TI-NGO Details

Name of NGO	**CENTRAL CLUB**
District	**MOGA**
Month & Year of Project Initiation	**September 2011**
Evaluation Time Frame	**October 2021 to September 2023**
Target Group	**FSW (till May 2023)** **FSW and IDU (June 2023 onwards**
Target & Achievement	**Target FSW-500, Coverage- 459.** **(Areas, target change from June 2023 onwards)**
Date of Visit	**8 – 10 December 2023**

Achievement of Scores

Particulars	Percent of Marks	Status-qualified/not qualified
Organisation Capacity	93.00	Qualified
Finance	100.00	Qualified
Overall Rating based on program delivery scores		
Total Scores obtained (in %)	80.80	
Category	A	
Rating	Very Good	
Recommendation by Evaluators' Team	Recommended for Continuation	

Major Observation in Program Delivery

Strength & Weakness:
Strength-
Team is energetic

Weakness-
Bio-Medical waste mechanism
Crisis management
Screening for Tuberculosis
Community not involved in program management

Scope of work
Crisis management team and its services to be made functional and accessible to all key population.
Community members to be referred and tested for tuberculosis, as per the symptoms reported.
Community members to be involved and encouraged to be part of Program Management Committee. Community participation to be increased at all levels, including community score card.

Major Observation in Organisation Capacity

Strength & Weakness Strength- Staff turnover is very less Weakness- No ORW from community All Peer Educators are above 30 years. Average age is 42.
Scope of work Young Peer Educators Some PE may be identified for ORW

Reporting Format-B

Structure of the Detailed Reporting format

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

Introduction

- Name and address of the Organization

  Central Club is a voluntary organization established on 6th November 2001 vide Registration No. S-474/2001 at Faridkot in the field of social development.

  CENTRAL CLUB
  Registered Address: Kotkapura, District Faridkot, Punjab.
  TI Address: Nearby Manpreet Dhaliwal Hospital, Dutt Road, Moga, Punjab.

- Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)

  Project initiated in September 2011
  Ever registered (cumulative)- 2643 (November 2023)
  Current Active (September 2022)- 743 against target of 750
  Current Active (September 2023)- 459 against target of 500
  Current Active (November 2023)- 484 against target of 500
  Number of staff approved, current- FSW- 5, IDU- 3
  Number of staff on board, current- FSW-5, IDU-3

- Chief Functionary
  S. Jaswinder Singh

- Year of establishment
  2001

- Year and month of project initiation
  November 2001

- Evaluation team
  Dr BIRESH PACHISIA, PhD
  Ms. MANPINDER KAUR
  Ms. HEENA SINGHAL

- Evaluation Timeframe:
  8 - 10 December 2023.

Profile of TI

(Information to be captured)

- Target Population Profile:
  Earlier: Core FSW
  Currently from June 2023: FSW and IDU

- Type of Project:
  Core, June onwards- Core Composite

- Size of Target Group(s):
  Till May 2023- FSW 750,
  June 2023 onwards- FSW- 500, IDU 450

- Sub-Groups and their Size:
  Active- 459 FSW (September 2023)
  Home Based- 410
  Street Based- 13
  Semi-Brothel Based- 20
  Lodge/Hotel Based- 16

- Target Area: Bukan Wala, Dune ke, Sadha Wali Basti, Bhano Bye Pass, Mattan Wala Vehra, Bagiana Basti.

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc.

The team interacted with the project director who was available some time on first day of evaluation but could not join the de-briefing on 2nd day. The team could not interact with any of the office bearer/GB member of the organization, as no one among them was available. The team found that involvement of Project Director, office bearers need to be increased for better project implementation and supervision. The team also observed that the involvement and visits of project director also have to be increased for better hand holding support, supervision, advocacy and monitoring of the project.

II. Organizational Capacity

1. Human resources: Staffing pattern, reporting and supervision structure and adherence to the structure, staff role and commitment to the project, perspective of the office bearers towards the community and staff

turnover

All staff positions were in place at the time of evaluation as Project Director, Project manager, 2 ORWs for FSW, 3 ORW including 1 FORW for IDU, Counsellor, and M&E officer cum Accountant. All the staff have been given appointment letter with job descriptions. It has been observed during interaction that the staffs have basic understanding of their roles and responsibilities. The attendance register was found to be in place. The commitment of the all the staffs were found positive and were apparent the way they discussed during interaction and explained their roles and responsibilities.

