or the front line workers should know the nature and impact of their work; otherwise they may not carry out their task with responsibility.

5.3.2 Session on CMIS – A means to monitor and offer mid course correction

Facilitator: Dr. Atul Gandhi, M&E Manager, GFATM project, TISS

Dr. Gandhi discussed on the key aspects of management information system, its importance, the various tools that is used to collect data and the steps in addressing the quality of data. Based on his work experience in a MARPs project he explained how the data management system is organized and how it is analyzed to give feedback to the program for better performance.

Dr. Gandhi followed the above presentation with another one on **Global Fund Monitoring System and Functional Monitoring Requirement**, the highlights of which are:

- The M&E plan for Global fund
- Usage, recommendations and requirements of MESS tool
- Performance-based funding framework
- Reporting techniques of Global fund
- Briefs on logical framework approach (LFA) review

Alongside his presentation, Dr. Gandhi shared several formats and tool kits as resource materials for additional understanding of the CMIS and Global Fund M& E system.

Main Issues Discussed

- Dr. Gandhi emphasized the role of **peer educators** to generate data required for M&E. He further added that data should be shared with peer educators for effective implementation at ground level and to develop ownership towards the project.
- Some participants pointed out the rigid system of global fund monitoring. Dr. Gandhi agreed that Global fund is a performance driven program, but also has scope for negotiation, if the demands are logical. A participant opined that there is a need for incorporating qualitative indicators in Global fund monitoring system, to account for emergency situations in Bangladesh due to national disasters.

5.3.3 Session on Community Capacity Building and Data Collection, Collation and Feedback Loop

Facilitators: Dr. Sanjeevsingh B. Gaikwad, Director, Maharashtra, FHI and Mr. Amit Shrivastav, Program Manager, FHI

[Sample recording sheet for peer educators (PEs)]

FAMILY HEALTH INTERNATIONAL SOUTH ASIA PROJECT		শিশু স্বাস্থ্য কর্মসূচী আসিয়া প্রকল্প	
PEER EDUCATORS DAILY ACTIVITY REPORT		দৈনিক কার্যক্রম রিপোর্ট	
SERIAL No. ক্রমিক নং	NAME OF PEER EDUCATOR সহকারী পরিচালকের নাম	NAME OF ORGANIZATION সংগঠনের নাম	SERIAL No. ক্রমিক নং
Monday সোমবার	Tuesday মঙ্গলবার	Wednesday বুধবার	Thursday বৃহস্পতি
Friday শুক্রবার	Saturday শনিবার		

Dr. Gaikwad and Mr. Shrivastav's presentations focused on community capacity building, data collection, collation and completing the feedback loop with examples from the Gates Foundation funded Project Aastha in India. The graphical presentations enabled participants to see different tools like Individual Key Populations (KP) Information sheet, Recording Sheet for Peer Educators (PEs), Individual Tracking Sheet and Aastha Minimum Package Score that could be adapted in different contexts.

Main Issues Discussed

- **User friendly tools:** Dr. Gaikwad shared the advantage of using pictorial formats for CMIS since they are user friendly and easily accessible to ground level workers. He also spoke about the significance of developing the brand name '*Aastha*' (meaning hope), the logo for which was designed by the peer educators. He said that the brand name Aastha has been retained for all services like '*Aastha tatkal seva*', '*Aastha drop-in centre*' and so on.
- **CMIS – NACO:** Participants wanted to know more about the CMIS used by NACO, India. Mr. Mahanty shared that as part of the CMIS of NACO, there are specific formats for ICTCs and STI clinics. The ground level workers fill these formats on paper and send it to their respective SACS by the 3rd of every month. The SACS collate the data and send a computerized report to NACO by the 15th of every month. NACO examines the data for quality aspects and gives feedback to the SACS. However facilities like internet availability, power failure and skilled human resources do remain a challenge.

