

Punjab Targeted Intervention Evaluation De-briefing Session (2023-24)

Name of the NGO

Name of Team Leader:

Dr. BIRESH PACHISIA

Name of Co-evaluator:

Ms. Manpinder Kaur

Name of Finance Evaluator:

Ms. Heena Singhal

TI-NGO Details

Name of NGO	SHAPE INDIA
District	FARIDKOT
Month & Year of Project Initiation	January 2021
Evaluation Time Frame	October 2021 to September 2023
Target Group	LWS (IDU, FSW, MSM, Trucker, Migrant)
Target & Achievement	Target- 2000, Coverage- 2151
Date of Visit	29th November 2023 to 1st December 2023

Achievement of Scores

Particulars	Percent of Marks	Status-qualified/not qualified
Organisation Capacity	80.0	Qualified
Finance	75.0	Qualified
Overall Rating based on program delivery scores		
Total Scores obtained (in %)	82.5	
Category	A	
Rating	Very Good	
Recommendation by Evaluators' Team	Recommended for Continuation	

Major Observation in Program Delivery

Strength & Weakness:

Strength- Cluster Link workers are young and vibrant.

Weakness- STI screening, PLHIV linkage to social protection schemes and information to them about the provisions of The HIV and AIDS Act 2017 to them.

Scope of work

Increase STI screening

PLHIVs to be linked with social schemes and updated in linelist

Participation of Cluster link workers in Village Health Nutrition Day

Implementation of stigma reduction activities

Major Observation in Organisation Capacity

Strength & Weakness

Strength-

Only one core staff change and only two cluster link worker change in last one year.

The project core staff attended various trainings other than LWS for HIV/AIDS prevention.

Knowledge exchange program was organized by the organization between targeted interventions run by them in different states.

Weakness-

Induction training not documented

Some positions were vacant for long time after signing of contract

Scope of work

In house Induction training must be officially conducted and reported in said register and detailed report may be made by the trainee.

Major Observation in Finance

Strength

Expenditure done as per the approved budget

Weakness:

SOE not on time, at some instances

Quotations not as per required

Scope of work

SOE to be submitted on time

Dates, stamp, GST of firm must be there on quotations. Date to be mentioned on comparison.

Best Practices/Success Stories (if any)

1	Knowledge exchange program was organized by the organization between targeted interventions run by them in different states.
2	Capacity building of the project staff.
3	Supporting activities for PLHIV is being done.

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
SHAPE INDIA
Registered Address: RZA- 217, Nihal Vihar, Nangloi, Delhi- 110041.
National Co-ordination office: N-81/3, Amar Market, Sourav Vihar,
Badarpur, New Delhi-110044.
TI Address: Sethian Wala Mohalla, Near Shiv Mandir, Faridkot,
Punjab- 151203.

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

Year and month of LWS Project initiation: January 2021
Contracted population- To cover 100 villages in Faridkot

Ever Registered (cumulative):

IDU- 2024
FSW- 215
MSM- 52
TG- 3
Trucker- 254
Migrant- 138
TB- 61
ANC- 542
OVP- 185
PLHIV- 573

Current Active (September 2023):

IDU- 1544
FSW- 172
MSM- 40
TG- 3
Trucker- 238
Migrant- 126
TB- 54

ANC- 51
OVP- 103
PLHIV- 543

Number of approved staff:

Core team- 4
Cluster Link Worker- 20

Number of staff on board:

Core team- 4
Cluster Link Worker- 20

- o Chief Functionary
Shri Surendra Giri

- o Year of establishment
2001

- 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
29th November 2023 to 1st December 2023

Profile of TI

(Information to be captured)

- o Target Population Profile: FSW, MSM, IDU, Truckers and Migrants

- o Type of Project:
Link Worker Scheme (LWS)

- o Size of Target Group(s)
IDU- 1400
FSW- 200
MSM-100

Trucker- 200

Migrant- 100

- o Sub-Groups and their Size
NA
- o Target Area
100 villages of Faridkot district

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

The team discussed with the Project director, Shri. Surendra Giri. He was found to be active at the supervisory level. He is also the Chief functionary of the organisation. The team could not meet any other governing body members. The project director and chief functionary was found to be involved in support to the community.

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 are in place. The LWS project has 1 DRP – program, 1 M&E assistant, 2 zonal supervisors, and 20 Cluster link workers. During the time of Evaluation all staff including all CLW were present for interaction. Commitment of all staff was found to be positive towards the program and the community. One core team staff turnover was witnessed in last two years.

