

Annexure C

Confidential

Reporting form C

EXECUTIVE SUMMARY OF THE EVALUATION

(Submitted to SACS for each TI evaluated)

Profile of the evaluator(s):

Dr B. K. Sharma - Team Leader	Old Badash Nagar Lucknow Mob-9076928944
Mr. Alok Mohan Agarwal- Team member	729/129 Second Floor maidan gali Delhi-110068 Mob- 8130960475
Mr.Gaurav Gupta- CA Finance Evaluator	C12C Second Floor Uttamnagar New Dehli 110059 Mob- 9711077487

Name of the NGO:	Mansa Foundation
Typology of the target population:	CC MSM 400 TG 150
Total population being covered against target:	MSM Active 466 And TG Active 167
Dates of Visit:	08,09&10 th December,2023
Place of Visit:	Amritsar

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
83.3%	A	VERY GOOD	Recommended for continuation

Specific Recommendations:

- **Management support to the program to be more intensified.**
- **Need to improvement of TB Screening.**
- **The field movement needs to be planned as per the vulnerability priority of the HRG group.**
- **Network clinic format to be filled up on reality which need attention.**
- **Form C and D to be updated.**
- **SOCH to be updated on regular basis.**
- **Stake holder analysis should be done as per actual.**
- **Commodity demand and supply analysis need to be done as per need of the community.**
-

Name of the evaluators

Signature

Dr. B. K.Sharma-Team Leader	
Mr. Alok Mohan Agarwal-Team member	
Mr. Gaurav Gupta CA –Finance Evaluator	

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	Dr. B. K. Sharma
Name of Second Program Evaluator	Mr. Alok Mohan Agarwal
Name of Finance Evaluator	Mr. Gaurav Gupta
Name of NGO	MANSA
Target Group	MSM/TG
Target	400\150
District	Amritsar
Date of Visit	08.09 and 10th December, 23

Introduction

Mansa Foundation is CBO which was established on 18-06-2012 which is working for their community and their community includes LGBTQ1 the CBO is working for the welfare of society. The CBO it was collaborated with INDIA HIV/AIDS Alliance for The implementing HIV prevention activities among MTH Population under 'PEHCHAN' Project in Firozpur, Punjab. We at MANSa FOUNDATION wish to bring public awareness about LGBTQ community which can help to reduce discrimination and bring equality and also help the process of bringing the community member to mainstream community through street play about gender identity crises social discrimination, human right of LGBTQ community and the actual life related issue faced by the community members.

MANSa FOUNDATION they collaborate with INDIA HIV/AIDS Alliance and started a project " PEHCHAN" under this project MANSa had done so many work like HIV prevention , DIC facility, referral linkages , crises management team, Counselling , Adherence support, Social entailment etc.

During the PEHCHAN project also collaborate with Christian missionaries to educate church in Punjab and Himachal on gender sexuality and gender, sex, sexuality. We was mother CBO in Punjab supported HIMAYAT FOUNDATION , LUDHIANA, NAVJEEVAN FOUNDATION in Gurdaspur, EKTA FOUNDATION in Amritsar because these CBO do not have knowledge how to handle the things related to CBO. So do not have knowledge of how to handle the things related to CBO. So in this case MANSa FOUNDATION is to handle SHAAN FOUNDATION for 2 years and had done so many things for success of SHAAN FOUNDATION .After 2,3 years working for SHAAN FOUNDATION the head of MANSa FOUNDATION hand over the SHAAN FOUNDATION to the local community member of Jalandhar.

Community Served: Mansa foundation with the collaboration of HIV/AIDS alliance did a program for HIV/AIDS positive peoples and give education about sex, sexuality, gender . In this our CBO also distribute the condoms to aware the peoples of the LGBTQI community.

