

TI EVALUATION

Evaluation Team & NGO

Name of NGO	Ganga Foundation
District	Ludhiana, Punjab
Target	MSM TG 800
Date of Visit	29 th to 31 st October 2023
Name of Team Leader	Ms. Jyoti Malviya
Program Consultant-II	Ms. Parminder
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	18	54	43.2	49	29.2	90.7
Support Services	10	30	15	28	14	93.3
Total						91.4

NGO Grading :- A

Evaluator Recommendation :- **Recommended for continuation developed as learning site.**

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	14	100	Qualified
Finance	12	12	100	Qualified

Major Observation

Program Component	Strength	Weakness & Recommendation
Outreach	All staff members are well trained and well aware about the basic components.	Supportive supervision and monitoring of MSM TG needs to be strengthened (Specially for TG)
Clinical Services	Clinical Services of project is good. Above 39% of the target are reached.	Separate Document of STI patients was not available. Needs to maintain proper documentation for intake of clinical services by Beneficiaries.
Referral & Linkages	Referral & Linkages are above 80%.	Need to improvement more Referral & Linkages. GMC
Commodities Distribution	Proper method was followed for Condom distribution and documentation was maintained accordingly.	Condom demand among MSM and TG needs to be validate and accordingly outreach should be planned.
Enabling Environment & Community Mobilization	Putting good efforts for the enabling Environment of HRGs. Advocacy meeting has been regularly conducted as per plan	Needs to do more meetings with HRG, Volunteers & stakeholder
Any Other	Management of TI is good.	NA

Strength

- All staff members are well trained and well aware about the basic components
- Referral & Linkages are above 80%.
- Proper method was followed for Condom distribution and documentation was maintained accordingly.
- Putting good efforts for the enabling Environment of HRGs. Advocacy meeting has been regularly conducted as per plan
- 871 are reached out of 800. more than 100% TG and MSMs are covered against the target
- Monthly meetings are regularly conducted to review performance, out reach plan is also dedveloped .
- More than 80% HRGs are underwent for RMC twice in past one year
- More than 80% HRGs are underwent for Syphilis screening in the past one year
- More than 90% HRGs are underwent for HIV screening in the past one year
- Eight out of Nine PLHIV were linked to ART centre (89%)
- Stake holders involvement is good in addressing issues of HRGs and providing project sevice..

Scope of the work

- However most of peer are familiar with form B, Majority of the them are not able to fill B form
- 3251 was clinic attendance and 1269 were counselled from clinic attended. 39 % HRGs were counselled on Risk Assessment and Risk Reduction
- Staff and peer turnover is low, which is positive aspect of the TI. Out of Seven members team, only One has left the project in last one year (14% turn over). out of Nine Peer Educators Seven are working for more than One year and Only Two left the project in last one year (22% Turn over).
- The service delivery part is good. Most of the indicators stood at +80% but awareness level among HRGs regarding STI/HIV/AIDS is not up the marks.
- There is a need to focus on micro planning for service delivery of STI, Counselling, HIV testing etc. focusing on quality enhancing.

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**

Name of the Organization : Ganga Foundation

Postal Address : House No-6166/1, Street .no -1, Guru Arjun
Dev Nagar, Ludhiana, Panjab

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

Ganga Social Foundation, a voluntary organization (registered under Societies Registration Act XXI of 1860) in 2003, Ganga Social foundation is a voluntary organization established by a group of people representing different social and professional groups- Academicians, lawyers, social activists, management professionals etc. This organization came into being with the idea of working towards the overall development of the marginalized section of the society in all spheres. It is this understanding which prompted us to focus our attention in health and hygiene, environment, livelihood, elementary education, HIV/AIDS. Ganga with its expertise in social development management has evolved robust management systems and data on its project. The organization has field level workers having both field level executions as well as technical and managerial experience of project implementation. Every project consists of a system of checks and balances, which ensure continuous monitoring of the project. Ganga is dedicated to improve the standard of life of the deprived and underprivileged section of society. The activities of organization focus on two dimensions: (a) implementing various development programs for the poor and backward people and (b) conducting intervention research & studies on various socio-economic developmental issues. Our work areas focus on Health of Women and Child, Adolescent/youth, Women Empowerment through Self Help Groups (SHGs), and sustainable Environment. Registration: Registered under Society Registration Act, 1860. R registered under 80(G) & 12(A) of Income Tax Act, 1961 Registered under FCRA Act, 2010- Reg. No- 231661663

