

Evaluation Team & NGO 4

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Name of NGO	Shankalp Sanskriti Samiti
Target Group	Composite
Target	800 IDUs
District	Garhshankar
Date of Visit	4 Nov to 6 Nov 2023

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	24	72	57.6	61	48.8	84.7
Support Services	10	30	15.0	26	13.0	86.7
Total						85.1
<p>overall grading(score) :- Grade A Recommended for continuation with specific focus for developing learning sites.</p>						

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	12	85.7	Qualified
Finance	12	11	91.7	Qualified

Recommendations For Shankalp Sanskriti Samiti

- Advocacy follow-up should be maintained.
- HRGs' participation in the committee should be enhanced.
- **Staff needs an effective training for supervision and Documentation**
- **The MEO, two ORW and PE's needs more intensive hands on training and skills enhancement.**
- **The TI needs a regular review and monitoring mechanism as the PD of the NGO has not visited the TI after Covid. The TI PM and one TI ORW is running the TI intervention to the best of their abilities.**
- **The Project manager of the TI has developed an line list App which can be further replicated in other TIs.**

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:**

Sankalp Sanskritik Samiti 18,Kailash residency Meera Datar Road Shankar Raipur Chattisgarh 492007 ,TI address: Punjab & Sindh Bank 1st floor Garhshankar 144527 Dist Hoshiarpur (Punjab)

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

A group of like-minded social activists formed an association in the year 1976 to bring some meaningful change in the society. This association eventually became a formal organization - SANKALP SANSKRITIK SAMITI in the year 1989. Sankalp is a non-religious, non-political voluntary organization. The organization has developed a good rapport with targeted communities, district administration, local NGOs and CBOs, media and other civil society actors in Chhattishgarh over the last 33 years. Sankalp has a total staff strength of 62 full time staff and 10 part time staff. The project staff are from all walks of life including social development professionals, local educated youth, social activists and researchers.

a) Vision: A society based on social justice, equality, non-discrimination and self-reliance where all people live a life with dignity.

b) Mission: To channelize the potentialities of youth, women, children and other marginalized communities for their own development and work towards a healthy society free from hunger, disease, discrimination and injustice.

- o **Chief Functionary** : Manisha Sharma
- o **Year of establishment** : 1989
- o **Evaluation team** : Sanjeev Jain (Team leader)
Rajeev Ranjan (Team Member)
Virender Choudhary (Finance Member)

- o Evaluation Timeframe 3rd November To 6th November 2023

Profile of TI

(Information to be captured)

- Target Population Profile: IDU
- Type of Project: Core Composite
- Size of Target Group(s) : 800 IDU
 - o Sub-Groups and their Size: Daily (IDU) 73,
Non Daily (IDU) 704

Target Area: Dhagam, Meshiana, Meshiana 2
Bora, Bora 2, Dugrai, Saila, Saila
2, Fathehpur, Khanpur, Jajjon
Doaba, Rampur Bilron.

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 unable to meet the governing board (GB) as the The NGO is Chattisgarh based and the project director works in Delhi. Among the 12 meetings conducted between April 1, 2022, and March 30, 2023, the Project Director (PD) attended all of them online only. We observed PD had attended a program management Committee meeting and CMC meeting on 5.02.2023 in physical mode.

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 positions under the project have been filled as per the NACO guideline. There are total 8 staff members - one Project Manager, one counselor, One ANM, one M&E officer cum accountant and three ORWs and 1FORW. There are 13 Peer educators working under 3 ORWs. There is one part time Doctor who visits clinic Monday-Saturday from 2:00 to 5:00 pm daily and is the OST government doctor. The present Project Manager and Counselor have been promoted from the position of M& E and ORW respectively. The staff has been appointed in the prescribed time frame and in case of any

vacant seat new staff has been appointed immediately. Training for the newly designated staff has been done in in-house only and that at the PSACS, TSU, Kshamta Kendra level. All the staff members were observed to be committed to their work. They have been provided with the detailed job description along with their appointment letter.

