

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	RP Education Society
Target Group	Migrant
Target	10000
District	AMRISTSAR
Date of Visit	11 TH 13 TH December 2023

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	16	48	38.4	38	30.4	79.2
Support Services	7	21	10.5	18	9	85.7
Total						80.6

overall grading(score) :- A 80.6 VERY GOOD RECOMMENDED FOR CONTINUATION

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	10	10	100	QUALIFIED
Finance	12	11	91.7%	QUALIFIED

Program Component	Strength	Weakness & Recommendation
ORGANISATION CAPACITY	<ul style="list-style-type: none">■ Organization is working on different development sector.■ The management body is diversified■ The community need taken care by the management body.	<ul style="list-style-type: none">■ Approval system and regular monitoring needs to be improved by PD and compliance of the same to be taken care.

Program Component	Strength	Weakness & Recommendation
PROGRAMME DELIVERY	<ul style="list-style-type: none"> • Committed staff. • Good rapport with the community • Adhering most of the guidelines. • Most of the activates are done as per plan. • Major indicators reached 	<ul style="list-style-type: none"> • Regular update of Migrant register.. • Periodic seasonal mapping for proper intervention. • Intensification of STI patients in health camps. • Follow up of STI cases. • Regular practice of stake holder analysis. • Proper monitoring of NT outlets towards social marketing of condoms. • Identification of sexual network in peripheral areas.

Major Observation

Program Component	Strength	Weakness & Recommendation
FINANCE	<ul style="list-style-type: none">■ PFMS is used in all transactions■ Procurement is done from lowest bidder■ Bank accounts are maintained and monthly reconciliations are conducted	<ul style="list-style-type: none">■ The Sanctioned Budget is under utilized in many heads■ TDS is not deducted on doctor's payment

Success Stories/Good Practices (If Any)

- 1. ART Medicine provided to 6 PLHIV Patient two times (April /may/June) at their doorstep .**
- 2. 4350 masks distributed to migrants in year .**
- 3. Milk packets provided to 12 PLHIV Patient on daily basis.**
- 4. 166 Ration Kits Distributed to PLHIV Patient and Migrants.**
- 5. Our NGO provided 1250 General Medicines to Needy Person during this reporting year.**
- 6. Ayushman card -55 were made.**
- 7. Virtual Training on Soch App.**

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

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

Background of Project

GOAL

To prevent new infection amongst identified migrant population in Amritsar through targeted intervention and provide necessary linkages with care & support services to those who are found HIV positive.

OBJECTIVES

The National AIDS Control Programme has the goal of halting and reversing the HIV epidemic in India by integrating programmes for prevention, care and support and treatment. This will be achieved through an out-pronged strategy:

- Prevention of infections through saturation of coverage of high-risk groups with targeted interventions (TIs) and scaled up interventions in the general population;
- Provision of greater care, support and treatment to larger number of people living with HIV/AIDS (PLHA);
- Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at district, state and national levels; and strengthening the nationwide Strategic Information Management System.

The specific objective is to reduce the rate of incidence by 60 per cent in the first year of the programme in high prevalence states to obtain the reversal of the epidemic, and by 40 percent in the vulnerable states to stabilize the epidemic.

3. BACKGROUND

Punjab is a low prevalence State with adult prevalence of 0.11% (HSS 2017). Estimated cases in PLHIV in Punjab is 36794 against which around 66,000 PLHIVs have been identified in the State. Out of identified PLHIV, 53772 have been registered with ART services and 41262 have been put on ART.

Amritsar, the second most populous district in the state, is one of the border districts. It forms part of tract known as the Bari Doab or the territory lying between River Ravi and Beas. Its western side adjoins Pakistan, partly separated by the river Ravi. The north-eastern side is bounded by Gurdaspur district in south Tran Taran and towards its southeast across the river Beas lie Kapurthala and Ferozpur districts.

