**Reporting Format-B**

**Descriptive Evaluation Report**

**INTRODUCTION**

**Background of the Organisation**:

Servants of the people Society was founded by Lala Lajpat Rai Ji at Lahore in 1921. The vision was inspired by an idea of training young men for political work and social service. The society was formally inaugurated by Mahatma Gandhi Ji on 9th November, 1921 and housed in Lala Ji’s bungalow, which he had donated to the society along with his library. After the partition of the country in 1947, headquarter of the society was shifted to New Delhi. At present it is housed in Lajpat Rai Bhawan, Lajpat Nagar, and New Delhi. The society has 19 branches and centers in different parts of the country. It is still working for India’s freedom - freedom from poverty, freedom from disease and freedom from intolerance.

Chandigarh branch has inherited Lala Lajpat Rai’s work among the people of Punjab comprising present Punjab, Haryana and Himachal Pradesh. In and from the city beautiful, the Chandigarh branch has been striving to explore the dimensions of the beauty of human relationship where in the spirit that binds man to man may express itself. Chandigarh branch is carrying out scores of social, educational and health activities.

**Background of the Project:**

The Targeted Intervention Project on Female Sex Workers (FSWs) was started in the month of July 2007. The current sanctioned target is 600 for FSWs (Home Based) in target areas of Chandigarh.

**Name and address of the Organization:**

Servants of People Society, Lajpat Rai Bhawan, Sector 15-B, Chandigarh.

**Project/ Field office:**

#156, Sector-55, Palsora, Chandigarh

**Chief Functionary:** Sh. Bheem Sen (Project Director)

**Year of establishment:** Established in year 1921

**Year and month of project initiation:**

July 2007 (Since 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):**

As approved - 600 FSWs

Ever Registered - 1824 FSWs

Active population – 698 FSWs

* **Sub-Groups and their Size:** FSWs - All are Home based
* **Details of Target Area:** The TI is implemented in Chandigarh at Maloya, Kajheri, Sec-52, Burail, Attawaa, Sec- 38,40,41, Badheri, Butterla and Palsora

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

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

The Organization provides support to the project staff. Project Director has basic understanding of the project and a well-known person in the target area, however, active participation in advocacy initiatives, involving target community in planning of activities based on need besides monitoring and reviewing the performance of TI require attention.

**II. Organizational Capacity**

**Human resources:**

The TI project consists of Project Director (1), Project Manager (1), M&EO (1), Counselor (1) and Out Reach Worker (3). A total of 10 Peer Educators are associated with TI. Appointment letters were issued to all the staff. Roles and responsibilities are properly documented with the appointment letter. Attendance register is maintained and daily entry is done. Leave records are maintained in the TI office.

**Capacity building:**

Induction training was imparted to the project staff by CSACS as per the NACO Standards. In-house induction orientation at the NGO level was conducted for the new staff appointed. However, it appeared that the capacities of the newly recruited ORW and counsellor need further strengthening & reinforcement.

**Infrastructure of the organization:**

The organization has a spacious project office cum DIC located at a suitable position that can easily be accessed by the community. The organization is having sufficient infrastructure, which includes, chairs, tables, computers, printer, phone, internet, almirah etc required for the project. Overall the requisite infrastructure is in place for the project.All the assets have been codified and marked.

**Documentation and Reporting**:

The Project staff is maintaining all the required documents as per the formats provided by CSACS. It was observed that ORW formats are also maintained in soft copy. Most of the formats are completed and updated. The project has been submitting monthly reports reports to CSACS in time. The field feedbacks are shared and reviewed during weekly and monthly staff meetings all monitoring and evaluation part for proper review of the program need to be strengthen. Formats used for documentation reflects transparency and clarity.

**III. Program Deliverables**

**Outreach**

**Line listing of the HRG by category:**

Master list of all the 698 FSWs was available in both soft & hard copy form in the project. Each ORW and peers had their own list of HRGs. Completed Registration form of all the HRGs (Form - A) was available. All are home based. They have been categorized in different risk categories.

High Risk= 59 Medium Risk= 7 Low Risk= 632

**Micro planning:**

PE wise micro plan is available & the same micro plan was used by ORWs for delivery of services as per need and demand. Similarly, HRGs tracking for clinical services was also available with the counselor. Micro planning of each site was also done.

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

At present a total of 1824 HRGs were registered by the project and out of which 698 is the active population. 146 new HRGs have been registered in the last one-year October, 2020 to September, 2021. All the FSWs are home based.

**Outreach planning**:

Outreach planning tools were used for the designing the outreach activities. Outreach planning was reflecting for delivery of services as per need and demand. During the weekly meetings the work carried out in the last week is reviewed by the ORWs & accordingly plans for the next week were being prepared. Monthly plan for all the staff is made. The field visit of the ORWs are limited to 3-4 times in a particular hotspot in a month. Review of peer educator done by the ORW.