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

A total of 10 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. We observed TI MEO, Female ORW and the Peer educator need hands on training to perform their duties to their full potential. They need motivation and strengthening and a regular review system needs to be established.

3. Infrastructure of the organization.

The organization is established on the first floor and consists of three rooms and one hall. One room is being used as office for PM, M&E/Accountant and ORWS, second room as DIC while the third small room is being used as counseling room & ANM room. There is wooden partition in the hall and room thus created is being used as Static clinic which is equipped with all required equipments required in the static clinic and a small part of the hall is also used as the kitchen. 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 reports 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. The due and overdue is currently a challenge which needs to be further streamlined and the MEO needs to be trained on the same. 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 (IDU) was available in a single soft copy Excel sheet, each having a Unique ID number. TI was tasked with reaching a target of 800 IDU but currently there are 777 active 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. Though micro plan was available but was used only for risk and vulnerability and not for tracking due and over-due of RMC and ICTC testing. 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 73 daily and 703 non daily IDUs.

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.

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,, and 6 CBS (Community-Based Screening) camps were held. Differentiated Service Delivery planning in place and the same is reflected in documentation.

10. Outreach planning – Secondary distribution of Needles and Syringes

As per data total of 105685/211370 syringes/needles were demand and 105613/144011 syringes/needles were distributed out of demand from OCT 2021 to Sept 2023. In the year Oct 2021 to Sept 2023, a total of 105613/144011 syringes/needles were distributed and 79990 /110661 syringes/needles were returned out of distributed.

11. Outreach planning – Peer Navigation

NA

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

Outreach planning is being done by the ORWs. Documents are being maintained qualitatively but on triangulating the records it was found that the changes in the planning is not being recorded at some places which needs to be addressed. And this reflects the gap in planning

and implementation part.

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

NA

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.

Based on the data 6,464 condoms were distributed from September 2021 to March 2022.16,702 condoms were distributed from April 2022 to March 2023.71,335 condoms were distributed from April 2023 to September 2023.IDUs were linked with OST/OOAT.

15. Documentation of the PEs & ORWs:

It has been observed that documents are being maintained by the ORWs as peer are not filling their calendars on their own but with the help of their ORWs.Those13 Peer Educators team meet only 11 PE . Quality of Peer Education needs much attention. Peers were asked question on HIV/AIDS, STI, B form, Risk assessment of HRGs, ICTC, RMC, condom distribution and crisis response. It was observed that though PEs have fair understanding of the project, about HIV/AIDS and STI but they need to have more clarity on STI/ICTC due and undue. Their calendar is being filled with the help of their respective ORWs. In case of crisis most of the cases are being solved among themselves so hardly any case reaches up to police level and only one case was reported.

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

Peers have good repo with the community and they provide information to the staff accordingly and same was reflected during the field visit too. But it has been observed by the evaluators that PEs need to be trained for filling their peer calendars independently as they have the potential to do it. The Peer Educators have displayed proficiency in educating the community, and their knowledge is sufficient to disseminate information about TI services.

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

Project Manager has good experience of working in TI project and has good knowledge of the project. All documents at every level are being maintained and updated at every level. Still it has been observed that there is still scope of monitoring and supervising specially in maintaining records at PE level. Follow-up mechanism specially for STI patient is being properly followed and is ensured that patients take proper treatment for their problems.

IV. Services

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

STI services are being provided in the static clinic, which is set up in one place within the office itself. The Government hospital OST doctor and TI doctor are the same, and she treats the HRGs in the hospital as well. She is familiar with HRGs. The doctor is qualified MBBS and attends the clinic from Monday to Saturday, between 2:00 pm and 5:00 pm. In cases of severe STIs, the doctor refers the patient to the Navashahar Civil hospital.

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

Privacy was maintained. The team observed that the available infrastructure within the clinical premises was limited. All required equipment was found to be available and functional. Confidentiality in both the clinic and counseling is being maintained since they are separate.

- 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.

Out of 777 IDUs 487 IDUs were linked with OST/OOAT.

