

TI EVALUATION

Evaluation Team & NGO

Name of NGO	D N KOTNIS Health & Education Centre
District	Ludhiana, Punjab
Target	IDU
Date of Visit	7 th to 9 th November 2023
Name of Team Leader	Ms. Jyoti Malviya
Program Consultant-II	Ms. Manpinder
Finance Evaluator	Ms. Bhawna
Internal Candidate	PSACS

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	24	72	57.6	55	44	76.4
Support Services	10	30	15	22	11	73.3
Total						75.8
NGO Grading :- B						
Evaluator Recommendation :- Recommended for continuation						

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	13	92.9	Qualified
Finance	12	9	75	Qualified

Strength

- All the ORWs are well experienced and Trained on TI Components.
- Referral & Linkages are above 90%.
- Proper method was followed for Condom distribution and documentation was maintained accordingly.
- Putting good efforts for the enabling Environment of HRGs. Advocacy meeting has been regularly conducted as per plan
- Form-B is maintained by PEs and proper prioritisation of HRG done by ORWs based on risk and vulnerability data
- Individual HRG tracking sheet is available and updated. Data is used for planning and prioritization of HRG which needs be accurate at each level.
- 582 HRGs underwent RMC for TWICE against target of 642 .90 % of the individual HRGs had undergone for RMC more than Twice
- 79% Percent of individual HRGs tested for Syphilis during last one year. TI has different Data at Records. MTR and excel sheet. Data of last two months were not updated in MTR and records.
- All 107 PLHIVs are registered at ART centre. In sept 23, 32 have taken medicine from ART
- N/S gap analysis were done and 177235 Syringe were distributed against demand of 213524 (more than 80%)

Scope of the work

- Peer turnover is very high, strategy should be developed to decrease staff as well as peer turn over.
- There is a need to increase more program activities for community mobilization.
- Focus should also be on connecting new people through social networks and virtual networks.
- ANM should be sensitives towards IDU HRGs, there was feedback from IDUs regarding rude and discrimination to HRGs from Counsellor side. TI PD shall look into this.
- Outreach Staff needs to build their capacity on their role and responsibilities. There is a need to improve the documentation also
- All documents of TI should be approved by the PD and PM regularly and feedback shall be captured while verification
- There is a need to involve more and more community people in the community committees

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

o **Name and address of the Organization**

NAME: Dr. Dwarka Nath Kotnis Health & Education Centre

ADDRESS:

House No-4166,
Street, NO-4, Beant Pura,
Chandigarh Road, Near Samrala chownk,
behind Raipur, Electronic
Ludhiana

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

The Organization is running Charitable Acupuncture Hospital under the name of Dr. D.N. Kotnis Health and Education Centre (Regd.) in the name of renowned International Freedom Fighter Dr. Dawarka Nath S. Kotnis, who scarified his life during the Medical Mission to China 1938-42. NGO is a non-profit and non-political organization.

The organization is implementing Two TI in Punjab. One in Khanna District and Second TI in Ludhiana. The evaluated project is based at Ludhiana of the Punjab. The evaluation period of the project is Oct 2021 to Sept 2023. The target up to June 2023 was 700 IDUs which were revised and June 2023 onwards it was decreased to 500 IDUs and 300 FSWs. The Evaluaiton was done for IDU component only.

- Year of starting 2002
- Contracted population: 700
- ever registered: 700
- current active:
 - 341 (IDU) as of August 2023. Data of Sept 2023 and Oct 2023 was not available with the TI.
 - 542 IDUs as active against target of 700 as of March 2023.
- no. of approved staff vs. no. of staff on board etc.: 8 positions were approved and all 8 were filled.

o Chief Functionary: Dr. Inderjit Singh (Director

o Year of establishment: 1978

o Year and month of project initiation: Aug 2002

o Evaluation team:

- o Ms. Jyoti Malviya – Team Leader
- o Ms. Parminder – Program Evaluator
- o Ms. Bhawna – Finance Evaluator

o Evaluation Timeframe: October 2021 to September 2023

Profile of TI

(Information to be captured)

- o Target Population Profile: IDU
- o Type of Project: Core population
- o **Size of Target Group(s):**
 - o 341 active IDUs against target of 500.
 - o 542 IDUs as active against target of 700 as of March 2023.
- o **Sub-Groups and their Size**

