

TI-NGO Details

Name of NGO	SAMARTH- THE PROFESSIONALS
District	JAGRAON
Month & Year of Project Initiation	January 2021
Evaluation Time Frame	October 2021 to September 2023
Target Group	IDU
Target & Achievement	Target- 700, Coverage- 633 (Target has been revised in June 2023)
Date of Visit	2 – 4 December 2023

Achievement of Scores

Particulars	Percent of Marks	Status-qualified/not qualified
Organisation Capacity	85.70	Qualified
Finance	100.00	Qualified
Overall Rating based on program delivery scores		
Total Scores obtained (in %)	77.4	
Category	B	
Rating	Good	
Recommendation by Evaluators' Team	Recommended for Continuation	

Major Observation in Program Delivery

Strength & Weakness:

Strength- screening for opportunistic infections

Dedicated team of workers

Weakness- STI Clinic infrastructure (very less space allotted despite having big room, examination torch not fixed, no stool for table, etc.)

Abscess management service

Non-functional crisis management team/service

Scope of work

STI clinic must be operational as per guidelines. Community must be made aware for clinic visit

Abscess management system must be improved

Crisis management team and service to be made functional with information to all community members.

Initiation of Community score card

Major Observation in Organisation Capacity

Strength & Weakness

Strength-

Peer Educators have been promoted at some instances for the position of ORW

Weakness-

Frequent changes in the Peer Educators

Project Manager is very new for the position and new for the program.

Scope of work

Inhouse trainings to newly joined staff and field exposure with PWID/IDU population.

Better supervision and hand holding support for the program

Major Observation in Finance

Strength

Expenditure as per approved budget

Quotations system is good

Weakness:

Audit report not available at TI

Scope of work

Audit reports and all documents must be available at TI site

Best Practices/Success Stories (if any)

	<p>Peer Educators have been promoted, at some instances, for the position of outreach workers</p>
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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

Samarth-The Professionals is a voluntary organization established on 27TH August 1992 vide Registration No. S-23305 at Delhi in the field of education, Health, livelihood and social sector.

SAMARTH- THE PROFESSIONALS

Registered Address: B-83, Tagore Garden Extension, New Delhi-27

TI Address: Street No. 4, Dashmesh Nagar, Near Malak Service Station, Pakka Malak Road, Jagraon- 142026

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

Project initiated in January 2021 with contracted population-

Ever registered (cumulative)- 749

Current Active (September 2023)- 633

Number of staff approved, current- 8

Number of staff on board, current- 8

- o Chief Functionary
SHRI. M.M. VIDYARTHI
- o Year of establishment
1982
- o Year and month of project initiation
January 2021
- o Evaluation team
Dr BIRESH PACHISIA, PhD
Ms. MANPINDER KAUR
Ms. HEENA SINGHAL
- o Evaluation Timeframe:
2 - 4 December 2023.

Profile of TI

(Information to be captured)

- o Target Population Profile:
Earlier: Core IDU
Currently from June 2023: IDU and FSW

- o Type of Project:
Core, June onwards- Core Composite

- o Size of Target Group(s):
Till May 2023- IDU 500,
June 2023 onwards- IDU 700, FSW- 200

- o Sub-Groups and their Size: IDU 700, FSW 200

- o Target Area: Kamal Chowk, G.T. Road Ludhiana, Sidhwan Bet, Malak_B, Agwar Lopon_B, Disposal Road, Ajit Nagar, Kothe Fatehdeen, Malak_A, Agwar Lopon_A, Railway Line and fatak, 5No. Chungi A and B.

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 team interacted with the project director who was available for all three days during the evaluation. The team interacted with 2 office bearers virtually on phone. The team found that involvement of office bearers needs to be increased for better project implementation and supervision. The team also observed that the involvement and visits of project director also have to be increased for better hand holding support, supervision, advocacy and monitoring of the project.

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 including 1 FORW, Counsellor, ANM and M&E officer cum Accountant. All the staff have been given appointment letter with job descriptions. It has been observed during interaction that the staffs have basic understanding of their roles and

responsibilities. The attendance register was found to be in place but it was found that designations are not mentioned with staff name in the attendance register before April 2023. The PEs were found to be supporting the HRGs with services supervised by ORWs but improvement needed in this sphere. The PM supervised and supported the ORWs but improvement is needed in this sphere as current project manager has newly joined. The commitment of all the staffs were found positive and were apparent the way they discussed during interaction and explained their roles and responsibilities.

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

Induction training conducted at TI level but report not made and available. Training conducted by SACS has been mentioned in the said register but no reports available for the same.

3. Infrastructure of the organization

The project has nice infrastructure with rooms for Project Manager cum M&E Accountant, ORWs, clinic, etc. DIC is in open lobby and it is observed that the DIC is rarely used by the key population. Washroom is there for the staff. There are office equipment's like computer, Elmira, tables, chairs etc. Clinic setup was not as per guidelines.

