

TI EVALUATION

Evaluation Team & NGO

Name of NGO	Central Club IDU TI
District	Ludhiana, Punjab
Target	IDU 622
Date of Visit	4 th November to 6 th November 2023
Name of Team Leader	Ms. Jyoti Malviya
Program Consultant-II	Ms. Manpinder
Finance Evaluator	Ms. Bhawna
Internal Candidate	PSACS

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	57	45.6	79.2
Support Services	10	30	15	25	12.5	83.3
Total						80

NGO Grading :- B

Evaluator Recommendation :- **Recommended for continuation .**

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	13	92.9	Qualified
Finance	12	11	91.7	Qualified

Strength

- All ORWs are active and well aware about the basic components
- Counsellor is providing counselling services in the field and in the DIC. Around 80% of clinical attendees has been counselled as per the records.
- Wastage disposal of NS has been done as per guidelines and proper documentation was maintained
- Putting good efforts for the enabling Environment of HRGs. Advocacy meeting has been regularly conducted as per plan.
- Counsellor is providing counselling services in the field and in the DIC. Around 80% of clinical attendees has been counselled as per the records.
- All the stakeholders met during the field visit said that they are involved in the planning, services and management of the project.
- ANM have very good knowledge, skills and clarity of safe sex practices and condom demonstration

Scope of the work

- TI needs to focus on program planning and implementation to bring population to OST.
- Monthly planning is developed but is observed as stereotyped. Actual activities or modified plan needs to be updated. Same needs to be reviewed for follow up action
- Peer Educator is not aware about the community committees. All staff needs orientation about community committees, its importance and role of HRGs in it.
- TB Screening shall be focused on proper ways by thorough screening and referral to DOT.
- Two-time HIV testing and Syphilis testing is not up to the mark. It is suggested to track each HRG individual, and microplanning can be done for effective referral
- There is a need to conduct advocacy meetings with negative stakeholders in the field more effectively.
- There is a need to increase more program activities for community mobilization.
- 343 (57%) of the individual HRGs had undergone for RMC more than Twice
- 122 HRGs underwent for syphilis test against target of 600 (22%)
- 133 HRGs underwent for HIV test TWICE against target of 562 (23%)
- 622 is active IDU Population and 0 are linked to OST

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 :**
Central Club
Near Yatim Paint
Moga Road, Kotpura
Distt: Faridkot
Postal Address : Hno-1738, Shellor Chowk,
Near Lal Kothi,
Haibowal Kalan,
Ludhiana, 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.)**
 - o Central club is a registered organization which working in Moga, Bathinda and Faridkot district of Punjab. Head office of the NGO is established at Kotkapura (Faridkot). Organization is registered in the year 2001 under registration act 1860 where amendment act 1957 through Punjab government. The registration number of our organization is awarded 474/2001 by the registration authority. The Organization has been running an old age home called the Hermitage for Old Age People: -The building is owned and maintained by the NGO, in which hermitage or destitute and old age people are being from last five years. Two care takers, one cook and one watchman have been deployed to look after them. More than five hundred hermitages have availed the facility of this shelter home since its inception.

 - o RCH Project at Moga: - Under this project at Moga 15570 people are being benefited with different services for Pregnant Women and Child Health issues. The project is awarded to the NGO in the year 2010 by department of Health and Family Welfare, Govt. of Punjab.

 - o Ambulance services: - Our Organization has two Ambulances which are 24 hours present. We are providing Ambulance service for patients to shift them in another Hospital and in emergency. We are serving Poor people and people who are unable to pay the Ambulance hire at free of cost, and we had got an award of honour for this service.

No. of approved staff vs. no. of staff on board etc.

