**REPORTING FORMAT-B**

**DESCRIPTIVE EVALUATION REPORT**

**INTRODUCTION**

**Background of the Organization**:

Family Planning Association of India(Mohali) is a non-profit organization established in 1992 that works primarily in the domain of health. Its primary office is in District Mohali, Punjab. It is one of the branches of FPAI that was founded in Mumbai in 1949. FPAI aims to promote knowledge of family planning as a basic human right as well as to implement population policies which can help to bring out a balanced development of resources of the country, as a means towards raising the quality of life.

FPA India takes the credit of being the first and still the only NGO in India to have a country wide network of sexual counseling centers staffed by trained qualified and experienced counselors who are able to educate, train, and provide therapy for sexuality related problem.

**Background of the Project:**

The Targeted Intervention Project on Female Sex Workers (FSWs) was initiated in July,2007 and has current sanctioned target of600 FSWs in target areas of Chandigarh.

**Name and address of the Organization:**

Family Planning Association of India, Site No. 3, SehatBhawan, Phase 3-A, District Mohali,Punjab,India.

**Project/ Field office:**

H.No-1294, DaduMajra Colony, Chandigarh, India.

**Chief Functionary:** Sh. Rajesh Beri(Project Director)

**Year of establishment:** Established in 1992.

**Year and month of project initiation:**

July 2007 (From January 2004 to June 2007, the project was on FSW and MSM (Composite).

**Evaluation team**

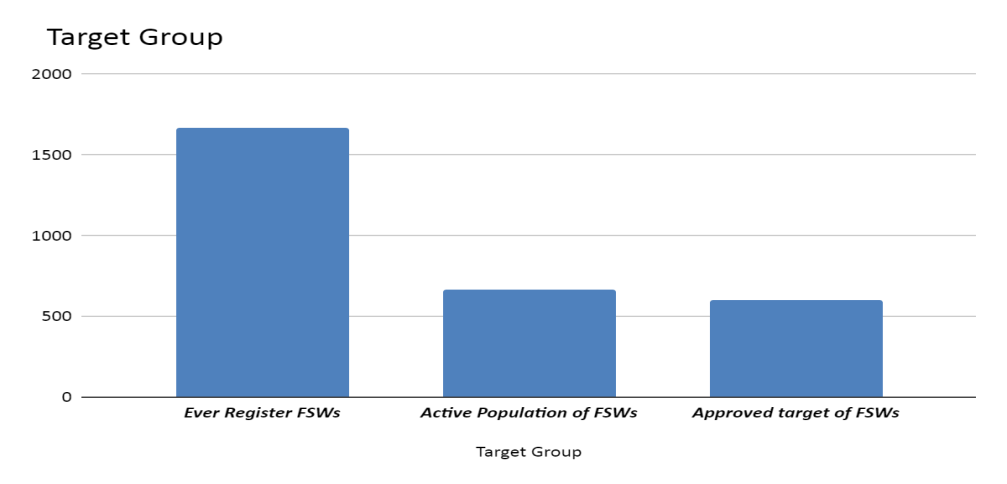
* Dr. Sukhbir Singh (Team Leader)
* Ms. Tabassum (Co-Evaluator)
* Ms. Ravina Khan (Finance Evaluator)

**Time frame**

1st October, 2020 to 30th September, 2021

**PROFILE OF TI**

* **Target Population Profile**: Female Sex Workers(FSWs)
* **Type of Project:** Core Population Target Intervention
* **Size of Target Group(s):**



|  |  |
| --- | --- |
| **Ever Register** | 1672 FSWs |
| **Active Population** | 664 FSWs |
| **Approved Target** | 600 FSWs |

* **Sub-Groups and their Size:** All 664 FSWs are home based.
* **Details of Target Area:** The TI is implemented in Chandigarh at DaduMajra Colony, DaduMajra Village; Dhanas; Bhaskar colony, Kumhar colony, Janta colony(Sector-25), LBS colony(sector-56)Sarangpur, Janta Colony, Khuda Ali Sher, Sector-1,23,24..

**Key Findings and recommendations on Various Project Components**

1. **Organizational support to the programme:**

* President of the organization visits the project office to review project activities from time to time.
* To review project progress, the projectdirector has monthly meetings with the team.

