

TI-Evaluation Report of Dr.Sudeep Memorial Charitable Trust

Evaluation Team:

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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 Organisation:** Dr. Sudeep Memorial Charitable Trust, Garden Colony Mission Road Pathankot-145001.Phone -0186-2230068
- o **Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.) :** Dr. Sudeep Memorial Charitable Trust Pathankot came into being on 1st April 2003 in memory of Dr. Sudeep Sharma, an eminent surgeon in Civil Hospital Pathankot who left this world at a very young age. To commemorate his services to the sick and destitute for which he had made a name in the area in a very short span of 2-3 years, an idea was mooted with his near and dear ones to formulate a Charitable Trust, to accomplish the task of service to humanity that Dr. Sudeep lived for . It was registered on 23rd April 2003.
- o **Chief Functionary** : Satypal Sharma
- o **Year of establishment** : 2003
- o **Year and month of project initiation** : 2008
- o **Evaluation team** : Sanjeev Jain -Team Leader
Rajeev Ranjan- Team member
Virendra Choudhary (Finance Member)
- o **Evaluation Timeframe** :October 2021 to September 2023

Profile of TI

(Information to be captured)

- o **Target Population Profile: FSW / MSM / IDU / HTG/TRUCKERS /MIGRANTS:** FSW,MSM& IDU
- o **Type of Project: Core/ Core Composite / Bridge population:**Core Composite
- o **Size of Target Group(s):**In the month of July 2023, the target has been increased. Previously, the target was 300 FSW, 100 MSM, and 300 FSW. The active population until March 2023 was 325 (FSW), 136 (MSM), and 499 (IDU), respectively. The current figures show 545 IDUs, 150 MSM, and 321 FSW in the active population, with initial targets of 300 MSM, 150 IDU, and 600 FSW.
- o **Target Area:** Simbal Chowk,Railway Station,Bhadorya/Patel Chowk,Dhangu,Sujanpur,Dhakki,Dheera,Hari Nagar,Sarna,Sunder Chack etc

Key Findings and recommendations on Various Project Component.

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 held discussions with the Project Director, Satyapal Sharma, who, at 91 years of age, remained actively engaged at the supervisory level. Unfortunately, the other office bearers were not available for the discussion in the TI. During interactions with staff members, it became evident that Dr. Vinay Sharma, the General Secretary, is actively involved in the project's implementation, monitoring services, and other aspects of TI support. Other GB member also taking interest in the TI 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.

At the time of the evaluation, all staff positions were filled, including the Project Manager, four ORWs, one Counsellor, and an M&E Officer cum Accountant. The team was able to meet with 10 Peer Educators. Each staff member has been provided with appointment letters and individual job descriptions. Job description was in English Language. During interactions, it was observed that the staff has a good understanding of the basic project concepts. The attendance register was maintained; however, some overwriting was noticed. 10 PEs were appointed as per the approved budget. The Project Manager effectively supervises and supports the staff. The commitment of all staff members was positive, but they require ongoing additional training for effective project implementation. Staff List and PEs list mention in below.

Staff List			
S.No	Name	Designation	Date of Joining
1	Shobha	P.M	16/05/2015
2	Rashim Sharma	Counsellor	20/07/2019
3	Rajan Salgotra	M & EA	01/04/2018

4	Neeraj Kumar	ORW MSM	01/12/2011
5	Neeraj Bala	ORW FSW	01/11/2019
6	Vishal saini	ORW IDU	011/077/2022
7	Sakshi	ORW FSW	011/09/2023

PEs List		
Date of Joining	Name of Peer	Hotspot
01/09/22	Rohit	Simbal Chowk
		Railway Station
		Bhadroya/Patel Chowk
		Dhangu
		Sujanpur
1/6/23	Shivam	Dhakki
		Kazipur/Lamini
		Dinangar
		Jugial
		Jaswali
1/4/14	Seema	Dhakki
		Dheera
		Saili Kulian
1/11/19	Aarti	Bawa Mohalla

		Anguran wala bagh
1/6/23	Pallavi	Dhakka Colony
		Gandla lahiri
		Sujanpur
1/3/19	Reena	Sunder Nagar
		Hari Nagar
		Bharoli
1/6/23	Jyoti	Bhadroya
		Piplawala Mohalla
		New Bajri Com.
1/6/23	Gaurav	Jhakho Lahiri
1/9/23	Rajeev	Sarna
1/8/23	Jatinder	Sunder Chack

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

Among the project staff, the Project Manager (PM) has been with the project since its inception, while the others are new members who have undergone various formal trainings. They received both induction and refresher training, in addition to position-specific training. However, it is noted that training reports could have been more beneficial, especially for managerial purposes and project strengthening, if staff were instructed to document what they have learned from these trainings. This would ensure the quality and availability of Form-L as required by NACO.