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

Based on the data 6,464 condoms were distributed from September 2021 to March 2022.16,702 condoms were distributed from April 2022 to March 2023.7135 condoms were distributed from April 2023 to September 2023

9. Referrals and follow up.

It has been observed that referrals are being done as per the clients requirement while keeping the distance of the Hotspots in mind & follow-up for the clients are being maintained as per the norms.

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 777 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 few HRGs and PEs participated in these committees.

The Crisis Committee convened quarterly meetings, and minutes were available for the sessions held.

VI. Linkages

The TI have following linkages

Linkages	Name	Designation	Contact no.
1)ART (Nawansharh) :	1) Dr.Tarun	Doctor	7009061354

	2) Mr. Dharminder Singh	Counselor	9855015527
2) DOT(Hoshiarpur)	1) Dr. Sakti	DTO	7719420414
3) STI	1) Civii Hospital	Garhshankar	
4) ICTC (Garhshankar)	1) Mrs. Mala	Counselor	8968919991
	2) Mr. Vijay	Lac.Tec.	9463821956
5)OST	1) Dr.Taparna sharma	Doctor	9915828044
	2) Avtar Singh	Counselor	7888433805
6) OOAT(Garhshankar)	1) Lakhvir Kuar	Counselor	9877588324

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

No such gap between referral and tested is noted .In the year 2022-23 total 1028 referral and 1028 was tested.

VII. Financial systems and procedure

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

1.1 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 Printing of referral slip and community event occurred 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.

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 hold extensive experience as a Project Manager in TI projects, he served as the PM from 2016 to till now. 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. As Project Manager his performance has been satisfactory.

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 counselor . Prior to this, from 2013 to 2017, she worked as an ORW in the TI project. With ten 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.

ANM has joined the project in the month of July 2020 and she has done ANM degree in Guru Sewa college Punjab. During the interaction as well as documentation by ANM, it was observed that her clarity on risk assessment and risk reduction, knowledge on basic abscess and HIV, symptoms of STIs etc. are rather average to cater for the intervention. So far as maintenance and updating of data and registers the efforts have been made to borrow the data from PEs and respective ORWs to track on direct service deliveries as well as ensuring efforts made by the team and thereby contributed in strategizing future plans. ANM visits the field (as per the projects-beneficiaries' interactions/documentation) and had her rapport with the linkage/beneficiaries as visited by evaluation team. Despite of her project involvements, she requires handholding and training in maintaining her documents

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.

At this time 3 ORWs and 1 FORW was appointed. One ORW is a Old seasoned ORW. The project's ORWs were rather having knowledge about target on various indicators for their PEs, outreach plan, STI symptoms, RMC and ICTC testing, support to PEs, field level action based on review meetings etc. They also fill their weekly summary sheet Form-D and target vs. achievements were discussed and gaps were analyzed. There were outreach plans rather available. In outreach plans information were given mainly on condom requirement; analyses on high/medium/low risk; days & time of meeting STI; condom negotiations etc. Peer-wise site map was also available with all of them given with requisite information including commodity requirements, dues of RMC/ICTC/STI-

follow-ups as well as referral and linkages in the access of the community. The site-maps could have been given to the peer educators. By interviewing respondents at various fields, it was reflected that ORWs have got their rapport.

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.

There are 13 PEs but team meet 11 PEs only. 13 PEs working under 3 ORWs. Peer's knowledge need to be strengthened in terms of ICTC, RMC and clinic facilities. Their due and undue time concept for ICTC and RMC need to be more clear. All peers do not fill their calendars on their own and take help from their respective ORWs. They are being provided information about due and overdue tests of HRGs by their ORWs. Though written information for this is being provided but the verification for due, overdue of HRGs tests in their calendar matched during the field visit which shows that they pass correct information to their ORWs.

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 observed that the hotspot is spread within a 30 KM coverage area to the left of TI and 25 KM to the right of TI. The peers and ORWs face challenges in reaching out to and providing services to the HRGs in these areas

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 BCA degree and has completed a one-year diploma course. She has 11 months 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. It has been found that though she is able to perform his duty as M&E officer but requires more in-depth knowledge and hands on training especially in terms of gap analysis and providing updated information to the PEs for their peer calendar.