ORGANIZATION PROFILE:

Name of the Organization : **R.P. Education Society TI Migrants & Truckers**
Registration Number : **193 Date. 22.11.2007**
FCRA No` : **No**
80 G No : **677831730170622**
12 AA Number : **AABAR2725FE20221**
Registered Address : **V.P.O: Madina Gindhran, Pana Pahal, Distt. Rohtak-124111**

Head Office Address : **First Floor, Sleepwell Collection, Near Sheela Bypass, Delhi Road**

Rohtak-124001 (Haryana)

TI Address : Gali no.7,Dashmesh Avenue,near Tara wala pull.
TI Office Contact Number : 0183-2912203
Organization Email ID : rpeducationsociety@gmail.com
TI official Email ID : rpes.ti.psacs@gmail.com
Name of Project Director : Shri Bhagwan Pahal
What is the Designation of PD in the Organization: Head Admin
Name of Signatories and Designation in Organization: Jai Bhagwan (President)
Naresh Kumar Treasurer
Is PD Signatory: - Yes/No (If NO Why) : No (As per Decided of the Governing board)

Profile of TI

- Target : 10000
- Name of Location of TI : Gali no.7, Dashmesh Avenue,near Tara wala pull
- Name of Major Sites Covered : Focal Point 1, Focal Point 2,East Mohan nagar,Vallah Mandi
- Name of District : Amritsar
- Name of Block : Verka

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 organization support to the programme is appreciable and the team found the Project Director well involved with the team and the project.

The chief office bearers and the general members have given the secretary the responsibility to act as PD who has taken the responsibility well. The evaluation team is highly satisfied with the service rendered by the office bearers and team members during Covid to the migrant community in a holistic manner.

II. Organizational Capacity

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

The organization support to the programme is appreciable and the team found the secretary and the treasurer to be well involved with the team and the project.

The chief office bearers and the general members have given the secretary the responsibility to act as PD who has taken the responsibility well .The key office bearers were represented by the Secretary of the organization. It was found that the project director mark his presence in most of the review meetings being conducted as all review meeting bear his stamp and signature.

Staff profile and PL profile:

Name of Staff	Designation	Qualification	Joining date
Programme Manager	Mrs. Balwinder Kaur	Graduate	16.02.2019

M & EA	Mrs. Sharanjeet Kaur	Post Graduation	01.08.2023
Counsellor	Mrs.Neha Sharma	Post Graduate	01.10.2019
Counsellor	Miss Rupinder Kaur	Post Graduate	11.07.2023
Outreach Worker	Parveen	12 th	09.02.2019
Outreach Worker	Pooja Rani	12 th	12.01.2020
Outreach Worker	Charanjit Singh	12 th	09.06.2023
Outreach Worker	Gurjit singh	Post Graduate	01.07.2023
Outreach Worker	Sukhdev Singh	12 th	19.07.2023
Outreach Worker	Amrit Singh	12 th	04.08.2023

- **Staff and PL turn over in last one year: 0 Turn over.**
- TI Project staff patterns :
- **Project Manager: 01**
- **ANM/Counsellor: 02**
- **ORW: 06**
- **Peer Educator: 14**
- **M&E Officer: 01**
- **Capacity building:**

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

- **Staff capacity has been built by the organization.**
- **Staffs (Counselor, ORW and PEs) got refresher training from PSACS.**
- **Basic level understanding seems to be good among the PLs.**
- **Thematic trainings are suggested for both staff and PLs to name a few would be: risk and vulnerability, sex and sexuality, technical documentation, micro planning, Advocacy from concept, planning to implementation.**

3. Infrastructure of the organization:

The TI have enough infrastructure to run the migrant project as they have below mentioned assets on verification they are found codified and

Sl. no	Name of Assets	Quantity.
1	Computer	01
2	UPS	01
3	Printer	01
4	Almirah	01
5	Television	0
6	TV- Stand	0
7	Ice Box	01
8	Dust-Bin	03
9	Chairs	10

10	Refrigerator	01
11	Revolving chair	0

- The project office of the TI is in office TI which houses a DIC also.
 - Office furniture and computer available in the project office requirement of the same has been fulfilled by the organization according to NACO – SACS norms/needs.
 - The other DIC/information centre are set up in shared room of the Industrial fields which are often used for conducting meetings, health camps and counseling.
4. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.
- Team’s approach towards documentation is encouraging the evaluation team has found huge improvement in the area of documentation dissemination.
 - Review meetings are conducted to discuss the achievement of the targets set in indicators. The documentation and reporting system has been properly monitored.
 - Most PLs are known to be illiterate so the organization should develop pictorial outreach and micro-plans for their convenience and P.SACS also needs to support through colloquial IEC materials.

