

# TI EVALUATION

# Evaluation Team & NGO

|   |  |
|---|--|
| <b>Name of Team Leader</b>              | Dr Bk Sharma                                       |
| <b>Name of Second Program Evaluator</b> | Mr. Alok Mohan Agarwal                             |
| <b>Name of Finance Evaluator</b>        | Mr. Gaurav Gupta-                                  |
| <b>Name of NGO</b>                      | NIPUN  |
| <b>Target Group</b>                     | FSW MSM CC TI                                      |
| <b>Target</b>                           | 446 FSW-MSM 284                                    |
| <b>District</b>                         | BATALA GURUDASPUR                                  |
| <b>Date of Visit</b>                    | 29 <sup>th</sup> Nov 1 <sup>ST</sup> 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                      | 20             | 10.0                     | 66.7                          |
| Total   |                            |               |                         |                |                          | 81.8                          |
| overall grading(score) :- A 81.8 VERY GOOD RECOMMENDED FOR CONTINUATION |                            |               |                         |                |                          |                               |

| Component             | Applicable Indicator | Score Obtained | % of Score | Qualify/Disqualify |
|-----------------------|----------------------|----------------|------------|--------------------|
| Organization Capacity | 14                   | 13             | 93%        | QUALIFIED          |
| Finance               | 12                   | 10             | 83%        | QUALIFIED          |

| <b>Program Component</b> | <b>Strength</b>   | <b>Weakness &amp; Recommendation</b>  |
|--------------------------|---|---|
| ORGANISATION CAPACITY    | <ul style="list-style-type: none"><li>■ The organization has provided good support to the project.</li><li>■ The management body is diversified.</li><li>■ Good staff retention..</li></ul> | <ul style="list-style-type: none"><li>■ Programmatic and financial approval system and regular monitoring need intensification from the management.</li></ul> |

| Program Component  | Strength   | Weakness & Recommendation   |
|--------------------|--|---|
| PROGRAMME DELIVERY | <ul style="list-style-type: none"> <li>• Technicalities of revamp taken care.</li> <li>• Good rapport with the community</li> <li>• Adhering most of the guidelines. And reporting formats</li> <li>• Most of the activates are done as per plan.</li> <li>• Major indicators reached</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Need to improve the documentation and reports.</b></li> <li>• <b>☒ PEs Should be under 30 years of age.</b></li> <li>• <b>☒ They should focus on young HRGs while registering.</b></li> <li>• <b>☒ Bio waste management need to improve as per norms,</b></li> <li>• <b>☒ Stakeholder analysis be improved.</b></li> <li>• <b>☒ ☒☒re staff should be in community.</b></li> </ul> |

## Major Observation

| Program Component | Strength  | Weakness & Recommendation   |
|-------------------|---|---|
| FINANCE           | <ul style="list-style-type: none"><li>■ PFMS is used in all transactions</li><li>■ Practice of printed and numbered is followed together with the maker, checker and approver concept</li><li>■ On verification stock register is found reconciled with the physical quantity available</li><li>■ Salary deductions in case of NGO is good practice and establish genuineness of record</li></ul> | <ul style="list-style-type: none"><li>■ TA Claims is not in line with the attendance registers and other indicators</li><li>■ GST Component is not considered during awarding the contract of lubricating substance</li><li>■ Attendance Registers is not in line with the review meeting</li></ul> |

# Success Stories/Good Practices (If Any)

- 1. SELF HELP GROUP for the FSW community.**
- 3. Ration distribution to community.**
- 4. Ration Cards.**
- 5. Aadhar Cards.**
- 6. Labour Cards of the MSM Typology..**
- 7. Blood Donations Camp by the TI. Opened the Jhandhan Yojana accounts**

## 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<br>Mob-9076928944                       |
| Mr. Alok Mohan Agarwal- Team member   | 729/129 Second Floor maidan gali Delhi-110068<br>Mob- 8130960475 |
| Mr.Gaurav Gupta- CA Finance Evaluator | C12C Second Floor Uttamnagar New Dehli 110059<br>Mob- 9711077487 |

|   |                                 |
|---|---------------------------------|
| <b>Name of the NGO:</b>                               | NIPUN                           |
| <b>Typology of the target population:</b>             | CC TI (FSW-MSM)                 |
| <b>Total population being covered against target:</b> | 446 FSW-MSM 284                 |
| <b>Dates of Visit:</b>                                | 29, 30 Nov 2023 and 01 Dec 2023 |
| <b>Place of Visit:</b>                                | Batala (Gurdaspur)              |