A participant from Bangladesh shared about the problem of having only a central system for collecting data and no convergence of data from other systems, possibly due to lack of political will. One of the participants from India pointed out that for India too, this was a similar situation until NACO adopted the principle of 3 Ones in NACP III and got 12 development partners to sign the Principle of One National M&E Framework that has enabled the convergence of data. Nepal too is in the process of developing a CMIS. Bhutan is already using a national

MIS and is in the process of developing systems for convergence of data.

5.3.4 Field Visit to Humsafar Trust, Mumbai

Facilitators: Mr. Vivek Anand, CEO, Humsafar Trust (HST) and Mr. Amit Parab, Project Coordinator, Gaurav Aastha Project, HST.

A field visit to the '*Gaurav Aastha Project*' of Humsafar Trust, an organization working on MSM issues was organized for the participants with the following objectives:

- To correlate the learning from the workshop with implementation in the field.
- To understand how information was gathered for developing the intervention.
- To comprehend the package of services and how services are monitored for quality and utilization.
- To understand the ground level monitoring (micro level) process that are put in place and practiced.
- To appreciate how the community is able to implement and monitor program themselves.



Field Visit at Humsafar Trust

Mr. Anand and Mr. Parab along with a team of peer educators presented a brief history about the work of Humsafar Trust and a more detailed plan and process of their outreach program with male sex workers which are their target populations. They further shared details about the use of different tools like the information sheet of KPs, recording sheet for PEs and individual tracking sheet.

The outreach workers (ORWs) enter data into records on a daily basis. There is a Unique Identification (UID) for each KP that contains the initial of the name of KP's mother, initial of the name of KP's village and date of birth.

Main Issues Discussed

- **Unique Identification:** Participants wanted to know if HST faced any problems in getting the correct details related to UID. Mr. Anand shared that outreach workers explain to KPs the reason for having a UID and request people to be honest with their information as it does not reveal their identity in any way.

When asked about the drop-out rate of registered cases, Mr. Parab replied that there is almost a 30 percent drop-out, but there are regular new registrations as well.

- **Social entitlement for male sex workers:** Participants asked if HST was providing any micro-credit or insurance plan to the male sex workers. Mr. Anand replied that this population is very mobile and hence working on social entitlement is a challenge. He further added that many of the male sex workers comprise of boys/ men who come to Mumbai to be a part of the Hindi acting industry, but lack of adequate work makes them resort to sex work for livelihood. They do not wish to identify themselves as MSMs and would probably cease to do sex work if alternate livelihood is available. Another challenge that the project faces is the reach out to the regular partner/ spouse of the key populations.

5.4 Day Four

5.4.1 Field Visit Debriefing

Facilitator: Dr. Sundar Sundararaman

The field visit debriefing session had participants share different viewpoints. Many participants shared that the tools of micro planning, data flow, feedback loops by which data goes back to outreach worker is quite unique to HST M & E system and can be replicated in their country. A few others felt that the program was donor driven.

Lessons learnt from the field visit

- Community visits essentially require adequate prior planning and debriefing with the organization about the expectations of the participants.
- An M&E system, if well conceived, will see an effective field implementation, wherein information gathered at the field level can be processed at the field level itself.
- Too many indicators mean increased costing. Therefore it is advisable to prioritize indicators and retain critical/ essential indicators.

- A balanced approach in allocating funds for M&E is essential. Ideally, 5 - 7% of the overall program cost should be assigned for M&E. However under budgeting is not advisable.
- Donor driven projects can sometimes disempower NGOs.

5.4.2 Session on Evaluation of MARPs Interventions - Project level

Facilitators: Dr. Sherry Joseph, Capacity Development and Consultant Manager, TSF South Asia and Dr. Bisika Thapa, M&E and Quality Assurance Advisor, TSF South Asia

Dr. Joseph divided the participants into four groups and requested the group to brainstorm on key steps in evaluation; outcome and impact evaluation; cost benefit/ cost effective evaluation and challenges in evaluation in the field.

The small group discussion led to presentations in the larger group along with feedback and discussion on evaluation.



