Annexure: B

Reporting Format-B

Structure of the Detailed Reporting format
(To be submitted by Evaluators to SACS for each TI evaluated with a copy to NACO)

Name of Team Leader	Mr. Manojit Biswas
Name of Second Program Evaluator	Dr. Juhi Chakravorty
Name of Finance Evaluator	Ms. Ravina
Name of NGO	Philadelphia Society
Target Group	IDUs
Target	400
District	Rajpura-Patiala
Date of Visit	13th November-15th November 2022

Introduction

- **Background of Project and Organization**

  Philadelphia Hospital, Ambala city, a Christian Minority institution was established and founded in 1883by Christians to carry on medical work with scrupulous respect for adherence to Christians ideals of service. Since its establishment the hospital has been administered by a body of Christians in pursuance of the aims and objectives. From a small Women's hospital founded by the Presbyterian missionaries, the hospital has been grown into a 150 bedded hospital providing multifarious medical services to the poor patients. The hospital has been a leading and important institution of the church of north India of the poor and sick alike. Our emphasis is to provide low cost quality based health services

- **Name and address of the Organization: Philadelphia Society**
  Amir Colony,backside of Satnam Motors,
  Near gagan Chowk, Rajpura
  Distt- Patiala, Punjab
- **Chief Functionary** : Dr. Sunil Sadiq
- **Year of establishment:** 1883
- **Year and month of project initiation**: April, 2013

- **Evaluation team**

Team Leader	Mr. Manojit Biswas
Team Member	Dr. Juhi Chakraborty
Finance	Ms. Ravina

- Time frame: October, 2020 to September, 2022

- **Profile of TI**

(Information to be captured)

- **Target Population Profile: IDUs,**
- **Type of Project: Core Population**

- **Size of Target Group(s)-** Approved – 400 IDUs
  Achievement –399 IDUs

- **Target Area:** The TI is implemented within 10 Kms Radiosu of Rajpura . The Project has identified 3 sites for IDUs, 2 for MSMs and 3 for FSWs.

Key Findings and recommendations on Various Project Components

I. Organizational support to the programme:- (Interaction with 2-3 office bearers of implementation of NGO to see their vision about project, support to the community, initiation of advocacy activities, monitoring the project.

The Organization is active and takes interest in Project improvements. The Ngo head has fair understanding of the TI and understand the issues of IDUs and other populations. The organization provides support require for to the TI, However monitoring by the NGO to be improved.

II. Organizational Capacity

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

   Currently the TI has 6 Staff, a project manager, an accountant cum M&E, one counselor cum ANM, 3 ORWs and 8 peer educators to implement the project. Appointment letters were issued to all the staffs with roles and responsibilities. Attendance register is maintained and leave file/register is also maintained.

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

   The TI staffs have undergone trainings by SACS such as Induction and OST. Orientation training was also undertaken. Training record maintained by the project. The staff has less understanding of TIs and its indicators as most of the staff are new.

3. **Infrastructure of the organization**

   The organization has satisfactory project space. It is located at a suitable position that can be easily accessed by the community. The office has DIC, however which appears to not much functional. The organization is having required infrastructure, which includes, chairs, tables, computers, printer, phone, internet, almirah etc. All the assets have been codified and marked.

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.**

   All the documents were maintained and were found almost complete. The project has been submitting SIMs reports to SACS in time. Weekly and monthly review meeting is done in which analysis and Targets are discussed, reviews done and targets are fixed. Monitoring need to be improved. Peers need lot of hand holding.

III. Program Deliverables

Outreach

1. **Line listing of the HRG by category.**

Master list of all the active population of 399 was available in the project. Each ORW and peers had their own list of HRGs. Line list was updated. HRGs are tracked, though not properly for Services. The list is used to track outreach services. Completed Registration form of all the HRGs (Form - A) was available.

2. **Shadow Line list of HRGs by category:**
Since the project is initiated in April,2013. They have Dynamic line list.

3. **Micro planning in place and the same is reflected in Quality and documentation.**
Hotspot level micro planning based on risk and vulnerability was available, though not properly used. Tracking sheets were available and not properly maintained. Counseling, RMC, ICTC and outreach by ORWs and counselor is undertaken. The Peers does not understands the prioritization of HRGs based on risk and vulnerability.