#### **Overall Rating based programme delivery score:**

| Total Score Obtained (in %) | Category | Rating    | Recommendations              |
|-----------------------------|----------|-----------|------------------------------|
| 81.8%                       | A        | VERY GOOD | Recommended for continuation |

#### **Specific Recommendations:**

- Need to improve the documentation and reports.
- PEs Should be under 30 years of age.
- They should focus on young HRGs while registering.
- Bio waste management need to improve as per norms,
- Stakeholder analysis be improved.
- More staff should be in 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                      | NIPUN                           |
| Target Group                     | FSW \ MSM                       |
| Target                           | 400\250                         |
| District                         | BATALA (GURDASPUR)              |
| Date of Visit                    | 29, 30 Nov 2023 and 01 Dec 2023 |

Introduction

**Background of Project and Organization:-**

**OBJECTIVE:**

*To create a sense of unity equality and fraternity in society while providing equal opportunities/equal rights and other benefits to the people disadvantage to enhance equality of life of the poor and the vulnerable.*

**ORGANIZATION PROFILE:**

*“NIPUN” - a Hindi word, meaning ‘one who is skilled’ - is a Non Government Organization founded primarily to enhance quality of life of the poor and the vulnerable, by a group of socially conscious development workers in 2005. Children and youth are its target group, with physically and mentally challenged children and adults forming a priority category. Pre, Non-formal and Remedial Schools, Community Health Programmes, HIV/AIDS and Promotion of Self-Help Groups forms its major strategies.*

*NIPUN has made a modest beginning with community organization, enhancing skills of children and youth and educational activities in the slum areas in Delhi, Noida, Greater Noida and Punjab. The approach of the organization is to organise and sensitize members of the community about their developmental needs and initiate them to address those needs, develop their capacities, utilize local wisdom, encourage community participation, apportion and delegate responsibilities, develop linkages, maintain follow up and feedback, with emphasis on treating family as the basic unit for development.*

**Vision**

“A literate, healthy and self-reliant Community”

**Mission**

\*Identify and work with socially and economically backward people, especially girls and differently-abled;

\*Enhance people’s skills, especially of the youth;

\*Promote community self-reliance through community participation

**Health** – NIPUN is providing health services to the underprivileged children, youth and community people. The objectives of our Health programmes are to provide accessible and affordable health care to the children attending remedial, pre-school and non formal education centres of NIPUN, through routine health check-ups and special health camps, to increase the level of knowledge, attitude and skills of the mothers of the target children for reproductive and child health, communicable diseases, RTI/STI/HIV/AIDS, breast cancer, nutrition and other major infections and diseases, to develop a proper health seeking behavior among people from the target locations through behavior change communication programme and to strengthen the existing health care system in the target communities through linkages with government hospitals and dispensaries through organizing series of community awareness programmes, providing trainings to staff on health issues, organizing regular and special (specific issues like, eye, dental, skin, etc) health checkup camps in the community, life skill trainings for adolescent children, cleanliness drives, rallies, etc. NIPUN is also providing weekly eye screening programme for the elderly person with the support of Dr. R.P.Center, AIIMS.

**HIV/AIDS** – With the support of Delhi State AIDS Control Society and NACO, NIPUN is running a Targeted Intervention project for Transgender community at Kapashera and its adjoining area in South West Dist of Delhi and in Batala at Gurdaspur, Punjab with the support of PSACS. Our TI project provides regular services like providing condoms, lubes, linking with services such as HIV testing at ICTCs, linkages with TB programme, ART programme and other social activity programmes. Health Camp based approach and project based clinics is being organized for providing STI services to the HRGs. Behavior change program is also being conducted by understanding and assessment of individuals and group practices, which may possess risk to HIV infection. One to one sessions and group discussions are also conducted by the Outreach workers and Peer Educators for awareness generations.