2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

   Induction training conducted at TI level but report not made and available. Training conducted by SACS has been mentioned in the said register but no reports available for the same.

3. Infrastructure of the organization

   The project has nice infrastructure with rooms for Project Manager cum M&E Accountant, ORWs, clinic room, Counselling room and separate DIC for FSW and IDU. DIC is on the first floor of the building and assessable to the community. Kitchen and washroom is there for the staff. Washroom on first floor with DIC for community is non-operational. There are office equipment's like computer, Elmira, tables, chairs etc.

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.

   ORW maintained A form, Peer dairy form B, risk assessment form B1, Condom register form N, Demand Generation meeting, Peer meeting register, etc. Review meeting and other meeting registers are maintained.

III. Program Deliverable

1. Line listing of the HRG by category.
   Line Listing of the HRGs is available and updated.

2. Shadow line list of HRGs by category.
   NA

3. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.
   NA

4. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
   NA

5. Micro planning in place and the same is translated in field and documented.
   Micro planning in place and outreach is done as per the plan.

6. Differentiated Service Delivery planning in place and the same is reflected in documentation.
   237 HRGs have been shifted to Dynamic list for differentiated service delivery prevention.

7. Coverage of target population (sub-group wise): Target / regular contacts only in core group

   (September 2023)
   Active Key population (FSW)- 459
   Home based- 410, Street based- 13, Semi brothel based-20, Lodge/hotel based- 16.

8. Outreach planning – Secondary distribution of Needles and Syringes
   Not Applicable

9. Outreach planning – Peer Navigation
   Peer Navigation is being done by concerned ORW only. No follow-up is being done.

10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.

    Only 1 SOA camp done during Oct 22 to Sep 23 and 3 SOA camp done during Oct 21 to Sep 22, against target of 24 SOA camps annually. The unreached areas which has been identified for SOA is now being covered by LWS, hence SOA camps are not done to avoid duplicity for same work in same areas.

11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model

    All HRGs are registered as per target of the project.

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

    Outreach planning is done and documented. It was observed that many data has been filled in formats with pencil. Reflection in implementation was found to be satisfactory during three field visits to Bohana Bypass, Bagiana Basti and Sadha wali Basti.

13. PE: HRG ratio
    6 Peer Educators for target of 500 FSW.
    6 Peer Educators for target of 450 IDU.
    Appointments have been done as per sanctioned project positions from SACS.

14. Regular contacts The no. of HRGs contacted as per the Differentiated Prevention Service Delivery model – The frequency of visit and the commodities/medicine distribution such as OST, STI care, PT, RMC, condom, lubes, syringe and needles, abscess treatment, etc., should be referred with SACS.

    237 HRGs were contacted as per the Differentiated Prevention Service Model.

15. Documentation of the PEs & ORWs

    ORWs are maintaining required documents. It was seen that some of the formats are filled by pencil sometimes. ORW maintained A form, Peer dairy form B, risk assessment form B1, Condom register form N, Demand Generation meeting, Peer meeting register, etc.

16. Quality of peer education- messages, skills and reflection in the community

    The team was able to meet all 6 peer educators for FSW. It was reflected in the FGD that the peer educators have basic knowledge about the project services. They were aware of the project services. Two of them were working as ASHA workers and one of them reported of being pimp.

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

    During the evaluation we found the TI has a satisfactory supervision mechanism on the part of Project Manager. ORWs are providing support to the PEs. TI is conducting regular weekly & monthly staff meetings.

IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community.

   Clinic is on ground floor at TI office. The examination table does not have torch installed for physical check-ups. The TI has MOU with Dr. Abhay jeet Singh for the clinic services. The doctor is male and reported of always having Outreach worker with him for physical check-ups. The timing of the clinic was reported to be 12:30 pm to 03:30pm.

2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.

   The doctor visits the clinic and team observed that proper RMC is not being done by the doctor. The clinic is not as per the guidelines. Many of the community members reported of non-use of STI clinic at TI office.

3. In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds.
   Not Applicable

4. Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS centre and Community care centres.

   The doctor of the clinic was qualified as per the guidelines. He is MBBS. Referral system to ICTC, ART. Poor follow-up was seen.

5. Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.

   During the evaluation we found availability of treatment registers, referral slips, follow up cards, stock register for medicines, and found documents maintained. The medicines are being supplied by SACS.