Through the available documents on various training sessions, it is challenging to provide a descriptive report of the training. According to the norms, a total of 8 training sessions were conducted from October 8, 2021, to October 12, 2023, delivered by PSACS/TSU. It was observed that 2 of these training sessions were conducted in a virtual mode, and all staff members successfully completed the training

3. Infrastructure of the organization:

The TI office cum DIC is located at the Dr. Sudeep Memorial Charitable Trust, situated on the back side of Civil Hospital, Old Shahpur Road, Pathankot. The facility includes a room designated for the Project Manager and M&E cum Accountant. There is a dedicated room for ORWs to carry out their documentation, and a separate room for the Counselor.

The DIC receives 25 to 30 daily attendances from project beneficiaries. It is equipped with IEC materials primarily in Punjabi, Hindi, and English, addressing core topics related to HIV/AIDS in the context of sex work. Various other relevant IEC materials are available, including free condoms, service maps, target vs. achievement details, TI team information, and a service directory based on available referrals and linkages. The DIC also provides storage for commodities and necessary amenities. The facility is well-suited for the community and is considered safe according to beneficiary interactions

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 TI strictly adhered to SACS protocols for its documents. Most of the NACO formats were in use, and the documents captured relevant information. However, there is room for further understanding the essence of a variety of documents to avoid common narrations, as reflected in some documents, such as advocacy and crises-related minutes.

The TI follows a mechanism of review through review meetings, as well as staff meetings. The relevance of documents with different hierarchical positions is well understood, and there is maintained uniformity and symmetry. TI has consistently followed stipulated timelines for report submissions.

There is strict vigilance to ensure the authenticity of documents at the level of PEs, both by their respective ORWs and upper hierarchy staff. However, there is a need for two-way written feedback, where lower-positioned staff can receive suggestions and directives from upper-level staff for obligatory compliances.

The majority of PEs were able to fill in their diaries by themselves. Manual entries are yet to be computerized for various NACO formats and other records. Documents pertaining to counseling, such as referral registers and counseling registers, were available, and the counselor was observed to have reasonable clarity in maintaining these records. Various meeting minutes were documented, and NACO formats were symmetrical in relation to staff and PEs, ensuring consistency. Due and overdue list was invisible counsellor, ORW and Form B. The PM is reporting to SACS every month and whenever required and found in time. Required documents were available.

III. Program Deliverable

1. Line listing of the HRG by category.

Initially, the TI was allocated a core composite with an IDU target of 150. However, currently, there are 545 active IDUs, exceeding the initial target, and the targeted population for FSWs is 600, whereas 321 FSWs are currently active, In the MSM community target is 300 but 150 MSM were active.

2. Shadow line list of HRGs by category.

The Line Listings of the HRGs have been updated both in soft copy and hard copy. As per line list

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.

They have done hotspot wise Micro plan which are maintained by ORWs. Micro plan documents are available. Randomly verified Micro Plan file records, Hot Spot meeting register on were properly matched and maintained. Sometimes, when outreach could not be done as per plan, then it is being mentioned in the movement register.

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

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

8. Outreach planning – Secondary distribution of Needles and Syringes

9. Outreach planning – Peer Navigation

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

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

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

Line-listed HRGs' risk assessment done at prescribed frequencies (quarterly). There were outreach plans available with ORWs which could have been used more for outreach services.

13. PE: HRG ratio, PE: migrants/truckers ratio.

NA

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.

15. Documentation of the PEs & ORWs:

Documents were maintained by Peer Educators. ORWs were able to explain what regular contact means and peer educator was also able to explain the same. Peer Educators were having adequate knowledge about the project services. The document quality of ORWs can be further improved if M&E facilitates their efforts as risk assessments are conducted on a quarterly basis. We observed that the Movement register and micro plan are properly maintained.

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

The allocation of PEs to HRGs was observed to be in accordance with prescribed norms and SACS allocation. During in-depth discussions about the nature of their work, it became apparent that their roles in the community and their communication skills for message delivery were found to be satisfactory in terms of meeting project requirements.