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.

D form is maintained by ORWs and FORW. Review meeting and other meeting registers are maintained. Some discrepancies were found, like for example, staff does not know about the crisis management committee meeting but register shows frequent signature and participations in the meeting. The PM is reporting to SACS every month and whenever required.

III. Program Deliverable

1. Line listing of the HRG by category.
Line Listing of the HRGs is available and updated.
2. Shadow line list of HRGs by category.
NA

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.
Micro planning in place and outreach is done as per the plan.
6. Differentiated Service Delivery planning in place and the same is reflected in documentation.
NA
7. Coverage of target population (sub-group wise): Target / regular contacts only in core group

(September 2023)
Active Key population (PWID)- 633
Spouse- 116
Active on OST/OOAT- 78
8. Outreach planning – Secondary distribution of Needles and Syringes
Peer Educators are distributing the Needle and Syringes to the key population as per the demand.
9. Outreach planning – Peer Navigation
Peer Navigation is being done by PE and ORWs also. No proper plan is being done for peer navigation.
10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.

Reaching out to uncovered population is done through SOA camps. 11 SOA camp has been done against annual target of 24.
11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model

All HRGs are registered as per target of the project. No outreach planning was found through strengthened outreach approach model.
12. Outreach planning – quality, documentation and reflection in implementation

Outreach planning is done and documented. It was observed that many data has been filled in formats with pencil. Reflection in implementation was found to be average during three field visits to 5 No. Chumgi, Rani wala khoo and Malak_A.

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

11 Peer Educators for target of 700 IDU.

2 Peer Educators for target of 200 FSW.

Appointments have been done as per sanctioned project positions.

14. 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.

468 key population were regularly contacted for services like OST, condoms, N/S, etc.

15. Documentation of the PEs & ORWs

5 Peer Educators reported to be illiterate and told to taking help from their spouse to fill the required format. ORWs are helping peer educators to maintain the documentation.

ORWs are maintaining required documents. It was seen that some of the formats are filled by pencil sometimes.

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

The team was able to meet 11 peer educators among 13 filled positions for the same. It was reflected in the FGD that the peer educators have basic knowledge about the project services. They were aware of the STI symptoms but proper information must be disseminated at regular intervals with them. It was observed that the N/S collection system is not properly done by all PEs.

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

During the evaluation we found the TI has a supervision mechanism but the project manager has joined recently. There has to be good system developed for proper hand-holding support and supervision. ORWs are providing support to the PEs. TI is conducting regular weekly & monthly staff meetings.

IV. Services

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

Clinic is on ground floor at TI office. The TI has MOU with Dr. Deepak Gupta for the clinic services. The provision of ANM and counselor is there in the project.

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

The doctor visits the clinic and team observed that proper RMC is not being done by the doctor. The clinic is not as per the guidelines. Project STI clinic has been set-up but no proper space, neither examination torch/light available, other infrastructure like non-availability of stool for examination table and other things were used. The community also reported of non-use of STI clinic at LWS office.

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.
Not Applicable

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.

The doctor of the clinic was qualified as per the guidelines. Quality of treatment was found to be poor. Referral system to ICTC, ART. No follow-up was seen.

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.

During the evaluation we found availability of treatment registers, referral slips, follow up cards, stock register for medicines, and found documents maintained. Network clinic register, referral slips are not available for DOTS. The medicines are being supplied by SACS.

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

(October 22 to September 23)

Condom demand- 9930

Condom distributed- 5002
Distribution through outlet- 2554

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

OOAT centre is at Mudh Vaseva Kendra, Jagraon. 78 key population is active on OST. Satellite OOAT centre is not there.

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

Condom distribution- 5002
Outlet distribution- 2554

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

Needle distribution- 112647
Syringe distribution- 99396

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

STI linkages:
Civil Hospital, Jagraon

ICTC linkages:
Civil Hospital, Jagraon

OOAT/OST linkages:
Mudh Vaseva Kendra, Jagraon

DOTS linkages:
Civil Hospital, Ludhiana

ART linkages:
Civil Hospital, Ludhiana

11. Referrals and follow up.

ICTC referred- 1182
ICTC tested- 795
No referral slips maintained for TB and STI

V. Community participation

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

No SHG or CBO initiated

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

Community participation is very less in committees. This needs to be increased. Community participation must be ensured in all project activities.

VI. Linkages

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

Linkages has been established. But no referral slip has been maintained for TB, STI.

2. Percentages of HRGs tested in ICTC and gap between referred and tested (July 22 to June 23)
Total Referred- 1182
Total tested- 795
Gap- 387

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

Various stakeholders have been involved in the project. The team could meet only two stakeholders despite several reminders.