Name of the SACS	nature of projects	project period	Status of project Continuing /Completed
Haryana State AIDS Control Society	TI Project with Migrants & Trucker population Faridabad, Haryana	1 st January 2021 till Date	Continuing
Delhi State AIDS Control Society	TI Project with FSW population at Shakurpur, Northwest District of Delhi	September 2010 Till date	Continuing
Punjab State AIDS Control Society	TI Project with TG & MSM population at Ludhiana District of Punjab	June 2014 Till date	Continuing

Delhi State AIDS Control Society	TI project for IDU population at Northeast District of Delhi	June 2013 to till date	Continuing
UP State AIDS Control Society	TI project for FSW & MSM District of Prayag Raj	June 2022 to till date	Continuing
Punjab State AIDS Control Society	TI Project with FSW, MSM & IDU population at Ludhiana District of Punjab	June 2014 Till date	Continuing
Ministry of Social Justice and empowerment	Community Based Target Intervention for Drug Abuse (ODIC)	January 2020 to Till Date	Continuing
Smile Foundation (CSR Project)	Skill Development project	August 2018	Continuing

o **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	PE TG	6	6
6	PE MSM	3	3

- o **Chief Functionary:** Santosh Kumar General Secretary
- o **Year of establishment:** 16.12.2003
- o **Year and month of project initiation:** June 2014 till Date
- o **Evaluation team:**
 - Ms. Jyoti Malviya – Team Leader
 - Ms. Parminder – Program CO Evaluator
 - Ms. Bhawna – Finance Evaluator
- o **Evaluation Timeframe:** October 2021 to September 2023

Profile of TI

(Information to be captured)

Target Population Profile: TG and MSM

Type of Project: Core Composite

Size of Target Group(s):

- TG-574 covered against target of 500.
- MSM- 297 Covered against Target of 300
- o **Sub-Groups and their Size :** TG, Kothi ,BS, and MSM are covered.

TG/MSM	Active Population as on Sep 2023	New Regd.	Drop Out	Ever registered As on Sep 2023
Kothi	282	98	9	389
Panthi	12	2	2	16
BS	3	1	0	4
TG	574	104	14	692
GRAND TOTAL	871	205	25	1101

Target Area--

S.N O.	NAME OFSITE	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.

While verification of the meeting registers it was observed that PD has ensured his presence in the TI as his feedback was written on PD review monthly meeting. Community staff member's conception towards the PD is also observed positive and trusted social worker. The Organization provides support to the project staff in cash and kind. Project Director understands the project's vision and mission in better ways. PD's active participation can be seen in advocacy initiatives, He also involved himself in field activities and monthly weekly monitoring process. He is aware with project dynamics and issues of the HRGs. On behalf of PD, many facilities are provided to the staff and peers, like water coolers have been installed by PD for the staff and peers of the organization, ration kits are given to HRGs.

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 stable team, All staff members are more than Two years old except counsellor. Out of Seven members team, only One has left the project in last one year. PM is working since Sept 2013, MEA is working since Feb 2017, ORWs are also senior and have been associated with this TI since last two to Five years. In Peer Educator cadre also, out of Nine Peer Educators Seven are working since more than One year and Only Two left the project in last one year of the period.

Sr No	Staff Name	Designations	Qualification	Joining Data	Resign date
1	Reena Kalyan	Project Manager	MCA	20-Sep-17	Continue
2	Jager Singh	M&EA	MBA	11-Feb-17	Continue
3	Sapna Maker	Counsellor	B.A	17-Jul-17	10-Feb-23
4	Manpreet Kaur	Counsellor	B.A	16-Oct-23	Continue
5	Vijay Kumar	ORW-1	12 th	22-Feb-17	Continue
6	Sundeeep	ORW-2	M.A	01-Dec-19	Continue
7	Rajeev Kumar	ORW-3	12 th	07-Jun-21	Continue
8	D.J. Katharina	PPP(DOCTOR)	M.B.B.S	20-May-15	Continue
9	Dr.Vinay Arora	PPP(DOCTOR)	M.B.B.S	09-May-18	Continue
10	Shekhar	Peer-1	8 th	01-Sep-21	Continue
11	Subhash	Peer-2	8 th	05-Sep-21	Continue
12	Amit	Peer-3	8 th	02-Feb-20	Continue
13	Ajay	Peer-4	8 th	03-Jul-20	Continue
14	Rajesh	Peer-5	8 th	05-Sep-19	Continue
15	Lakhvir	Peer-6	B.A Sociology	05-Jul-20	Continue
16	Chandan	Peer-7	12 th	02-Sep-21	30-Mar-23
17	Sanju	Peer-7	5 th	03-Apr-23	Continue
18	Sheetal	Peer-8	10 th	01-Jul-18	30-Sep-22
19	Raj	Peer-8	8 th	01-Oct-22	Continue
20	Deepak	Peer-9	10 th	02-Sep-21	30-Mar-23
21	Sourav	Peer-9	8 th	01-Apr-23	Continue