PEs were equipped with bags containing condoms, IEC materials in Punjabi and English,. However, some of them had difficulty understanding the Due & Overdue concept and needs to be regularly trained.

Majority of the PEs relied on ORWs for planning to achieve various targets within the project's timeframe, such as ICTC referrals/testing, Syphilis screening, Regular Medical Check-Ups (RMC), etc. ORWs observed to review PEs' performances on a weekly basis and address gaps in subsequent weeks

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

The project is currently under the supervision of the Program Manager. The supervision mechanism is functioning effectively, as reflected during the evaluation, and the documents also support it. The process of management is visible, and a follow-up mechanism is in place, but the availability of documents for this follow-up should be further ensured.

IV. Services

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

Two PPP doctor (MBBS) as empanelled with the TI who is allopath and got training on Syndromic Management from SACS/TSU. The TI has his Letter of Understanding (LoU) signed with agreed TOR. Network Clinic Format (Form-F) also being filled by him. For majority of cases, during RMCs, clients' problems captured on verbal interaction instead physical examinations.

The doctor looking after the FSW and MSM population was travelling and was not available for interaction, while the newly appointed Doctor looking after the IDU population was visited. Currently he is using his own prescription for the IDU HRG. The TI program Manager has been requested to provide the printed RMC format to the doctor.

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

At the TI level, infrastructure and clinic equipment were not available as there was an MOU with a private clinic. We observed that only the counselor was providing counseling services in a separate room. When the STI treatment kits were in shortage, the counselor mobilized the same from the STI clinic of the Government hospital.

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 Available

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 team found that the counselor is providing the best possible services. A stock of medicines is being consistently maintained and provided to HRGs as needed during health camps. HRGs linked to ART are regularly in contact, and a follow-up mechanism is in place. There were no visible cases of TB-reactive HRGs

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.

Documentation is being consistently maintained. Records such as the medicine and condom stock register, tracking sheets, and documentation of meetings with stakeholders are all available. The counselor displayed competence in maintaining the medicines and kits provided by SACS. In accordance with NACO norms, she maintained documents such as referral slips. Availability of Condoms- Type of distribution channel, accessibility, adequacy, etc.

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

At the current time, 152 HRGs have undergone OST

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

Condoms distributed by PEs / with the help of network operator.

	1.10.2021-31.03.2022	1.4.2022-31.03.2023	1.4.2023-30.09.2023
FSW	62579/57258	126160/99303	49056/547
MSM	13164/12383	30489/23069	14508/367
IDU	12944/10314	27548/22062	7656/0

We observed that at times, there were stock outs of condoms because of supply issues from SACS.

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

According to the records, the demand for needles and syringes was 40,417, and the distribution was 26,848 from October 1, 2022, to March 31, 2022.

During the period of April 2022 to March 2023, the demand was much higher at 92,660, but the distribution was 75,382.

The TI faces difficulty in collecting the used needles and syringes from the IDU HRG and arrogance is reported.

9. **Information on linkages for ICTC, DOT, ART, STI clinics.**

10. **Referrals and follow up.**

A referral and follow-up mechanism was actively in practice. During our verification in the month of June 2023, we identified two cases of STIs, and their follow-up was diligently conducted. These referrals were made to a private PPP doctor

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics, etc.
2. Percentages of HRGs tested in ICTC and gap between referred and tested.
3. Support system developed with various stakeholders and involvement of various stakeholders in the project.

The TI has established good linkages with the ICTC, ART center, STI clinic. Meeting with the ICTC counselor of the Civil hospital Ms Navjot kaur, Dr Parvinder kaur, SMO incharge ARTC and Ms Deepika STI counselor was done. Everyone appreciated the coordination and support provided by the TI at various levels.

The TI has also developed coordination with the FSW and MSM stakeholders and Depot holders. Meeting with three stakeholders were done and the coordination with the TI was verified.

VII. Financial systems and procedures

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

- The NGO is adhering to the NGO-CBO Guidelines and other systems endorsed by SACS/NACO.

2. Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.

- The NGO is using Pre-printed Vouchers with serialized.
- All the payments were approved by the competent authority.
- All the vouchers were supported with required evidence.
- NGO is maintaining Stock and Issue register.

3. Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/BACON, adherence of WHO-GMP practices for procurement of medicines, systems of quality check-in

- Purchase of Chairs and Table during the Evaluation period with no proper Quotations were found

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

- A Separate bank Account is maintained by the NGO in Bank of Baroda.
- Bank Reconciliation Statement is maintained by the NGO on monthly basis.