6. Availability of Condoms- Type of distribution channel, accessibility, adequacy, etc.

   Condom is supplied by SACS. Stock-out was observed for some months. Distribution is done by PE/ORW and through outlets.

7. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres.

Not Applicable

8. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.

   (October 21 to September 22)
   Condom demand-
   Condom distributed-
   Distribution through outlet-
   Distribution through PE/ORW-

   (October 22 to September 23)
   Condom demand-
   Condom distributed-
   Distribution through outlet-
   Distribution through PE/ORW-

9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.
   Not Applicable

10. Information on linkages for ICTC, DOT, ART, STI clinics.

    STI linkages:
    Civil Hospital, Moga

    ICTC linkages:
    Civil Hospital, Moga

    DOTS linkages:
    Civil Hospital, Moga

    ART linkages:
    Civil Hospital, Moga

11. Referrals and follow up.

    - No referral done for TB test

    Oct 21 to Sep 22:
    ICTC referred- 1750
    ICTC tested- 784

    Oct 22 to Sep 23:
    ICTC referred- 1636
    ICTC tested- 768

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.

   No SHG or CBO initiated

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

   Community participation is very less in committees. This needs to be increased. Community participation must be ensured in all project activities.

VI. Linkages

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

   Linkages has been established. But no referral slip has been maintained for TB.

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

   Oct 21 to Sep 22:
   ICTC referred- 1750
   ICTC tested- 784
   Gap- 966

   Oct 22 to Sep 23:
   ICTC referred- 1636
   ICTC tested- 768
   Gap- 868

3. Support system developed with various stakeholders and involvement of various stakeholders in the project.

   Various stakeholders have been involved in the project. The team could meet three stakeholders and found to be involved in the program.

VII. Financial systems and procedures

1. Systems of planning: Existence and adherence to NGO-CBO guidelines or any approved accounting principles endorsed by SACS/NACO, supporting official communication form NACO/SACS for any deviance

needs to be presented.

Comment: Guidelines of NACO not followed in proper manner. On review of subsidiary books of accounts, it observed that Stock register (of medicine, SMC) maintained by NGO. Fixed assets register has been maintained.

2. Systems of payments- Existence and adherence of system of payment endorsed by SACS/NACO, adherence to PFMS, availability and practice of using printed and numbered vouchers, approval systems and norms, verification of all documents related to payments, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments and adherence to other general accounting principles.

   Comment: As we mentioned in score sheet, the three quotations has been obtained. The comparative and purchased order kept in records. The vouchers was in series and verified.

   Cash book is maintained on daily basis. All the cash expenses below 2000 done by PM and reimburse to him at the end of the month.

3. System of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.

   Comment: The procurement is a combined procedure which include requirement, quotations, comparison, purchase order, receipt of goods and properly enter in to stock register. All documents are in record.

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

   Comments: Bank accounts maintained properly and reconciliation also maintained till applicability. Further audit report of financials of year 2022-23 not produced to us. Further, Project Manager and M&E told that The organization was audited but never get report form PSACS.

VIII. Competency of the project staff

a) Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management,

computerization and management of data, knowledge about TI programme including TI revamped strategies, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

Mr. Deepak Arora is the project manager. He joined the project in January 2013. He has done Masters in Computer Applications from Punjab Technical University. Earlier he has experience of working as Computer Operator for 5 years. He has required knowledge about the program indicators. He has knowledge about data management. He is supervising the project and all staff.

b) ANM/Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages, clarity on risk assessment and risk reduction, symptoms of STIs, maintenance and updating of data and registers etc.

Ms. Shammi is the counsellor in the project. She joined in August 2015. She has done BA in Sociology and MA in Hindi. MA and B.Ed. She has earlier experiences of teaching and computer operator. She has good knowledge on the indicators and counselling techniques.

c) ANM/Counselor in IDU TI

In addition to the other requirements of a counselor as mentioned above the ANM/counselor of IDU TI needs working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. For ANM, adequate abscess management skills will also be evaluated.
Not Applicable

d) ORW

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings, knowledge about TI programme including TI revamping strategies, etc.

Ms. Navjot Kaur, Ms. Manpreet Kaur are the ORW for FSW population. They all have basic knowledge about the program indicators. Ms. Manpreet Kaur has better understanding of the components. They both have knowledge TI revamping strategies. First 95 of 95-95-95 is not clear to them.

e) Peer Educators

Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.

