

TI EVALUATION  
Punjab SACS  
19<sup>th</sup> December 2023

# Evaluation Team & NGO 2

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| <b>Name of NGO</b>                      | SHAN   |
| <b>Target Group</b>                     | Composite  |
| <b>Target</b>                           | In September 2023, there are 41 active FSW against a target of 100, 528 active FSW against a target of 700, 103 active TGs against a target of 100, 57 active IDUs against Target of 100 |
| <b>District</b>                         | Hoshiarpur   |
| <b>Date of Visit</b>                    | 29th October to 31st October   |

# Scoring

| Component        | Total Applicable Indicator | Maximum Score | Maximum Weightage Score | Score Obtained | Weightage Score Obtained | % of Weightage Score Obtained |
|------------------|----------------------------|---------------|-------------------------|----------------|--------------------------|-------------------------------|
| Basic Services   | <b>25</b>                  | <b>75</b>     | <b>60.0</b>             | <b>71</b>      | <b>56.8</b>              | <b>94.66</b>                  |
| Support Services | <b>10</b>                  | <b>30</b>     | <b>15.0</b>             | <b>26</b>      | <b>13.0</b>              | <b>86.66</b>                  |
| Total            |                            |               |                         |                |                          | <b>93.67</b>                  |

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

**Recommended for continuation with specific focus for developing learning sites**

| Component             | Applicable Indicator | Score Obtained | % of Score  | Qualify/Disqualify |
|-----------------------|----------------------|----------------|-------------|--------------------|
| Organization Capacity | <b>14</b>            | <b>12</b>      | <b>85.7</b> | <b>Qualified</b>   |
| Finance               | <b>12</b>            | <b>11</b>      | <b>91.7</b> | <b>Qualified</b>   |

# Recommendations For SHAN

- Advocacy follow-up should be maintained regularly
- HRGs' participation in the various committee should be enhanced.
- **The PM's managerial skills are good and the way he has maintained the documents and the office shall be shared with other TI managers in the vicinity.**
- We observed that the PEs' skills and knowledge are effective.
- In TI, staff members were promoted from Peer educator to ORWs
- **The TI MSM community can be further motivated to initiate their CBO activities.**
- Joint staff meeting with all outreach team can be conducted on regular basis for coordinated advocacy activities in the district. **(Himalaya + Shan outreach teams planning and sharing jointly once a month/ bi-monthly)**
- The TI has good linkages with one News channel which can be further used to create awareness in the community at large / general masses.

Thank You

## **Reporting Format-B**

### **Structure of the Detailed Reporting format**

(To be submitted by Evaluators to SACS for each TI evaluated with a copy NACO)

#### **Introduction**

- o **Name and address of the Organization:** Society for Human Alliance Need (SHAN) Laxmi Nagar, Lane No. 1, Peeranwali Gali, Near Parbhat Chowk, Hoshiarpur-146001
- o **Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)**

Hoshiarpur district is located in the north-east part of the Punjab State. It falls in the Jalandhar Revenue Division and is situated in the Bist Doaba region of the State. The district is sub mountainous and stretches of river Beas in the north-west.

It shares common boundaries with Kangra and Una districts of Himachal Pradesh in the north east, Jalandhar and Kapurthala districts (interspersed) in south-west and Gurdaspur district in the north-west. At present, it has an area of 3386 Sq. Kms. and a population, as per 2011 Census is 15,86,625 persons.

In this project the employees are working to prevent the spread of new HIV infection amongst MSMs, TGs, FSWs & IDUs and provide necessary care and support services to those who are HIV positive. Project Manager, MEO Cum Accountant, Counsellor and ORWs after interacting with the female sex workers and men having sex men motivated nearly MSM 700, TG 100, FSW 100 and IDU 100 in Hoshiarpur City and educated them on HIV/AIDS through the awareness camps, puppet shows and BCC materials. By doing this the behavior of these women gets changed and they started practicing safe sexual habits.

**SHAN** has taken an initiative to help Socially excluded communities to claim their rights and entitlements more effectively, **SHAN** focuses on groups including marginalized community who have been oppressed and economically and socially exploited people suffering from HIV/AIDS, Gay Rights in India including vulnerable groups of the society, it also focuses on the areas of education, health, nutrition and livelihoods, Promoting local, district and state polices. **SHAN'S** mission is to reduce the welfare gap between the socially excluded population and the general population with the purpose of improving the uptake of entitlements by the socially excluded people.

**SHAN** works in the community to spread awareness about the the government t. Schemes to the socially excluded disadvantaged and marginalized.