**Recommendation - For encouragement of TI staff, it is recommended to document remarks of PD in the meeting register and follow up with action taken should be noted.**

**II. Organizational Capacity**

1. **Human resources:**

* The TI project consists of Project Director (1), Project Manager (1), M&EAA (1), Counselor (1) and Outreach Worker (3) and 10 Peer Educators.
* Commitment to the project is visible from their strong understanding of roles and responsibilities and NACO format knowledge. .
* Appointment letters with roles and responsibilities are properly documented in the personal file of each staff member.
* Counselor and 3 peer educators resigned during the evaluation timeframe and were appointed in less than two months.It is observed in documentation that proper recruitment process is followed as per guidelines for appointment of counselor.
* Attendance register and leave records are well maintained in the TI office and cross verifiedwith recruitment and movement register.

1. **Capacity building:**

* Training register as per NACO format L is maintained for recording training conducted for staff at NGO level and by TSU PO and CSACS, virtually and offline.
* Counselor is provided with training in counseling skills and clinic management by CSACS.

1. **Infrastructure of the organization:**

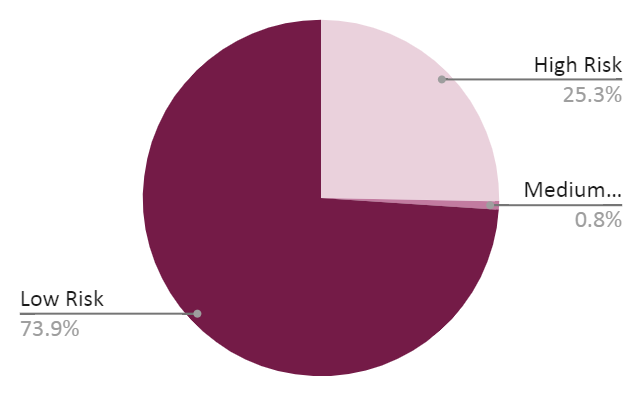
* Assets at TI project are codified and marked
* Project office is located at an easy to reach location.
* It has a spacious separate DIC room for the community.
* Project officehas all requisite infrastructure required for the smooth functioning of the project.

1. **Documentation and Reporting**:

* Staff have a comprehensive understanding of reporting formats as per their role in TI and the same is reflected in their documentation.
* Documentation in the TI reflects transparency and clarity.
* Each document is complete as per format and follow ups can be easily traced and cross checked from documents. Documents at each level in the project are maintained in NACO formats for TI.
* Regular monthly report has been sent to CSACS as per reporting formats.
* At TI level, reporting and documentation is reviewed in weekly and monthly meetings.
* Observation- TI staff understanding of formats as per their role from Peer educator to Project manager and their documentation skills are appreciable.

**III. Program Deliverables**

1. **Line listing of the HRG by category:** was available in both soft and hard copy. Each ORW and peer has their own list of HRGs. Master list of 664 has been categorized into high risk(168), medium risk(5) and low risk(491) based on form B-1 and complete registration form-A was available.



1. **Micro planning:**

Micro plans of each site are available and the same is utilized by outreach workers for delivery of services as per need and demand.

1. **Coverage of target population (sub-group wise):**

Out of 1672 home based FSWs registered by the TI project, 664 FSWs are the active population. 131 new HRGs were registered through various outreach activities.

1. **Outreach planning**:

* TI organizes 13 SOA camps to reach out to the hard to reach population.
* 2 community events were organized with CSACS collaboration.
* 131 new HRGs are registered with the TI and documentation of the same is maintained. Efforts should be made to reach out HRGs through social/ virtual networks.
* In order to bridge the gaps and overcome challenges, monthly and quarterly outreach planning was done by the TI project team.
* Distribution of condoms is done by a peer educator after assessing the need of HRGs and details of the same are shared with ORW for future outreach planning.
* Documentation of monthly outreach planning including SOA camps and community events are available with pictures.

1. **PE: HRG ratio:**

10 peer educatorsare associated with the project and the PE: HRG ratio is 1:66.

1. **Regular contacts:**

664(100%) of HRGs have been contacted at least once in a year, availing the project services including condom distribution, RMC, HIV testing, IEC and BCC services.

1. **Documentation of the PEs and ORWs:**

* For understanding and convenience of peer educators, form B available during interaction with peer educators is printed inhindi and peer has clear understanding of information filed in that form..
* Documentation of form B-1, Form A, Form D and QRA were maintained and updated by ORWs.
* The project is also maintaining these formats in soft copy.