5. **Lapses in internal control**

- During the time of Evaluation we found that some cash payment made by PM and after that withdraw from PFMS.
- Stock Register was not updated during evaluation period.
- Nos of pages not certified in stock register.
- Nos of pages in cash book not certified by competent authority.

VIII. Competency of the project staff

a) Project Manager

The Project Manager holds an MCA degree from Punjab Technical University, awarded in 2009. She possesses extensive experience in Monitoring and Evaluation (M&E) within the IDU project. Her background includes expertise in monthly planning, computerization, and data management. She has served as the Project Manager for this project since 16th May 2015. Her active participation in various committees and strategies has been observed. She consistently organizes review meetings and takes appropriate actions based on the minutes. Additionally, she has initiated advocacy efforts, contributing to the project's success through her knowledge and experience, ensuring its smooth operation. During the interaction, she mentioned that she had received training for the role of an M&E Officer. She possesses a strong understanding of this project

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.

In the core composite IDU project, there is only one Counselor appointed. She has been serving as a Counselor in this project since July 20, 2019. It's noteworthy that she previously worked as a ORWs in a TI project from 2011 to 2014, and also as a Counselor in another project from 2014 to 2017.

Upon observation, it was noted that her understanding of risk assessment, risk reduction, basic counseling, HIV, and knowledge of STI symptoms is relatively sufficient for effectively supporting the

intervention. Regarding the maintenance and updating of data and registers, she has made efforts to collect data from PEs and respective ORWs to monitor direct service deliveries and contribute to the team's overall efforts, thereby assisting in strategizing future plans. The Counselor conducts field visits, as documented through beneficiary interactions, and maintains rapport with beneficiaries as confirmed by the evaluation team.

Despite her involvement in various projects, she may benefit from additional support and guidance in maintaining her documentation

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 ab-
scess management skills will also be evaluated.

d) ORW

Four ORWs were appointed in this project. One ORW was assigned to work with MSM and had more experience than the others, having been appointed on December 1, 2011. He possesses a 12th-grade education and a comprehensive understanding of the project, including knowledge about RMC, ICTC, and STI. His experience has been invaluable in aiding other ORWs and Peer Educators in comprehending the project. His extensive field knowledge is evident through his rapport in the community.

Two ORWs were designated to work with FSWs. One of them, newly appointed in September 2023 due to increased project targets, was promoted from the role of Peer Educator. She holds over 7 years of experience as a Peer Educator, and her skills and knowledge were observed during the evaluation. She also serves on two committees.

The third ORW worked with IDUs, and he holds a graduate degree. He commenced his work on July 1, 2022, and brings significant experience and project knowledge to his role.

All the ORWs worked cohesively as a team within the project. They demonstrated a strong understanding of various project indicators, including those related to their PEs, outreach plans, STI symptom identification, RMC, ICTC testing, and providing support to PEs. They implemented field-level actions based on review meetings and consistently completed their weekly summary sheets (Form-D). The team discussed their target achievements and identified gaps in outreach plans."

e) Peer Educators

A total of 10 PEs were appointed in this project, comprising 5 PEs for the FSW community, 2 PEs for the MSM community, and 3 PEs for the IDUs population. All PEs have completed their B forms. Six of the PEs were appointed on June 1, 2023, in response to increased targets for the TIs.

It was observed that while the PEs had a basic understanding of the project, there was room for improvement in their conceptualization of the same. Some of them also demonstrated the need for further development in their communication skills, and there was room for more authentic adoption of prioritization practices.

Through interactions with staff and peer educators, it became apparent that the TI had yet to implement quarterly risk assessments effectively. However, the majority of PEs were aware of the importance of RMC and ICTC testing, had a grasp of communication skills, STI symptom identification, and knowledge of service facilities available in the city's periphery.

f) Navigator

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

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.

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.

In this project, one M&E cum Accounts officer has been appointed, and he assumed the position in April 2018. Prior to this, he served as an accountant in another project from 2016 to March 2018. He also has experience as an instructor in a computer institution, which has enhanced his data management capabilities. His experience is evident in his contributions to this project.

The M&E cum Accountant has demonstrated proficiency in gathering data and utilizing analytical information. He excels in identifying gaps in outreach service uptake and providing essential information for various reporting systems. His ability to offer key information about various indicators as reported through MIS is a valuable asset to the project.

He further needs to be motivated to feed the weekly data and take out the due overdue monthly sheets for each peer educator.

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.