- o **Chief Functionary** : Anurag Kar
- o **Year of establishment** :11.08.2000
- o **Year and month of project initiation** :1.09.2011
- o Evaluation team Sanjeev Jain (Team leader  
Rajeev Ranjan (Team Member)  
Virender Choudhary (Finance Member)
- o Evaluation Timeframe 29th October To 31st October

#### Profile of TI

(Information to be captured)

- o Target Population Profile: FSW , MSM , IDU , TG
- o Type of Project: Core Composite
- o Size of Target Group(s) 100 FSW,700 MSM,100 TG,100 IDU
- o Sub-Groups and their Size: Home Based (FSW) 41,Kothi 528 (MSM),TG (103),Daily 39(IDU),Non Daily-18 (IDU)
- o **Target Area:**Railway Station & Baghpur,Bus Stand & Bilaspur,Udam Singh Park & Lagwanti,Ajjowal & Kotla Gonspur,Green View Park,Haryana, Nasrala,Bajwara & Dashmesh Nagar,Harsi Pind & Ahiyapur

#### Key Findings and recommendations on Various Project Components

##### **I. Organizational support to the program**

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

The evaluation team was able to meet the governing board (GB), serveing as the organization's treasurer. The NGO is Delhi based. Among the 12 meetings conducted between April 1, 2022, and March 30, 2023, the Project Director (PD) attended all of them. Furthermore, the PD was actively engaged in an additional meeting, in addition to the routine monthly meetings. The PD plays a crucial role in facilitating the smooth operation of TI, providing guidance to the PMs. The PD has also been contributing assets to TI over time, supporting the development of infrastructure within the organization

##### **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.**

All staff positions were in place at the time of evaluation as Project Director, Project manager, 4 ORWs, Counsellor, M&E officer cum Accountant. The team could meet 7 out of 10 Peer Educators. All the staffs have been given appointment letters. the staffs have understanding of basic concepts of the project. The attendance register was found to be in place but some overwriting's on the same was observed.. The PM is able to supervise and support the staff. The commitment of all the staffs were very positive.

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

A total of 23 training sessions were conducted between October 5, 2021, and October 11, 2023. These training sessions were delivered by multiple organizations, including PSACS, TSU, Shanmta Kendra, NGOs, SPYM, and SAATHI

- 3. Infrastructure of the organization.**

Society for Human Alliance Need (SHAN) Laxmi Nagar, Lane No. 1, Peeranwali Gali, Near Parbhat Chowk, Hoshiarpur-146001. The office has 4 rooms, one kitchen, 2 washroom and a balcony. One DIC is in TI premise and another SUB Dic located from far 40 KM to TI. There is a room meant for Project Manager as well as M&E cum Accountant. One lobby is meant for ORWs where they do their documentation. One separate space was there for Counselor. There is a working DIC (10 to 15 daily attendances by project beneficiaries). DIC was equipped with IEC -pictorial/text mostly in Punjabi and English languages addressing core topics pertaining to HIV/AIDS (in relation to sex-work) and other relevant IEC materials. Free condom, service-map, target vs. achievement details, TI-team details, service directory (based on available referral and linkages) were also there. Commodity storage place is also there and amenities available. DIC was suitable for the community and safe (as per the beneficiaries' interactions). Assets' records were available and duly coded.

- 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 re-**



### **ports and documents for technical inputs if any.**

TI has consistently adhered to the protocols established by SACS for its documents. The majority of the NACO formats have been put to use, and individual tracking mechanisms are in place. Most documents effectively capture relevant information, although there is room for improvement in understanding the nuances of various documents to avoid repetitive content, especially in documents related to advocacy and crisis minutes.

TI has implemented a mechanism for document review through regular review meetings and staff meetings. The relevance of documents at different hierarchical positions is well understood, and there is consistency in maintaining uniformity. TI has consistently followed the stipulated timeline for report submissions. There is stringent oversight to ensure the authenticity of documents, particularly at the level of PEs, by both their respective ORWs and upper hierarchy staff.

The majority of PEs are filling out their diaries on their own

Documents related to counseling, such as the referral register and counseling registers, are available, and the counselor demonstrates a reasonable level of clarity in maintaining these records. Various meeting minutes are documented, and NACO formats maintain symmetry in relation to the staff and PEs involved, ensuring that they align with each other.

### **III. Program Deliverable**

1. Line listing of the HRG by category.

The line listing of HRGs (FSW, MSM, TG, & IDU) was available in a single soft copy Excel sheet, each having a Unique ID number. TI was tasked with reaching a target of 700 MSM, but currently, there are 527 active individuals. For FSW, the target was 100, and 41 are currently active. The TG target was 100, and the active population is 103. Finally, the IDU target was 100, and 57 individuals have been registered to date.

2. Shadow line list of HRGs by category.
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 translated in field and documented.

Outreach is being done as per plan. Sometimes, when outreach could not be done as per plan, then it is being mentioned in the movement register. In the field it has been observed that rapport of ORWs is satisfactory. Rapport of Peer Education is found to be satisfactorily in the field.

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

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

As per data till 30th sept 2023 there were 41 home-based FSWs, 528 Kothi MSMs, 103 Hijras, and 39 non-daily and 18 daily IDUs.

8. **Outreach planning – Secondary distribution of Needles and Syringes**

The activity has not commenced yet due to the unavailability of the necessary supplies or materials, as they were out of stock through PSACS.

9. Outreach planning – Peer Navigation

NA

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

For outreaching plan were covered for strengthen for community services TI have mechanism. During the period from 2022 to March 2023, a total of 5 health camps, 13 SOE , and 8 CBS (Community-Based Screening) camps were held.