**PE: HRG ratio:**

There are 10 peer educator in the project and the PE: HRG ratio of 1: 65

**Regular contacts:**

As per the peer sheet and ORW diary 630 HRGs (90.0%) have been contacted at least once in a year against the active population of 698 and provided the project services including condom distribution, RMC, HIV testing, IEC and BCC services.

**Documentation of the peer education:**

Form B and B\_1 is maintained by the peer educator with the support of ORWs. Form C and C-1 is also being maintained and update. The project is also maintaining these formats in soft copy. There is mismatch of data in the B and B-1 form with the movement.

**Quality of peer education**:

A total of 10 peers are associated with the project. Quality of peer education is encouraging. Most of the peers have good knowledge on routes of transmission and prevention of HIV/AIDS. They have knowledge on STI and its sign & symptoms. During interaction with the community members it was observed that most of the community has basic information on HIV/AIDS/STI transmission and its symptoms. They were aware of some of the programme activities – like receiving condoms and getting HIV testing done at civil hospital and through mobile ICTC.

**Supervision** :

PM supervises the project through field visits and through monthly review meeting at TI level. Proper indicator wise review done in the meeting. Project manager field movement register, last quarter data was entered in register. The ORWs supervise the work of the Peers through field visits and one to one contact with the HRGs. Planning part (monthly, follow-up, ORW) is found satisfactory but more capacity can be built.

**IV. Services**

**Availability of STI services**:

STI Treatment is being provided through PPP model. There is 5 PPP doctor (BAMS doctors) identified for the population of 698 FSWs. The clinic is open from 10:00AM to 1PM and 5:00PM. To 8PM on all seven days of the week. The doctor has been trained as per the NACO guideline for syndromic management.

**Quality of the services**:

The Doctor’s clinic has all the necessary equipment’s for physical examination and is well equipped. During the discussion with the doctor, it was observed HRGs regularly visit his clinic and necessary documents are being maintained. However, a few of the community members in the field had acknowledged knowing the doctor or visiting his clinic.

**Quality of treatment in the service provisioning:**

Syndromic treatment method is used by the doctor. 39 FSWs were treated for STI. 125 Newly registered HRGs were provided with PT. The HRGs are referred to nearby F-ICTC, ICTC and mobile ICTC for HIV testing and Syphilis screening done through single prick. Around 100% visited quarterly for regular medical check up.

**Documentation:**

All the documents are maintained by the project. A network clinic format is filled by the doctor. Daily summary sheet is also maintained for HRG visiting the clinic. Counselling register is maintained for all the HRGs who have been counselled. Referral slips are maintained for all the referrals to ICTC.

**Availability of Condoms:**

Free condoms are distributed directly through PE/ORWs during one to one or one to group in the community. 18 condoms outlets have been established in the project area.

**No. of condoms distributed**:

Total 344238 free condoms were distributed against the demand of 338112

**Information on linkages for ICTC, DOT, ART, STI clinics;**

The Project staffs are aware of the linkages with the ICTC, F-ICTC, Suraksha clinic and ART centre. ORWs and counsellor is aware that target population has to be referred to ICTC for HIV testing twice a year. Similarly, positive person is to be referred to ART centre. 2 HIV positive HRG linked with the ART centre.

**Referrals and follows up:**

HRGs are referred to ICTC for HIV testing and syphilis at various ICTCs. All the STI cases were counselled at the project level by the counsellor. Some of the STI cases have been followed up.

**V. Community participation:**

1 event was organized as per the project sanctioned budget by the project during the evaluation period. The project needs to focus on involving community actively in monitoring and planning of project services.

**Collectivization activities:**

The project has made an effort and formed a program management committee with 10 members from the community. Similarly, a crisis management team has also been formed with 4 members, DIC management committee has also been formed with 9 community members from the HRGs as community representation. Project team needs to ensure the committee member’s active participation in project implementation.

**VI. Linkages**

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

Linkages have been established with F-ICTC, ICTC for HIV and syphilis testing for HIV testing. For STI treatment 5 PPP doctor is engaged. Referral to DOT was made in the project.

**Percentages of HRGs tested in ICTC and gap between referred and tested:**

A total of 1355 referrals have been made (one or two times) and 1338 tests have been done. Approx 95.42% referred is tested.

**Support system developed with various stakeholders and involvement of various stakeholders in the project:**

10 Stakeholders have been identified and 4 stakeholder meetings cum Advocacy have been conducted. During the field visit we able to meet 2 stakeholders they were aware of the project and support in identification of new HRGs. But their role in planning and service delivery was not visible.

**VII** **Financial Systems And Procedures**

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

Systems of planning is not so good. There is purchasing stationary from Atma Ram & Sons on 03rd, 4th, 17th and 19th. There should be planning how much quantity is required so time and efficiency can utilized in others work. It is also not mentioned in movement register. Atma Ram is also not a wholesaler and the Shop’s distance is far away from office.