- o Name of the organization: Mansa Foundation
- o Address of the Organization: - House No 10Phase 1Guru Govind singh Nagar Majitha Road Amritsar
- o Chief Functionary: Mohini Mahant
- o Year of establishment: 18/06/19
- o Year and month of project initiation: 1st February, 2019
- o Evaluation team

Team Leader	Dr. B.K.Sharma
Team Member	Mr. Dipak Gupta
CA – Finance	Mr. Gaurav Gupta

- o Time frame: October 21 to September23

Profile of TI

(Information to be captured)

- o Target Population Profile: MSM-400, TG-150 TOTAL- 550
- o Type of Project: CC TI
- o Size of Target Group(s) - 500
- o Sub-Groups and their Size:

FSW	No. of Ever Regd.	Active Population
Sub Total	550	633
MSM		
KOTHI	343	
PANTHI	24	
TG	111	
DD	67	
BiSexual	32	
Hijres	56	

- o Target Area: District: Amritsar
- o Total No. of Site- 23
- o Total No. of Hot-spot- MSM 5 Hot Spot and TG 18 Hot Spot(Dera)

Typology	Name of Hotspot	No. of HRG
MS M	5	466
TG	18	167

Key Findings and recommendations on Various Project Components

1. 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.

One of the major and good observations of the evaluation team is that during the management body and the PD of the organization was present and there was ACTIVE information and intimation to the evaluation team which is a major good gesture of evaluation process. The recruitment process is transparent and supportive documents were also maintained as per norms.

I. 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.
 - **Administrative System:** Evaluation team witnessed that TI has good administrative system in place. Attendance, movement and leave registers were appropriately maintained at TIP level.
 - **Institutional Process:** Evaluation team noticed that TIP had Good staff retention. Project manager, M&E officer,. However, vacant positions were filled with new appointment within prescribed time frame.

- **Recruitment System:** it was found that organization followed the NACO guideline in respect of recruitment of the project staff. Recruitment committees were formed and interviews were conducted as per the prescribed procedure.
 - **Staffing:** It is also found that PE: HRG and ORW: HRG ratios were close to prescribed guideline. Job descriptions and appointment letters were given to project staff members. A sizable PE turnover witnessed during contract period. Project management reported that most of the PE turnovers were caused due to disruptions in work during COVID 19 pandemic.
- 2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.**
- It is found that Induction training to newly appointed members has been conducted internally at project level. However, formal training and capacity building of the project staff members has been carried out at state level by PSACS. It was reported that PSACS also conducted training on revamp strategy. It was found that staff members have gone through formal training conducted by PSACS. Training register was maintained at project level in which details of trainings were mentioned. Evaluation team noted that information mentioned in the training register was appropriate as information regarding, pre and post training assessments, follow up training, etc., was available in the register. Therefore, evaluation team was able to assess the nature, quality, content and material related information in respect of training as only scanty information was available in the training register. It was found that formal impact assessment of training was appropriately conducted.
3. Infrastructure of the organization:

One of the major observations of the evaluation team is that the infrastructure of the office cum DIC is community friendly. The DIC have enough place and there is ample place for discussion.

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 team tried to adhere most of the documents as minor mismatch in the documentation observed. The ORW and PE are maintaining daily diary or field level documents properly. Documents are also updated and verified in both program and finance part at regular basis.

II. Program Deliverables Outreach

1. Line listing of the HRG by category:

Evaluation team found that category wise line lists for each site/hotspot were available and regularly updated. Master register was properly maintained. Format-A was properly filled and master registration sheet completed and to be computerized. A total of 466 active MSM against the target of 400, and 166 active TG against the target of 150, were registered till the time of evaluation. Line lists were regularly updated.

2. Shadow Line list of HRGs by category

A total of 1 MSM and 4 TGs have been dropped out of main line list till the time of evaluation. It was reported that they were contacted with services and programme delivery at least once a month. Following table shows the details in respect of dropouts and non-budgeted HRGs.

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 reflected in Quality and documentation.