III. Program Deliverable

1. Line listing of the HRG by

Typology	Coverage Target	Achievements	Counseling	Awareness Session	Coverage	DIC & Hot spot meeting attendance	Congregation Event
Migrants	40000	41194	3059	2765	38032	417	08
Total	40000	41194	3059	2765	38032	417	

2. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.:

DIC	Counseling	Clinic
374	3059	5014

3. Registration of truckers from 2 service sources i.e. STI clinics and counseling.:
NA.
4. Micro planning in place and the same is translated in field and documented.
Micro-planning in place and it reflects in quality and documentation but the same require improvement and to be reviewed after a given period.
5. Differentiated Service Delivery planning in place and the same is reflected in documentation.
NA
6. Coverage of target population (sub-group wise): Target / regular contacts only in core group:
NA
7. Outreach planning – Secondary distribution of Needles and Syringes
NA
8. Outreach planning – Peer Navigation

- NA
9. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.
NA
10. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model
NA
11. Outreach planning – quality, documentation and reflection in implementation
Outreach planning done .Outreach requires mapping out key hot spots especially in destination areas – the places where the migrants congregate and accessible for meaningful group sessions was done. The outreach needs to identify local sex networks and mobility. BCC information required to be made available through standard activities such as one to one, one to groups, PE education, mid media campaign, information booth at the contractor’s office or in the DIC etc.
12. PE: HRG ratio, PE: migrants/truckers ratio.
As per norms
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.
NA
14. Documentation of the PEs & ORWs:
The PLs mostly remember the numbers of commodity distributed and name of the HRGs met which is shared to their respective ORW in charge. ORWs help PLs to complete their documentation.
15. Quality of peer education- messages, skills and reflection in the community
Presently 10 PL are working in the project. The PLs are a group of illiterate or semi-literate people who require ORWs help to do the documentation. Most of the community members are satisfied by the services provided by the PLs. Most of the PLs are from the destination and a few among them represent the migrant community of source.
16. Supervision- mechanism, process, follow-up in action taken, etc.
Supervision is done at two levels first at ORW level and second at PM level. The PD makes few field visits and approves bills and signs in required documents thus the evaluation team needs more attention about her role in program monitoring and supervision. Proper documentation for this process needs to be regularly reviewed by the project.

IV.Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community.
- | Name of the doctor | Qualification |
|-----------------------------|---------------|
| Dr.Guru Charan Singh | MBBS |
2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.
The STI services are provided through health camps and the which is assessable by the community. STI drugs were made available to the community. Medicine stock is distributed from health camp. It was understood that the clinic service address general health issues focusing more on sexual health.
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.
TI has not use revolving fund from 1st April 16 to till date, because STI drugs are supplied by Rocca Peri were to TI. STI Patients are referred to Govt. STI clinic where they get the STI

Medicine. Since the STI medicines are supplied by MPSACS to the STI Clinic to the directly. Hence there is no need to purchase the STI medicine by the TI
 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.

It was understood that the treatment is done adhering to syndromic treatment protocol. The doctors also offer treatment for general health issues also. There are referrals to ICTC and STD clinic in Govt. set up for RPR and HIV testing and the project refer to the ICTC as well. And they have referred all HIV positive clients to the ART centre and adherence was evident while visiting the ART center. Medicines are distributed from clinic. The ORW and Peer Leaders needs capacity to provide counselling related to management and prevention of STIs.

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.

Documents are maintained as per NACO- SACS guidelines, lack of understanding for the same is found with the project staff. Referral slips are found to be properly filled up. Condom stock register were available at the NGO office.

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

6. COMMODITIES DISTRIBUTION:

Typology	Condom Outlets	Condoms Sale	Social Condom Distributed
Migrants	39	46560	46350
Total	39	46560	46350

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

NA

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

46350 through 39 outlets.

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

NA

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

11.

Typology	Contact s	Counselin g	Found Positive	Linked to ART	DIC & Hot spot meeting attendance	Event Attendanc e
MIGRANT	41194	3059	08	07	374	8
Total	41194	3059	08	07	374	8

- **Number of Migrant found STI :- 91**
- **Number of STI cases followed up:- 91**

- **Number of PLHIV identified and presently on board: - 08**
- **Number of PLHIV on ART: - 07 (01 is Drop out)**

12. Referrals and follow up.

As the project has strong linkages with the govt. health systems referrals have been a real issue with this project. Improvement on the follow up part of the STI care component of the project, but follow-up of clients for the service is evidently good. Referral system required to be strengthened between the source and destination

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents
Documents reflect the participation of the community members in events organized by the project team. It was understood that the HRGs avail the DIC service.