- o Name of the organization: NIPUN
- o Address of the Organization: - Top floor, Guru Lal ji market, near Bus stand, Batala ( Gurdaspur)
- o Chief Functionary: Mr Pradeep Kumar
- o Year of establishment: 2005
- o Year and month of project initiation: 1<sup>st</sup> February, 2019
- o Evaluation team

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

- o Time frame: 29, 30 Nov 2023 and 01 Dec 2023

#### Profile of TI

(Information to be captured)

- o Target Population Profile: FSW-4000, MSM-250 TOTAL- 650
- o Type of Project: CC TI
- o Size of Target Group(s) - 650
- o Sub-Groups and their Size:

| <b>FSW</b>         | <b>No. of Ever Regd.</b> | <b>Active Population</b> |
|--------------------|--------------------------|--------------------------|
| HOME BASED         | 261                      | 446                      |
| AADA BASED         | 203                      |                          |
| HOTEL BASED        | 68                       |                          |
| <b>Sub Total</b>   | <b>532</b>               |                          |
| MSM                |                          | 284                      |
| KOTHI              | 198                      |                          |
| PANTHI             | 60                       |                          |
| TG                 | 32                       |                          |
| DD                 | 59                       |                          |
| <b>Sub Total</b>   | <b>349</b>               |                          |
| <b>GRAND TOTAL</b> | <b>881</b>               | 730                      |

- Target Area: District: BATALA (GURDASPUR)
- Total No. of Site- 27
- Total No. of Hot-spot- 8

| Typology | Name of Site | Name of Hotspot | No. of HRG |
|----------|--------------|-----------------|------------|
| FSW      | 12           | 4               | 532        |
| MSM      | 15           | 4               | 349        |

#### 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.

The organization has provided good support to the project. PD and other GB members have taken initiatives to lead the project activities. Monthly review meetings were conducted and attended by the project director. In Covid 19 situation, the organization has provided support to target population. Regular monitoring and hand holding support from the GB members were observed. Due to prior schedule and occupation we could not meet with stake holders members to know there support to the organization.

#### 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, Counselor and 3 ORWs were continuing the job for over last two years. One ORW left the job during contract periods with different reasons. 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 stat 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:

| Sl. | Name of Assets | Quantity. |
|-----|----------------|-----------|
| 1   | Computer       | 1         |
| 2   | UPS            | 1         |
| 3   | Printer        | 1         |
| 4   | Almirah        | 1         |
| 5   | Television     | 1         |

|   |    |                 |    |
|---|----|-----------------|----|
| D | 6  | TV- Stand       | 1  |
| s | 7  | Ice Box         | 1  |
| e | 8  | Dust-Bin        | 8  |
| u | 9  | Chairs          | 12 |
| s | 10 | Refrigerator    | 1  |
| s | 11 | Revolving chair | 1  |

with the office bearers suggested that NGO did not own any building or significant infrastructural assets. However, TI has appropriate infrastructure as per the needs of project related activity. Project office, reportedly a rented building, has all the amenities required for office work. Evaluation team noted that office has good supply of running water in two toilets. It was also found that TIP office has good supply of potable water (RO). Electricity, fans, furniture were appropriately available in project office. Apart from this office also has internet facilities, computers and other equipment for running the professional activities under TIP. It was noted that head office of the organization was located in front of the TIP office and therefore facilities such as fast internet, computers and other required equipment were provided to TIP.

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 NGO observed maintaining the SACS provided updated HRG registration form-(A) (Registration Form), Format (B) Peer Educators - Individual MSM Tracking Sheet has been updated. Form -(C) Monthly Tracking sheet summary for Peer Educators C1 monthly ORW sheet, Form (D)- ORW weekly Working sheet. All needed documents are available and timely reporting as norms

Drop out register of HRGs mismatched with form B, it was observed that drop out HRGs are also getting services consistently as per cross match with form B, while drop out are those HRGs who have not taken any of services by TI NGO for six month, though they are providing services to HRGs by being drop out continue.

## 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 446 active FSWs against the target of 400, and 284 active MSM against the target of 250, 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 3 FSWs 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.
6. 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

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

Regular contacts target population being contacts by PEER as per below matrix

Coverage: 1 January 2022 to 31 December 2022

| <b>Typology</b> | <b>Contacts</b> | <b>Regular Contacts</b> | <b>Counseling</b> | <b>Found Positive</b> | <b>Linked to ART</b> | <b>DIC &amp; Hot spot meeting attendance</b> | <b>Event Attendance</b> |
|-----------------|-----------------|-------------------------|-------------------|-----------------------|----------------------|--|-------------------------|
| <b>FSW</b>      | <b>5037</b>     | <b>4972</b>             | <b>632</b>        | <b>3</b>              | <b>3</b>             | <b>515</b>                                   | <b>17</b>               |
| <b>MSM</b>      | <b>3195</b>     | <b>3158</b>             | <b>841</b>        | <b>4</b>              | <b>4</b>             | <b>496</b>                                   | <b>32</b>               |
| <b>Total</b>    | <b>8232</b>     | <b>8130</b>             | <b>1473</b>       | <b>7</b>              | <b>7</b>             | <b>1011</b>                                  | <b>49</b>               |

8. 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.