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

Capacity building of the staff was done from the PSACS and Humsafar trust, Kshamta Kendra . In house training was organized and presents TI team looks capable still TI team needs to be trained on strategic intervention with TG, MSM component

Sr No	Date	Name of training	of	Attended by Whom (Staff / Peer	Conducted by NGO / SACS / TSU / Other
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1	06-10-2021	P-MPSE	PM & MEA	PSACS
2	29-10-2021	Star HIV Self Testing	PM and Counsellor	Humsafar Trust
3	20-12-2021	Social Scheme for linkage to HRG's	PM, Counsellor and ORW	PSACS-Harinder Bir
4	10-02-2022	In House Training	Peer Educators	TI OFFICE-PM
5	10-10-2022	In House Training	Peer Educators	TI OFFICE-PM
6	22-09-2022	Soch Training	PM & MEA	Hitesh-TSU
7	13/2/2023	Training of Master Trainer for ORW &	PM	Kshamta Kendra(Chandigarh)
8	15-04-2023	In House Training	Peer Educators	TI OFFICE-PM
9	26/6/2023	Capacity Building	ORWs	Kshmta Kendra (Chandigarh)
10	15-09-2023	Social Protection scheme	PM	PSACS(CHD)
11	3/10/2023	MTOT for Project manager	PM	Kshmta Kendra (Chandigarh)
12	12/10/2023	Capacity Building	Peer Educators	Kshmta Kendra (Chandigarh)
13	17-10-2023	In House Training	Counsellor	TI OFFICE-PM

3. Infrastructure of the organization

Infrastructure of the organization is quite good. Assets are codified and updated in Asset register.

S. No.	Specification of Fixed Assets	Quantity
TV	GSF/TI-PSACS/TV/01-2014-2015	1
Computer Monitor	GSF/TI-PSACS/COM/04 to 06-2019-2020	1
DVD	GSF/TI-PSACS/DVD/01-2014-2015	1
Almiraha	GSF/TI-PSACS/ALM/01-2019-2020	1
Tables	GSF/TI-PSACS/OT/01-02-2014-2015,2018-2019	2
Chairs	GSF/TI-PSACS/C/01-2014-2015	5
Fridge	GSF/TI-PSACS/REF/01-2019-2020	1

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.

The organization is maintaining all the required documents of the project as per the formats provided by PSACS. The TI project office submitting SIMS/MITR reports to PSACS in time. Documents and records of Pes, ORWs and Counsellor needs to be updated on daily basis, and

information must be captured for all columns and rows. Monitoring and supervision system was Good. All reports have been prepared and sent to PSACS according to the guideline. PM is maintaining movement register, SIMS, project management committee register, advocacy, stock register (condom. Lubes), monthly review meeting, weekly review meeting, attendance, & leave register, training register.

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.

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

Not Applicable

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

Not Applicable

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

Micro planning needs to be more proper, and quality of documentation needs to uniform and updated.

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

Outreach planning was done but it needs to be reflected in the implementation. Outreach planning for TG component needs to be redesigned.

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

Oct 21 to Sept 22	Target	Achievement	Percentage
Active population	750	767	102%
Individual Contact	9000	8694	97%
Regular Contact	9000	7928	88%

OCT-22 to Sept 23	Target	Achievement	Percentage
Active population	800	871	109%
Individual Contact	9000	9745	108%
Regular Contact	9000	8942	99%

8. Outreach Secondary

of Needles and Syringes-NA

planning – distribution

NA for MSM TG project

9. Outreach planning – Peer Navigation

Eight PLHIV (4 MSM & 4 TG) are navigated through Peer educator and ORWs. Out of Eight registered.

