**REPORTING FORMAT-B**

**DESCRIPTIVE EVALUATION REPORT**

**INTRODUCTION**

**Background of the Organization**:

The Haryana branch of the FPAI was founded in 1972 at Chandigarh, which was bifurcated into the Panchkula and Yamunanagar branches in 1992. The Panchkula branch is striving to increase awareness of sexual and reproductive health among adolescents and young adults, as well as improving their access to information, education, and counseling services by undertaking a Sexuality Education, Counseling services research training/therapy for youth (SECRT- project funded by FPAI HQs Mumbai) by establishing an adolescent health care clinic. It also strives to address the issues faced by adolescents and youth, which include early marriage and motherhood, unsafe abortions and malnourishment. The branch is working in the area of Mother Child Health, Sexuality Transmitted Infection (STIs), awareness generation on HIV/AIDS among MSMs, Transgender and General community.

**Background of the Project:**

The Targeted Intervention Project on Men who have Sex with Men (MSM) was started in the year 2007. The current sanctioned target is 800 for MSM in target areas of Chandigarh.

**Name and address of the Organization:**

Family Planning Association of India, Sector-4, Panchkula, Haryana .

**Project/ Field office:**

H.No-127, Charan Singh Colony, Mauli Jagran, Chandigarh

**Chief Functionary:** Sh. Manoj Kumar (Project Director)

**Year of establishment:** Established in 1972.

**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**: Men who have Sex with Men(MSM)
* **Type of Project:** Core Population Target Intervention
* **Size of Target Group(s):**

|  |  |
| --- | --- |
| **Approved** | 800 MSMs |
| **Ever Register** | 1847 MSMs |
| **Active Population** | 820 MSMs |

* **Sub-Groups and their Size:**

|  |  |
| --- | --- |
| **Sub groups** | **Size** |
| Koti | 448 |
| Double Decker | 216 |
| Panti | 84 |
| Bisexual | 72 |

**Details of Target Area:** The TI is implemented in Chandigarh at Mauli Jagran, Manimajra, Railway station, Daria, Raipur Khurd, Industrial Area Phase-1 &2, Hallomajra, Ram darbar, Raipur Khurd, Jagatpura, Behlana, Colony No.-4, Sanjay Colony, Sector-29, 30,32,33, 47-48. Non TI Areas for searching unreached population: Sec. 27, Sec. 31, Sec. 34, Sec. 46, Sec. 49, Sec. 50, Sec51, Jagat Pura, Faida.

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

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

* The Project Director is actively involved in reviewing and monitoring project activities.
* Organization is providing support through timely interventions to program, as per project demand. Organization has initiated a skill development center for the HRG community and collaborated with Chandigarh Social Welfare Department for a certification of skill course at the centre.

Observation- Project director has all updated knowledge and is actively involved in the project, however, the same is not reflected in documentation of meetings, as no specific remark/feedback is mentioned in monthly reports.

**II. Organizational Capacity**

1. **Human resources:**

* As per the budget sanctioned, The TI project consists of Project Director (1), Project Manager (1), M&EAA (1), Counselor (1) and Outreach Worker (3) and 14 Peer Educators.
* Everyone in the staff is committed towards the project.
* Appointment letters with roles and responsibilities are properly documented in the personal file of each staff.
* Only one ORW resigned during the evaluation timeframe.
* Attendance register and leave records are maintained in the TI office.

1. **Capacity building:**

* To enhance the capacity of TI staff, induction training was imparted to the project staff by CSACS as per NACO guidelines and training details are mentioned in training register.
* Training of newly appointed staff was conducted by the organization and also by Technical Support Unit (TSU) program officer at the TI project office.

1. **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 have all requisite infrastructure required for the project.
* All the assets have been codified and marked.

1. **Documentation and Reporting**:

* TI staff is maintaining the required documents.
* Regular monthly report has been sent to CSACS.
* At TI level, reporting and documentation is reviewed in monthly meetings and field feedback is shared under the supervision of the project director.

Observation- Documentation of data lacks clarity and transparency during cross check, many columns, follow ups, date, etc are not filled or partially updated.

**III. Program Deliverables**

**1. Line listing of the HRG by category:** Datawas available in both soft and hard copy. Each ORW and peer has their own list of HRGs. Master list of 820 MSMs has been categorized into high risk, medium risk and low risk based on form B-1 and complete registration form-A was available.

|  |  |
| --- | --- |
| High Risk | 190 |
| Medium Risk | 111 |
| Low Risk | 519 |

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 1847 HRGs registered by the project, 820 are the active population. 190 new HRGs were registered through various outreach activities.

1. **Outreach planning**:

* 4 health camps were organised to reach out to HRGs who are hard to reach or uncover or hidden. Two health camps were sanctioned in budget and further planning was done to collaborate with CSACS for budget to organize another two camps.
* TI organises 14 SOA camps (58.3%) to reach out to the hard to reach population.
* TI registered 37 new HRG with the social network apps like Ginger and Bullet.
* Documentation of the same is maintained.

