

Evaluation Team & NGO 3

Name of Team Leader	Sanjeev Jain sanj1966@gmail.com 9911100572
Name of Second Program Evaluator	Rajeev Ranjan thinkrajeevranjan@gmail.com 8802420865
Name of Finance Evaluator	Virender Choudhary varinder_choudhary@rediffmail.com 8872120048
Name of NGO	Himalayan Foundation
Target Group	IDU (Core)
Target	In September 2023, 945 active IDUs against target of 800 IDUs
District	Hoshiarpur
Date of Visit	1st Nov 2023 to 3rd Nov 2023

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	25	75	60.0	71	56.8	94.66
Support Services	10	30	15.0	27	13.5	90.00
Total						93.73

overall grading(score) :- **Grade A**

Recommended for continuation with specific focus for developing learning sites

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	11	78.6	Qualified
Finance	12	12	100.0	Qualified

Recommendations For Himalaya

- Team Motivation is high and their skill reflect in the field.
- The PM's has sufficient managerial skills which were reflected in the project
- **Monitoring and supervision are carried out through the GPS app by the PD which can be replicated across TIs**
- Advocacy follow-up should be maintained.
- HRGs' participation in the committee should be enhanced.
- Joint staff meeting with all outreach team can be conducted on regular basis for coordinated advocacy activities in the district. **(Himalaya + Shan outreach teams planning and sharing jointly once a month/ bi-monthly)**
- Success and inspiring stories of the HRGs can be regularly shared with general masses with the support of media advocates in the district.

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:**

The NGO Himalayan Foundation registered address is 61-A, First Floor, Vidhya Enclave, Tehsil Mukerian, Distt. Hoshiarpur Punjab-144216 while the head office is based at house no 679/89 New Model Town Hoshiarpur Near Wood Land School.

The NGO is affiliated with department of Youth Services (Punjab Govt.), department of Sports (Punjab Govt.), Nehru Yuva Kendra (Ministry of Youth Affairs & Sports), department of Health & Family Welfare (Punjab Govt.), Punjab State Social Welfare Board (Punjab Govt.), Punjab State AIDS Control Society (Punjab Govt.)

The NGOs is working for promotion of Self-Help Groups (SHG,s), awareness generation programmes for Women, conducts free medical camps, is involved in adolescents health programmes, conducted vocational training programmes for women.

With the support f Punjab SACS is running targeted intervention among IDU,s at Hoshiarpur, targeted intervention among IDU,s at Patti and link worker ccheme (Ferozepur).

The NGO reports of conducting blood donation camps, RCH awareness programmes for rural areas, celebration of national/international days/weeks.

The objectives of the NGO is

- * To motivate youths for unity and integrity towards the Nation.
- *To create aptitude towards sports and culture.
- *To all round development of youth talents.
- *To work for upgrading the socio-economic condition of the poor.
- *To develop the educational status of the people.
- *To bring development in agriculture through application of Science & technology.
- *To provide vocational training to unemployed women and youth.
- *To establish income generation units where the unemployed can work and earn.
- *To work for bringing good health for the people.
- *To work for environmental protection and ecological balance.

The Goal of the NGO is

- * To ensure social justice, equity and human rights in the provision and distribution of health services to all, with emphasis on the less privileged millions.
- * To develop sustainable and innovative strategies to ensure Health and overall community development in remote and Vulnerable areas through various grass root level initiatives.
- *To promote and strengthen a medically rational, culturally acceptable and economically sustainable health care system in the working area

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

- o Chief Functionary: Vipin Kumar Verma
- o Year of establishment: March 2005
- o Year and month of project initiation: 15.06.2010
- o Evaluation team: Sanjeev Jain (Team leader)
Rajeev Ranjan (Team Member)
Virender Choudhary (Finance Member)
- o Evaluation Timeframe: 1st November To 3rd November

Profile of TI

(Information to be captured)

- o Target Population Profile: IDU
- o Type of Project: Core Composite
- o Size of Target Group(s): 800 IDU
- o Sub-Groups and their Size: Daily (IDU), Non Daily (IDU)
- o Target Area: Singapur Park-1, Singapur Park 2 Bhagni Chowk, Lajwanti, Railway Line, Focal point, Nehar Colony, Ravidas Nagar, Chetna Park, Paldi Ground etc.