4. **Differentiated Service Delivery Planning in place and the same is reflected in documentation** The staff is aware of differentiated service delivery planning, through not used.

5. **Coverage of target population (sub-group wise): Target / regular contacts only in HRGs**
The active population is 399 IDUs (99.75%) against the sanctioned target of 400. As per the peer sheet (form B) and ORW Form C_1 on an average almost 94% IDUs are regularly being outreached with any of the project services; however the same was not reflected in field.

6. **Outreach Planning – Peer Navigation**
There peer navigation is not done by the organization.

7. **Outreach Planning – Reaching out to HRGs who are uncovered/hard to reach/hidden population with services including CBS health Camp**
As shared by the project staff health camps was jointly organized with ICTC centre. The organization is making efforts to reach out the HRGs and provide the project services. CBS are being done in field for hard to reach Population.

8. **Outreach Planning –Increasing new and young HRGs registration through strengthened outreach approach model**
The organization has almost reached the number of sanctioned target.

9. **Outreach planning – quality, documentation and reflection in implementation**
Monthly outreach plans are made by all the ORWs for field visit and outreach activities. However, the same was not reflected in field. Outreach documents are updated, though not maintained properly. As per records ORW visit field and provide supportive supervision to peers and, however it did not reflected in field. Peers understanding of the risk and vulnerabilities is poor.

10. **PE: HRG Ratio**
The peers ration was 1: 57, Present peer Ration is 1:66

11. **Regular contacts (as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 8 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members**
As per the peer sheet (form B) and ORW Form C_1 on an average almost 94 % of the HRGs are regularly being outreached with any of the project services. The outreach staff is aware of the

regular contact. During FGD with community it was seen that their knowledge on HIV/AIDS/STI is low. The understanding for the need of periodical RMC and HIV testing needs was not reflecting in field. Most of them get the required Needle and syringes.

12. Documentation of the peer education

Peer formats- Form-B is not maintained by Peers. ORW fills tracking sheet during weekly meeting. PEs understanding on filling the format needs strengthening.

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

3 peers are not good and lack confidence and hold on the HRGs. Their knowledge on HIV/AIDS and safe practices was also low. During the field visits it was observed that the peer provide them only needle syringes, he has no hold with the community, nor has much rapport. At times he distributed N/S close to their residence. Many of the HRGs seemed to have less knowledge about the basics of HIV and their risk and vulnerability to HIV. Whereas some of them were vocal and informed about the few risks and vulnerability associated with them and the need to remain safe. Peer turnover was high in TI.

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

It appeared that the supervision mechanism is not place. Field visits are shown in the registers; the impact of supportive supervision was not visible in the field. The PM support to ORWs and ORWs support to Peers was missing.

IV. Services

1. **Availability of STI services – mode of delivery, adequacy to the needs of the community.**
   STI services available from STI clinics and PPP Clinic.
   As per the NACO guidelines static clinics has been made within the DIC. Abscess , STI treatment and GMC/RMC for the HRGs is to be done in the clinic. The Doctor is MBBS. The timing of the clinic is from 1.00pm to 3.00pm. This clinic time appears to be less suitable for IDUs further the Clinic appeared not much frequented by the IDUs.

2. **Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.**
   The static clinic is located strategically and HRGs can easily visit the Clinic. Privacy is provided to the HRGs visiting the clinic. Basic clinical equipments were not available. No facilities for abscess treatment was witnessed.

3. **Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centres.**
   As per the record only 3 STI cases have been diagnosed and treated Counseling and follow up was done. 67% of the HRGs have gone through Syphilis Test. CBS is done and reactive and referred to ICTC. TB screening is also done, though none found to be positive.

4. **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.**
   All the documents pertaining to clinical services are maintained by the project. Stock registers for STI drugs, condoms and CBS kits are maintained. Referral slips are maintained for all the referrals of ICTC.

5. **Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.**
   Free condoms are distributed directly through PE/ORWs during one to one or one to group session in the community. Social marketing is not done. Project has also established 5 condom outlets in the target area. During discussion with community members, most of the HRGs informed about the availability of the condoms as per their need.
6. **No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.**
   Total 24113 (83%) free condoms were distributed by TI staff against the demand of 28935. Around 5 condom outlets were established. No social marketing of condoms undertaken.