It was found that micro planning for each hotspot was in place and reflected appropriately in documentation (in Format B). Interaction with HRGs during hotspot visits and DIC meetings suggested that quality of micro planning in respect of programme and service delivery was good. Efficacy of micro planning was reflected in good knowledge and awareness about HIV/STI/Condoms related issues as well as in uptakes of services. Micro planning in place and the same is reflected in quality of field implementation and documentation. This segment need attention n on monthly planning and review meeting from management PD level so that project can function more properly. **The MSM segment related hotspot wise planning need bit attention.**

- Differentiated Service Delivery Planning was found in place and the same is reflected in documentation

Service delivery planning was in place and same was reflected in field and documented. Planning for service and actual work and documentation are matching with each other. However it is suggested to more work on service delivery as per planned activity

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

Regular contacts target population being contacts by PEER as per below

matrixCoverage: 1 January 2022 to 31 December 2022

<u>Typology</u>	<u>Contacts</u>	<u>Regular Contacts</u>	<u>Counseling</u>	<u>Found Positive</u>	<u>Linked to ART</u>	<u>DIC & Hot spot meeting attendance</u>	<u>Event Attendance</u>
MSM	466	461	1101	6	17	235/431	59
TG	166	166	557	3	10	97/152	44
Total	632	632	1658	9	27	332/583	103

- Outreach Planning – Peer Navigation

Peer navigation related to link with PLHIV being adhered as per guideline peer use to go with HRG to ART center to link him / her to have services ahead as needed it good practices being followed by TI team. **Follow up planning of Peer navigation and role of Peer navigator needs bit clarity.**

- Outreach Planning – Reaching out to HRGs who are uncovered/hard to reach/hidden population with services including CBS health Camp

CBS health camp is boon for TI program to boost the testing rate, referring to ICTC or FICTC is good .Therefore regarding testing CBS increased the testing capacity of project as assessed in district uncovered/hard to reach/hidden population with services including CBS health Camp strengthen testing rate.

- Outreach Planning – Increasing new and young HRGs registration through strengthened outreach approach model

It was found that few network operators were identified for reaching unreached HRGs. Project staff interacted with network operators in order to reach unreached HRG. Similarly, organization is also trying to reach HRGs (especially MSM) active on different social sites and through mobile

apps. It was reported that Blued and Grinder App were used to track and register HRGs active through virtual platforms.

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

Overall quality of planning of outreach was good. Entire intervention area was divided in 27 sites. Similarly, 8 hotspots were identified for programme delivery. Evaluation team observed that overall quality of outreach planning and its documentation was satisfactory. It was also noted that quality of planning was reflected in implementation, especially in respect of follow ups and prioritization.

12. PE: HRG ratio:

As per PSACS norms.

13. 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 assessment made by the evaluation team on the basis of examination of documents and verification of the information during field visits around 85% of the MSM and TG population were contacted with services at least 10 days a month. It was found that overall understanding of PE and project staff had good understanding of the importance of regular contact and programme delivery.

Typology	Contacts	Regular Contacts
MSM	466	461
TG	166	166

14. Documentation of the PE &ORW

Evaluation team examined the form B filled during the period and found that all the forms were appropriately maintained and filed in the office. A close examination of the form B suggested that overall documentation of the peer education was good during the period. **It was found that some of the TG PEs were unable to maintain the form B by themselves and were appropriately supported by respective ORW.**

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

Interaction with target communities during evaluation process suggested towards the fact that overall quality of peer education was good. Almost every HRG member contacted during the evaluation period shared that they never had sex without condom after they came in contact with peer educators and TI. It can be said that overall quality of peer education was good but **observation of the evaluation team is that in MSM segment new registered population are till date not aware about the risk and not using condoms and lubes during sex act which need immediate attention by the respective Pes and ORWs.**

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

The observation of the evaluation team is that supervision mechanism process is happening from the top to bottom of the project. The ownership of PD found at very satisfactory. Follow up and action taken evidence found during evaluation. Most of the documents related with this segment found with remarks and signature.