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

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

The evaluation team had the chance to meet with the only member of the governing board (GB), who also held the position of Chairman within the organization. This person's commitment to the project was clear through the cross-referencing of documents. Out of the 12 meetings that took place from April 1, 2022, to March 30, 2023, the Project Director (PD) was present in every single one. Moreover, the PD actively participated in other meetings, including those related to the PMC and Crisis Management.

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

All staff positions, including the Project Director, Project Manager, 3 ORWs, 1 FORW, 1 Counselor, 1 ANM, 1 M&E Officer cum Accountant, and 13 Peer Educators, were in place at the time of the evaluation. The commitment and performance of the staff were reflected in their outreach and documentation efforts. While there were issues with salary irregularity, the staff remained dedicated to their work, and their performance indicators were maintained. Appointment letters were provided to all staff members. It was observed during interactions that the staff demonstrated an understanding of the project's basic concepts. Despite a relatively high turnover among Peer Educators, replacements were made within a month or two.

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

The majority of the staff received training, with the exception of newly appointed staff. Staff capacity can have a positive influence on their colleagues. A total of 18 training sessions were conducted evaluation time frame. These training sessions were delivered by various organizations, such as PSACS, TSU, Shanmta Kendra, NGOs, SPYM, and SAATHI. Training registers were diligently maintained.

2. Infrastructure of the organization.

The TI is located at House no 679/89, New Model Town, Hoshiarpur, near Woodland School, on the first floor with an open balcony. The premises are spacious, consisting of three rooms, one kitchen, a washroom, and a balcony. There is a DIC cum ORW space designated for their work. The TI location is quite distant from another SUB DIC, around 20-25 kilometers away. The facility includes a room for the Project Manager, as well as an M&E cum Accountant. There is a lobby designated for ORWs where they carry out their documentation work. A separate space is allocated for the Counselor, and the ANM has her own room which is shared with the Doctor. There is also a working DIC where 20-30 HRGs attend daily, serving as project beneficiaries. The DIC is equipped with IEC materials, including pictorial and text content primarily in Punjabi and English, addressing core topics related to HIV/AIDS in the context of sex work, as well as other relevant IEC materials. The facility is furnished with

plastic chairs, sofas, tables, a television, stencils, and other useful assets. Records of these assets are available and properly coded.

- 3. 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 has established a document review mechanism through regular review meetings and staff meetings. The importance of documents at different hierarchical levels is well understood, and there is consistency in maintaining uniformity. The TI consistently adheres to the stipulated timeline for report submissions. Stringent oversight is in place to ensure the authenticity of documents, especially at the level of PEs, by both their respective ORWs and higher-level staff.

The reporting mechanism is practiced online via a GPS app. They create a group to mark their attendance and confirm their location. Documents related to counseling, such as the referral register and counseling registers, are readily available, and the counselor maintains these records with a reasonable level of clarity. Various meeting minutes are documented, and NACO formats maintain consistency in relation to the staff and PEs involved, ensuring alignment with one another.

III. Program Deliverable

1. Line listing of the HRG by category.

983 active population as against the target of 1000. Line listing is being maintained in the master register.

2. **Shadow line list of HRGs by category.**
3. **Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.**
4. **Registration of truckers from 2 service sources i.e. STI clinics and counseling.**
5. Micro planning in place and the same is translated in field and documented.