S no	Position	Approved	On Board
1	Project Manager	1	1
2	M & E Officer	1	1
3	Counsellor	1	1

4	ORWs	3	3
5	F ORW	1	1
6	PE	10	10

- o **Chief Functionary:** Jaswinder Singh
- o **Year of establishment:** 2021
- o **Year and month of project initiation:** Sep 2021 to till date.
- o **Evaluation team:**
 - o Ms. Jyoti Malviya – Team Leader
 - o Ms. Parminder – Program CO Evaluator
 - o Ms. Bhawna – Finance Evaluator
- o **Evaluation Timeframe:** October 2021 to September 2023

Profile of TI

(Information to be captured)

- o **Target Population Profile:** IDU
- o **Type of Project:** Core Composite
- o **Size of Target Group(s):** 622 covered against target of 600.
- o **Sub-Groups and their Size:** All IDUs are daily.
- o **Target Area:**

S.No.	Name of Site	Name of Hot Spot	Ever Registered	Drop-Out/Migrated/Death/Shifted/Shifted to OST	No Of Active HRG	Name Of PE
1	Ludhiana	Basti	76	4	72	Shekhar
2	Ludhiana	Basti	74	3	71	Shubhash
3	Ludhiana	Bus stand	63	1	62	Ajay
4	Ludhiana	Bus stand	85	2	83	Amit
5	Ludhiana	Sherpur	74	0	74	Rajesh
6	Ludhiana	Sherpur	85	4	81	Lakhvir
7	Ludhiana	Vardhman	148	8	140	Sanju
8	Ludhiana	Shimlapuri	141	0	141	Raj
9	Ludhiana	Salemtabri	150	3	147	Sourav
	Total		896	25	871	

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 TI formed committees such as, Crisis, Advocacy, Committees in which the President of the organization, PD, PM, M&E, ANM/Counselor, ORW, PE and HRG of the TI are present in each of the committee. The meetings are conducted once in a quarter. Review of instances of issues is discussed during such meetings and decisions are taken as per need. Unfortunately, there is no record of planning activities to prevent instances of crisis or advocacy with healthcare providers and other stakeholders during such meetings. The organization needs to provide support to TI on community mobilization aspects. The Project Director of the organization makes periodical visit to the TI and is actively involved in review and provide support for necessary advocacy activities. **PD is providing Rs 300.00 per month to each ORW from his personal budget to bear parking charges to be paid at OST center.**

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.

TI has one PM, One MEA, One Counselor, 2 ORWs for IDUs and 10 Peers. Staff recruitment was done involving SACS /TSU and was according to guideline. Staff turnover is limited while Peer Turnover is high. Almost 99% peers are new and joined this TI in current year. Community participation in staff is yet to be focused. All staff are able to describe their role and are able to work according to his / her responsibilities given. TI has peer educators who are good and capable to work as ORW and they can be promoted as ORW.

Sr No	Staff Name	Designation	Qualification	Joining Date	Resign date
1	Harmanpreet	PM	MSW	01-09-2021	
2	Seema Sharma	Counsellor	MA	01-09-2021	
3	Gagandeep Sharma	ANM	GNM	01-09-2021	07-03-2022
4	Sangeta	FORW	12 th	01-09-2021	30-09-2021
5	Vishal Dey	MEA	B.COM	20-09-2021	18-10-2021
6	Manpreet	ORW	12 th	01-10-2021	30-07-2022
7	Abhishek	ORW	12 th	01-10-2021	31-01-2023
8	Sonia	FORW	12 th	01-10-2021	01-12-2022
9	Neha Rani	MEA	MBA	29-10-2021	
10	Prashant	ORW	12 TH	16-11-2021	31-05-2023 (Post Abolished by PSACS)
11	Naveen	ORW	12 th	01-09-2021	
12	Lakshita	FORW	12 th	17-01-2023	
13	Gourav	ORW	12 th	23-02-2023	
14	Manjot Kaur	ORW	12 th	21-06-2023	
15	Monika	ANM	GNM	11-07-2023	

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

Trainings are conducted by the TI as per NACO protocol, and it is mentioned in the register. Type of training conducted by the TI are refresher training and induction. There is no documentation or reports regarding objective and purpose of training and content of training, this information is missing. 15 Trainings were conducted in the current evaluation period.