III.Services

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

Symptomatic treatment Provided by PPP Dr.Jagdish Goswami , MoU was proper done, network clinic form F properly being filled by staff during referral to PPP doctor as he is available for STI treatment to HRGs and Doctor provide extra services in the field and also support to health camp, Other needs of commodities are provided by TI to community regularly

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

The DIC is linked to project office; Office has separate room for counseling where privacy is maintained. Most of the clinical services and STI treatment is provided by STI clinic through PPP doctor though no STI kit/drug is available. Symptomatic treatment, privacy being maintain by Dr. Jagdish Goswami.

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.

N/A.

4. 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 centers.

As reviewed at the DIC and counseling room attached with the project offices had suitable syndrome management chart displayed, and prescription issued as per the treatment protocol guided. Medicines were given from district hospital too if required as said by STI counselor of Civil hospital. **Adhere to syndromic treatment protocol was maintained in most of the cases. Follow up of STI cases needs attention and documentation of the same to be updated.**

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.

Most of the forms and documents are updated and procurement system is also maintained as per norms. Verification of stock and details of

6. Availability of Condoms- Type of distribution channel, accessibility, adequacy etc. Condoms were distributed through free and **social medium. Social marketing of condoms was carried out by Pes through 11 condom outlets.** Almost all the HRGs contacted during field visits and at DIC were satisfied with the distribution of the condoms. It was found that condoms were available adequately to HRGs and they can easily access them at the time of need

7. Availability and accessibility of OST- Provision of OST through Govt. OST, Satellite OST, NGO etc. **N.A.**

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

Condom distribution is being done through field visit and condom outlet during contacts by Peercondom is provided to HRGs.

During time frame social condom distribution is done.

Condom demand and distribution

- MSM 121248 Distribution MSM 103786
- TG condom demand 57222 Distribution condom472244

- MSM lubes demand 12148 Lubes distribution 18076
- TG lubes demand 57222 TG lubes distribution 7165

9. No. of Needles / Syringes distributed through outreach / DIC.

N.A

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

Linkages with ART centre have been properly being adhered and through peer navigator PLHIV linked at ART center.

One TB cases found, STI clinic facility is there mostly HRGs are getting symptomatic treatment through PPP doctor at local level.

11. ~~Referrals and follows up~~

~~Evaluation team found that team has good referral and follow up related system in place. Cases were referred to ICTC, ART, and DOTs. Follow up of the cases in respect of STI management, partner treatment and ART was done appropriately. **One of the observation of the evaluation team is that**~~

IV. Community participation

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

It was found that organization has given attention on collectivization activities. Although organization has formed few committees for the implementation of the project, however, participation of the target community was nominal through these committees.

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

Community Participation of members was identified and reflected in their activities and documents it was found during field visit.

V. Linkages

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

Linkages are established and found satisfactory. The project has been able to develop good rapport with the various referral points. **Follow up of STI cases to be taken care.**

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

➤ ICTC referral and actual tested: referral MSM +TG 1191 Testing 1191

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

Stake holders met during field visit and was well aware about objective of TI project. Observation of the evaluation team is that advocacy meeting should be planned and to be properly documented. Follow up of the same is required. Stake holder analysis is required on

VI. Financial systems and procedures:

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

WE OBSERVED THAT BUDGET IS UNDER UTILIZED IN MANY HEADS. REST FOUND IN ORDER.

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

1. PFMS IS USED FOR ALL TRANSACTIONS.

2. PRACTICE OF PRINTED AND NUMBERED VOUCHERS IS FOLLOWED BY NGO AND SAME IS UP TO DATE AND ALL VOUCHERS FOLLOWING MAKER, CHECKER AND APPROVER CONCEPT I.E. VOUCHER MADE BY M&E, CHECKED BY PM AND APPROVED BY PD.

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

WE HAVE OBSERVED THAT WHILE THREE QUOTATIONS WERE INVITED AND PROCUREMENT IS DONE FROM LOWEST BIDDER.

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

BANK ACCOUNTS ARE MAINTAINED AND MONTHLY RECONCILIATIONS ARE CONDUCTED. NOTHING ADVERSE OBSERVED.