9. 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 Batala Gurudaspur district uncovered/hard to reach/hidden population with services including CBS

health Camp strengthen testing rate.

10. 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. Reportedly, 22 MSM was registered by these apps and site, so far.

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:

Total Four ORWs and Seven peer educators were appointed for programme delivery and peer education to 730 active populations. It was found that PE: HRG was slightly higher than prescribed ratio as per guidelines. PE: HRG ratio in respect of FSWs was (4PEs and 446 active) 1: 112 and in MSM (3 PEs and 284) was 1: 94 as compared to the recommended ratio of 1:60 according to guideline. It can be seen that PE: HRG ration in respect of MSM was slightly higher than the recommended ratio.

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 FSWs and MSM population were contacted with services at least 8 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 | <u>Contacts</u> | <u>Regular Contacts</u> |
|----------|-----------------|-------------------------|
| FSW      | 5037            | 4972                    |
| MSM      | 3195            | 3158                    |

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 TIP 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 few 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. An overwhelming majority of HRGs were able to explain the route of transmission of HIV and also about STIs and various issues associated with condoms. 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 and it was appropriately reflected in skills and community.

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

It was found that supportive supervision of peer education was effective. All Four ORWs have extensive experience of working with HIV related issues and they have been trained by PSACS. It was also found that they visit field at least 3-4 days a week and supervise the peer education effectively. Examination of documents and interaction with HRGs during the DIC meetings and hotspot visits suggested that ORW conduct weekly hotspot meetings on regular basis and discuss key issues on the field. Examination of peer diaries and other forms suggested that follow-up actions in respect of IPC sessions, condom distribution, RMC, HIV testing and STI management were taken as per needs.

**III. Services**

1. Availability of STI services – mode of delivery, adequacy to the needs of the community. Symptomatic treatment Provided by PPP Dr. Samrrat Deep Singh Randhwa , 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. Samrrat Singh Randhwa.

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. Drugs were given from district hospital too if required as said by STI counselor of Civil hospital Batala.



|              |             |             |             |             |             |           |            |           |
|--------------|-------------|-------------|-------------|-------------|-------------|-----------|------------|-----------|
| <b>FSW</b>   | <b>887</b>  | <b>720</b>  | <b>616</b>  | <b>1784</b> | <b>1634</b> | <b>20</b> | <b>67</b>  | <b>11</b> |
| <b>MSM</b>   | <b>557</b>  | <b>517</b>  | <b>494</b>  | <b>1136</b> | <b>1050</b> | <b>11</b> | <b>41</b>  | <b>8</b>  |
| <b>Total</b> | <b>1444</b> | <b>1237</b> | <b>1110</b> | <b>2920</b> | <b>2684</b> | <b>31</b> | <b>108</b> | <b>19</b> |

#### 11. Referrals and follows up

Evaluation team found that TIP 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.

#### 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 not given appropriate attention on collectivization activities. evidence has been found in respect of formation of SGHs. 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.

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

| <b>Typology</b> | <b>Referral for HIV Testing</b> | <b>Actual HIV Testing</b> |
|-----------------|---------------------------------|---------------------------|
| <b>FSW</b>      | <b>887</b>                      | <b>720</b>                |
| <b>MSM</b>      | <b>557</b>                      | <b>517</b>                |

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

Stakeholders met during field visit and was well aware about objective of TI project.