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

TI has planned and done Five health camps and 24 CBS Camps to cover new population of TG. In MSM component SACS has not sanctioned any budget for health or CBS camps.

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

8 HRGs are registered through and reached from various networks (Social Network, Virtual Networks, etc). 114 new HRGs are identified against the target of 150.

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

Outreach planning was done but it needs to be reflected in the implementation. Outreach planning for TG component needs to be redesigned.

13. PE: HRG ratio :

The PE are appointed as per norms. TG- 1:95, and MSM 1:99 ratio found.

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.

Oct 21 to Sept 22	Target	Achievement	Percentage
Active population	750	767	102%
Individual Contact	9000	8694	97%
Regular Contact	9000	7928	88%

OCT-22 to Sept 23	Target	Achievement	Percentage
Active population	800	871	109%
Individual Contact	9000	9745	108%
Regular Contact	9000	8942	99%

15. Documentation of the PEs & ORWs

Documentation part of the peer educator was not satisfactory. However most of peer are familiar with form B, Majority of the them are not able to fill B form.

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

Quality of PE documentation is very good and same is reflects also in field services same. MSM segment peer education is good TG level needs to be more perfect.

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

Supervision mechanism needs to be look after as action taken task was not done and observed during evaluation.

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. Jasveer Singh	M.B.B.S	20-May-2015	3KM	Untrained
2	Dr. Vinay Arora	M.B.B.S	09-May-2018	5km	Untrained

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

Government facilities are being used for clinical services. Linkages were made with government set up and NGO clinic. 2 PPP Doctors (all are MBBS) are involved for clinical services.

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.

Referrals to the service centres are in place follow up mechanism needs to be look after. 3251 was clinic attendance and 1269 were counselled from clinic attended. 39 % HRGs were counselled on Risk Assessment and Risk Reduction

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.

- o Condoms distribution done through ORW, PE and Condom outlets also distributed from DIC as per community need. Community receives condom when they need.
- o Referral slips are found to be properly filled up.
- o Documents are maintained as per NACO- SACS guidelines, lack of understanding for the same is found in few of the project staff members.

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

Period	Bye ORW	By Peer	By Counsellor	DIC	Other(OUTLET)
OCT 21 to SEP 23	-	427315	2090	1000	20991

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

Not Applicable for MSM TG TI

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

Particular	Target	Achievement	Percentage (%)
Oct 2021 to Sept 2022	298212	284284	99.595%
Oct 22 to Sep 23	290532	138031	48%

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

Not Applicable for MSM TG TI

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

Linkages were established for ICTC, DOT , ART and STI clinics with Civil Hospital, Ludhiana.

11. Referrals and follow up.

(OCT-21 to Sept 22)	REFER	TESTING	%
HIV	1383	1274	92%
CLINIC VISIT	3200	2813	88%
VDRL	1530	1421	93%

Oct 22 to Sep 23	REFER	TESTING	%
HIV	1620	1500	92%
CLINIC VISIT	3449	3251	94%
VDRL	1748	1628	93%

V. COMMUNITY PARTICIPATION

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

S. No	Name Of Committee	Total Meetings in Last two Year	Total Member	Total HRG
1	Prog. Management Committee	7	12	5
2	Crisis Committee	17	11	5
3	DIC Management Committee	9	10	6
4	Stake Holder Meeting	8	14	3

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. 3 events were conduct 350 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	K.DEEP CLINIC	G.A.D NAGAR,SAMRALA CHOWK,LUDHIANA	3KM
STI	ARORA CLINIC	33 FT ROAD,SHERPUR	5KM
STI	CIVIL HOSPITAL	FIELD GUNJ,LUDHIANA	6KM
ICTC	CMC HOSPITAL	CMC CHOWK,LUDHIANA	5KM
ICTC	DMC HOSPITAL	HAIBOWAL,LUDHIANA	10KM
ICTC	CIVIL HOSPITAL	FIELD GUNJ,LUDHIANA	6KM
TB	CIVIL HOSPITAL	FIELD GUNJ,LUDHIANA	6KM
ART	CIVIL HOSPITAL	FIELD GUNJ,LUDHIANA	6KM

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

(OCT 21 TO SEP23)

- HIV REFER-3003,
- HIV TESTING-2774,
- GAP-229
- PERCETAGE-93%

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. Aadhar cards, voting cards. Insurance, and benefits of other social protection schemes were

provided to HRGs in good manners. Analysis of stake holders and power dynamics needs to be identified and planned advocacy according to needs of the project must be developed at TI level.