VII. 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.

Comment: Guidelines of NACO not followed in proper manner. On review of subsidiary books of accounts, it observed that Stock register (of medicine) maintained by NGO. Fixed assets register has been maintained.

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.

Comment: As we mentioned in score sheet, quotations has been obtained.

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.

Comment: The procurement is a combined procedure which include requirement, quotations, comparison, purchase order, receipt of goods and properly enter in to stock register. In reference to purchase procedure, quotations obtained but there was no purchase order.

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

Comments: Bank accounts maintained properly and reconciliation also maintained till applicability. Further audit report of financials of year 2022-23 not produced to us. Further, Project Manager and M&E told that the organization was audited but never get report form PSACS.

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.

Ms. Amandeep Kaur is the project manager. She joined the project in November 2023. She has done Masters in Sociology from Punjab University. Earlier she has experience of teaching in school and stitching. She worked as counsellor in same TI for two and half months, before being promoted as Project Manager. She has basic knowledge about the program indicators as she is new to the program. Intensive training is required.

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.

Not Applicable

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.

Ms. Kirandeep Kaur is the counsellor in the project. She joined in September 2021. She has done BA sociology from Punjab University. Earlier she has worked for 7 months in OST center as the data manager. She has basic knowledge on the indicators as she is also new to the project. She needs to develop knowledge on local drug abuse scenario, drug abuse treatments etc.

Ms. Kirandeep Kaur-2 is the ANM in the project. She joined in July 2023. She has one year experience in hospital as staff nurse. She has done GNM from PNRC. Adequate abscess management skills is there but currently not used in the program.

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 programme including TI revamping strategies, etc.

Mr. Amandeep Singh-1, Mr. Amandeep Singh-2 are the ORW for PWID key population. Ms. Sarabjit Kaur is the ORW for FSW population. Ms. Shalu Rani is FORW. Training is required to ORWs on all spheres. They all have basic knowledge about the program indicators. Mr. Amandeep Singh Malhi and Ms, Shalu Rani have better understanding of the project and services.

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.

Not Applicable

f) Navigator

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

Peer and ORW escort PLHIV to ART center Ludhiana. Follow-up needs to be increased.

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.

Peer Educators are able to do condom demonstration. Peer Educators do not know the importance of RMC. Knowledge about STI symptoms is not complete. They are not aware about all the project services.

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.

Not Applicable

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.

Not Applicable

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.

Ms. Komalpreet Kaur is the M&E cum accountant. She has done BA

sociology from Punjab University. She has 4 years of experience of working in different agencies as accountant. She is able to provide analytical data but some improvement is needed.

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 must be made stronger with all program indicators. Outreach plan clarity must be ensured to all staff.

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.

Not Applicable

XI. Services

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

Quality of services and services delivery was found to be satisfactory but needs to be increased.

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.

Community participation needs to be increased.

XIII. Commodities

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

Planning for N/S, condoms are done on project level. Demand is calculated as per

the frequency of activity of HRGs. No female condom program.

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 is done on regular basis with some gaps and without any follow-up.

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

No HRG have been linked to any social protection scheme.

XVI. Details of Best Practices if any

NIL

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.
Dr. BIRESH PACHISIA, PhD	bpcare@yahoo.com, +91-9811531550
Ms. MANPINDER KAUR	manpinder72@gmail.com, 7347353580
Ms. HEENA SINGHAL	geetu2904@gmail.com, 9810353201
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	SAMARTH- THE PROFESSIONALS
Typology of the target population:	IDU (till May 2023) Core Composite (June 2023 onwards)
Total population being covered against target:	Target (till May 2023)- 500 IDU June 2023 onwards- 700 IDU, 200 FSW Coverage of 633 IDU against target, as on 30 th September 2023.
Dates of Visit:	2 nd to 4 th December 2023
Place of Visit:	JAGRAON (Ludhiana)

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
77.4%	B	Good	Recommended for continuation with specific recommendations mentioned below.

Specific Recommendations:

- Clinic must be established as per the guidelines and proper check-ups must be ensured.
- Abscess management services must be improved and available for key population as per the guidelines.
- All efforts must be done to link all HIV positive cases including spouses to ART without fail.

- **Crisis management team and its services must be made functional and accessible to all key population.**
- **Key population including PLHIVs must be linked to various social schemes.**
- **Training to all staff for better understanding of all project components.**
- **Better supervision and hand-holding support is needed for the project.**
- **Community members must be involved and encouraged to be part of Program Management Committee. Community participation must be increased at all levels, including community score card.**
- **Photographs must not be taken without consent of key population/ HRGs.**

Name of the evaluators	Signature
Dr. BIRESH PACHISIA, PhD	
Ms. MANPINDER KAUR	
Ms. HEENA SINGHAL	