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

11. **Outreach planning – Secondary distribution of Needles and Syringes**

The request for supply of needles and syringes is placed with Punjab SACS.

12. Outreach planning – Peer Navigation

NA

13. **Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hiddewith services including CBS and health camp.**

Reaching out to HRGs, TI organized 5 health camps, 8 CBS camps, and 13 SOA camps in the financial year 2022-2023. All the communities, including FSW, MSM, and TG, accessed the services. These activities helped in reaching the hidden population and providing services to previously uncovered populations.

14. Outreach planning

Increasing new and young HRGs registration through strengthened outreach approach model  
Line-listed HRGs' risk assessment done at prescribed frequencies (quarterly). There were outreach plans rather available with ORWs which could have been used properly.

15. **PE: HRG ratio, PE: migrants/truckers ratio.**

NA

16. 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, abcess treatment, etc., should be referred with SACS.

17. **Documentation of the PEs & ORWs:**

Form B documents were maintained by Peer Educators. Those 7 Peer Educators whom the team could meet in the FGD could explain the role and responsibility. The PEs were found to be actively involved in the program implementation.

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

It has been observed that the NGO has conducted line listing of HRGs and updates are carried out regularly, primarily for HRGs who are HIV positive and STI positive. During field visits, it was noted that the rapport of ORWs is satisfactory, and there is a strong rapport observed with Peer Educators as well.

The Peer Educators have displayed proficiency in educating the community, and their knowledge is sufficient to disseminate information about TI services. Most of the Peer Educators are well-educated and possess relevant skills and have various professions which includes make up artist, dentist, GNM, bank recovery agent etc.

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

During the evaluation, we found that the TI has a satisfactory supervision mechanism in place. ORWs are functioning without support from PEs, and the project manager supervises the project regularly. The project director also visits the TI site office

**IV. Services**

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

munity.

The TI office situated prime location , the clinic services are provided the civil Hospital in majority. Some of the far away patients are provided services through the PPP doctor . Recently one GMC services are also accessed from the PHC. There are some STI cases reported from April 2022 to march 2023.

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

As the TI, the counsellor provides STI medicines, Kit 1, Kit 2, and Kit 5 are available at the TI office. However, from 8.01.2023 to 8.06.2023, Kit 4 was out of stock. Privacy is maintained

- 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.**

NA

- 4. 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.**

- 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.**

The availability of treatment registers, referral slips, follow-up cards (as applicable, as mentioned in the proposal) is ensured, as well as the stock register for medicines.

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

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

The organization provides only one type of condom supplied by PSACS. The Targeted Intervention (TI) program distributes these condoms through Outreach Workers (ORWs), Peer Educators (PEs), Counselors, and outlets in the field. Request of supply of condoms is placed with Punjab SACS.

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

Not available Yet

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

In the fiscal year 2022-23, 166,902 condoms were distributed to FSW, 137,302 condoms were distributed to MSM, and 14,270 condoms were distributed to the TG community. However, from April 2023 to September 2023, there has been an issue with condom stock, and the request is placed with Punjab SACS

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

The request to supply the commodities is placed with SACS

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

**The TI have following linkages**

ART - Civil Hospital Hoshiarpur

ICTC- Civil Hospital Hoshiarpur

STI (Suraksha Clinic) -Civil Hospital Hoshiarpur

DOT- District TB Hospital Hoshiarpur

RMC- -Civil Hospital Hoshiarpur

**For PPP**

1. Dr. Rajinder Manhas Mittu (Anu Clinic near Bus Stand Hoshiarpur)
2. Dr. Deepak (Deepak Hospital, Chintpurni Road, Hoshiarpur)

**11. Referrals and follow up.**

Referral documents are maintained and is trackable for GMC and HIV testing. Next date for GMC is noted in the counselling register. It is also derived from the computerized data on services.

**V.Community participation**

**1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since**

**inception, perspectives of these groups towards the project activities.**

No CBO,SHGs formed.

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

Currently, TI has actively engaged a total of 729 HRGs. Three committees are in operation: the Crisis Management Committee, DIC Committee, and Project Management Committee. Although meetings were scheduled on a quarterly basis, only 45 HRGs and PEs participated in these committees.

The Crisis Committee convened quarterly meetings, and minutes were available for the sessions held on April 2, 2022, July 2, 2022, October 3, 2022, and January 2, 2023. No case of Crisis occurred in the year 2022-2023.

**VI. Linkages**

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

Linkages are established with

ART - Civil Hospital Hoshiarpur

ICTC- Civil Hospital Hoshiarpur

STI (Suraksha Clinic) -Civil Hospital Hoshiarpur

DOT- District TB Hospital Hoshiarpur

RMC- - Civil Hospital Hoshiarpur

PPP

1. Dr. Rajinder Manhas Mittu (Anu Clinic near Bus Stand Hoshiarpur)
2. Dr. Deepak (Deepak Hospital, Chintpurni Road, Hoshiarpur)

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

No such gap between referral and tested is noted

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

**VII. Financial systems and procedures**

1. Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting official communication.