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.

TI has three key committees: 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 were held, and in the case of the DIC meeting, it was held on a regular basis with a total of 8 meetings held from 2022-23. All the committees had meetings, 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. As per data total of 105685/211370 syringes/needles were demand and 105613/144011 syringes/needles were distributed out of demand from OCT 2021 to Sept 2023. In the year Oct 2021 to Sept 2023, a total of 105613/144011 syringes/needles were distributed and 79990 /110661 syringes/needles were returned out of distributed. Based on the data 6,464 condoms were distributed from September 2021 to March 2022. 16,702 condoms were distributed from April 2022 to March 2023. 71,335 condoms were distributed from April 2023 to September 2023

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 of stakeholder and need more advocacy with stake holder.

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

The TI has supported the HRGs in getting the

Addhar Card	15
Ayushman Card	43
Ration Card	65

XVI. Details of Best Practices if any

The Project manager of the TI has developed an line list App which can be further replicated in other TIs.

Annexure 1			
Indicators	Sept 2021 to March 2022	April 2022 to March 2023	April 2023 to Sep 2023
Total Registration	1131	1194	1250
Drop-out	5	4	1
Active	671	726	777
Condom demand	7492	18286	8124
Condom distribution	6464	16702	7135
Syringe Demand	20060	55917	29708
Syringe Distribution	21207	53261	31145
Needle Demand	40120	111834	59416
Needle Distribution	39597	73289	31125
Syringe Return	15926	41154	22910
Needle Return	30482	57269	22910
In Total Contact	3947	8184	4501
Regular contact	2964	6458	3099
New registration	53	59	52
Meeting attended by new HRGs	32	26	30
ICTC Refrell	476	1028	553
ICTC tested	476	1028	523
One time	476	154	523

Two time	0	437*2	0
VDRL /Syphilis	535	1028	553
One time	535	154	523
Two time	0	437*2	0
Clinic /RMC	1275	2789	1532
One time	671	9	781
Two time	604	20*2	751
Three time	0	32*3	0
Four time	0	661*4	0
Detected positive was found in this year	7	5	4
Link ART	4	8	6
Detected positive cumulative	121	126	132
Link ART	112	120	126
Total RMC	1275	2789	1532
STI positive	1	5	4
Risk and vulnerability counseling	460	768	450
Total number of individuals counseled by Counselor	762	1536	720
Total Health Camp	3	5	2
IDU spouse	188	205	211

Annexure 2

Stake Holder List

	Name	Designation	Contact
1	Mr. Rupesh Khanna	Advocate	97812-63666
2	Mr. Lovely Khanna	Stake Holder	97812-63066
3	Mr. Ramkant Ji	Social Worker	99144-03029
4	Mr. Jaswinder Rana	Social Worker	98151-72671
5	Mr. Lakhwinder Rana	Social Worker	98142-45080
6	Mr. Bupinder Rana	Stake Holder	62807-56887
7	Mr. Harwinder Singh	Stake Holder	98158-26170
8	Mr. Rajeev Rana	Social Worker	94631-16105
9	Mr. Mahinder Pal	Sub. Inspector	94631-18300
10	Mr. Ravinder Singh	A. Sub. Inspector	99145-41516
11	Mr. Dushant Walia	Social Worker	97804-62881