The outreach plan is in place . The micro plan was also available and used primarily for assessing risk and vulnerability, as well as tracking due and overdue cases for RMC and ICTC testing. ORWs have a clear understanding of the distinction between the outreach plan and the micro plan, and they can explain it effectively. Hotspot meetings are conducted regularly on a prioritization basis.

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

The ORWs are actively engaged in outreach planning, maintaining documents with a high level of quality. During the review of records, it was noted that changes in planning were consistently documented in some locations to be addressed. This positively impacts both the planning and implementation phases.

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

As of September 30, 2023, there were 983 IDU registered Out of these, 405 were on OST 30 OoAT (Opioid Agonist Treatment), and 125 were linked with private centers for medicine

8. Outreach planning – Secondary distribution of Needles and Syringes

Outreach planning for the distribution of needles and syringes is in place. Outreach workers make efforts to distribute them to most of the High-Risk Groups

9. Outreach planning – Peer Navigation

NA

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

For outreaching plan were covered for strengthen for community services TI have mechanism. During the period from Sept 2021 to Sept 2023, a total of 9 health camps, 16 SOE, and CBS (Community-Based Screening) camps were held.

11. Outreach planning

Increasing new and young HRGs registration through strengthened outreach approach model Line-listed HRGs' risk assessment done at prescribed frequencies (quarterly).

There were outreach plans rather available with ORWs which could have been used properly.

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

13. 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.

14. Documentation of the PEs & ORWs:

It has been observed that Form B is being maintained by the PEs and ORWs, who fill out the risk assessment form and maintain their stock registers. Additionally, the ORWs are responsible for maintaining the weekly summary report and other document as per SACCS norms. They have been maintaining the quality of these documents.”

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

Peers have established a positive reputation within the community and actively share valuable information with the staff, which was evident during the field visit. While some Peer skills could benefit from further enhancement, others bring extensive experience to the field, and they can serve as valuable resources to help develop their peers' abilities. The Peer Educators have demonstrated their proficiency in educating the community, and their knowledge is substantial in conveying information about TI services. The majority of Peer Educators are well-educated and possess the relevant skills necessary for their roles.

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

Based on the discussion with the Program Director (PD), we noted that the supervision mechanism is transparent and relies on an online application. It is evident that the Targeted Intervention (TI) program has a well-established and effective supervision system in operation. The Program Manager (PM) demonstrates the skills required to supervise all staff and Peer Educators (PEs). Furthermore, a follow-up mechanism is already established and functional.

Services

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

The TI office situated prime location , so clinic services are provided from the TI,PPP and civil Hospital . Recently one GMC services are also accessed from the PHC. There are 15 STI cases reported from Sept 2021 to march Sept 2023.

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

Privacy is maintained by the Counsellor and ANM. TI has adequate infrastructure and equipment for its services.Clinic location was easily accessible to the HRGs.STI drugs was available at their .During the stock out they get from Civil Hospital Hoshiapur.

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.

3. 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.

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.

The availability of treatment registers, referral slips, and follow-up cards (as applicable, as mentioned in the proposal) is ensured, as well as the stock register for medicines. Additionally, The NGO maintains documents reflecting the presence of a system for the procurement of medicines, as endorsed by NACO/SACS, along with the supporting official documents in this regard.

The NGO also ensure that the network clinic format, counseling register, and referral register for HIV testing are consistently maintained and updated. Moreover, the stock register for condoms, needles/syringes (N/S), and medicines is regularly updated and verifiable

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

The organization exclusively offers a single type of condom supplied by PSACS. The Targeted Intervention (TI) program disseminates these condoms through Outreach Workers (ORWs), Peer Educators (PEs), Counselors, and field outlets. The community can easily access these condoms based on their availability within the supply chain. In the fiscal year 2022-23, a total of 21,298 condoms were distributed among the High-Risk Groups .