1. **Quality of peer education**:

* During peer interaction it is learnt that peer educators have understanding of transmission routes and prevention of HIV/AIDS, STIs and services provided to HRGs like HIV testing, condom, RMC, etc.
* They have knowledge about the peer form B.
* A total of 10 peers are associated with the project.

1. **Supervision** :

* Overall supervision of the project is mainly done by the project manager with guidance from the project director and support from M&EAA and counselor.
* However, no specific remarks or suggestions by PD was documented in the meeting register and no action taken/follow up report of previous meeting was made.
* The ORWs supervise the work of the Peers through field visits and one to one contact with the HRGs.

**IV. Services**

* + - 1. **Availability of STI services**:
* TI has identified 3 PPP doctors for the population of 664 FSWs.
* The doctor has been trained as per the NACO guideline for syndromic management and maintaining network clinic cards.
  + - 1. **Quality of the services**: The clinic has all necessary equipment and is located at an easily accessible location. Separate room is there for physical examination and STI kits are available at the clinic.
      2. **Quality of treatment in the service provisioning:**
* Syndromic treatment method is used by the doctor.
* Proper follow up mechanism is followed.
* 129(98.4%)newly registered HRGs were provided with PT.
* 1312(97%) of HRGs went twice for RMC in the last one year.
* The HRGs are referred to nearby F-ICTC, ICTC and mobile ICTC for HIV testing and Syphilis screening done through single prick.
  + - 1. **Documentation:**
* A network clinic format is filled by the doctor.
* Stock of medicines is maintained.
* Daily summary sheets are also maintained for HRG visiting the clinic. As per counseling register, 2559(100%) of the HRG attending STI clinic were counseled.
* Referral slips are maintained for all the referrals to ICTC and F-ICTC according to month and year.

1. **Availability of Condoms:**

* Free condoms are distributed directly through PE/ORWs during one to one or one to groups in the community as per HRGs need assessment.
* 21 condoms outlets have been established in the project area.

1. **No. of condoms distributed**:Total 19119 free condoms were distributed against the demand of 14136.
2. **Information on linkages for ICTC, DOT, ART, STI clinics:**

* The Project staffhas complete information of the linkages with the ICTC, F-ICTC, Suraksha clinic and ART centre.
* ORWs and counsellor is aware that the target population has to be referred to ICTC for HIV testing twice a year. Similarly, HIV positive person is to be referred to ART centre and syphilis reactive to Suraksha clinic.
* 1 HIV positive HRGs linked with the ART centre.

1. **Referrals and follows up:**

* HRGs are referred to nearby F-ICTC and ICTC.
* Referrals for the F-ICTC at Urban Health center, DM colony are cross verified during the field visit.
* STI cases were counseled at the project level by the counsellor. Referrals of HRGs to ICTC, STI clinic, NACO Suraksha Clinic, ART centre are done accordingly and follow ups are done if required.

**V. Community participation:**

1. **Collectivization activities:** No CBO has been formed since the inception of the TI project in 2007, neither efforts have been taken to document challenges faced by the team in forming CBO.
2. **Community Participation:** Very few HRGs representatives are members of each committee formed by TI (Programme Management Committee has 2HRG representatives, DIC Management committee has 3HRG members, Crisis Management Committee has 3HRG members).

Recommendation-

* The number of HRGs representative in each committee should be actively involved in planning and implementation of project activities.
* Efforts should be made to form CBO and document all records of efforts made to form CBO or challenges faced by the team in forming CBO for sustainability.

**VI. Linkages**

1. **Assess the linkages established with like STI, ICTC, TB clinics:**

* Linkages have been established with ICTC, Mobile ICTC for HIV and syphilis testing.
* For STI treatment 3 PPP doctors are engaged.
* One HIV positive case is linked with ART.
* Referrals are made to RNTCP clinic but no TB positive identified.
* During field visits, it is learnt that linkage coordination is well organized with F-ICTC staff.

1. **Percentages of HRGs tested in ICTC and gap between referred and tested:** 92% (1473 referred and 1369 tested) of HRGs are tested in ICTC from referrals made during the evaluation timeline.
2. **Support system developed with various stakeholders and involvement of various stakeholders in the project:** 16 Stakeholders have been identified and 12 Advocacy meetings have been conducted with various stakeholders. Advocacy meetings were conducted with ART counselors and F-ICTC to strengthen linkages and overcome challenges coming in referrals.