Peer Educators understand the importance of RMC. They have basic knowledge about STI symptoms. They are not aware about all the project services.

f) Navigator

ORWs play the role of navigator. Follow up needs to be strengthened. Viral load is not monitored for PLHIVs linked to ART by concerned ORW (navigator)

g) Peer Educators in IDU TI
Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities, etc.
Not Applicable

h) Peer Leaders in Migrant Projects
Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.
Not Applicable

i) Peer Educators in Truckers Project
Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.
Not Applicable

j) M&E cum Accounts Assistant
Whether the M&E cum Accounts Assistant is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI SIMS reports.

Ms. Suman Balotia is the M&E cum accountant. She has done BA, B.Ed., and course on tally. She has 3 years of experience of working in different

agencies as accountant. She is able to provide analytical data.

IX. Outreach activity in Core TI project

Interact with all PEs (FSW, MSM, HTG and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

Micro plan is made and outreach is done as per plan. Sometime plan is changed as per need and demand in the activity. Outreach activities of Peer Educators is supervised by ORWs and PM. Outreach activities of ORWs is supervised by PM.

X. Outreach activity in Truckers and Migrant Project

Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake, that is whether enough Counseling and clinic footfalls are happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.

Not Applicable

XI. Services

Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs.

Quality of services and services delivery was found to be satisfactory but needs to be increased.

XII. Community involvement

How the TI has positioned the community participation in the TI, role of community in planning, implementation, advocacy, monitoring and providing periodic feedback about the prevention service delivery, etc.

Community participation needs to be increased. They must not be only to be take services but also to get opportunity to give inputs in project planning and monitoring.

XIII. Commodities

Hotspot / project level planning for condoms, needles and syringes. Method of demand calculation, Female condom program if any.

Planning for condoms is done on project level. Demand is calculated as per the frequency of activity of HRGs. No female condom program.

XIV. Enabling environment

Systematic plan for advocacy, involvement of stakeholders and community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services, etc. In case of migrants 'project management committee' and truckers 'local advisory committee' are formed whether they are aware of their role, whether they are engaging in the program.

Advocacy is done need based with follow-ups as and when needed.

XV. Social protection schemes / innovation at project level HRG availed welfare schemes, social entitlements etc.

Ration Card- 127 forms submitted to Food and Supply Department.

XVI. Details of Best Practices if any

- Wheel Chair distribution- 14 HRGs or their family members
- Jute Bag Making Training- 13 HRGs
- Awareness about free legal Aid by DLSA
- Social Marketing for Sanitory pads to HRGs. Purchase from Jan Ausdhi Kendra, Civil Hospital and given to HRGs on same price. No records maintained for same.

Annexure C

Confidential Report

EXECUTIVE SUMMARY OF THE EVALUATION

(Submitted to SACS for each TI evaluated with a copy to NACO)

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
Dr. BIRESH PACHISIA, PhD	bpcare@yahoo.com, +91-9811531550
Ms. MANPINDER KAUR	manpinder72@gmail.com, 7347353580
Ms. HEENA SINGHAL	geetu2904@gmail.com, 9810353201
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	CENTRAL CLUB
Typology of the target population:	Core- FSW (till May 2023) Core Composite- FSW and IDU (June 2023 onwards)
Total population being covered against target:	Target (till May 2023)- 750 FSW June 2023 onwards- 500 FSW, 450 IDU Coverage of 459 FSW against target, as on 30th September 2023.
Dates of Visit:	8th to 10th December 2023
Place of Visit:	MOGA

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
80.8%	A	Very Good	Recommended for continuation with specific recommendations mentioned below.

Specific Recommendations:

- **Community members must be motivated to report crisis happening with them and same to be recorded as per the format. All crisis must be addressed as per the guidelines.**
- **Crisis management team and its services must be made functional and accessible to all key population.**

- **Community members must be referred and tested for tuberculosis, as per the symptoms reported. This activity must be done with seriousness.**
- **Community members must be involved and encouraged to be part of Program Management Committee. Community participation must be increased at all levels, including community score card.**

Name of the evaluators	**Signature**
Dr. BIRESH PACHISIA, PhD	
Ms. MANPINDER KAUR	
Ms. HEENA SINGHAL	