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

As of September 30, 2023, there were 983 IDU registered Out of these, 405 were on OST 30 OOAT (Opioid Agonist Treatment), and 125 were linked with private centers for medicine

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

Condoms are distributed through PEs, ORWs, counselors, and outlets. Condom stock are maintained by ORW and PM. In the fiscal year 2022-23, 21,298 condoms were distributed to HRGs.

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

A total of 293,020 needles were distributed from September 2021 to September 2023, while 169,526 syringes were distributed during the same period. According to the data, 156,354 syringes and 268,989 needles were returned within the same time frame. Some time they faces stock out of the N/S.

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

The TI have following linkages

Name of Service	Centre Name
ART:	Civil Hospital Hoshiarpur
STI :	Civil Hospital Hoshiarpur
OST:	Civil Hospital Hoshiarpur
OOATS:	Rehab Centre Hoshiarpur/Mahilpur/Jail
DOTS:	Jodhamal Road Hoshiarpur

11. Referrals and follow up.

Referrals are being made according to the clients' requirements, with due consideration for the distance issue, and follow-ups for the clients are being diligently maintained in accordance with the established norms.

V. Community participation

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

No such CBO, SHGs Formed.

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

Only three committees, No CBOs & Association were formed with HRGs. In the committee few HRGs part of the committee their participation was reflected from the documents level and extent of participation, reflection of the same in the activities and documents has also been seen. These committee meeting held quarterly basis.

VI. Linkages

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

Linkages

Name of Service	Centre Name
ART:	Civil Hospital Hoshiarpur
STI :	Civil Hospital Hoshiarpur
OST:	Civil Hospital Hoshiarpur
OOATS:	Rehab Centre Hoshiarpur/Mahilpur/Jail
DOTS:	Jodhamal Road Hoshiarpur

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

As per the data, there are a total of 3,192 referred cases, although 3,141 had undergone HIV testing from September 2021 to September 2023.

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

We met with 3 stakeholders, and their involvement is reflected in the document. The stakeholders provided some suggestions to strengthen the project. Providing a bonus amount to the staff for motivation and utilizing street theater (nuked natak) for advertising district-level programs, such as Republic Day parade and Independence Day celebrations, where a large population gathers, can further strengthen the project.

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.

1.1 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.

2.1 The NGO is using Pre-printed Vouchers with serialized.

2.2 All the payments were approved by the competent authority.

2.3 All the vouchers were supported with required evidence.

2.4 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

3.1 Purchase of Medicine and stationery during the Evaluation period with proper Quotations were found .

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

4.1 A Separate bank Account is maintained by the NGO in Bank of Baroda.

4.2 Bank Reconciliation Statement is maintained by the NGO on monthly basis.

5. Lapses in internal control

5.1 During the time of Evaluation we found that some cash payment made by PM and after that withdraw from PFMS.

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.

The female project manager is with a Master's degree in Hindi. She was promoted from the position of Female Outreach Worker (FORW) to Project Manager in 2018. Her extensive experience with the TI project has provided her with a comprehensive understanding of all its aspects.

While she possesses a strong grasp of outreach and has begun to perform it. Her managerial duties in her role as Project Manager, it has been noticed that she has knowledge in data and financial management. She conducted a program review and focused on their goals and identified areas of deficiency.

ANM/Counselor

Counselor is a graduate guy who has 5 years experience of Counsellor. He encompasses various key attributes essential for effective support and guidance. He demonstrates a clear understanding of risk assessment and risk reduction strategies, ensuring the safety and well-being of individuals under my care. Counsellor knowledge of basic counseling techniques and a solid grasp of HIV-related information enable me to provide effective support and guidance to clients seeking assistance. Recognizing the symptoms of sexually transmitted infections (STIs) is vital for early detection and appropriate intervention, and

he is proficient in this aspect. Counsellor proficiency in these areas ensures that he offers comprehensive and well-rounded support to HRGs , striving to provide them with the best care possible.

b) 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.