Dr. Joseph facilitating session on Evaluation of MARPs Projects

Main Issues Discussed

- **Project Outcome/ Impact evaluations:** There was an animated discussion on whether projects can be evaluated in terms of outcome and impact and what are the tools available to conduct the same? An example cited here was that in an HIV prevention program, outcomes of a project could include change in condom use, change in knowledge, attitude, behavior (KAB) about HIV/ AIDS and so on that could be assessed through pre and post test questionnaires or KAP survey.

Impact is a measurement at macro level and outcome is the measurement at micro level. On that note Dr. Joseph suggested that, before evaluation of a project, one needs to consult the project proposal and log frame of that proposal, which will guide the design of the evaluation. Evaluation should reflect on the project design and suggestions should lead to revision/redesign of the project.

- **Control Groups:** There was a discussion regarding the use of control groups for project evaluations. Dr. Nadkarni responded that it may not be desirable in the AIDS sector due to ethical concerns, but

alternatively, before-after studies can help understand the outcomes of projects.

- On the discussion on **cost-benefit/cost-effective evaluation**, there was query about how one should assess unit cost analysis? Mr. Malviya recommended referring to the National AIDS Spending Guideline (NASA) that provides 9 categories, 28 sub categories and 56 sub-sub categories on budgeting and spending. There was another suggestion about social audit as a useful strategy to assess the effectiveness of the expenditure along with unit cost analysis.
- **Challenges of evaluation:** Participants discussed that getting relevant information from projects can be difficult if documentation is not in place. There could also be different internal and external pressures that the evaluator has to face at the time of evaluation.

When asked if gender of the evaluator has any implications to the evaluation process, some participants stated, and some from experience, that a female evaluator is not perceived as a threat by the community which helps generate more information. However, this is not always the case with MSM groups who may not like the presence of a female researcher. By and large, a combination of male and female evaluator is preferred.



Dr. Thapa on Challenges of

Dr. Joseph and Dr. Thapa tied up this session with a presentation that discussed types of project evaluations, drawing examples from NACO TI evaluation, Star project evaluation and Avahan evaluation. The different parameters that were used in these evaluations were also shared with the participants. A small discussion was also done on the quality assessment of evaluation.

5.4.3 Session on Work Plan Development

Facilitator: Dr. Sundar Sundararaman

This session again was a small group activity where participants were divided country-wise to develop the M&E needs of their country. Participants from India were teamed with participants from Afghanistan, Bhutan, Lao PDR and Nepal to balance the members of smaller groups. The country-wise small group presentations on the M&E work plans have been archived below.

Box 12: Work Plan for Bhutan

Back ground work

- Collect data from primary sources to define MARPs
- Look at best practices and lessons learned from other countries
- Explore TA requirements

Definition of MARPs

- Mapping
- Review STI data to validate mapping process
- Conduct key informant interviews
- Conduct peer-led mapping

Needs Assessment

- Conduct NA to understand services required
- Involve community in planning process
- Develop tools (quantitative/qualitative)

Capacity building

- Build capacity of identified populations to help with service delivery.

Pilot intervention

- Validate needs assessment
- Design intervention based on needs assessment
- Determine target population
- Define minimum package of services considering the affordability, availability, acceptability and accessibility

Monitoring and evaluation

- Review of national M&E system
- Determine how national indicators are reflected
- Collect baseline data according to newly-

Box 13: Work Plan for Lao PDR

- Total Population - 6m HIV Prevalence < 1%
- Category of MARPs: MSM and FSW
- Approximate Number of MSM- 5000 and FSW- 10,000
- Existing programs: BCC, condom promotion, STD treatment, ARTs
- Implementing Agencies: NGOs/government agencies
- National Surveys: II round BSS 2006/8 and III round HSS 2003/4/9
- Determinant: unprotected sexual practices
- Target: 6 Province out of 17
- Mapping: Enumeration, PCCA
- KI: Bars, Liquor shops, Hotels
- Revalidation

M & E PLAN

- Input monitoring with reference to condom policy and STD policy
- Condom - Free distribution through bars/liquor shops and pharmacies
- One year three months condoms distributed
- Quality assessment
- Interview with MSW/FSW regarding quality of services
- Indicators set with community participation