Other Points:

1. TDS IS NOT DEDUCTED ON DOCTOR PAYMENT.

VII. Competency of the project staff

VIII a. Project Manager

The PM is from the community and his educational qualification is good with in experience as per norm, and he has good managerial skill. On verification Quarterly and monthly plan in place, financial management, computerization and management of data is properly done, knowledge about TI programme on technicalities is limited.

VIII b. ANM/Counselor

The Counsellor is from the community pursuing BSW and she has able to show clarity on risk assessment and risk reduction, knowledge on basic counselling 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.

VIII c. ANM/Counselor in IDU TI

N.A.

VIII d. ORW

ORWs have basic knowledge on TI components they have about 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 found bit missing. **All the ORW are from the community**

VIII e. Peer educators

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

Evaluation team conducted separate FGDs with peer educators of different communities, i.e., FSWs and MSM, at DIC. It was found during the FGD that peers have good condom demonstration skills. Evaluation team felt that few peers required proper orientation regarding their roles and responsibilities in TIP. Prioritization of hotspots were done at certain level, however, it needed to be more effective. They have proper knowledge of STI and service facilities. It was found that peer educators were good in calculating condom demands.

VIII f. Peer educators in IDU TI
N.A.

VIII g. Peer Educators in Migrant Projects
N.A.

VIII h. Peer Educators in Truckers Project
N.A.

VIII i. M&E officer

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.

Gajjan Singh, B.Com., is working with the current targeted intervention since 25th September 2021 as M&E officer. He has good skills regarding data analysis. It was found that he had working knowledge regarding programme delivery and different components of TIP. Evaluation team found that he was good in accounts. It was observed that he was mainly involved in providing accounts related services. It was felt that he needs to enhance his understanding on programme related activities so that he could provide active support in effective programme delivery.

VIII. a. Outreach activity in Core TI project

PE has good relation and rapport with HRGs, PEs are fully aware about TIs intervention and it was observed that HRGs are very closely linked with PEs/ORW. Individual HRG tracking sheet is available and maintained during time frame

IX. b. Outreach activity in Truckers and Migrant Project
N/A

X. Services

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

RMC, Syphilis, HIV testing and STI services were given to registered HRGs through health camps and STI clinic established at TIP office. Interaction with HRGs, especially MSMs during hotspot visits suggested that many of them were not aware of the clinic and services. However almost all the participant of the FGDs conducted at hotspots were aware of health camps and the services provided through them. It was found that 100% of the HIV positive cases were also screened for TB.

Service provided by TI NGO is good only above few areas need to more improvement otherwise quality of services and service delivery to HRGs was good.

XI. Community involvement

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

Need to more work on community participation role of community in planning implementation advocacy and all are seems weak

Name of Committees	No. of HRG
Stake Holder	12
Crises	12
Advocacy	08
PMC	10
DIC	11

XII. Commodities

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

Mostly Free condom provided by TI and Condom distribution by ORW. Mostly demand comes from HRGs and peer provide condom to them. Volume identification of each HRGs has been done and accordingly requirement is assessed. Condom outlets are also functional.

XIII. 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.

It was observed during field visit and FGDs/one to one discussion. Every activity related to enabling environment was well planned and well documented. During the last one year crisis were reported and properly addressed.

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

It was found that project management is also involved in linking HRGs with social entitlements, i.e., Aadhaar, bank account, etc. However, linkages with welfare schemes of government were not very evident. Almost all the HRGs interacted during hotspot visits and at DIC meetings accepted that they were supported by TIP during COVID 19 lock down and supplied with 5 KGs of ration on monthly basis.