- The NGO is adhering to the NGO-CBO Guidelines and other systems endorsed by SACS/NACO.

2. Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.

- 2.1 The NGO is using Pre-printed Vouchers with serialized.
- 2.2 All the payments were approved by the competent authority.
- 2.3 All the vouchers were supported with required evidence.
- 2.4 NGO is maintaining Stock and Issue register.

3. Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/BACON, adherence of WHO-GMP practices for procurement of medicines, systems of quality check-in

- 3.1 Purchase of Memento, printing of Flex during the Evaluation period with no proper Quotations were found .

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

- 4.1 A Separate bank Account is maintained by the NGO in Bank of Baroda.
- 4.2 Bank Reconciliation Statement is maintained by the NGO on monthly basis.

5. Lapses in internal control-

- 5.1 During the time of Evaluation we found that some cash payment made by PM and after that withdraw from PFMS.
- 5.2 Stock Register was not signed by PM during evaluation period.
- 5.3 Nos of pages not certified in stock register.
- 5.4 Nos of pages in cash book not certified by competent authority.

## **VIII. Competency of the project staff**

a) Project Manager

**Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about TI programme including TI revamped strategies, knowledge about program performance indicators, conduct review meetings**

**and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.**

The project manager holds an M.A. in Sociology, MCA, and M.Sc. in IT from Punjab Technical University. With extensive experience as a Project Manager in TI projects, he served as the PM for IDU's TI from 2011 to 2016. He also gained experience as a district trainer at Punjab Sewa Kendra. Since 2017, he has been the Project Manager for this TI project.

His managerial skills are evident through his documentations, especially in financial management and data computerization. His fieldwork demonstrates a strong rapport, supported by documented evidence. Advocacy meetings are conducted at a significant scale, and he actively reviews performance indicators in monthly meetings.

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.**

The counsellor holds a degree in sociology and has completed teacher training. She was promoted from ORW to counsellor on March 2, 2015. Prior to this, from 2013 to 2015, she worked as an ORW in the TI project. With eight years of experience as a counsellor in the TI project, she has a deep understanding of TI principles.

She demonstrates a clear grasp of risk assessment and risk reduction. Her strong rapport is evident in both the ICTC center and the field. The project maintains an STI follow-up mechanism. She actively contributes to the project by preparing micro plans and maintaining field diaries, typically supporting ORWs for about 15 days each month. Her diligent work includes updating data in registers and providing it to the Monitoring and Evaluation team.

b) ANM/Counselor in IDU TI

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

c) ORW

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings, knowledge about TI programme including TI revamping strategies, etc.



During the current period, TI employs four Outreach Workers (ORWs), with two of them dedicated to the MSM community, one serving IDUs, and one for FSWs. In July 2023, two new ORWs were appointed, resulting in changes to TI's target population.

We have observed that these ORWs are well-educated and possess commendable skills. Their knowledge and understanding of topics such as RMC, STI, and HIV/AIDS are evident. They demonstrate the capability to establish connections with ART centers and maintain updated data. It's worth noting that all ORWs received training from various agencies.

Additionally, two ORWs work in areas located more than 40 kilometers away from the TI project site. Their outreach efforts primarily focus on providing information about condom availability, risk assessment (high/medium/low), days and times for STI meetings, and condom negotiation. Peer-specific site maps, including essential details on commodity requirements, RMC/ICTC/STI follow-up schedules, as well as referrals and community linkages, are distributed to the ORWs.

During interviews with community members, it was evident that ORWs have successfully established rapport in their respective areas.

#### d) Peer Educators

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

During the evaluation, we were able to meet with 7 out of the 10 peer educators. It was observed that they possessed proper communication skills, but there was a need for more authentic adoption of prioritization practices. Our interactions with staff and peer educators revealed that TI has yet to fully implement quarterly risk assessment.

The peer educators were responsible for maintaining their diaries, and ORWs provided support and supervision for this task. The majority of peer educators were well-informed about the importance of RMC and ICTC testing, displayed average condom demonstration skills, and exhibited effective communication skills. They were also knowledgeable about the symptoms of STIs and were aware of the service facilities available in the city's vicinity.

Among the peer educators, most of them had established other means of livelihood. For example, one of them worked as a makeup artist, another was employed in a private bank, and another worked in a hospital, among various other occupations.

#### e) Navigator

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

NA

f) Peer Educators in IDU TI

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

The team did not have the opportunity to meet with the IDU peer educator as they were located more than 40 kilometers away from the TI project site

g) Peer Leaders in Migrant Projects

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

NA

h) Peer Educators in Truckers Project

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

NA

i) M&E cum Accounts Assistant

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

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

**IX. Outreach activity in Core TI project**

Interact with all PEs (FSW, MSM, HTG and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

Outreach activities were observed being carried out with a structured plan, and the same activities were duly recorded. This approach ensured that the services provided by TI were accessible and utilized. Micro planning was particularly emphasized for services related to STIs and linkages to ICTC/ART centers. However, based on interactions with the team, peer educators, and ORWs, as well as a review of their documents, it was evident that there is still a need for improvement in the uptake of services.