Box 14: Work Plan for Afghanistan

Total number of Province - 34 Province
 Provinces under WB Program - 4 Province
 Provinces under Round 7 GF - 6 Province (Other)
 M&E plan is to do BSS in 6 new provinces (if resources available)

Key Steps

- Stakeholder meeting
- Province level stakeholder meeting
- Mapping
- Key steps of mapping (contact KI, contact KPs, Map

Bangladesh: Participants from Bangladesh shared that much work is happening in the field of MARPs, but there is a gap between efforts of different organizations and coordination is needed. This lack of coordination could be because the projects are driven by two different donors that has not only created a gap in learning but also a chance of duplication of work. User friendly material is required, that is, translation of English material is needed so that field level people can use it

Nepal: Nepal work plan suggested the following actions:

- National strategy plan, currently under revision, will be out by 2011. This revised strategy plan will need data that will have to be generated.
- National level MARP mapping exercise is currently on.
- There is a need to have a good database for the country level.
- Service delivery package has to be developed at the national level and data has to be collected accordingly.
- Process documentation is required to see the needs and gaps.
- Service delivery mapping of Maharashtra, India can be adopted in Nepal and other good practices from various projects of different countries can also be adapted.

5.4.4 Feedback and Aspirations

Facilitator: Dr. Sundar Sundararaman

Dr. Sundar sought oral feedback about the workshop from all participants and also asked them to share their aspirations about how they would like to use the workshop experience/ knowledge in their immediate work. Responses of the participants are enumerated below.

Aspirations

- To replicate Ashodaya Academy and Humsafar Trust experience in Bangladesh.
- To scale up the NACP in Afghanistan.
- To engage in the development of suitable indicators for projects in Nepal.
- To focus on building up the data needed for M&E.

Feedback

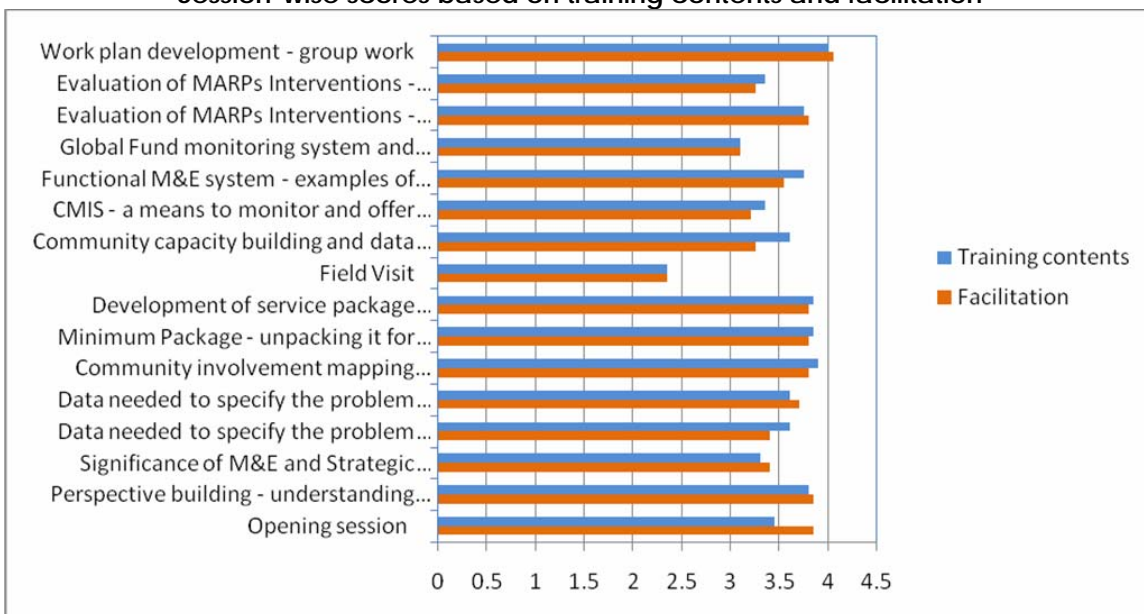
- Sharing of context specific problem and the ways to address those problems created opportunity for learning from each other since many participants have faced similar situations in their own country.
- The Ashodaya and HST experience helped realize the significance of community participation in M&E of MARPs.
- The workshop provided a broader perspective on several aspects of M&E of MARPs.
- More inputs on financial monitoring was needed.
- Resource persons from outside India would have added a different country perspective and helped in better information processing.
- There is a dearth of technical skills on data management in many countries. TSF could organize a workshop on how to develop a data base and on methods of data management.