IDU	Active Population as on Sep 2023	New Regd.	Drop Out	Total As on Sep 2023
Daily	341	174	3	341
Non-Daily	0	0	0	0
GRAND TOTAL	341	174	3	341

- o **Target Area:**

S.NO.	Name OF SITE	Name of Hotspot	Ever Registered	Drop-out/Migrated/death/shifted/shifted to OST	NO OF Active HRG	Name OF PE
1	Ludhiana	Salem Tabri (A)	1345	40	64	Amit Gupta
2	Ludhiana	Salem Tabri (B)	1183	58	67	
3	Ludhiana	Kali Sadak	945	74	45	Jinder
4	Ludhiana	Jasion	816	34	55	Aakash
5	Ludhiana	Gagandeep Colony	47	0	47	Rahul
6	Ludhiana	Ekta Colony	17	0	17	Rahul
7	Ludhiana	Jagirpur	47	18	47	Rahul
	Total				341	

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. Project Director of the NGO has conducted review meetings, lead advocacy and provided inputs to the TI team for better implementation of the TI project. Monitoring level at Project manager level is not satisfactory and needs urgent attention and monitoring at PSACS as well as NGO level.

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

1 PM, 1 Counselor, 1 M&E and 2 ORWs and 4 PEs are appointed. Four posts of Peer educator are vacant during the time of the evaluation. All Project staff have been appointed as per PSACS sanctioned. Generally, staff left the project due to low salary, delayed grant and some have promoted in another TI. MEA is newly joined and at learning stage. PM have good experience of TI but have judgemental attitude. PM's field visit is also not visible. He reported that all staff have enough knowledge, and they are master in their role hence do not require any handholding.

Sr No	Staff Name	Designation	Qualification	Joining Date	Resign date
1	Upender Singh	Project Manager	Graduation	Aug-2008	ACTIVE
2	Shivani	MEO	Post-Graduation	3 OCT 2023	ACTIVE
3	Bhupinder Kaur	Staff Nurse	GNM Nursing	21July 2022	ACTIVE
4	Arun	ORW	10 th	1Jan 2023	ACTIVE
5	Parvesh	ORW	Graduation	26 Dec 2022	ACTIVE
6	Kamaljeet Kaur	FORW	Graduation	4 April 2021	ACTIVE
7	Surjeet Kaur	FORW (FSW)	12 th	15 July 2023	ACTIVE
8	Hardeep Kaur	Counsellor	Graduate	June 2015	June 2023 (Post Discontinued)
9	Vandana Sharma	M&EO cum Accountant	Post-Graduation	Sep 2021	15 Sep 2023
10	Ajaypal Singh	ORW	12 th	Mar 2022	Jun 2023

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

The project staff received a total of 6 training courses in the last year. A total of 4 training courses were conducted by PSACS while one each training was conducted by NGO.

Sr No	Date	Name of training	Topic / subject	Attended by Whom (Staff / PEERS)	Conducted by NGO / SACS / TSU / Other
1	OCT 21	PMPSE	PMPSE SERVEY	PM, M\$E	SACS
2	DEC 2021	Training on SOCH	SOCH	PM, M\$E, ANM, ORW	SACS
3	JAN 2022	SACS	Meeting on transition of PLHIV From TLE To TLD at LAC Center Dr. Bhawna	Counsellor	SACS
3	APRIL 22	SYPM	Introduction Training	ORW	SACS
4	JUNE 2023	SYPM	Introduction Training	F ORW	SACS
5	AUG 2023	SYPM	Introduction	ORW, F ORW	

3. Infrastructure of the organization

S. No.	Specification of Fixed Assets	Quantity
	TV	1
	Computer Monitor	2
	DVD	1 (Not Working)

Almirahs	Coded	02
Tables	Coded	03
Chairs	Coded	11
Fridge	Coded	1

DIC management needs to be improved. Record of uptake of DIC services needs to be maintained. At DIC, N/S distribution and collection box can be put up under project team’s observation. HRGs can exchange N/S in the DIC to inculcate habit of safe N/S exchange.

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.

The project has review mechanisms on a weekly basis; however, the quality of review meetings is poor as well as documentation is incomplete. As per the records the majority of all PEs participate in the weekly meetings. PE meetings and staff meetings are combined. The MTR reports are sent to PSACS regularly. The project needs to strengthen documentation and update all documents as per the NACO’s guideline.

III. Program Deliverable

1. Line listing of the HRG by category.

Line list of 341 IDUs were prepared in excel copy. Form A was also filled up for all registered HRGs.