**VIIFinancial Systems And Procedures**

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

* 94% funds are utilized as per guidelines.
* Expenditure incurred as per approved budget.
* SOEs were submitted to SACS on time in the prescribed format and records for the same were available.

1. **Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.**

* All the payment was made with proper bills and other supporting documents.
* Payments were made through the PFMS portal.
* No cash transaction above Rs.5000.

1. **Systems 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.**

* The procurement system for purchase of Material was followed by the NGO.
* Quotations are in place from three different parties and assessed.

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

* Separate bank account in Punjab National Bank, Phase-5, Mohali Punjab is available.
* Audit report was available to verify whether the audit recommendations are applied. All the recommendations are taken into consideration.
* Ledger is maintained. Ledger is not verified.
* Cash book is updated.
* Vouchers were printed and machine numbered.

**VIII. Competency of the Project Staff**

1. **Project Manager:** The project manager is associated with TI since 8th June, 2018 and done Post Graduation in Sociology with B.Ed. She has prior experience of 3years as counsellor in TI project, before appointed as PM on 1st July, 2020. She has a good perception about the TI programme, financial and data management. She is a supportive and active team leader.
2. **M&E cum Account Assistant:** has done MBA Finance joined TI on 1st February, 2022. All documents related to finance are maintained by him. He is also compiling all the M&E data in the soft copy and has skills for data analysis.
3. **Counsellor:** Joined TI project as counsellor on 23rd June, 2021 and has prior experience of 2.5years as M&EAA within same TI project. She has done her Master's in sociology and history. She has knowledge and understanding of need based counselling skills and documents to be maintained by the counsellor with follow up details and summary reports at the end of every monthin the register.
4. **Outreach Workers (ORWs):** All three outreach workers have detailed understanding and knowledge of roles and responsibilities in TI project.
5. **Peer educators:** 10 Peer educators are with the project. Peer educators are vocal and enthusiastic and have a fair understanding of HIV/AIDS and STIs and peer form B.

**IX. Outreach activity:**

* On an average 100% of the HRGs are provided at least one or more services  at least once in the evaluation timeline.
* During FDG, it is learnt that peer educators meet the HRGs at hotspot and provide the project services which reflects the effectiveness of outreach activities.
* ORW met the peer educator and provides support for delivery of services to HRGs.

**X. Services:**

* The project staff and the team has knowledge of the key services which need to be delivered to the HRGs and their periodicity.
* In FGD, HRGs reported they are satisfied with the counseling of counselor and timely services are provided as per demand by peer educators and ORW.
* Few participants were satisfied with confidentiality and privacy maintained at TI level.
* Most of the service uptake is satisfactory as HRGs are able to get the counseling, RMC and ICTC testing service from the TI staff.
* The Community Score card is used twice to take feedback from the community, which shows positive feedback from the community.

**XI. Community involvement:** Every committee has limited members from the community. Members should be involved from the community after need and power analysis. The project needs active involvement of the community in planning and monitoring to bring ownership.

**XII. Commodities:**

* FreeCondoms are supplied to the HRGs by peers, Outreach workers and through 21 condom outlets.
* HRGs are getting condoms according to their requirements.
* For STI treatment syndromic management method is followed and drugs were provided accordingly as per NACO guidelines.
* Bio waste disposal is done as per guidelines.

**XIII. Enabling environment:**

* Advocacy meetings are conducted 12 times during evaluation timeframe to address issues in program delivery with ART, F-ICTC staff, police personnel and other stakeholders with proper documentation.
* Involvement of the stakeholders was limited in the project.

**XIV. Social protection schemes / innovation:**

HRGs are enrolled for Smart Ration Card-86, Distribution of sanitary pads-70, HRG participated in various awareness session camp (World health day-19; Covid awareness-15; world population day-23, world breastfeeding week-22); Medical health camp cum awareness-48; International Women Day cum health camp-45).

**XV. Best Practices if any:**

* Counsellor provides counselling on gender based violence(emotional abuse, domestic violence, relationship, Sexual and verbal abuse).
* Outreach workers maintain a diary regarding personal information and history of individual HRGs, met during field visit.