Areas of inclusion in future M&E trainings

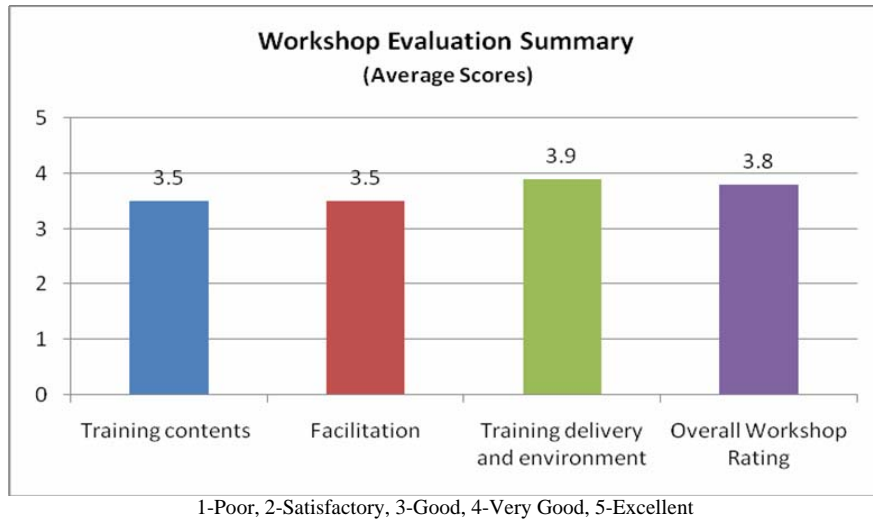
- Development of qualitative indicators and how to measure the qualitative indicator.
- How to continue the project focus on the competing priority.
- How to monitor quality of data.
- Method of validation for large volume of data.

Dr. Thapa circulated the workshop evaluation⁴ forms among all participants for a written feedback on the training content, facilitation and training delivery and environment (Refer to bar diagrams below for the average scores).

Session-wise scores based on training contents and facilitation



⁴ Refer to Annexure 3 for workshop evaluation details



5.4.5 Valedictory

Dr. Nadkarni presided over the valedictory function. She introduced Prof. S. Parasuraman, Director, TISS, the guest of honor for the valedictory function, to all participants and resource persons. Prof. Parasuraman spoke about the continued commitment of TISS to the issue of HIV and AIDS and shared his immense pleasure to host participants from different South Asian countries in this workshop. He distributed the certificate of participation to the participants. Ms. Sheetal Goel gave the vote of thanks.