7. **Information on linkages for ICTC, DOT, ART, STI clinics.**
   The Project staffs are aware of the linkages with the ICTC and ART centre. TB screening is also undertaken, though more rigorous screening is required.

8. **Referrals and follows u**p
   Referrals are done by the counsellor and ORWs for all the services- ICTC, STI clinic, syphilis screening. TB Screening is done, However, TB screening is to be improved. 34 HIV Positive is found by the Project and 27 (79%) are linked with ART and follow up is done.

V. Community participation

1. **Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.**
   Not much effort was undertaken by the Project for collectivization. Project Advisory Committee and Crisis Committee were formed, Community members are part of the Committees, however their inputs are not taken. No Groups formed in field.

2. **Community participation in project activities- level and extent of participation, reflection of the same in the activities and document.**
   The project has not taken any initiative for Community participation. Project Advisory Committee formed and Crisis committees are formed with community members, though participation of Committee members is only on papers.

VI. Linkages

1. **Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc.**
   Linkages have been established by the TI project with District Hospital for conducting Heath Camps and for ICTC testing. ART linkages for HIV positive IDUs established.

2. **Percentages of HRGs tested in ICTC and gap between referred and tested.**
   Around 52% of IDUs have undergone HIV Testing twice during the period from October, 2020 to September, 2022.

3. **Support system developed with various stakeholders and involvement of various stakeholders in the project.**
   Few stakeholders have been identified in the project and they are not much involved with the project. More identification of stakeholders and their participation is required.

VII. Financial systems and procedures

1. **System of planning: Existence and adherence to NGO-CBO guidelines/any approved systems endorse by SACS/NACO-supporting officials communication.**

- Utilisation of Fund is 95%.
- Expenditure incurred as per approved Budget.
- SOE submitted in prescribed format and submitted to PSACS on time.

2. **Systems of payments - Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, practice of setting of advances before making further payments.**

- Vouchers were properly maintained with proper serialized number.
- All the payments were made through PFMS Portal.
- Stock register is also not verified.
- Original bill Rs. 1056 Electricity September 20 to October 20 is missing. TI Claiming meter on the bases of meter reading but Original Bill is missing. All Bills claimed without original Bill. Only on the basis of reading.

3. **Systems 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.**

- Syringes got through PSACS.

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

- There is a separate Bank account Indian overseas Bank for TI.
- Registers of Fixed Assets, General Stock Register, and Cash book were available and well maintained.
- Bank Reconciliation statement also available.
- On 10-11-20 Bill Rs.1200/-, purchase voucher and slip pad not enter in general stock.
- On 07-11-2020 office tea expenses Bill there is overwriting in date and amount.
- Bills are not verified by any concerned Staff.

5. **Other observations**

- Attendance Register was available with proper verification.
- Cash Book is available.
- Ledger available and well maintained.
- General Stock Register is maintained.
- Salary Register Properly maintained with verification

VIII. Competency of the project staff

a) Project Manager

Project Manager has done MSW and associated with the projects since December, 2020. The Project Manager is active and understands the TI components well. The PM provides supervision, which needs improved. Analysis of data and Services uptakes are monitored, however it needs not of improvements.

Counsellor

The Counsellor has done 12 class with GNM degree . She was earlier ANM with the project, since the number of IDUs is reduced now; the post is calibrated to ANM cum counsel lore. She is with the project since May, 2018.She is active, maintains all records and has fair understanding of the project. Documentation is satisfactory. She needs to build more rapport with the community.

c) ORW

The project has 3 ORWs, each one for IDUs, FSW and MSMS population. ORW for IDUs and MSMs have joined this year in May and July respectively. The ORW for FSW was earlier F- ORW for IDUs, she joined the project in May, 2021. All the ORW need more clarity and understanding of program. They need to improve their documentation. They also need to build their rapport and bonding with the Peers.

d) Peer Educators in TI

There were 13 Peers with the project. Peers are new. . The Peers are less confident and have less understanding about the Project. They do not understand about risk. The knowledge and capacity of the peers were less. They need training. They do not maintain peers dairy themselves.