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 -

- o The accountant is more than 5 years in same TI and has good knowledge about accounting. Project Director has also good knowledge of about the terms of accounts which is a plus point for organization as well as for TI.
- o They are following best practices of accounting principles.
- o It is advisable to pay directly to vendor instead of transferring the amount to Staff account for the expenditure spent in Demand Generation Meetings, Review Meetings or to purchase any stationary.

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.

Inputs-

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.

1. Stock register of consumables and fixed assets are properly maintained.
2. Tally Software is used by the accountant.
3. Voucher no. was mentioned properly in cash book.
4. Cash book, SOE & BRS signed by Accountant and Project Manager properly.

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.
2. Quotations from 3 different vendors collected to purchase any items above Rs.2000 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 P SACS on Quarterly basis.
2. It is advised to get the sign and stamp by Project Director on Stock register.

VIII. COMPETENCY OF THE PROJECT STAFF

a) Project Manager

Project manager Reena kalyan is in this field for last 11 years previously he was working in TI as ORW field. He has knowledge about the project and indicators 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 programmed 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.

b) ANM/Counsellor

Counsellor Manpreet Kaur, has just joined TI on 16th October, has experience of working in TI NGO for one year, her knowledge about TI program is good, she has been trained on the role and responsibilities of a counsellor by TI NGO. need to take from

c) ANM/Counsellor in IDU TI

NA

d) ORW

Out of 3 sanctioned 3 ORWs are in place during evaluation and 3 is from the MSM community. Are three ORWs have very good Knowledge of the TI project, the works of ORWs and the field ‘

e) Peer Educators

Out of 9 sanctioned 8 are in place during evaluation , 8 have good Knowledge of the TI project, Majority of the peer educators are vocal and able to demonstrate condom negotiation skill.

f) Navigator

Peer Navigation is being done by staff with the help of peer educators. 8 PLHIVs are navigated to ART centre by TI team.

g) Peer Educators in IDU TI

NA

h) Peer Leaders in Migrant Projects

NA

i) Peer Educators in Truckers Project

NA

j) M&E cum Accounts Assistant

M&E officer (Jaggiest Singh) can 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 CMIS reports. M&E officer is quite competent, and he 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.

Outreach activity is mainly done by the ORW as presence of PE was very nominal.

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 up take is good as major services were reached and HRGs were satisfied with the services.

- 3151 was clinic attendance and 1269 were counselled from clinic attended.(32%).
- 1269 HRGs were counselled on Risk Assessment and 1269 Counsellled on Risk Reduction.
- 114 were newly registered and
- 114 (100%) were given PT.
- 1500 / 1631 (100%) were tested VDRL at government set up.
- Coordination sheet of ICTC maintained.
- 1 HRGs were referred to DOT.

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 involvement of MSM and TG community was visible during evaluation as planning on implementation and advocacy related activity needs to be proper and evidence based. All Three ORWs are from Community. Two ORWs are from PLHIV community

XIII. COMMODITIES

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

Condoms and lubes are 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 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 advocacies done with CHC, District Magistrates, Alok Adalat ,Local Ngo , Corporate etc, Tehsildar & Assistant.

Sr No	With Whom	Done By	Topic
1	3 CONSTABLES	Project Manager,M&E,2(ORW),COUNSELLOR	TG Community & TI Programme
2	Pan card office	Project Manager,2(ORW),COUNSELLOR,1(peer)	Apply Pan card for HRG's
3	Derra-Kinner	Project Manager,3(ORW),COUNSELLOR,1(peer)	About TI Programme
4	Dance teacher	Project Manager,3(ORW),COUNSELLOR,8(HRGs)	About free of cost for Dance class
5	Jeet foundation	Project Manager,M&E,3(ORW),COUNSELLOR,9(HRGs)	About free of cost for suit stitching course
6	Alok Adalat	Project Manager,2(ORW),COUNSELLOR,2(Peer),6(HRGs)	Rights for Transgender community in Society
7	Mohalla Pradhan	Project Manager,3(ORW),COUNSELLOR,M&E,6(HRGs)	sensitize about community
8	ASI & 2 Constable	Project Manager,M&E,3(ORW),COUNSELLOR,2(peer),2(HRG)	sensitize about community