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

Training has been conducted but not documented at the LWS level. The concerned trainee mentioned about Induction training in their daily diary. PSACS conducted induction and other training where all staff

participated. No detailed report was available of any training conducted.

3. Infrastructure of the organization

The office was found to be assessable for all. The office was found the spacious for all activities including meetings of Cluster Link Workers.

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.

Adherence to SACS protocols was done. Documents are available but detailed reports of meetings, activities, trainings are not made and not available. Review meetings are done and actions suggested to staff. Zonal Supervisor maintains daily dairy, monthly report, condom stock, HIV kit stock, and Attendance sheet of Cluster link worker.

Cluster link worker maintains local village meetings, link work dairy and daily dairy.

III. Program Deliverable

1. Line listing of the HRG by category.

IDU- 2024
FSW- 215
MSM- 52
TG- 3
Trucker- 254
Migrant- 138
TB- 61
ANC- 542
OVP- 185
PLHIV- 573

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 plan is in place and same is reflected in field.

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

No

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

Current Active (September 2023):

IDU- 1544

FSW- 172

MSM- 40

TG- 3

Trucker- 238

Migrant- 126

TB- 54

ANC- 51

OVP- 103

PLHIV- 543

8. Outreach planning – Secondary distribution of Needles and Syringes

NA

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.

NA

11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model

NA

12. Outreach planning – quality, documentation and reflection in implementation

Outreach plan is in place. Many times when outreach plan was not executed as per plan, the same was not mentioned in remarks column.

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.

NA

15. Documentation of the PEs & ORWs

(Zonal Supervisor and Cluster Link Worker)

Adherence to SACS protocols was done. Documents are available but detailed reports of meetings, activities, trainings are not made and not available. Review meetings are done and actions suggested to staff. Zonal Supervisor maintains daily dairy, monthly report, condom stock, HIV kit stock, and Attendance sheet of Cluster link worker.

Cluster link worker maintains local village meetings, link work dairy and daily dairy.

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

(Zonal Supervisor and Cluster Link Worker)

Reflection in the community was found to be good. This was observed during field visits to Villages Sandhwan, Chandbaja, Pakka.

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

Supervision mechanism was found to be good. DRP supervises Zonal Supervisors and Cluster link workers. Zonal Supervisor supervises cluster link workers and coordinates with stakeholders. Follow-up action

is taken as per need of the community/

IV. Services

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

Community members with STI symptoms are being referred to GGS medical college and civil hospital.

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

NA

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.

Referrals to ICTC, ART, DOTS are being done.

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.

ICTC referral slip, Stock register for condoms and CBS kit are being maintained. No procurement provision for medicines in LWS.

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

Condoms are distributed through Cluster link workers. Condoms are supplied as per need of the community/

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

NA

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

NO record was maintained before April 2023 for condoms distribution. From April 2023 onwards records are maintained for the same.

Condoms Distribution- 16124 (Free- 15957, Social Marketing 167)

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

NA

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

Name of ICTC	City in Faridkot District
Guru Gobind Singh Medical College	Faridkot
Civil Hospital	Faridkot
Civil Hospital	Kotkapura
Civil Hospital	Jaito

Name of FICTC	City
Primary Healthcare Center	Sadiq
Primary Healthcare Center	Baja Khana

Name of ART	City
Guru Gobind Singh Medical College	Faridkot

Name of STI	City
Guru Gobind Singh Medical College	Faridkot
Civil Hospital	Faridkot

Name of OST	City
Guru Gobind Singh Medical College	Faridkot

Name of DOTS	City
Guru Gobind Singh Medical College	Faridkot
Civil Hospital	Faridkot
Civil Hospital	Kotkapura
Civil Hospital	Jaito

Name of OOAT	City
Civil Hospital	Faridkot
Civil Hospital	Kotkapura
Primary Healthcare Center	Sadiq
Primary Healthcare Center	Baja Khana

11. Referrals and follow up.

ICTC referred- 1051

Follow-up and tested- 1051

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

Project Management Committee has been formed with 4 cluster link workers as the members. No Community member has been involved or participated in the committee.

VI. Linkages

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

Linkages have been established with service providers. Referral slips have been given for ICTC referrals only.

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

(October 2021 to September 2023)

Referred to ICTC- 1051

Tested- 1051

Gap- 0

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

203 stakeholders including volunteers have been made in various villages. They are involved to support the cluster link workers to support the community.

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) not maintained by NGO. Fixed assets register has been maintained but not with all particulars and details as per GFR-2017. Apart from physical verification report in reference to fixed assets not found on record.