Sr No	Month	Name of training	Topic / subject	Attended by Whom (Staff /Peer)	Conducted by NGO / SACS / TSU / Other
1	March 22	Induction	Working of TI	All Staff	PSACS
2	May 2022	Induction	NACP Data Management	PM, MEA, Counselor	PSACS
3	June 2022	Fresher	PE Training	PE	NGO
4	July 2022	Fresher	PE Training	PE	NGO
5	Aug 2022	Fresher	PE Training	PE	NGO
6	Sep 2022	Fresher	PE Training	PE	NGO
7	Oct 2022	Fresher	PE Training	PE	NGO
8	Jan 2023	Fresher	PE Training	PE	NGO
9	Jan 2023	Program orientation	Programme Orientation	FORW	NGO
10	Feb 2023	Fresher	Programme Orientation	ORW	NGO
11	Mar 2023	SoCH	Soch Training	ORW	NGO
12	Apr 2023	BCC session	Orientation on BCC session	PE	NGO
13	June2023	Induction	Working of TI	ORW	PSACS
14	Aug 2023	Induction	Working of TI	ORW	PSACS
15	Oct 2023	Induction	Orientation	PE	PSACS

3 Infrastructure of the organization

TI office is good located in Ludhiana town of the Punjab. TI office has DIC room, Washroom, Counselor's room and one administrative room for PM and MEA. NACO PSACS provided infrastructure is available. Asset register is maintained, and all assets are codified. OST center is at 12 KM distance, so it is difficult for TI staff to refer IDUs at OST.

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.

Documentation is maintained at all levels much of which is in duplication consuming lot of time and energy of the staff. Reports are being submitted mostly on time as prescribed by PSACS / NACO. Documentation needs improvement.

III. Program Deliverable

1. Line listing of the HRG by category.

Line list of were prepared in excel copy. Form A was also filled up for all registered HRGs.

2. Shadow line list of HRGs by category.

Line list of 622 IDUs were prepared in excel copy. Form A was also filled up for all registered HRGs.

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

Not Applicable

4. Registration of truckers from 2 service sources i.e., STI clinics and counseling.

Not Applicable

5. Micro planning in place and the same is translated in field and documented.

- Micro planning in place and found to be followed properly by the project staff and the ORWs & PEs.
- Micro-planning has been done for individual hotspots and outreach has been planned in convenience of the HRGs and their availability in the field.
- The Format-A is filled up for outreach planning.
- Ti has made social maps for individual hot spots and has mapped the resources as well. The social maps and line list of the HRG is carried and found in the field.
- The outreach staff has plans in place and has been defining activities according to the micro-plans. Prioritization of HRGs has been done after mapping risk and vulnerability through format B and tracking sheet.

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.

Regular contacts are 51% (An average 307 against active population of 600).

8. Outreach planning – Secondary distribution of Needles and Syringes-NA

Gap analyses were done, and demand was calculated quarterly.

9. Outreach planning – Peer Navigation

38 HRGs are positive IDUs, and peer navigation was done by peer as well as ORWs.

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

4 Health camps were organized according to the need against the target of 5.

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

A total of 106 new registration done in last year against annual target of 600 (17%).

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

- The TI has Outreach planning in place and the services are provided as per the same.
- As per the observation, the understanding towards documentation is appropriate among the PEs and the ORWs.
- The tracking format is shared with the field staff and the outreach workers ensure referrals of individual IDU HRG to ICTC, and syphilis testing as and when they get due or overdue.
- The counseling, 1:1 and 1: group sessions, condoms have been provisioned to the HRGs in the field.
- HRGs are constantly motivated to attend the TI clinic for regular medical checkup as and when they are due for the same.

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

622 active HRGs covered by 10 peers. 1:62 PE HRG Ratio observed.

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.

As per records available in TI the regular contacts are 51%. The reconciliation between regular contacts considering new registrations and dropouts is done to ensure cleansing of data. HRGs need to be encouraged to access services on their own such that accompanied referrals come down and so regular contacts with them may not be required.

15. Documentation of the PEs & ORWs

- The PEs documentation is in place and is appropriately oriented on the format in order to get accurate and complete information from their respective hot spots.
- The risk and vulnerability assessment are done by one ORWs and the PEs
- PEs are taking commodities from the ORWs and the ORW maintaining the accounts of the commodities provided to the HRGs.

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

- PEs are aware of safe condom use practices, reason for regular medical checkup

and ICTC testing.

- The community members are satisfied by the services provided by the PEs.
- The peer educators are well versed with the responsibilities and are able to do the outreach work as per the requirements.

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

President of the organization, PD, PM, Counselor and ORWs are providing supervisory oversight. ORWs conducting weekly meetings with PEs to collect data as well as plan for the next week. PM interacts with ORWs to monitor work being done and to assess additional support required. Counselor is updating records with avail of services and providing feedback of not reached for prioritization. Follow up needs strengthening, and review meetings do assess action taken.