### **X. Outreach activity in Truckers and Migrant Project**

**Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake, that is whether enough Counseling and clinic footfalls are happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.**

NA

### **XI. Services**

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

The TI has developed good linkages with the civil hospital and provides counseling and commodities to the HRG based on the need and availability of commodities.

### **XII. Community involvement**

**How the TI has positioned the community participation in the TI, role of community in planning, implementation, advocacy, monitoring and providing periodic feedback about the prevention service delivery, etc.**

Three staff members are from the local community. All the peer educators and 28 of the HRGs have been actively involved in various committees as per the formulated structure. Within TI, three key committees exist: the Crisis Management Committee (CMC), the Project Management Committee, and the DIC Committee. The roles played by community members in planning, implementing, advocating, and monitoring the project were observed to some extent. However, significant participation was noted in various other program-related meetings. Quarterly meetings for all the committees were

held, and their corresponding documents were available at the TI level.

### **XIII. Commodities**

Commodities are provided to the HRG based on their needs and availability at the TI..

### **XIV. Enabling environment**

**Systematic plan for advocacy, involvement of stakeholders and community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services, etc. In case of migrants 'project management committee' and truckers 'local advisory committee' are formed whether they are aware of their role, whether they are engaging in the program.**

Advocacy meetings are regularly conducted, but follow-up documentation is often missing. Limited stakeholder knowledge and information present challenges. Target Intervention (TI) collaborates with a diverse group, including government employees like DCs and judges, religious leaders, journalists, domestic workers, and various community members, in an effort to establish an enabling environment

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

TI has also assisted in the issuance of 7 Voter Cards, promoting civic participation, and 37 Aadhaar Cards, enabling easier identification and access to government services. Furthermore, 12 Labor Cards have been distributed, offering job security and workers' rights to those in the labor force. These efforts underscore TI's commitment to promoting inclusivity and supporting vulnerable communities.

### **XVI. Details of Best Practices if any**

1. Free Napkin (Sanitary Pads) distribution to FSW and Spouse of HRGs by SHAN organization.
2. Stitching Center for FSW and for their children.
3. Beauty course for Community members provided by organization.
4. Our TG community member (Mx. Naina Mai) made brand ambassador during election campaign by Deputy Commissioner of Hoshiarpur.
5. 52 FSWs placed in Vardhamn Mill in Hoshiarpur.
6. 7 MSMs placed in Hawkins Cooker Mill.

**Annexure 1 Data of TI**

| <i>Indicator ( Sept 2021 to March 2022 )</i> |            |            | <b>April 2022 to March 2023</b> |            |            | <b>April 2023 to Sep 2023</b> |            |            |            |
|--|------------|------------|---------------------------------|------------|------------|-------------------------------|------------|------------|------------|
| <i>Typology</i>                              | <i>FSW</i> | <i>MSM</i> | <i>FSW</i>                      | <i>MSM</i> | <i>TG</i>  | <i>FSW</i>                    | <i>MSM</i> | <i>TG</i>  | <i>IDU</i> |
| <b>Target Population</b>                     | <b>400</b> | <b>350</b> | <b>400</b>                      | <b>350</b> | <b>100</b> | <b>100</b>                    | <b>700</b> | <b>100</b> | <b>100</b> |
| New Registration                             | 34         | 35         | 86                              | 72         | 85         | 57                            | 123        | 10         | 57         |
| Drop-out                                     | 26         | 5          | 80                              | 41         | 0          | 450                           | 6          | 0          | 0          |
| Active                                       | 437        | 388        | 443                             | 411        | 93         | 41                            | 528        | 103        | 57         |
| Condom demand                                | 109960     | 88780      | 181648                          | 151036     | 18216      | 33342                         | 92492      | 19064      | 48         |
| Condom distribution                          | 109641     | 88625      | 166902                          | 137032     | 14270      | 0                             | 0          | 0          | 0          |
| Free Condom                                  | 109641     | 88625      | 166902                          | 137032     | 14270      | 0                             | 0          | 0          | 0          |
| Total Lubes                                  | 0          | 34125      | 0                               | 33405      | 7005       | 0                             | 32910      | 6090       | 0          |
| Syringe Demand                               | 0          | 0          | 0                               | 0          | 0          | 0                             | 0          | 0          | 4172       |
| Syringe Distribution                         | 0          | 0          | 0                               | 0          | 0          | 0                             | 0          | 0          | 0          |
| Needle Demand                                | 0          | 0          | 0                               | 0          | 0          | 0                             | 0          | 0          | 8344       |
| Needle Distribution                          | 0          | 0          | 0                               | 0          | 0          | 0                             | 0          | 0          | 0          |
| In Total Contact                             | 3020       | 2625       | 5260                            | 4669       | 581        | 970                           | 2762       | 603        | 109        |
| Regular contact                              | 3015       | 2625       | 5151                            | 4572       | 542        | 964                           | 2740       | 595        | 96         |
| New registration                             | 34         | 35         | 86                              | 72         | 85         | 57                            | 123        | 10         | 57         |
| New PT to HRGs                               | 34         | 35         | 86                              | 72         | 85         | 57                            | 123        | 10         | 0          |
| ICTC Referral                                | 511        | 471        | 947                             | 804        | 168        | 184                           | 496        | 101        | 57         |
| ICTC tested                                  | 511        | 471        | 947                             | 804        | 168        | 184                           | 496        | 101        | 57         |
| One time (FY-2021-22)                        | 28         | 33         | 45                              | 45         | 35         | 41                            | 496        | 101        | 57         |
| Two time (FY-2021-22)                        | 394        | 340        | 381                             | 338        | 57         | 0                             | 0          | 0          | 0          |
| <b>VDRL /Syphilis</b>                        | <b>437</b> | <b>385</b> | 436                             | 400        | 93         | 41                            | 502        | 101        | 57         |
| One time (FY-2021-22)                        | 33         | 36         | 55                              | 56         | 36         | 41                            | 502        | 101        | 57         |
| Two time (FY-2021-22)                        | 404        | 349        | 381                             | 344        | 57         | 0                             | 0          | 0          | 0          |
| <b>Clinic /RMC</b>                           |            |            |                                 |            |            |                               |            |            |            |
| One time                                     | 15         | 14         | 24                              | 24         | 26         | 41                            | 89         | 2          | 57         |
| Two time                                     | 13         | 14         | 27                              | 25         | 16         | 0                             | 438        | 101        | 0          |
| Three time                                   | 25         | 22         | 58                              | 43         | 36         | 0                             | 0          | 0          | 0          |
| Four time                                    | 384        | 338        | 334                             | 319        | 15         | 0                             | 0          | 0          | 0          |
| Detected positive was found in this year     | 1          | 10         | 2                               | 7          | 2          | 1                             | 5          | 0          | 9          |
| Link ART                                     | 1          | 10         | 2                               | 7          | 2          | 1                             | 5          | 0          | 7          |