Counselor is female with GNM degree. She has one and half year experience of ANM in private sector. She is newly appointed within one week. She has been provided in-house training and know all the indicators of counseling well but she needs to have full training for ANM to perform her role independently. At present she gets full support from her PM as the latter has worked in her position before and has good knowledge of work of a ANM.

c) 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.

During the current period, TI employs four Outreach Workers (ORWs), with three of them dedicated to IDUs, and one for their spouse or partner. We have observed that these ORWs are well-educated and possess commendable skills. Their knowledge and understanding of topics such as RMC, STI, and HIV/AIDS are evident. They demonstrate the capability to establish connections with ART centers and maintain updated data. It's worth noting that all ORWs received training from various agencies. One ORW commutes daily from an office located more than 100 kilometers away. Additionally, one ORW works in areas located more than 25 kilometers away from the TI project site. Their outreach efforts primarily focus on providing information about condom availability, risk assessment (high/medium/low), days and times for STI meetings, and condom negotiation. Peer-specific site maps, including essential details on commodity requirements, RMC/ICTC/STI follow-up schedules, as well as referrals and community linkages, are distributed to the ORWs. During interviews with community members, it was evident that ORWs have successfully established rapport in their respective areas.

d) Peer Educators

e) Navigator

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

f) 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.

During the evaluation, we met all 13 PEs. It was observed that they possessed proper communication skills. However, during interactions with staff and peer educators, it was revealed that TI has yet to fully implement quarterly risk assessment. During the evaluation some PEs were high and he was unable to talk. The peer educators were responsible for maintaining their diaries, and ORWs provided support and supervision for this task. The majority of peer educators were well-informed about the importance of RMC and ICTC testing, displayed average condom demonstration skills, and exhibited effective communication skills. They were also knowledgeable about the symptoms of STIs and were aware of the service facilities available in the city's vicinity.

The team did not have the opportunity to meet with the Sub DIC IDU peer educator as they were located more than 25 kilometers away from the TI project site

g) 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.

h) 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.

i) **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.

She holds a BCOM degree and has completed a one-year diploma course. With six years of experience in BSNL accountant, she played a significant role in providing analytical information. This information was accessible to the M&E cum Accountant, enabling the identification of gaps in outreach service uptake and the collection of essential data for various reporting systems. She was proficient in providing key information related to the indicators reported through the MIS

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 overall outreach activity in the project was found to be satisfactory. Hotspot wise micro plan was available at TI level and PEs are aware this plan. ORWs have been found to be monitoring PEs at regular basis and support them at their hotspot. Hotspot meetings are being properly documented by the ORWs based on their daily dairy records.

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

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

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 staff members are from the local community. PD, PM and along with Some peer educators and few HRGs have been actively involved in various committees as per the formulated structure. Within TI, three key committees exist: the Crisis Management Committee (CMC), the Project Management Committee, and the DIC Committee. The roles played by community members in planning, implementing, advocating, and monitoring the project were observed to some extent. However, significant participation was noted in various other program-related meetings. Quarterly meetings for all the committees were held, and their corresponding documents were available at the TI level.

XIII. Commodities

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

Condoms are distributed through PEs, ORWs, counselors, and outlets. Condom stock are maintained by ORW and PM. In the fiscal year 2022-23, 21,298 condoms were distributed to HRGs.

A total of 293,020 needles were distributed from September 2021 to September 2023, while 169,526 syringes were distributed during the same period. According to the data, 156,354 syringes and 268,989 needles were returned within the same time frame. Some time they faces stock out of the N/S.

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 are conducted on a regular basis; however, there is often a lack of follow-up documentation, which poses challenges. The stakeholders involved in Targeted Intervention (TI) encompass a wide range of individuals, including government officials such as ACP,

DCs and ICTC technician, journalists, domestic workers, Social worker and various community members. This collaborative effort aims to create a supportive and conducive environment.