Outreach activities were observed to be implemented with careful planning and were diligently recorded to ensure effective service delivery by the TI. A micro plan is in place, particularly for STI services and linkages to ICTC/ART centers. However, during interactions with the team, including peer educators and ORWs, and through a review of their documents, it became evident that there is room for improvement in the proper uptake of services. Further efforts are needed to optimize service utilization. PEs were met at the hotspot, and ORWs were able to provide the necessary support, as evidenced in the documents. They supported PEs at the hotspot more than four times.

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.

Service uptake is appropriate as indicated in Annexure 1. RMCs ICTC, Syphilis Screening, etc. were done by the project. ART follow-ups were done in consultation with the ART counselor of the civil hospital. Appropriate linkages are established with the service delivery stakeholders.

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.

Three committees were in place: a Crisis Management Committee, a DIC Committee, and a Project Management Committee. We observed that their meetings were organized on a quarterly basis, but only a limited number of HRGs were part of these committees. The MSM community is very active in the TI and with little efforts and guidance the MSM community can be further motivated to come together as a CBO and provide skis and services to the members.

XIII. Commodities

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

The commodities are provided as per the demand and the same is indicated in Annexure 1. Condoms are in short supply and they are maing their best efforts to mobilize it from the civil hospital.

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 meetings were regularly conducted, but follow-up documentation was not available. A total of 10 advocacy meetings were held from 2022 to March 2023. The TI has compiled a list of stakeholders, with 8 members included in the list placed at Annexure 2

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

The project has undertaken several commendable initiatives for the welfare and assistance of HRGs. Specifically, we facilitated the issuance of 32 ration cards through collaboration with the food supply department, benefiting women in the community. Moreover, we have been instrumental in creating E-Sharm cards for eight individuals, promoting financial inclusion and access to government schemes

XVI. Details of Best Practices if any:

- TI have provided training to 25 women for a beauty parlor course under the SOSVA project.
- Established a self-help group consisting of 20 individuals, which fosters community support and empowerment.
- Stitching training to 15 women, equipping them with valuable skills for economic independence.
- Training to 12 women in providing care and assistance to the elderly, addressing the specific needs of the aging population.

These initiatives exemplify our commitment to improving the lives of HRGs and fostering their overall well-being.



Annexure 1

Female Sex Workers

Indicator	1-10-2021 to 31-03-2022	1-04-2022 to 31-3-2023	1-4-2023 to 30-09-2023
Targeted Population	300	300	600
Active Population	320	325	321
Dropout	61	60	41
New Registered	27	65	37
Regular Contact	1713	3508	1643
Condom Demand	62579	126160	49056
Condom Distribution	57258	99303	547
HIV Testing 1 time	95	104	213
HIV Testing 2 Time	220	232	0
CBS	38	126	15
Positive Found	0	1	2

Total Positive	5	6	8
Linked with ART	5	6	8
RMC 1	27	43	36
RMC 2	18	31	288
RMC 3	76	93	0
RMC 4	199	199	0
Counselling	556	1095	605
PT	33	51	30
STI Found	13	14	8
Health Camp	3	4	1
TB Testing	556	1180	612

MSM

Indicator	1-10-2021 to 31-03-2022	1-04-2022 to 31-3-2023	1-4-2023 to 30-09-2023
Targeted Population	100	100	300
Active Population	124	136	150
Dropout	25	11	0
New Registered	10	23	14
Regular Contact	648	1385	758
Condom Demand	13164	30489	14508
Condom Distribution	12383	23069	367
HIV Testing 1 time	38	14	94
HIV Testing 2 Time	77	115	0
CBT	32	51	21
Positive Found	0	1	2
Total Positive	10	11	13
Linked with ART	10	11	13
RMC 1	10	15	16
RMC 2	5	9	135
RMC 3	21	37	0
RMC 4	88	86	0
Counselling	234	470	286
PT given	11	11	1
STI Found	2	2	2
Health Camp	1	0	1
TB Testing	234	449	286

Injecting Drug users

Indicator	1-10-2021 to 31-03-2022	1-04-2022 to 31-3-2023	1-4-2023 to 30-09-2023
Targeted Population	300	300	150
Active Population	456	499	545
Dropout	15	29	12