|  |     |     |     |     |     |     |     |     |    |
|--|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Detected positive cumulative                               | 17  | 27  | 18  | 32  | 2   | 1   | 37  | 2   | 9  |
| Link ART   | 17  | 27  | 18  | 32  | 2   | 1   | 37  | 2   | 7  |
| Total RMC  | 437 | 388 | 443 | 411 | 93  | 41  | 527 | 103 | 57 |
| STI positive   | 18  | 2   | 49  | 3   | 0   | 7   | 2   | 0   | 0  |
| Total number of individuals counseled by Counselor (At TI) | 310 | 281 | 863 | 781 | 127 | 212 | 809 | 163 | 37 |
| Total number of individuals counseled by Counselor (At CH) | 280 | 262 | 702 | 709 | 98  | 143 | 331 | 58  | 20 |
| Total Health Camp  | 1   | 3   | 3   | 2   | 0   | 0   | 2   | 0   | 0  |
| Total CBS Camp   | 3   | 4   | 3   | 3   | 2   | 2   | 3   | 1   | 1  |
| SOA Camp   | 3   | 6   | 7   | 5   | 1   | 0   | 0   | 0   | 0  |

### **Annexure 2 Stake Holder List**

| S. No | Name                | Post/ Occupation | Address         | Contact No.  |
|-------|---------------------|------------------|-----------------|--------------|
| 1     | Mr. Bajrangi Pandey | Social Worker    | Bheem Nagar     | 70095-06781  |
| 2     | Mrs. Deepika        | Social Worker    | Piplawali       | 98169-89906  |
| 3     | Mrs. Shamma         | Social Worker    | Sunder Nagar    | 98782-51885  |
| 4     | Mrs. Mandeep        | Social Worker    | Rorian          | 78889-28481  |
| 5     | Mr. Kanhayan Gupta  | Social Worker    | Bus Stand       | 099146-86333 |
| 6     | Mrs. Krishna Devi   | Social Worker    | Udam Singh Park | 098767-06320 |
| 7     | Mr. Amit Jain       | Social Worker    | Ajjawal         | 70093-24072  |
| 8     | Mrs. Rakesh         | Social Worker    | Haryana         | 062830-06944 |
| 9     | Mr. Sarabjit Kapoor | Social Worker    | Green View Park | 79734-41303  |
| 10    | Mr. Laddi           | Community Member | Railway Mandi   | 98780-24523  |
| 11    | Mr. Sukhwinder      | Community Member | Bajwara         | 79734-95688  |
| 12    | Mr. Karan           | Community Member | Railway Station | 98552-60436  |
| 13    | Mx. Marya           | Community Member | Haryana         | 95928-77465  |
| 14    | Mx. Rachna          | Community Member | Dashmesh Nagar  | 75085-25574  |
| 15    | Mr. Sandip          | Community Member | Bassi Jaina     | 81968-60802  |
| 16    | Mr. Karan           | Community Member | Dushehra Ground | 97795-99256  |
|       |                     |                  |                 |              |