#### VI. Financial systems and procedures:

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

1. 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. WE HAVE VERIFIED THE STOCK REGISTER WITH THE SAME AND SAME IS RECONCILED WITH PHYSICAL QUANTITY AVAILABLE.
  4. WE OBSERVED 2-3 TA CLAIMS (NEGLIGIBLE) IS NOT IN LINE WITH ATTENDANCE REGISTERS AND OTHER INDICATORS.
  5. RENT IS INCREASED WITH BUDGET SIGNIFICANTLY FOR SAME PREMISES. WE RECOMMEND TO NGO FOR NEGOTIATION WITH LANDLORD FOR MORE FACILITIES IN THE OFFICE CUM DIC. AND REVISED AGREEMENT OF RENT IS ALSO MADE WITHOUT STAMP PAPER.
2. 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 BUT GST COMPONENT IS NOT CONSIDERED DURING AWARDED THE CONTRACT OF LUBRICATING SUBSTANCE. WE HAVE VERIFIED THE STOCK REGISTER WITH THE SAME AND SAME IS RECONCILED WITH PHYSICAL QUANTITY AVAILABLE.*

3. 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 NOT DEDUCTED ON DOCTOR PAYMENT.
2. EXPENSE OF DISPOSAL OF BIO MEDICAL WASTE IS NOT DONE DUE TO NON AVAILABILITY.
3. WE OBSERVED SIGNIFICANT UNSPENT BUDGET ON ORW AND DOCTOR I.E. INR37393 AND INR 46125.
4. WE OBSERVED THAT THE ATTENDANCE REGISTER IS NOT IN LINE WITH REVIEW MEETING. IN ONE INSTANCE SIGN ON REVIEW MEETING IS DONE BY ABSENT EMPLOYEE.

5. WE OBSERVED SALARY DEDUCTION IN CASE OF LEAVE BY NGO SHOWS GOOD PRACTICE AND ESTABLISH GENUINE NESS OF RECORD.

**VII. Competency of the project staff**

VIII a. Project Manager

Currently Ms. Amandeep Kaur is working as project manager since 13 July 2020. She is MSW and has working knowledge and skills in respect of project management of TIP. It was felt by evaluation team that PM has needed to be trained appropriately at PSACS level. Evaluation team also noted that she is committed to TIP and provide appropriate support to staff members and PEs.

VIII b. ANM/Counselor

Ms. Daljit Kaur is currently working as counselor since 25<sup>th</sup> February 2019 and has 4 years working experience in TIP (Two year as counselor).She has good grasp of information about AIDS/STI and targeted intervention. It was found that he keeps his documents updated and also supports other staff members in documentation at appropriate levels under TIP. It was also found that She was committed towards the goals and objective of the TIP and has good rapport with the HRGs. Evaluation team felt that counselor needs to update his knowledge regarding TIP. It is recommended that his formal training over counseling needs to be done.

VIII c. ANM/Counselor in IDU TI

**N.A.**

VIII d. ORW

TI has 4 ORWs to cover project area, 2 ORW for MSM and 2 ORW for FSW. ORWs were found to have adequate knowledge about programme but they are facing problem to contact HRGs. ORWs needs to focus on their work and need capacity building.

|               |        |                       |
|---------------|--------|-----------------------|
| Meenu Bala    | O.R.W  | 12 <sup>th</sup> Pass |
| Asha rani     | O.R.W  | 12 <sup>th</sup> Pass |
| Harjeet Kumar | O.R.W  | Graduation            |
| Sandeep       | O.R.W. | 12 <sup>th</sup> Pass |

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 25<sup>th</sup> 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 TI's 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

| <b>Typology</b> | <b>Active Population</b> |
|-----------------|--------------------------|
| <b>FSW</b>      | <b>44</b><br><b>6</b>    |
| <b>MSM</b>      | <b>28</b><br><b>4</b>    |

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 FSWs 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

| <b>Name of Committees</b> | <b>No. of HRG</b> |
|---------------------------|-------------------|
| 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.

## 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

1. WE OBSERVED SALARY DEDUCTION IN CASE OF LEAVE BY NGO SHOWS GOOD PRACTICE AND ESTABLISH GENUINE NESS OF RECORD.
2. SELF HELP GROUP f or the FSW community.
3. Ration distribution to community.
4. Ration Cards.

5. Aadhar Cards.
6. Labour Cards of the MSM Typology..
7. Blood Donations Camp by the TI. Opened the Jhan-Dhan Yojana accountsWe celebrate Lohri, Diwali, Independence Day, World Aids day, Rakhi, Tej Festival, with our community.
8. We also celebrate the holy occasion Baisakhi. ALSO CELEBETAE ABOUT BAISAKHI.
9. Christmas celebration by the TI with HRG's.
10. During the SOA camp we also conduct a special counseling session for the general public. During this session we counseled more than 200 people and aware then about the HIV/AIDS, while we motivate them to know their HIV status.
11. The TI management introduces Google Attendance of all the staffs on daily basis by through the management ensure the proper tracking of all the staff during working hour.