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.

The project team informed Evaluators that they conduct micro planning but the same was not reflected in quality outreach and documentation. The micro-planning was conducted orally during the meetings and the project has not conducted detailed analysis of micro-plans and not prepared outreach strategy based on micro-plan. The project team lacks understanding of outreach and micro-planning. It is suggested to build staff capacity to practice appropriate outreach and micro-plan.

6. Differentiated Service Delivery planning in place and the same is reflected in documentation.

NA

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

- As of March 2023, 642 is an active population against a target of 700.
- Individual contacts are 83% (An average 538 against active population of 642). Data is taken from MTR 2022-23. TI has different Data at Records. MTR and excel sheet. Data for the last two months was not updated in MTR and records.
- Regular contacts are 79% (An average 512 against active population of 642).

8. Outreach planning – Secondary distribution of Needles and Syringes

There was a need to enhance the Form understanding of the staff so that the risks could be properly assessed. The QRA form needs to be created with correct last QRA dates so that the form can be updated correctly on a quarterly basis.

9. Outreach planning – Peer Navigation

38 active HRGs are positive IDUs, and peer navigation was done by peer as well as ORWs.

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

Six CBS Camps and Two SOA camps were organized according to the need.

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

A total of 183 new registrations were made last year against the target of 140 (more than 100%).

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

Outreach planning in terms of monthly planning and form D are developed. Same needs to be maintained effectively in field implementation.

13. PE: HRG ratio: 1:52 Ratio observed

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.

Oct 21 to Sept 22	Target	Achievement	Percentage
Active population	600	650	108.33
Individual Contact	600	534	89%
Regular Contact	600	496	82%

OCT-22 to Sept 23	Target	Achievement	Percentage
Active population	700	341	92.85
Individual Contact	700	565	80%
Regular Contact	700	443	63%

15. Documentation of the PEs & ORWs

The project has not mechanism to record PEs activities. There was no daily reporting or recording mechanism in the project. ORWs were burdened with the recording of PEs that constrained ORWs to focus on quality time in outreach strategizing and supportive supervision.

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

The majority of peer educators are literate and are able to maintain form B. Few are taking help of ORWs to fill their peer diary, but they are also maintaining form B at their level.

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

Supervision at PM level is lacking and almost nil. During the field visit it was inferred that none of the HRG is familiar with the PM. Supportive supervision was not provided to ANM and ORWs from PM level. PM's field visits are less than 5 in a month which is major weakness of the supervision system. The project lacked appropriate supportive supervision. Quality of supervision is questionable. The project team was not clear with the concept of supportive supervision and its need for strengthening outreach and implementation of the TI. However, it is observed that PM and ORWs have not made adequate field visits. The project needs to strengthen supportive supervision mechanism and its documentation. The PM has to develop a monitoring plan.

IV. Services

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

Sr No	Name of Doctor	Qualification	Joining Date	Distance from TI office	Training date
1	Dr. Kunal Kaushal	MBBS	31-10-2019	7 KM	

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

Static I clinic linkages in place and requesting registers / patient card (Network clinic format) are maintained at clinic. The clinic is near to hotspots but 12 KM from 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.

NA

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.

STI service is as per NACO's norm. TI has done all RMCs at static clinic only. TI has not referred any HRGs to government health facilities.

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.

The project maintained all registers, referral slips, follow up card, drug stock register, counseling register and individual tracking sheet. The quality of documentation needs to be improved.

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

Condoms were accessible and available to the HRGs. Gap Analysis was not done. Condoms were made available to HRGs through hand-to-hand distribution.

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

Particular	Target	Achievement	%
OST linkages	341	75	80%

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

Period	Bye ORW	By Peer	By Counselor	DIC	Other
ORW-1(2021-2022)	4900	4900	500(2021oct-sep22)	5266(2021-2022sep)	ANM (oct22 Sep23) 400
ORW(Oct21-Sep22)	4778	4778			
ORW -3(Oct21-Sep22)	3600	3600			

9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.

FY 2022-23		
Particular	Achievement	%
Syringe demand	119976	-
Syringe distribution	91736	76%
Needle/Syringe Return Rate	81161	88%

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

Linkages for STI, DOT and ART are with Civil Hospital Ludhiana only, which is near to TI hotspots and easy to access It is suggested to establish linkages with district or State health center to avail advance laboratory investigation for HepC and its treatment. Detox and rehabilitation need to be established. Advocacy for both issues to be planned strategically.