9	FOOD inspector	Project Manager,3(ORW),COUNSELLOR,2(peer),1(HRG),1 (stakeholder)	for ration card apply
10	SHO & ASI	Project Manager,M&E,2(ORW),COUNSELLOR,2(peer),3(HRG)	about community services provided by TI
11	3 College Techer,4 student	Project Manager,COUNSELLOR,1(peer),1(HRG)	Given Right information about HIV/AIDS and sensitize about community
12	2Advocate	Project Manager,1(ORW),COUNSELLOR,5(HRG)	sensitize about community
13	2 Doctor	Project Manager,M&E,2(ORW),2(peer),3(HRG)	sensitize about community
14	SMO	Project Manager,M&E,1(ORW),7(HRG)	Provide Separate Toilet for TG/MSM Community
15	Tehsildar & Assistant	Project Manager,M&E,2(ORW),3(HRG),1(stakeholder)	Apply voter card for HRG's
16	ASI & 2 Constable	Project Manager,2(ORW),3(HRG),2(Peer),1(stakeholder)	sensitize about community
17	District Magistrate	Project Manager,M&E,2(ORW),1(peer),2(HRG)	issued TG certificate to TG
18	DC Assistant	Project Manager,2(ORW),2(peer),3(HRG)	Apply voter card for HRG's

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

Type of Services	No of Beneficiaries
TG Card	31
Blue card	5
Voter ID	62
BPL	5
Adhar Card	15

XVI. DETAILS OF BEST PRACTICES IF ANY

Ganga Social Foundation starts extra activities for MSM through advocacy meeting with stakeholders. Under the programme, they started activities like dance class, beautician class, meditation class.

- In dance class 12 HRGs involved.
- In beautician class 35 HRGs took benefits, they were also provided certificate.
- In meditation class 17 HRGs involved.
- By taking approval from respective CMO, they got success in making a separate toilet for TG community in civil hospital Ludhiana.

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. Parminder – Programme Evaluator	Mobile – 7347353580
Ms. Bhawna – Finance Evaluator	Mobile – 9417008154
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	Ganga Foundation
Typology of the target population:	TG MSM
Total population being covered against target:	871 against target of 800
Dates of Visit:	29 th to 31 st October 2023
Place of Visit:	Ludhiana, Punjab

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
>80% (91.4%)	A	Very Good	Recommended for continuation

Specific Recommendations:

<ol style="list-style-type: none"> 1. PD has ensured his presence in the TI as his feedback was written on PD review monthly meeting. Community staff member’s conception towards the PD is also observed positive and trusted social worker. 2. On behalf of PD, many facilities are provided to the staff and peers, like water coolers have been installed by PD for the staff and peers of the organization, ration kits are given to HRGs. 3. Staff and peer turnover is low, which is positive aspect of the TI. Out of Seven members team, only One has left the project in last one year (14% turn over). out of Nine Peer Educators Seven are working for more than One year and Only Two left the project in last one year (22% Turn over). 4. Ganga Social Foundation started extra activities for MSM through advocacy meetings with stakeholders. Under the programme, they started activities like dance class, beautician class, meditation class.

- In dance class 12 HRGs are involved.
 - In beautician class 35 HRGs took benefits, they were also provided certificate.
 - In meditation class 17 HRGs are involved.
5. By taking approval from respective CMO, they got success in making a separate toilet for TG community in civil hospital Ludhiana.
 6. TI's effort in CBO / SHG development is yet to be started which needs urgent focus now onwards.
 7. Counselor's post was vacant for more than 6 months. As reported SACS has instructed to not to fill vacant post till sanctioned of budget copy.
 8. Counselling part of the project is an average. And Counselor needs training on various types of counselling and it's important in Core Intervention.
 9. The service delivery part is good. Most of the indicators stood at +80% but awareness level among HRGs regarding STI/HIV/AIDS is not up the marks.
 10. Few HRGs are part of the community committees as per records but it is inferred from the interaction and field visit that these HRGs are not aware about that committee and their role as committee member.
 11. Some records like movement register must be in standard format. Network clinic format shall be filled up properly.
 12. There is a need to focus on micro planning for service delivery of STI, Counselling, HIV testing etc. focusing on quality enhancing.
 13. It is suggested to ensure more than 20% of new HRGs are against the annual target.

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