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

The TI has assisted the HRG and their family members in the following areas

- Applied for E-Shram Card of PWID's & PLHIV
- Applied for Ayushman Cards
- Applied for Smart Ration Cards for PLHIV's
- Applied for Widow Pension of Spouses of PLHIV & PWID
- Applied for Old Age Pension of Parents of PWID

XVI. Details of Best Practices if any

- UID cards of PWID's is issued by Himalayan Foundation so that they can easily take services
- TI has started attendance of PWID's on Biometric Machine.
- Distributed Sanitary Pads to Spouses of PWID's.
- Awareness Camps among children on Drug de addiction among various schools
- Camps in Central Jail Hoshiarpur , where HIV,STI,Hep-B/C and TB test done
- Done Yoga Day, Hepatitis Day, Independence Day, Teej Festival etc. with our PWID's and Spouses.

Annexure 1

Project Staff							
Sr. No	Name of Staff	Designation	Contact No.	ORW Name	Date of Joining	Name of Hotspot	Active Population
1	Ms. Rohini Gautam	Project Manager	62840 - 80989		01-03-2018		
2	Mr. Surinder Singh Chohan	Doctor	94176 - 57100		01-04-2022		
3	Ms. Parul Gupta	MEO cum Accountant	94641 - 06060		01-06-2017		
4	Mr. Baljit Singh	Counsellor			05-12-2018		
5	Ms. Archana	ANM	82649 - 79304		26-10-2023		
6	Ms. Amandeep Kaur	FORW	98780 - 34323		17-07-2019		
7	Mr. Aniket Sharma	ORW	75298 - 15304		16-01-2023		
8	Mr. Sunil Kumar	ORW	62802 - 41213		11-08-2022		
9	Mr. Amandeep	ORW	89689 - 01175		16-05-2016		
10	Mr. Sagar	Peer Educator		Mr. Aniket Sharma	01-08-2022	Singapur Park-1	71
11	Mr. Kuldeep	Peer Educator		Mr. Aniket Sharma	01-04-2023	Singapur Park2	74
12	Mr. Rohit	Peer Educator		Mr. Aniket Sharma	01-10-2022	Bhangi Chow	72
13	Mr. Amandeep	Peer Educator		Mr. Aniket Sharma	01-06-2023	Lajwanti	66
14	Mr. Gurmeet	Peer Educator		Mr. Aniket Sharma	01-05-2020	Railway Line	66
15	Mr. Sahil	Peer Educator		Mr. Sunil Kumar	01-06-2023	Focal Point	90
16	Mr. Gopal Nath	Peer Educator		Mr. Sunil Kumar	01-04-2016	Nehar Colony	70

17	Mr. Rohit Gill	Peer Educator		Mr. Sunil Kumar	01-04-2023	Ravidass Nagar	60
18	Mr. Rahul	Peer Educator		Mr. Sunil Kumar	01-03-2023	Chetna Park	66
19	Mr. Raju	Peer Educator		Mr. Sunil Kumar	01-10-2023	Dussehra Ground	67
20	Mr. Raminder	Peer Educator		Mr. Aman-deep	01-05-2023	Sen. Sec. School	96
21	Mr. Gurjeet	Peer Educator		Mr. Aman-deep	01-01-2020	Gurudwara Shahidan	94
22	Mr. Kamaljit	Peer Educator		Mr. Aman-deep	01-06-2023	Paldi Ground	91

Annexure 2

Indicators	Sept 2021 to March 2022	April 2022 to March 2023	April 2023 to Sep 2023
Total Registration	1637	1767	1831
Drop-out	29	49	37
Active	831	945	983
Condom demand	9612	22700	13924
Condom distribution	9551	21298	352
Free Condom	9551	21298	352
Syringe Demand	44020	99760	58752
Syringe Distribution	44482	91541	33503
Needle Demand	88040	199520	117504
Needle Distribution	87610	171896	33514
Syringe Return	41859	86043	28452
Needle Return	80595	160151	28243
In Total Contact	9296	19906	10779
Regular contact	4177	8583	3126
New registration	67	130	64
Meeting attended by new HRGs	59	103	40