e) M&E cum Accounts Assistant

M&E cum Accountant has done M. Com and joined the project from April, 2022. She is managing accounts in the project and need to improve her understanding about data analysis and accounts.

f) Doctor- The Doctor is MBBS and comes to the clinic every day except on Sunday. The clinic timing is from 1.00 pm to 3.00 pm

IX. a. Outreach activity in Core TI project

Overall outreach in the project is not satisfactory and needs not of improvements. Outreach and micro-plan are made however not practiced or followed up. Risk and vulnerability assessment is done in Form B to prioritize the risk category; however services or outreach is not done as per risk.

XI. Services

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

The service delivery is not satisfactory. The project has to do lots of efforts for service uptake and outreach. The HRGs are satisfied with the project and the Team, as they are not aware of all the services we are suppose to provide. The DIC is non functional. HRGs visits office only to collect N/S.

XII. Community involvement

How the TI has positioned the community participation in the TI, role of community in planning, implementation, Advocacy, monitoring etc

The HRGs are part of Crisis and project advisory committee. Both the committees are not active , though not much crisis was reported. Involvement of Community members to be increase in Project. Peers can also be involved in advocacy efforts.

XIII. Commodities

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

The staff is aware of the condom demand calculation method and also has clarity about risk assessment. The Project is also distributing N/S as per the requirement of the community. QRS is done on regular basis.

XIV. Enabling environment

Systematic plan for advocacy, involvement of 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 and they are aware of their role, whether they are engaging in the programme.

Few advocacy meeting has been done as 4 stakeholders identified. There is no support from stakeholders. The Project shall involve the Peers and the active community members for doing the advocacy and linkages.

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

The NGO has provided the following service during the Covid pandemic:-

- Dry ration to 116 IDUs
- Covid vaccination support for 80 HRGs.
- Sanitizer, mask and soap provided to 162 IDUs.

XVI. Best Practices if any

- Nothing Specific to be mentioned.

Annexure C
Confidential

Reporting form C

EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated)

Profile of the evaluator(s):

Ms. Manojit Biswas (Team Leader)	Manojit.biswas@gmail.com ,7838410028
Dr. Juhi Chakravorty (Co-evaluator)	Juhee.chakravorty@gmail.com , 9431264800
Ms.Ravina (Finance Expert)	Ravinakhan32@gmail.com , 9915727793

Name of the NGO:	Philadelphia Society
Typology of the target population:	Exclusive
Total population being covered against target:	Target Achievement IDUs 400 399
Dates of Visit:	13th Nov - 15th November, 2022
Place of Visit:	District – Patiala- Rajpura, Punjab

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
73.5%	B	Good	Recommended for continuation

Specific Recommendations:

- The capacity of the peers to be improved. They need training and hand holding. More active IDUs peer to be appointed, who is understand the IDU Community well.
- The Peers has less hold of the community.
- The PM and ORWs presence in field to be increased.
- The Project has community members in Project Advisory Committee and Crisis management committee, their inputs to be taken for Project improvements.
- The outreach part in the project needs focus. Outreach and micro planning to be used for effective service delivery. Risk assessment to be done properly in order to prioritize the services.

- TI shall ensure there is no stock out of medicines.
- TI shall ensure that, Condoms are never out of stock.
- Documentation must be improved and updated for all the components in the project.
- The Project shall have a functional DIC, Present DIC is non functional.
- All the HIV Positives are to be linked with the ART.
- Clinics shall have abscess management facilities available.
- The Project shall increase the collection of used needle and syringes, which is only 13%.
- The Project shall involve the community members in doing the advocacy with stakeholders.
- Peer turnover is high, the project shall try to retain the Peers.
- The TI shall train the Peers as well to identify the suspected TB cases, so that they can be referred to counselor for further screening. More efforts required to identify suspected TB Cases in Project.
- N/S distributed to IDUs in DIC to be recorded against their name, not randomly to be distribute, as done now.
- OOAT

Name of the evaluators	**Signature**
Mr. Manojit Biswas (Team Leader)	
Dr. Juhi Chakravorty (Co-evaluator)	
Ms.Ravina (Finance Expert)	