Prof. Parasuraman sharing a few words at the valedictory



Prof. Parasuraman giving the certificate of participation

Annexure – 1: Workshop Agenda

DAY 1		
Tuesday, June 1st, 2010		
09.00- 9.30 am	Registration of Participants	
9.30-10.30 am	Welcome note Opening remarks Greetings Workshop Overview and objectives of the workshop Self Introduction of participants	Vimla Nadkarni, TISS Alankar Malviya, UNAIDS Nepal & Bhutan Sherry Joseph, TSF Sundar Sundaraman
10.30-10.45 am	Tea/Coffee	
10.45-11.45 am	Perspective Building – Understanding Most At Risk Population Panel Presentation and Discussion	Pratima and Akram
11.45 -12.30 pm	Significance of M&E and Strategic Information relevant to MARPs.	Alankar Malviya
12.30-01.00 pm	Data needed to specify the problem and design interventions- Examples from Mapping and size estimation from South Asia	S K Singh and Alankar Malviya
01.00-02.00 pm	Lunch	
02.00-03.00 pm	Contd...Data needed to specify the problem and design interventions- Examples from Mapping and size estimation from South Asia	S K Singh and Alankar Malviya
03.00- 03.15 pm	Tea/Coffee	
03.15-05.00 pm	Contd...Data needed to specify the problem and design interventions- Examples from Mapping, size estimation and BSS and IBBA from South Asia	S K Singh and Alankar Malviya
05.00-05.15pm	Key lessons and take home messages	Sundar Sundararaman
DAY 2		
Wednesday, June 2nd, 2010		
09.00-10.30am	Community involved mapping validation and enumeration of MARPs- Field experience, methods, tools and challenges	Pratima & Akram, Ashodaya Academy
10.30-10.45am	Tea/Coffee	
10.45-11.45 am	Integrated Behavioural and Biological Assessment (IBBA) and Behavioral Surveillance Survey (BSS)	S K Singh
11.45-01.00pm	Minimum Package – Unpacking it for deeper understanding of M&E for MARPs and its applicability	Binod Mahanty and Alankar Malviya
01.00-02.00	Lunch	

pm		
02.00-3.30 pm	Development of service package Indicators Group Work	Binod Mahanty, Alankar Malviya & Sundar Sundararaman
03.30-03.45 pm	Tea/Coffee	
03:45-04.45 pm	Group presentation	Binod Mahanty & Alankar Malviya
04.45-05.00 pm	Key lessons and take home messages	Sundar Sundararaman
7pm onwards – CULTURAL NIGHT AND DINNER		
DAY 3 Thursday, June 3rd, 2010		
09.00-10.00 am	Quality Assessment in Monitoring	Binod Mahanty
10.00-10.15 am	Tea/Coffee	
10.15-11.30 am	CMIS – A means to monitor and offer mid course correction. Global Fund Monitoring system and functional monitoring requirement	Atul Gandhi, TISS
11.30-12.45 pm	Community Capacity Building and Data Collection, Collation and feedback loop	Sanjiv Gaikwad and Amit Shrivastav, FHI
12.45-01.00 pm	Briefing for field visit	Sundar Sundararaman
01.00-02.00 pm	Lunch	
02.30 pm	Departure for field visit	
03.45 pm	Arrive at venue for field visit	
04.00-06.00 pm	Listening to community voices on M&E	Vivek Anand and team
06.00-07.00 pm	Visit to sex work sites	Vivek Anand and team
08.30 pm	Return to TISS	
DAY 4 (Friday, June 4th, 2010)		
09.00-10.30	Field Visit Debriefing	Sundar Sundararaman
10.30-10.45 am	Tea/Coffee Break	
10.45-11.45 am	Evaluation of MARPs Interventions - project level	Sherry Joseph and Bisika Thapa

11.45-12.15 pm	Contd.. Evaluation of MARPs Interventions	Sherry Joseph and Bisika Thapa
12.15-01.00	Introduction to work-planning and Group Work	Sundar Sundararaman
01.00-02.00 pm	Lunch Break	
02:00-03.00 pm	Work Plan Development – Group Work Continues	Sundar Sundararaman
03.00-03.30	Presentation and Discussion	Panel
03.30-04.00 pm	Tea/Coffee Break	
04.00-0 5.00 pm	<ul style="list-style-type: none"> - Feedback Session - Valedictory - Distribution of certificates - Vote of Thanks 	Sundar/Bisika Vimla Nadkarni Prof. S. Parasuraman, director, TISS Sheetal Goel

Annexure – 2: List of Participants and Resource Persons

No	Name of Participant	
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13	Ms. Sheetal Goel Workshop Coordinator (TSF Workshop) Tata Institute of Social Sciences Mumbai – 400 088. India	Email : sheetu722hotmail.com Tel : 91-92337 46107

14	Ms. Debolina Roy Rapporteur (TSF Workshop) M.Phil Scholar Tata Institute of Social Sciences Mumbai – 400 088. India	Email : debolinaroy@gmail.com
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Annexure – 3: Summary of Workshop Evaluation