11. Referrals and follow up.

STI Referrals is done only with STATIC CLINIC.

V. Community participation

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

No major efforts seen.

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

3 committees are formed where more than 5 HRGs are part of that. 3 HRGs also participated in Advocacy activities. During field visit, the Evaluation team could interact with 18 IDUs and 6 spouses of the IDUs.

VI. Linkages

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

Component	Centre name	Address	Distance from T
STI	Static Clinic	Ludhiana	12 KM
ICTC	CIVIL HOSPIPAL, Ludhiana	01, CIVIL HOSPIPAL, Ludhiana	3 KM
TB	CIVIL HOSPIPAL, Ludhiana	01, CIVIL HOSPIPAL, Ludhiana	3KM
ART	CIVIL HOSPIPAL, Ludhiana	02, CIVIL HOSPIPAL, Ludhiana	3KM
OST	CIVIL HOSPIPAL, Ludhiana	First Floor, CIVIL HOSPIPAL Ludhiana	3KM

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

TI team failed to provide data on referral and actual visited.

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

Involvement was initiated through the identification of stake holders who are supporting the programmed in listing of HRGs, distribution of N/S and advocating for and HIV test. Other activities like crisis management, organizing events, participation in programmed service delivery etc. were also observed with participation of stake holders.

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.

Inputs –

Project Manager is working in Same TI since 2008 and MEA is joined this TI one month.

- It is observed that the Project Manager does not have any idea of finance / Budget.
- TI has adopted the same accounting practices since 8-10years. There is no planning to book new vendors to make the payment with more Transparency and authenticity.
- Project Director withdrew Rs. 2000 as petty cash for refreshments bills till March 2023. After CAN Account opened, all the refreshment bills paid by staff on their own and later on it is reimbursed in their account.

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.

Inputs-

- It is observed that all the vouchers are machine printed and, but all payments are made in cash by Staff members and later on it is reimbursed in their respective staff accounts.
- The stock register of consumables and fixed assets are maintained but there was no signature of Project Manager and Project Director on stock register.
- It is advisable to pay directly to vendor instead of transferring the amount to Staff account for the refreshment bill spent in Demand Generation Meetings / DIC or Review Meetings. Or if attach Google pay or Paytm advice along with the bill

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.

Inputs-

- It is observed that TI is maintaining Fixed Asset register.
- Project manager is preparing new Fixed assets register every year as he said that nobody told him that fixed asset prepared once for all years.
- Items do not have code belongs to NGO as said by Project Manager.
- There are some items mentioned without any code no. in the register.
- There was no date mentioned on quotations taken in 2023-24.

- It is advised to prepare it carefully.
4. **Systems of documentation: Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports.**
- Inputs-
- Accountant is maintaining SOE and submitting the same to PSACS.
 - There are Rs. 2500 of taxi bill spent on 11 Oct. 2022, booked in Crisis management.
 - As briefed by Project Manager, this taxi bill is booked in crisis management head as instructed by Dr. Meenu, Director of 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.

Name-upender Singh

Designation -project manager

Qualification -graduation

Age-54

Experience-2.5yr ORW

As a program manager 12 yrs.

NOTE:

He is not able to do any work related to computers, He is depended mostly on accountants for his work, t He does not have any idea about finance system. PM has a lack of knowledge and conceptual clarity regarding the concept and components of Target Intervention project on IDU. He is not familiar with relevant records, registers and files that need to be maintained at TI level.

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.

NA

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.

Name : BHUPINDER KAUR

Age: 26

QUALIFICATION: GNM Nursing

Experience: Dental care and Eye care

Note

ANM has good knowledge about local drug abuse scenarios, drug-related counseling techniques

(MET, RP, etc.), drug-related laws and drug abuse treatments.

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.

Both the two ORWs were aware of their roles and responsibility and good knowledge about their Peers indicators, outreach plans, hot spot analysis, RMC and ICTC testing.

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.

NA

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.

All 107 PLHIVs are registered at ART centre. In sept 23, 32 have taken medicine from ART.

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.

More than 60% of them were under 30 years of age, but few aged over 30 years also. All of them possessed middle and high school literacy levels. The evaluation team could interact with 5 PEs only, most of them interacted were active members of the DIC activities. All of the above PEs at the TI interacted with, found suitably sensitized on the condom use, RMC, and HRGs issues.

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.

NA

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.

NA

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.