XV. Best Practices if any

- Social Scheme (ADHAR CARD, PAN CRAD, bANK ACCOUNT).
- TRANSGENDER COMMUNITY PROVIDES EDUCATION, SKILL development.
- FREE CONDOM PROVIDE FROM AHF (AIDS HEALTH FOUNDATION).
- SOCIAL MARKETING DISTRIBUTION CONDOM.
- SOCIAL MARKETING CONDOM IN HOTEL & SPA.
- MSM/TG TO ANOTHER TYPLOGY FSW PROVIDE HIV TESTING AS WELL ON ART LINKAGE.
- ALREADY TRANSGENDER COMMUNITY PHIV TO LFU MORE TIME AFTER LINK IN ON ART.
- TRANSGENDER SUPPORT FOR RESIDENT PROPERTY GIVEN.
- TRANSGENDER CARD PROVIDE (TG-27)
- NON CATCHMENT AREA AWERNESS HIV

TI EVALUATION

Evaluation Team & NGO

Name of Team Leader	Dr Bk Sharma
Name of Second Program Evaluator	Mr. Alok Mohan Agarwal
Name of Finance Evaluator	Mr. Gaurav Gupta-
Name of NGO	Mansa Foundation
Target Group	CC MSM 400 TG 150
Target	MSM 500 TG 150
District	AMRISTSAR
Date of Visit	8 TH 10 TH December 2023

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	18	54	43.2	47	37.6	87.0
Support Services	10	30	15	22	11	73.3
Total						83.5
overall grading(score) :- A 83.5 VERY GOOD RECOMMENDED FOR CONTINUATION						

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	14	100	QUALIFIED
Finance	12	11	92	QUALIFIED

Program Component	Strength	Weakness & Recommendation
ORGANISATION CAPACITY	<ul style="list-style-type: none"> ▪ Organization is working with MSM and TG population inspite of various social stigma. ▪ The organization is dedicated to provide the services with in limited resources. ▪ The organization have reached most of the indicators and reached given target.. 	<ul style="list-style-type: none"> • Management support to the program to be more intensified.

Program Component	Strength	Weakness & Recommendation
PROGRAMME DELIVERY	<ul style="list-style-type: none"> • Staff are from the community. • Good rapport with the community members. • Adhering most of the guidelines. Of OST and ART • Major indicators reached during given time line 	<ul style="list-style-type: none"> • Need to improvement of TB Screening. • The field movement needs to be planned as per the vulnerability priority of the HRG group. • Network clinic format to be filled up on reality which need attention. • Form C and D to be updated. • SOCH to be updated on regular basis. • Stake holder analysis should be done as per actual. • Commodity demand and supply analysis need to be done as per need of the community.

Major Observation

Program Component	Strength	Weakness & Recommendation
FINANCE	<ul style="list-style-type: none"><li data-bbox="498 386 1079 501">❑ PFMS is used in all transactions<li data-bbox="498 511 1079 753">❑ Bank accounts are maintained and monthly reconciliations are conducted<li data-bbox="498 763 1079 878">❑ Procurement is done from lowest bidder<li data-bbox="498 888 1079 1199">❑ Practice of printed and numbered is followed together with the maker, checker and approver concept	<ul style="list-style-type: none"><li data-bbox="1103 411 1875 525">❑ The Sanctioned Budget is under utilized in many heads<li data-bbox="1103 535 1875 635">❑ TDS is not deducted on Doctor's payment

Success Stories/Good Practices (If Any)

Social Scheme (ADHAR CARD, PAN CRAD, bank ACCOUNT).

☐ TRANSGENDER COMMUNITY PROVIDES EDUCATION, SKILL development.

☐ FREE CONDOM PROVIDE FROM AHF (AIDS HEALTH FOUNDATION).

☐ SOCIAL MARKETING DISTRIBUTION CONDOM.

☐ SOCIAL MARKETING CONDOM IN HOTEL & SPA.

☐ MSM/TG TO ANOTHER TYPLOGY FSW PROVIDE HIV TESTING AS WELL ON ART LINKAGE.

☐ ALREADY TRANSGENDER COMMUNITY PIHIV TO LFU MORE TIME AFTER LINK IN ON ART.

☐ TRANSGENDER SUPPORT FOR RESIDENT PROPERTY GIVEN.

☐ TRANSGENDER CARD PROVIDE (TG-27)

☐ NON CATCHMENT AREA AWERNESS HIV.