IV. Services

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

Sr No	Name of Doctor	Qualification	Joining Date	Distance from TI office	Training date
1	Dr. Niaschay Sahajan	M.B.B. S	1-7-2023	Static Clinic	-

STI services are being availed at Dr. Niaschay Sahaan at static clinic attached at TI office. Clinical services are being done at static clinics only and no linkages with Government clinic is done.

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

Static Clinic facilities are being used for clinical services. Linkages were made with government set up and NGO clinic. Static clinic Doctor is an MBBS) who is involved for clinical services, there is a need to establish linkages with government hospital for clinical services, unfortunately which not being done,

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.

Treatment was provided through using syndromic approach. Referral was done to Follow

up is compromised. Treatment was done though mostly Static clinic or though prescribing medicine through TI doctor so complete treatment.

- 5. Documentation- Availability of treatment registers, referral slips, follow up cards (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.**

There is proper documentation such as Treatment registers, referral slips, stock register for medicines and condoms.

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

Condoms are distributed by the Peers, ORWs, and Counselor in field areas. The accessibility is also found to be reasonable. Though this is IDU intervention, condom component is not much focused.

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

Particular	Target	Achievement	%
OST linkages	300	0	0%

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

Period	Condom demand	Condom Distribution	%
Oct21 to Sep22	20153	15281	76%
Oct 22 to Sep23	21454	15420	72%
Total	41607	30701	74%

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

Period	Demand	Distribution	%	Returned	%
Oct 21 to sept 22	95842	63946	68%	31607	50%
Oct 22 to Sep 23	144000	111554	75%	54882	49.1%
Total	239842	175500	73%	86489	49.2%

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

- Linkages were available for ICTC, DOT, ART.
- Linkages with government STI clinic is not established.

- 11 Referrals and follow up.**

- STI Referrals is done with static clinic only so 100% referrals reached to clinic.
- ICTC referrals are done at DMC.
- ART referrals are done at DMC.

V. Community participation

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

This is just Two-year-old TI. This is 1st evaluation of TI. TI team needs to be oriented on community mobilization, SHG formation, CBO formation etc.

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

Community participation of the project activities is at satisfactory level. It was reflected in the field level activity and documents also. 4 events were conduct 218 HRGs were part of the events.

VI. Linkages

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

Component	Centre name	Address	Distance from TI
STI	Static clinic	TI office	0 KM
ICTC	DMC Hospital	Tagorenagar, Ludhiana	5km
TB	DMC Hospital	Tagorenagar, Ludhiana	5km
ART	DMC Hospital	Tagorenagar, Ludhiana	5km
OST	Civil Hospital	Field ganj Ludhiana	18km

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

TI team was not able to give accurate data on referral and actual reached. One-time, Two-Time HIV testing needs to be calculated and tracking shall be done for each referral.

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

Linkages with various stake holders are developed and utilized for community development. Three stake holders were available for interaction during evaluation and all Three stake holders where familiar with TI activities and they are supporting TI team for conducting camps and in crises management.

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 present.

Inputs –

- The accountant is in TI for 2 years has good knowledge about accounting.
- They are following the accounting principles.

- 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.**

Input-

- It is observed that all the vouchers are machine printed and all the payments to vendors done through PFMS with approvals of Project Manager and Project Director.
- Tally Software is used by the accountant, but ledger print was not available.
- Voucher no. was mentioned properly in cash book. Voucher no. From Jan. 2023 to March 2023 was not mentioned in cash book.
- Cash book is maintained but it is advised to mention the proper head in cash book while booking the expenditure.
- TI is following Google-Pay / Paytm method to pay the bill of refreshment in DIC and Review meetings to avoid the cash transaction and for more transparency which is appreciable.

- 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.**

Inputs-

It is observed that 1. TI is maintaining Fixed assets register properly and coding on items is present there. Quotations from 3 different vendors collected to purchase any items above Rs.2000 (Sometimes below to Rs. 2000 too) and comparative statement is in place.

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

Inputs-

1. TI has a Separate account in Bank of Baroda and Accountant is maintaining BRS and SOE and submitting the same to CSACS on Quarterly basis and it is properly signed by Project Manager and Project Director.
2. It is advised to get the sign and stamp by Accountant, Project Manager & Project Director on Stock register and Fixed Asset register.