### **Annexure 3 Training Register**

| Desig- | Date of Training | Type of | Areas in which training | Re- |
|--------|------------------|---------|-------------------------|-----|
|--------|------------------|---------|-------------------------|-----|

| <b>nation</b>  | <b>TO</b>  | <b>FROM</b> | <b>Training (Induction/Refresher/New Skill)</b> | <b>given during the month (program Management, financial management, clinic management)</b> | <b>sponsi-ble Agency - PSACS/TSU/In-house/Other Agency</b> |
|----------------|------------|-------------|---|---|--|
| TI Staff       | 18-01-2021 | 18-01-2021  | Refresher                                       | Program Management (P-MPSE)   | TSU  |
| TI staff       | 22-02-2021 | 22-02-2021  | Refresher                                       | SOCH  | TSU  |
| TI Staff       | 16-03-2021 | 16-03-2021  | Refresher                                       | Program Management  | NGO/TI   |
| TI staff       | 09-04-2021 | 09-04-2021  | Refresher                                       | Program Management  | TSU/PO   |
| PM ME ORW      | 25-06-2021 | 25-06-2021  | Refresher                                       | SOCH  | TSU/PO   |
| TI staff       | 10-07-2021 | 10-07-2021  | Refresher                                       | Program Management/SOCH/MPSE  | TSU/PO   |
| PM &ME         | 05-10-2021 | 05-10-2021  | Refresher                                       | MPSE  | TSU  |
| TI staff       | 09-10-2021 | 09-10-2021  | Refresher                                       | Program Management  | NGO  |
| TI Staff       | 07-02-2022 | 07-02-2022  | Refresher                                       | Program Management/New Skill  | NGO  |
| TI Staff       | 05-04-2022 | 05-04-2022  | Refresher                                       | Program Management  | TSU/PO   |
| TI Staff       | 10-05-2022 | 10-05-2022  | Refresher                                       | Program Management  | NGO  |
| TI Staff       | 06-08-2022 | 06-08-2022  | Refresher                                       | Program Management/Clinic Mgt/New Componets of TI   | NGO  |
| ORW ad PE      | 12-09-2022 | 12-09-2022  | Refresher                                       | Program Management/SOCH/New Componets of TI   | NGO  |
| PM and ME      | 23-09-2022 | 23-09-2022  | Refresher                                       | SOCH  | PSACS  |
| All ORW and PE | 10-12-2022 | 10-12-2022  | Refresher                                       | Program Management/New Componets of TI  | NGO  |
| All ORW and PE | 04-02-2023 | 04-02-2023  | Refresher                                       | Program Management/SOCH/New Componets of TI   | NGO  |
| PM             | 13-02-2023 | 16-02-2023  | New skills                                      | TOT of Master Training  | SAATH I & SPYM   |
| All ORW and PE | 06-04-2023 | 06-04-2023  | Refresher                                       | Program Management/New Componets of TI  | NGO  |
| All ORW        | 25-04-2023 | 29-04-2023  | Induction                                       | Program Management/New Componets of TI  | Shamta Kendar  |
| All TI staff   | 05-05-2023 | 05-05-2023  | Refresher                                       | Program Management/Clinic Mgt/New Componets of TI   | NGO  |

|                   |            |            |                     |   |               |
|-------------------|------------|------------|---------------------|---|---------------|
| All ORW           | 26-06-2023 | 26-06-2023 | Induction           | Program Management/New Componets of TI            | Shamta Kendar |
| All PE            | 14-08-2023 | 14-08-2023 | Refresher           | Program Management/Clinic Mgt/New Componets of TI | NGO           |
| PM and counsellor | 14-09-2023 | 14-09-2023 | Induction/New Skill | Capacity Building on Social Scheme                | PSACS         |
| TI Staff          | 09-10-2023 | 11-10-2023 | Induction           | Program Management/Clinic Mgt/New Componets of TI | Shamta Kendar |

**Annexure 4 HRG active on as om date**

|                   |                   |                  |                   |
|-------------------|-------------------|------------------|-------------------|
| <b><u>FSW</u></b> | <b><u>MSM</u></b> | <b><u>TG</u></b> | <b><u>IDU</u></b> |
| <b>41</b>         | <b>528</b>        | <b>103</b>       | <b>57</b>         |

**Annexure 4.1 IDU Detail**

|                   |                |                      |                            |                                 |
|-------------------|----------------|----------------------|----------------------------|---------------------------------|
| <b>Active IDU</b> | <b>Married</b> | <b>Tested Spouse</b> | <b>How many Spouse +ve</b> | <b>+ve spouse link with ART</b> |
| <b>57</b>         | <b>9</b>       | <b>9</b>             | <b>1</b>                   | <b>1</b>                        |