New Registered	60	71	58
Regular Contact	1658	4160	786
Syringe Demand	40417	92660	27254
Syringe Distribution	26848	75382	16973
Needle Distributin	26848	75382	16973
Syringe Return	23845	67354	14656
Needle Return	23845	67354	14656
Condom Demand	12944	27548	7656
Condom Distribution	10314	22062	0
HIV Testing 1 time	98	90	101
HIV Testing 2 Time	220	317	0
CBS	103	211	61
Positive Found	3	6	3
Total Positive	77	79	82
Linked with ART	77	79	82
RMC 1	28	70	268
RMC 2	27	31	0
RMC 3	65	94	0
RMC 4	162	121	0
Abscess	9	6	6
Counselling	505	1178	268
Health Camp	2	0	0
TB Testing	534	1178	268

Annexure 2

List of Stake Holder		
S.No	Name	Designation
1	Satyapal Sharma	Project Director
2	Vinay sharma	Doctor
3	Sanjeev	Doctor
4	Suresh Kumar	PM Childline
5	Puneet	PC CSC VIHAAN
6	Shobha	PM TI Composite
7	Amit	HRG
8	Nitin	HRG

Annexure 3

Date	Period of Training(Days)	Training Agency	Type of Training	Place of Training	Name of Staff	Designation
10/08/2021	1 Day	PSACS Chandigarh	MPSE Training given for the uploading the P-MPSE data to the NORMS software	Prayaas Building Chandigarh	Shobha Atry,Rajan Salgotra,Hitesh Chopra	Project Manager,M&EA
18/11/2021	1 Day	TSU/PSACS	Refreshing Training regarding the data entered in NORMs	TI, Phagwara	Shobha Atry,Rajan salgotra	Project Manager,M&EA
05/11/2022	1 Day	TSU/PSACS	NACP Data Sharing and Management	Virtual Training at TI Office	Shobha,Rajan,RashimProject manager,M&EA,Co unsellor	
20/06/2022	1 Day	PSACS	Training and seminar on Community Strengthening System for the Peer Educator of the Community Members	Virtual Training at TI Office	Gajinder,Neeraj Kumar,Neeraj Bala,Nitin Kumar,Naveen Kumar,Seema	ORWs and Peer Educator28/09/2022
28/09/2022	1 Day	PSACS	Refresher Training on SOCH	Training on SOCH software on computer and Mobile	Rajan Salgotra	M & EA
25/04/2023	5 days 25/04/2023 to 29/04/2023	PSACS	Refresher and Induction Training of ORWs	Hotel Park View,Sec.24, Chandigarh	Neeraj Bala,Vishal Saini	FSW ORW, IDU ORW
26/06/2023	5 days 26/06/2023 to 30/06/2023	PSACS	Refresher and Induction Training of ORWs	Hotel Park View,Sec.24, Chandigarh	Neeraj Kumar	MSM ORW
10/12/2023	3 days 12/10/2023 to 14/10/2023	SHIKSHA	Refresher and Induction Training of Peer Educator	Hotel U-Nite, Pathankot	Seema,Aarti,Aarti,Jyoti,Pallavi, Reena, Gaurav, Rajeev, Jatinder, Shivam,Rohit	Peer Educator

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.
Sanjeev Jain (Team leader)	sanj1966@gmail.com 9911100572
Rajeev Ranjan (Team Member)	thinkrajeevranjan@gmail.com 8802420865
Virender Choudhary (Finance Member)	varinder_choudhary@rediffmail.com 8872120048

Name of the NGO:	Dr.Sudeep Memorial Charitable Trust
Typology of the target population:	Composite
Total population being covered against target:	In September 2023, there are 150 active MSM against a target of 300, 321 active FSW against a target of 600, and 545 active IDUs against a target of 150
Dates of Visit:	26th October to 28th October
Place of Visit:	Land Mark Civil Hospital Pathankot, Garden Colony Mission Road Pathankot 145001

Overall Rating based program delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
>80%	A	Very Good	Recommended for continuation with specific focus for developing learning sites

Specific Recommendations:

- Form B should be updated on a weekly basis. The M&E has to take responsibility for the same
- Due and overdue information should be properly maintained at all levels
- RMC printed format to be provided to the New IDU treating PPP Doctor.
- Good Rapport in the field is evident.
- Community involvement in their committees can be enhanced. The TIs is ready to form a MSM CBO.
- Teamwork should be further appreciated at the district and state level.

- The Project Director is 91 years old. May be supported actively by another Governing Board member for the monthly review.

Name of the evaluators	Signature
Sanjeev Jain (Team leader)	
Rajeev Ranjan (Team Member)	
Virender Choudhary (Finance Member)	

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