VIII. Competency of the project staff

IX. 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.

Name-Harmanpreet Singh

Post- Project Manager

Qualification- MSW

Date of Joining- 01/09/2021

Total experience in TI- 2 Year

Past experience - Worked as a Project Assistant in PAU for 4 years, As a Research Assistant in PGI for 1 year.

Note: He is well aware about his roles and responsibilities as project Manager. His knowledge about project deliverables is satisfactory and he still needs handholding on community mobilization process.

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.

Name - Monika

Post- ANM

Qualification – ANM

Date of joining -11july2023

Total experience in TI-4 month

Past experience -3 year in Arogya hospital

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.

Name-Seema Sharma

Post- Counselor

Qualification- MA History

Date of joining- 1-sep-21

Total Experience in TI-2 years

Past Experience - As a MEO 3 years in Dr D.N kotnis NGO

As a Counselor 3 years in YRG Care civil Hospital

Note:

She is maintaining clinic and counselling related documents. She was aware of her roles and responsibility. Her knowledge about referral and linkages and knowledge about STI drugs are good.

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.

Name- Gourav Post- ORW Qualification- DMLT Date of joining- 23FEB23 Total Experience in TI-10 MONTH Past Experience -IN HOPE HOSPITAL 3 Years	Name-Naveen Kumar Post-Outreach worker (IDU) Qualification-+2 Date of joining- Sept 2022 Total Experience in TI- 1 year Past Experience - dental lab 2 year	Name - Manjot Kaur. Post - outreach worker of FIDU Qualification - 12th Date of joining - 21 June 2023 Total experience in TI - 3years 4 months Past experience -3 years in Aradhya T. I
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Out of 2 sanctioned 2 ORWs are in place during evaluation and 1 is from the IDU community (FORW). Both the ORWs have very good Knowledge of the TI project, the works of ORWs and the field ‘

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.

Out of 10 sanctioned 8 are in place during evaluation, are 10 have good Knowledge of the TI project, ‘Majority of the peer educators are vocal and able to demonstrate condom negotiation skill.

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.
Not Applicable for new TI

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.

Out of 10 sanctioned 8 are in place during evaluation, 10 have good Knowledge of the TI project, Majority of the peer educators are vocal and able to demonstrate condom negotiation skill.

h) Peer Leaders in Migrant Projects

Not Applicable

i) Peer Educators in Truckers Project

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.

Name- Neha rani

Post _ MEO cum accountant

Qualification_ MBA

Date of joining_29-10_2021

Total experience_ 2 years

Past experience_ 4 years as an accountant.

Note:

M&E officer (Neha Rani) is able to provide analytical information about the gaps in outreach and service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports. M&E officer is quite competent, and she is able to provide analytical information and gaps in service uptake.

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.

622 active HRGs are in contact against target of 600. (100%). Regular contacts are 51% (An average 307 against active population of 600) which needs to be more than 80%. A total of 106 new registration done in last year against annual target of 120(88%). Evidence based outreach plan and hotspot wise micro-plan was also available.

X. Outreach activity in Truckers and Migrant Project

Not Applicable

XI. Services

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

Overall service uptake looks satisfactory considering TI's age (2 years) and aspects that TI team was at learning stage. It is also noted that TI has started work during post covid time. Major services were reached and HRGs were satisfied with the services. 4 Health camps were organized according to the need against the target of 5. The project has a static clinic setup, all clinic runs take place in the static clinic, unfortunately TI could not establish linkages with Government STI clinic which shall be there in upcoming period. Counsellor is providing

counselling services in the field and in the DIC. Around 80% of clinical attendees has been counselled as per the records. 343 (57%) of the individual HRGs had undergone for RMC more than twice. 133 HRGs underwent for HIV test TWICE against target of 562 (23%) which needs focus now onwards.

93 spouses are tested & 2 spouse found HIV positive and Linked with ART. (100%). TI has 622 active IDU Population but could not link any IDU with OST that was a major weakness of the service component. N/S gap analyses were done, and Syringe were distributed 111554 against demand of 144000 (more than 77%). Waste Disposal mechanism in place: Collection and final disposals are done as per guideline.

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.