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.**

Vouchers number are printed in serial numbered but there is manipulation by hand or sketch in serialized number from 101 to 106 in 31st March 2020. In all Bills only signature of Project Manager and in Quotation there is no signature of PM, M & E and PD. Dates is also not mentioned in Quotation

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.**

On 19th October 2021 to take Condom from CSACS to TI Rs.1000/- is paid to Chota Hathi which is high amount and booked for admin purpose. It should booked on office expense or other head. Movement is also not available for this. Through PFMS Rds. 1000/- paid to M & E cum Accountant but his movement not available. M & E cum Accountant said that they give this responsibility to ORW to bring the condom from CSACS to TI But ORW’s movement also not available in movement Register.

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

Bank Account is State Bank of India is available & Audit report is also available.

Ledger is not maintained, Sign on Cash book is missing, and voucher has manipulation, movement also missing thus documentation not so good. If the mistake done in any voucher. Vouchers can be cancelled no need of manipulation in serial number.

**VIII. Competency Of The Project Staff**

**Project Manager:**

The project manager is associated with TI since April 2015 and done Post Graduation in literature. Her knowledge, perception & understanding of the program seem to be satisfactory. She has good knowledge about project and field area.

**M&EO cum Accountant:**

He is working in this TI since June 2018. He is maintaining all the documents related to finance and M &EO. He is also managing all the data in the soft copy. He has basic understanding of the analysis of data.

**Counsellor:**

She has done graduation in Sociology and joined the TI as ORW in May, 2016. Appointed through interview and selected as counselor in December, 2021. She is having counselling skills needs to be strengthen. She is aware of her roles and trying to put hard & honest efforts to have a grip.

**Out Reach Workers (ORWs):**

Three ORWs are in place and two are from community. All ORWs has basic understanding of the TI and its deliverables. They have basic understanding of the programme. They are maintaining all the formats including peer diaries (form B), Risk assessment, C & D. They provide supportive supervision to the peers and have good rapport with the peers.

**Peer educators:**

10 Peer educators are with the project. All peers are vocal and enthusiastic and have fair understanding of HIV/AIDS and STIs. Some of the Peers had very little understanding about the peer documentation.

**IX. Outreach activity:**

As per the records and documents outreach activities were undertaken on regular basis. On an average 90.0% of the HRGs are covered in a month with one to one or one to group services besides condom promotion. The documents for outreach are maintained at project.

**X. Services:**

The project staff and the team know the key services which need to be delivered to the HRGs and their periodicity. As per the records most of the service uptake is satisfactory in the project as they are able to get the counseling done, RMC and ICTC testing done for the HRGs. Counseling register shows a large number of counseling (920) during last one year, however the same was reflected in the field.

**XI. Community involvement:**

Besides participating in the DGM a few (24 no.) of the HRGs are also a part of the PMC, crisis management committee and DIC management committee. However, the project needs to involve more community members in programme management and planning. It will help in bringing ownership among the community.

**XII. Commodities:**

FreeCondoms are supplied to the HRGs by peers, ORWs & counselors and through condom outlets. HRGs are getting the condoms according to their need. For STI treatment syndromic management method is followed and drugs were provided according to that method.

**XIII. Enabling environment:**

4 advocacy meetings have been conducted with pimps and Pradhan of the area. Similarly, Stakeholders have been identified and stakeholder meetings cum Advocacy meeting have been conducted during last 1 year. During the field visit most of the stakeholders were aware of the project. Crisis management committee has been formed 4 meetings have been conducted.

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

As per data shown 3 HRGs enrolled in PM Dhan Laxmi Yojana, 4 supported with adhar card enrolment, 2 in Jan dhan Yojana,  Conducted awareness session on issues like breast cancer and cervical cancer during evaluation time period.

**XV. Best Practices if any:**

* Mobilise HRGs for enrollment in skill development courses of Front line health care workers in collaboration with JSS Chandigarh. Group of 20 HRGs were enrolled and completed a certified course of 90days from 1July, 2021 to 29thJuly,2021.
* Second generation of the community are supported in education and enhance confidence and develop hidden talent provided opportunity to perform in Community Health camp function.

**General Observation**

* In organization capacity, leave, movement and attendance register are matched and cross verified with recruitment data.
* Advertisement for staff recruitment isn't available in file and appointment documents are partially signed and self-attested.
* Quarterly DIC, PMC register and monthly meeting review register and file are checked- No remark/feedback by PD in any register and signs are done at the end of each meeting as verified authority not in attendance.
* Field visit register of the project manager is maintained and cross verified with the movement and attendance register. Last quarter data is not entered in the register.
* Counselor is aware of need based counseling. Counselling register is cross verified with M & E data, however, there is similarity in counselling to each HRG without prioritising and assessment.
* Visited F-ICTC Khajeri to cross check triplet referral slips and verified with F-ICTC data and copy of slips. Reports are collected by clients themselves from F- ICTC the same day or next day. Doctor incharge, ANM, RNTCP lab technician is aware of the project work and team of TI staff.
* Bio Waste management- color coded dustbins are placed and waste is disposed at Civil Dispensary, Kajheri.
* Field visit to condom depot in Burail confectionery shop, it is observed it is not easily accessible by HRGs.