VI. Linkages

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

Linkages with local Factory Owner, Factory Manager, Mandi Pradhan & Trade union associations, community leaders and other key stakeholders was made towards providing useful information and access to these migrants groups which facilitate easier access. Awareness generated on various schemes available with the government that the migrant can access. The project team has good links with ICTC and consistently has been referring HRGs they have also organized camp ICTC services at DIC level.

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

1% gap identified as the TI team reached most of the population through ICTC service and CBS camp.

3. Support system developed with various stakeholders and involvement of various stakeholders in the project.
Support system has been developed stakeholders, who at a very important has established vital linkages with them. Which are vital for successful implementation of the Project.

I. 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.

II. 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.

- **He has got good understanding on the indicators of the TI components.**
- **He has knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.**

b) ANM/Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages, clarity on risk assessment and risk reduction, symptoms of STIs, maintenance and updating of data and registers etc.

- **He has got under standing about the basics of counseling.**
- **His understanding about the basics of HIV/AIDs and STI needs attention.**
- **STI counseling requires to be geared up and should be mandatorily done with the high risk individuals and ensure that has been covered with STI services.**

c) ANM/Counselor in IDU TI

In addition to the other requirements of a counselor as mentioned above the ANM/counselor of IDU TI needs working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. For ANM, adequate abscess management skills will also be evaluated.

N/A

d) 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 program including TI revamping strategies, etc.

- **The ORWs clarity about risk assessment is good.**
- **They have got substantial knowledge on various targets, outreach plan, STI symptoms, importance of health camps and mid media activities.**
- **ORWs are aware and confident about field level situation which is a great sign.**

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.

N/A

f) Navigator

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

g) Peer Educators in IDU TI

Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities, etc.

NA.

h) Peer Leaders in Migrant Projects

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about

symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

- **The PL has basic knowledge but concept clarity requires more intensification.**
- **Documentation part needs to be more improved.**
- **Group session needs to be on different issues.**

i) Peer Educators in Truckers Project

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

j) M&E cum Accounts Assistant

Whether the M&E cum Accounts Assistant is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI SIMS reports.

III. 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.

N/A

IV. 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.

Outreach plan was developed and done by the ORW. Most of the field was reached by the team with all the requisite services. Stake holders are aware of the outreach sessions and it was observed that sessions were held in convenient time of the target community.

V. Services

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

VI. 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.

Community involvement limited to service provision and community events at project level only. The TI team needs to ensure participation of the community in the IEC development and other field level issues

VII. Commodities

The TI has got functional condom outlets which are non-traditional.

VIII. 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.

Conceptual clarity for advocacy component needs to be imbibed in the project team as well as organizational management. Linkages and networking with the Govt. facilities and other organizations are evidently there but the same require enhancement as their participation needs to be more proactive

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

X. Details of Best Practices if any

XI. BEST PRACTICES

XII. Our success story is that we succeed in our innovative events. Our events have helped us in enabling environment and community mobilization. It is helping us to interact with HRGs openly. As we are organizing these events; people from target population are coming to our Field office or DIC to get these facilities. It is customizing our outreaches and making them strong that are the base of our project. Peoples are coming to know about our TI-NGO programme and its aim to help them in spreading awareness about HIV/STI infections. So it helped us to tell the target population that we are basically working for their awareness and indirectly to make them enable to get their entitlements of welfare by govt. machinery. Also we succeeded in proper advocacy with our stakeholders to help and to provide our best in serving our target population. Our TI also went to Different fields and tested people by going Different locations with the help of janjagrukta van.

We are getting the data of condom demand and the estimated sexual activities of the target population. It helps us to know the HIV risk among them as well as to prevent the HIV/STI infections by distributing condoms to them . Through Awareness Activities we succeed in enabling environment for our HRGs. It helped us to make the community understand about our aim and to mobilize the community from risk behavior to safe behavior. Through these activities our HRGs become familiar with us and it is helping us to have a hold in the community. We have organized regular awareness camps with Coordination of DAPCU.

Our NGO also Helped poor migrant Girl by getting them married. We also contribute in their Functions by giving them gifts.

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