Annexure 3

Training Register

Sr.No	Name	Designation	Training By	Type of Training	Date of Training
1	Amit Kumar	PM	PO-TSU	p-MPSE	5 oct 2021
2	Poonam	MEA	PO-TSU	p-MPSE	5 oct 2021
3	Poonam	MEA	PO-TSU	SOCH	8 Jun 2022
4	Rajni	Counselor	PO-TSU	SOCH	8 Jun 2022
5	Gourav	ORW-1	PO-TSU	SOCH	8 Jun 2022
6	Arun Kumar	ORW-2	PO-TSU	SOCH	8 Jun 2022
7	Arshdeep	ORW-3	PO-TSU	SOCH	8 Jun 2022
8	Amit Kumar	PM	PSACS	SOCH	23 Sep 2022
9	Poonam	MEA	PSACS	SOCH	23 Sep 2022
10	Amit Kumar	PM	PO-Setu	MITR	14 Dec 2022
11	Poonam	MEA	PO-Setu	MITR	14 Dec 2022
Sr.No	Name	Designation	Training By	Type of Training	Date of Training
12	Amit Kumar	PM	SPYM Kshamta Kendra	Master Trainer (ORW)	13 Feb to 17 Feb 2023
13	Arshdeep	ORW-3	SPYM	Outreach	25 Apr to

			Kshamta Kendra	Planning	29 Apr 2023
14	Gourav	ORW-1	SPYM Kshamta Kendra	Outreach Planning	26 Jun to 30 Jun 2023
15	Arun Kumar	ORW-2	SPYM Kshamta Kendra	Outreach Planning	7 Aug to 11 Aug 2023
16	Navjot	F-ORW	SPYM Kshamta Kendra	Outreach Planning	24 sept to 29 Sept 2023
17	Amit Kumar	PM	SPYM Kshamta Kendra	Master Trainer (MEA)	3 rd Oct 23 to 5 th Oct 2023

Annexure 4

SR. No	Name of Staff	Designation	Date of Joining
1	Dr. Jupaka Madhavi	Project Director	Nov-11
2	Mr. Amit Kumar	Project Manager	Jul-16
3	Dr. Taprana Sharma	Doctor	Aug-16
4	Ms. Anjana Kumari	MEA cum Accountant	Nov-22
5	Rajni	Counsellor	Dec-17
6	Rimpy	ANM	Jul-20
7	Gourav	ORW-M-1	Apr-13
8	Arun Kumar	ORW-M-2	Jul-19
9	Arshdeep	ORW-M-3	May-22
10	Navjot	ORW-F	Jul-22
11	Shiv Kumar	Peer Edu.	Apr-22
12	Amandeep Kumar	Peer Edu.	Jul-20
13	Nand/Gandhi	Peer Edu.	Aug-19
14	Ramanjit Singh	Peer Edu.	Dec-19
15	Balram	Peer Edu.	May-22
16	Harish	Peer Edu.	Apr-23
17	Amandeep Singh	Peer Edu.	Oct-17
18	Harpreet Ram	Peer Edu.	Dec-20
19	Harjinder Sidhu	Peer Edu.	Apr-23
20	Avishek	Peer Edu.	Apr-23
21	Jagat	Peer Edu.	Aug-23

22	Tanuj Kuamar	Peer Edu.	01-10-2023
23	Jaskran	Peer Edu.	01-10-2023
24	Rajat Kumar	Peer Edu.	01-10-2023

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)	sanj1966@gmail.com 9415160430
Rajeev Ranjan (Team Member)	thinkrajeevranjan@gmail.com 8802420865
Virender Choudhary (Finance Member)	varinder_choudhary@rediffmail.com 8872120048

Name of the NGO:	Shankalp Sanskriti Samiti
Typology of the target population:	Composite
Total population being covered against target:	IDUs against Target of 800
Dates of Visit:	4 Nov to 6 Nov 2023
Place of Visit:	Garhshankar

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.
- HRGs' participation in the committee should be enhanced.
- Staff needs an effective training for supervision and Documentation
- The MEO, two ORW and PE's needs more intensive hands on training and skills enhancement.

- The TI needs a regular review and monitoring mechanism as the PD of the NGO has not visited the TI after Covid. The TI PM and one TI ORW is running the TI intervention to the best of their abilities.
- The Project manager of the TI has developed an line list App which can be further replicated in other TIs.

Name of the evaluators	Signature
Sanjeev Jain (Team leader)	
Rajeev Ranjan (Team Member)	
Virender Choudhary (Finance Member)	