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 but needs improvement. As quotations are not with all details as date and stamp of supplier. Further one bidder has mentioned the VAT number on quotations, however in 2017-2018, the GST was introduced in the place of VAT.

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 it seems it is only to fulfill the requirement of procedure. Proper procedure from requirement step to enter into register not followed properly.

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 PM has assured to produce/available within next day. The same are pending till the writing of this report on financial aspects submission.

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.

Mr. Ramesh Kumar is the District Resource Person in the LWS project. He is a qualified professional social worker having qualified Masters in Social Work from Kurukshetra University in regular mode. He has experience of working in the TI program from 2014 as the project manager. He is presently working in the LWS project since its inception in January 2011.

He has knowledge about the proposal, monthly plan, financial management, knowledge about components of LWS. He conducts review meetings as per plan. He visits field as per the mandate and requirement.

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.

NA

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.

NA

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.

There are two zonal supervisors. Mr. Jasdeep Singh and Mr. Lakhveer Singh are the zonal supervisors. Mr. Jasdeep Singh has qualified B.Sc in IT with computer diploma. He worked in NYKS for 2 years. He also worked in Tata Global limited as a supervisor for 2 years. He is working in the LWS project from April 2021. He has good knowledge on various indicators of LWS. He regularly supports the cluster link workers by field visits and supervision. Mr. Lakhveer Singh has qualified Bachelors in Arts. He has experience of working in TB department as volunteer for 2 years. He has joined the project in July 2023. He has satisfactory knowledge on various components.

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.

There are 20 cluster link workers in the LSW project. The team interacted with all CLW in length and found that they have required knowledge on various

program components. They have knowledge on service facilities. The reflection in the field was also found to be satisfactory.

f) Navigator

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

Cluster link workers identify PLHIV and escort them to ART center. They ensure the follow-ups. This is being supervised by zonal supervisors.

g) Peer Educators in IDU TI

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

NA

h) Peer Leaders in Migrant Projects

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

NA

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.

NA

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.

Mr. Dharminder Singh is the M&E cum Accounts Assistant. He has done Bachelor degree in Commerce. He has experience of working in the same position in a other TI for 11 months. He joined the present LWS project since inception in January 2021. He is able to provide analytical information.

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.

NA

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.

Service uptake was found to be good. The community members were found to be satisfied with the services.

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 in planning, implementing, monitoring the prevention

service delivery was found to be very less. Community participation must be increased at all levels.

XIII. Commodities

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

No planning for condoms, no demand calculation is done.

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 meeting is done on need based. On an average one meeting is done every month. Stakeholders are involved in the advocacy activity.

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

Various community members are being linked with social protection schemes at project level. Number of HRGs linked with schemes are as follows:

Pension scheme- 66

Labh Patrika- 28

Ayushman card-30

Abha Card- 120

Ration card- 45

XVI. Details of Best Practices if any

- ✓ PLHIV re-instated on job in school after removal
- ✓ Provide Volunteers for TB survey
- ✓ Provide provision of medicines for newly born child of PLHIV couple.
- ✓ Marriage of PLHIV couple
- ✓ Jail Intervention- testing of inmates

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:	SHAPE INDIA
Typology of the target population:	LWS Project (IDU, FSW, MSM, Trucker, Migrant)
Total population being covered against target:	100 villages covered against target of 100. Target for above mentioned target population is 2000 and coverage as on 30-09-2023 is 2151.
Dates of Visit:	29 th November 2023 to 1 st December 2023
Place of Visit:	FARIDKOT

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
82.5%	A	Very Good	Recommended for continuation

Specific Recommendations:

- **PLHIV must be linked to various social schemes and proper record maintained of the same in the service uptake register.**
- **All Cluster link workers must attend Village Health Nutrition Day (VHND) meetings as desired and minutes of the meetings must be made.**
- **IEC material on HIV related issues must be developed in local language and used in the rural areas. Sample of such IEC materials must be kept**

and available with the LWS.

- **Stigma related activities must be carried out as per LWS Operational Guidelines with plans shared with SACS.**
- **Coordination with DAPCU or District Health Society or related concerned agency made be made pro-actively. Meeting minutes of the same must be made as and when it is being done.**
- **In case of non-availability of the PLHA networks in the area, the community can be motivated to form one and necessary support may be provided.**
- **Detailed reports of all trainings, meetings and activities must be made at the LWS level.**
- **Community members must be involved and encouraged to be part of Program Management Committee. Community participation must be increased at all levels.**

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