- a. Name-shivani
- b. Age-26
- c. Designation-M&E cum accountant
- d. Qualifications-M.Com
- e. Date of joining-3oct 2023

- f. Experience-2yr for A&S
- g. Enterprises for accounts

NOTE: The M&E cum Accounts Assistant has recently joined TI, but she is able to provide analytical information about the gaps in outreach

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.

The project has not developed any outreach strategies. Same was not reflected in documentation and uptake of services. The TI team lacks clarity on outreach strategies and outreach tools. It lacked details such as time of field visits as per hotspot analysis, list of HRGs to be contacted as per line list, services to be provided and follow ups. As per the records, outreach activities were not reflected in the service uptake.

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.

NA

XI. Services

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

The overall services of the project are satisfactory as per records, but quality needs to be ensured.

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.

Participation of HRGs was found satisfactory especially in DIC level activities. The HRGs are using DIC for rest, gaming, and also to take project services. HRGs are not involved in planning, monitoring and advocacy of the project.

XIII. Commodities

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

Hotspot level or site level planning for condoms, needles and syringes and hotspot wise strategies for outreach is a missing part in the project. The team does not have clarity on service intake and how to reach community to provide them TI services. The project team lacked clarity in calculating condom gap analysis and N/S demand analysis.

It is suggested to enhance understanding of condom gap analysis and N/S demand analysis. The same should be practiced regularly.

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 the 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.

There is a need to identify stakeholders from the target areas and needs to develop an enabling environment plan according to the filed issues and filed situation. TI Team was also not clear about the concept of advocacy. TI team has not developed any committee or Self-Help Groups (SHGs) involving any HRGs. Stakeholders and HRGs need to be involved.

Sr No	Advocacy meeting date	With Whom	Done By	Topic
1	03-01-2022	Sh. Gopalakrishnan, SHO PLOICE	UPINDER SINGH	PROJECT Briefing
2	27-11-2022	Police Commissioner (S Mandeep Singh Sindhu)	PD, PM	TI Advocacy
3	30-6-22	Law Enforcement (S. Davinde Pal Singh)	PD, PM	Project Briefing
4	27-03-2023	Sh. Dharamjit, SHO, PLOICE	PD, PM	Project Briefing
5	07-06-2023	Sh, Jagannath, Sarpanch Ekt Colony	UPINDER SINGH	Project Briefing

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

TI project had linked not linked HRGs to any government schemes or other social protection schemes.

XVI. Details of Best Practices if any

None

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.
Ms. Jyoti Malviya – Team Leader	Mobile – 9630337686
Ms. Parminder – Programme Evaluator	Mobile – 7347353580
Ms. Bhawna – Finance Evaluator	Mobile – 9417008154
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	D N KOTNIS Health & Education Centre
Typology of the target population:	IDU
Total population being covered against target:	341 against target of 500
Dates of Visit:	7 th to 9 th November 2023
Place of Visit:	Ludhiana, Punjab

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
61% to 80% (75.8%)	B	Good	Recommended for continuation

Specific Recommendations:

- Peer turnover is very high, strategy should be developed to decrease staff as well as peer turn over.
- There is a need to increase more program activities for community mobilization.
- Focus should also be on connecting new people through social networks and virtual networks.
- TI office should be near the hotspot so that better service delivery and effective outreach can be done. Present TI office is located at 12 KMs away from Hotspots. In that case TI staff avoid visiting hotspot regularly.
- Counsellor should be sensitives towards IDU HRGs, there was feedback from IDUs regarding rude and discrimination to HRGs from Counsellor side. TI PD shall look into this.

- MTR shall be regularly updated and submitted to PSACS. During evaluation process, it was observed that TI does not have any data of last two months. PM have different answer for this, and he reported that SACS is aware about this.
- Outreach Staff needs to build their capacity on their role and responsibilities. There is a need to improve the documentation also.
- All documents of TI should be approved by the PD and PM regularly and feedback shall be captured while verification. .
- The project manager needs to work on his management and leadership qualities so that he can lead the team to help in good planning and implementation of the program.
- It is strongly recommended to replace PM if he failed to build his capacity as PM in term of computer, documentation, supervision, field visits etc.
- There is a need to involve more and more community people in the community committees.

-

Name of the evaluators	Signature
Ms. Jyoti Malviya – Team Leader	
Ms. Parminder – Programme Evaluator	
Ms. Bhawna – Finance Evaluator	