ICTC Refrell	724	1609	859
ICTC tested	735	1546	860
ICTC/HIV Test	735	1546	860
One time	96	174	856
Two time	643	676	0
VDRL /Syphilis	823	1712	783
One time	113	179	779
Two time	713	754	0
Clinic /RMC	1550	3349	1796
One time	38	64	89
Two time	53	48	850
Three time	141	60	0
Four time	584	739	0
Detected positive was found in this year	10	2	2
Link ART	5	2	2
Detected positive cumulative	103	98	98
Link ART	91	87	92
Total RMC	1550	3349	1796
STI positive	7	6	2
Total number of individuals counseled by Counselor	1430	3017	1527
Total Health Camp	2	5	2
IDU spouse	227	264	272
Spouse Counselling	150	236	128
Index	4	21	18
CBS	371	643	165
SOA Camp	3	8	5
OST	359	372	405
OOATS	20	25	30

Private Centres	40	67	125
-----------------	----	----	-----

Annexure 3

Training Register

Date	Designation of Staff	Topic	Training given by SASC/TSU/PSACS/Other s
10-5-2022	PM,MEO,Counsellor	SOPs Survey	PSACS
20-6-2022	PM,ORW,PEs	CSS Programme	PSACS
14/7/2022	PM,Counsellor,ANM,ORW	NARI Survey	NARI
21/7/2022	PM,Counsellor,ANM,ORW,PEs	Work with IDU's	T.I Staff
29/8/2022	All Staff	Outreach Worker for Basic Information	T.I Staff
23/9/2022	PM,MEO	SOCH Software	PSACS
26/9/2022	All Staff	SOCh Software	PM/MEO of TI Staff
10/10/2022	All Peers	Basic Information	T.I Staff
23/12/2022	PM	TI Review cum AAP Preparation	PSACS
3/3/2023	PM,MEO	UC/Finance	PSACS
13/3/2023	MEO	MITR	PSACS
14/3/2023	PM,MEO	SOCH Training	PSACS
20/4/2023	PM	Hepatitis	NVHCP/PSACS
25/4/2023	ORW	Outreach Module	PSACS/Kshanta Kendra
12/6/2023	PM,MEO	Data Entry of ISHTH Campaign Mobile Application	PSACS/MCU
26/6/2023	FORW,ORW	Outreach Module	PSACS/Kshanta Kendra
7/8/2023	ORW	Outreach Module	PSACS/Kshanta Kendra
14/9/2023	PM, Counsellor	Capacity Building Workshop of TI	PSACS
4/10/2023	MEO	TOT of TI Training Modules	SAATHI
9/10/2023	All Peers (10 Peers)	Peers Roles & Responsibilities	PSACS/Kshamta Kendra

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 9415160430
Rajeev Ranjan (Team Member)	thinkrajeevranjan@gmail.com 8802420865
Virender Choudhary (Finance Member)	varinder_choudhary@rediffmail.com 8872120048

Name of the NGO:	Himalayan Foundation
Typology of the target population:	IDU (Core)
Total population being covered against target:	In September 2023, 945 active IDUs against target of 800 IDUs
Dates of Visit:	1st Nov 2023 to 3rd Nov 2023
Place of Visit:	Hoshiarpur

Overall Rating based programme 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:

- Team Motivation is high and their skill reflect in the field.
- The PM's has sufficient managerial skills which were reflected in the project
- Monitoring and supervision are carried out through the GPS app by the PD
- Advocacy follow-up should be maintained.
- HRGs' participation in the committee should be enhanced.

- Joint staff meeting with complete outreach team can be conducted on regular basis for coordinated advocacy activities in the district.
- Success and inspiring stories of the HRGs can be regularly shared with general masses with the support of media advocates in the district.

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