The TI is just Two-year-old and **community participation is yet to be initiatives except as Peer Educators and Committee members.**

XIII. Commodities

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

Condoms distributed through free mode.

Particular	Target	Achievement	Percentage (%)
Condom Oct 2021 to Sept 2022	298212	284284	95%
Condom Oct 22 to Sep 23	290532	138031	48%

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 the 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.

18 advocacy meetings were held with CHC, District Magistrates, Alok Adalat, Local Ngo, Corporate etc., Tehsildar & Assistant.

Sr No	Advocacy meeting date	With Whom	Topic
1	02-09-2021	3 CONSTABLES	TG Community & TI Programme
2	25-11-2021	Pan card office owner & Assistant	Apply Pan card for HRG's

3	07-12-2021	Derra-Kinner	About TI Programme
4	11-02-2022	Dance teacher	About free of cost for Dance class
5	14-03-2022	Jeet foundation	About free of cost for suit stitching course
6	27-05-2022	Alok Adalat	Rights for Transgender community in Society
7	08-06-2022	Mohalla Pradhan	sensitize about community
8	23-08-2022	ASI & 2 Constable	sensitize about community
9	19-09-2022	FOOD inspector	for ration card apply
10	24-11-2022	SHO & ASI	about community services provided by TI
11	14-12-2022	3 College Techer,4 student	Given Right information about HIV/AIDS and sensitize about community
12	09-02-2023	2Advocate	sensitize about community
13	15-03-2023	2 Doctor	sensitize about community
14	02-05-2023	SMO	Provide Separate Toilet for TG/MSM Community
15	14-07-2023	Tehsildar & Assistant	Apply voter card for HRG's
16	26-07-2023	ASI & 2 Constable	sensitize about community
17	19-09-2023	District Magistrate	issued TG certificate to TG
18	22-09-2023	DC Assistant	Apply voter card for HRG's

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

- Child Pension scheme for PLHIV =1
- Child Scholarship Scheme for PLHIV=1
- E-Shram Card for IDU's=2
- Aadhaar Card for IDU's=5

XVI. Details of Best Practices if any

- Two IDU's were provided work in karyana shop.
- Two IDU's were provided work in Hosiery.
- Two IDU's were provided work delivery boy in Zomato Company

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.
Ms. Jyoti Malviya – Team Leader	Mobile – 9630337686
Ms. Manpinder – Programme Evaluator	Mobile – 7347353580
Ms. Bhawna – Finance Evaluator	Mobile – 9417008154
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	Central Club IDUTI
Typology of the target population:	IDU
Total population being covered against target:	622 against target of 600
Dates of Visit:	4 th November to 6 th November 2023
Place of Visit:	Ludhiana, Punjab

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
60% to 80% (80%)	B	Good	Recommended for continuation

Specific Recommendations:

1. PD's involvement in the TI is good. PD is providing Rs 300.00 per month to each ORW from his personal budget to bear parking charges to be paid at OST center.
2. This is Two-year-old TI and team was at learning stage initially. Still TI team have developed good capacity, satisfactory our reach and good documentation.
3. Peer educators interacted were vocal and have knowledge about TI intervention and Peer education.
4. Coverage is satisfactory against target but TI needs work hard on regular contact.

5. No one in the target population has yet connected to OST. As inferred from field interaction OST center is at 12 KM's distance from TI office and it becomes very difficult for staff to mobilize IDUs to OST center.
6. TI needs to focus on program planning and implementation to bring population to OST.
7. Peer Educator is not aware about the community committees. All staff needs orientation about community committees, its importance and role of HRGs in it.
8. TB Screening shall be focused on proper ways by thorough screening and referral to DOT.
9. Focus should also be on connecting new HRGs through social networks and virtual networks.
10. Two-time HIV testing and Syphilis testing is not up to the mark. It is suggested to track each HRG individual, and microplanning can be done for effective referral.
11. TI peer Educators should have first motive to connect IDU with OST so that they can be presented as role model before other community members.
12. There is a need to conduct advocacy meetings with negative stakeholders in the field more effectively.
13. There is a need to increase more program activities for community mobilization.

Name of the evaluators	Signature
Ms. Jyoti Malviya – Team Leader	
Ms. Manpinder – Programme Evaluator	
Ms. Bhawna – Finance Evaluator	