Rating Scale

<i>Poor</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very good</i>	<i>Excellent</i>
1	2	3	4	5

1.	Training Content	Avg Score	Comments
1.1	Opening session	3.5	
1.2	Perspective building - understanding most at risk populations	3.8	Good participatory manner
1.3	Significance of M&E and Strategic Information relevant to MARPs	3.3	
1.4	Data needed to specify the problem and design interventions - Mapping BSS and IBBS	3.6	More statistics needed
1.5	Data needed to specify the problem and design interventions - Enumeration and Size estimations	3.6	
1.6	Community involvement mapping validation and enumeration of MARPs - Field experience, methods, tools and challenges	3.9	Need to allocate more time for facilitators
1.7	Minimum Package - unpacking it for deeper understanding of M&E of MARPs and its applicability	3.9	
1.8	Development of service package indicators - group work	3.9	
1.9	Field Visit	2.4	1. Need more time for field visit 2. Needs to be more hands on
1.10	Community capacity building and data collection, collation and feedback loop	3.6	Need to allocate more time for facilitators
1.11	CMIS - a means to monitor and offer mid course correction	3.4	1. No new content. 2. Too didactic. More interaction would be good
1.12	Functional M&E system - examples of M&E Framework, operational plan, MIS, HR	3.8	1. Allocate more time for facilitators. 2. One way session. No new content.
1.13	Global Fund monitoring system and functional monitoring requirement	3.1	1. Allocate more time for facilitators. 2. One way session. No new content. 3. Not well explained. It only discussed the issues.
1.14	Evaluation of MARPs Interventions - project level	3.8	Lack of proper evaluation (outcome eval) tools

1.15	Evaluation of MARPs Interventions - program level	3.4	Lack of proper evaluation (outcome/impact) tools
1.16	Work plan development - group work	4	1. Need to follow up the plan 2. Useful for countries
2.	Facilitation		
2.1	Opening session	3.9	Perfect
2.2	Perspective building - understanding most at risk populations	3.9	
2.3	Significance of M&E and Strategic Information relevant to MARPs	3.4	
2.4	Data needed to specify the problem and design interventions - Mapping BSS and IBBS	3.4	The facilitator could've been clearer about the objectives of the session
2.5	Data needed to specify the problem and design interventions - Enumeration and Size estimations	3.7	
2.6	Community involvement mapping validation and enumeration of MARPs - Field experience, methods, tools and challenges	3.8	More participatory
2.7	Minimum Package - unpacking it for deeper understanding of M&E of MARPs and its applicability	3.8	
2.8	Development of service package indicators - group work	3.8	Good
2.9	Field Visit	2.4	Not well organized
2.10	Community capacity building and data collection, collation and feedback loop	3.3	
2.11	CMIS - a means to monitor and offer mid course correction	3.2	
2.12	Functional M&E system - examples of M&E Framework, operational plan, MIS, HR	3.6	
2.13	Global Fund monitoring system and functional monitoring requirement	3.1	
2.14	Evaluation of MARPs Interventions - project level	3.8	
2.15	Evaluation of MARPs Interventions - program level	3.3	
2.16	Work plan development - group work	4.1	
3.	Training delivery and environment		
3.1	Achievement of the objectives of the workshop	3.9	1. Agenda followed well 2. Except financial aspect

3.2	Reading materials/handouts	3.9	
3.3	Trainers' quality, flexibility and accessibility	4.2	1. Except one all the trainers were excellent 2. Could have been better with international background 3. All, especially Dr. Sundar
3.4	Practical to my needs and interests	3.9	
3.5	Active involvement of participants	3.9	Should control start-stop on time
3.6	Training time and duration	3.8	1. Need to increase duration of presentations 2. More group work
3.7	Training room set up	4.1	
3.8	Stay, food and logistics	3.9	Most participants ate dinner outside and no per diems were provided
4.	Overall Rating for the workshop	3.8	Overall no specific comments, a few sessions were not so good due to poor quality of the slides and poor presentation skills