**Annexure 5 PEERs Details**

| <b>Sr. No</b> | <b>Name</b>          | <b>Date of Joining</b> | <b>Typology</b> | <b>Designation</b> | <b>Location</b>                       | <b>Active Population</b> |
|---------------|----------------------|------------------------|-----------------|--------------------|---------------------------------------|--------------------------|
| <b>1</b>      | <b>Mr. Asim Pal</b>  | <b>01.04.22</b>        | <b>MSM</b>      | <b>PEER</b>        | <b>Railway Station &amp; Baghpur</b>  | <b>127</b>               |
| <b>2</b>      | <b>Mr. Harjinder</b> | <b>01.12.20</b>        | <b>MSM</b>      | <b>PEER</b>        | <b>Bus Stand &amp; Bilaspur</b>       | <b>100</b>               |
| <b>3</b>      | <b>Mr. Prem</b>      | <b>01.04.22</b>        | <b>MSM</b>      | <b>PEER</b>        | <b>Udam Singh Park &amp; Lagwanti</b> | <b>81</b>                |
| <b>4</b>      | <b>Mr. Ranjit</b>    | <b>01.07.21</b>        | <b>MSM</b>      | <b>PEER</b>        | <b>Ajjawal &amp; Kotla Gonspur</b>    | <b>91</b>                |
| <b>5</b>      | <b>Mr. Deepak</b>    | <b>01.07.23</b>        | <b>MSM</b>      | <b>PEER</b>        | <b>Green View Park</b>                | <b>80</b>                |



|           |                         |                 |            |             |   |            |
|-----------|-------------------------|-----------------|------------|-------------|---|------------|
| <b>6</b>  | <b>Mr. Yudhvir</b>      | <b>01.06.23</b> | <b>MSM</b> | <b>PEER</b> | <b>Railway Mandi Ground</b>                           | <b>49</b>  |
| <b>7</b>  | <b>Mr. Sahil Kapoor</b> | <b>01.01.22</b> | <b>TG</b>  | <b>PEER</b> | <b>Haryana, Nasrula, Bajwara &amp; Dashmesh Nagar</b> | <b>103</b> |
| <b>8</b>  | <b>Mrs. Baljit Kaur</b> | <b>01.07.23</b> | <b>FSW</b> | <b>PEER</b> | <b>Kirti Nagar &amp; Shimla Puri Chownk</b>           | <b>41</b>  |
| <b>9</b>  | <b>Mr. Karan</b>        | <b>01.07.23</b> | <b>IDU</b> | <b>PEER</b> | <b>Harsi Pind &amp; Ahiyapur</b>                      | <b>36</b>  |
| <b>10</b> | <b>Mr. Manjit</b>       | <b>01.07.23</b> | <b>IDU</b> | <b>PEER</b> | <b>Railway Lines &amp; Kanak Mandi</b>                | <b>21</b>  |

## Annexure C

### Confidential Report

#### EXECUTIVE SUMMARY OF THE EVALUATION

(Submitted to SACS for each TI evaluated with a copy to NACO)

#### Profile of the evaluator(s):

| Name of the evaluators              | Contact Details with phone no.  |
|-------------------------------------|---|
| Sanjeev Jain (Team leader )         | <a href="mailto:sanj1966@gmail.com">sanj1966@gmail.com</a> 9415160430                               |
| Rajeev Ranjan (Team Member)         | <a href="mailto:thinkrajeevranjan@gmail.com">thinkrajeevranjan@gmail.com</a> 8802420865             |
| Virender Choudhary (Finance Member) | <a href="mailto:varinder_choudhary@rediffmail.com">varinder_choudhary@rediffmail.com</a> 8872120048 |

|   |  |
|---|--|
| <b>Name of the NGO:</b>                               | SHAN   |
| <b>Typology of the target population:</b>             | Composite  |
| <b>Total population being covered against target:</b> | In September 2023, there are 41 active FSW against a target of 100, 528 active FSW against a target of 700, 103 active TGs against a target of 100, 57 active IDUs against Target of 100 |
| <b>Dates of Visit:</b>                                | 29th October to 31st October   |
| <b>Place of Visit:</b>                                | Hoshiarpur (Narsela Dera, kotla Gaspur, Digana, Bheem Nagar, Ravi Dass Nagar and civil Hospital)   |

#### Overall Rating based programme delivery score:

| Total Score Obtained (in %) | Category | Rating    | Recommendations  |
|-----------------------------|----------|-----------|--|
| >80%                        | A        | Very Good | Recommended for continuation with specific focus for developing learning sites |

#### Specific Recommendations:

- Advocacy follow-up should be maintained regularly
- HRGs' participation in the various committee should be enhanced.

- The PM's managerial skills are good and the way he has maintained the documents and the office shall be shared with other TI managers in the vicinity.
- We observed that the PEs' skills and knowledge are effective.
- In TI, staff members were promoted from Peer educator to ORWs
- The TI MSM community can be further motivated to initiate their CBO activities.
- The TI has good linkages with one News channel which can be further used to create awareness in the community at large / general masses.

| <b>Name of the evaluators</b>       | <b>Signature</b> |
|-------------------------------------|------------------|
| Sanjeev Jain (Team leader )         |                  |
| Rajeev Ranjan (Team Member)         |                  |
| Virender Choudhary (Finance Member) |                  |