1. **PE: HRG ratio:**

There are 14 peer educator in the project and the PE: HRG ratio is 1: 59

1. **Regular contacts:**

793(96%) of HRGs have been contacted at least once in a year, against the active population of 820 and availed the project services including lubricant & condom distribution, RMC, HIV testing, IEC and BCC services.

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

* Form B is maintained by the peer educator with support of ORWs.
* Form B-1, C, C-1, Form D and QRA are partially maintained and updated by ORWs. Only one ORW documentation was found to be well maintained.
* The project is also maintaining these formats in soft copy.

1. **Quality of peer education**:

A total of 14 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 signs & 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, lubricants and getting HIV testing done at civil dispensary and through mobile ICTC.

1. **Supervision** :

Project manager supervises the project through field visits and through monthly review meetings in the guidance of PD at TI level. However, no specific remarks or suggestion was documented in the meeting register and no action taken/follow up report of previous meeting was made. Proper indicator wise review not done in the meeting. 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**

1. **Availability of STI services**:

* TI has identified 4 PPP doctors (BAMS doctors) and one government doctor for the population of 820 MSMs.
* The doctor has been trained as per the NACO guideline for syndromic management and maintaining network clinic cards.
* The clinic is open from 10:00 AM to 2PM and 4:00PM. To 8.30PM on all seven days of the week.

1. **Quality of the services**: During the field visit to PPP STI clinic, it is observed that the clinic has all necessary equipment and is located at an easily accessible location. Seperate room is there for physical examination and STI kit -1 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.
* 184(96.8%) newly registered HRGs were provided with PT.
* 8 Syphilis reactive HRGs are referred to Suraksha clinic for its treatment.
* 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 counselling register, 55.62% of the HRG attending STI clinic were counseled.
* Referral slips are maintained for all the referrals to ICTC, however referral slips to NACO Suraksha clinic are not maintained and used.

1. **Availability of Condoms:**

* Free condoms are distributed directly through PE/ORWs during one to one or one to groups in the community.
* It is observed that easily accessible condoms outlets have been established in the project area.

1. **No. of condoms distributed**: Total 262320 free condoms were distributed

against the demand of 234684

1. **Information on linkages for ICTC, DOT, ART, STI clinics:**

* The Project staff has complete information 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, HIV positive person is to be referred to ART centre and syphilis reactive to Suraksha clinic.
* 35 HIV positive HRGs linked with the ART centre and 8 syphilis reactive are linked with NACO Suraksha clinic.

1. **Referrals and follows up:** HRGs are referred to ICTC for HIV and syphilis

testing. All the 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:** HRGs representatives are members of each committee formed by TI (Programme Management Committee has 1HRG representative, DIC Management committee has 3HRG members, Crisis Management Committee has 3HRG members).

Observation- The number of HRGs representative in each committee is very less. Project has been implemented since 2007, but no documented record of efforts made to form CBO or challenges faced by the team in forming CBO for sustainability is available.

**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 4 PPP doctors and one Government doctor is engaged.
* 8 Syphilis reactive cases are linked to NACO Suraksha Clinics and 35 HIV positive cases are linked to ART centers for treatment.
* One case was identified linked to the DOT centre.
* During field visit, it is learnt that linkage coordination is well organized with Counselor of Suraksha clinic, Civil Hospital, Manimajra, Chandigarh for syphilis reactive HRG treatment.

1. **Percentages of HRGs tested in ICTC and gap between referred and tested:** A total of 1578 referrals have been made (one or two times) and 1554 tests have been done. Approx 98.4% is tested 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 5 Advocacy meetings have been conducted with various stakeholders. During the field visit, the evaluating team met 2 stakeholders (Mandi leader and policeman) who were aware of the project and support in community events and program services.

**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.**

* 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.
* From BBN Traders Syphilis/ TP Test kits are purchased but payment is done on a cash basis not through PFMS. The payment could be through PFMS. The commodities are purchased for at least two years.
* All the payments were made through the PFMS portal.
* Voucher dt. 23.10.2020 nothing is debit and credit only narration is written. The same thing in each voucher.

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.

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

* Separate bank account is available.
* Audit report was available to verify whether the audit recommendations are applied . All the recommendations are taken into consideration.
* Ledger and Cash book is maintained.
* Vouchers were printed and machine numbered.

**VIII. Competency Of The Project Staff**

1. **Project Manager:** The project manager is associated with TI since 23rd January 2015 and done Post Graduation in Sociology. She has prior experience of 2 years as outreach worker in TI project. She has good knowledge about the TI programme, financial management and is a supportive team leader. For strengthening of project activities and active mentorship of team, capacity building for documentation of records, like action taken and follow up report is recommended.
2. **M&E cum Account Assistant:** has done MBA HR and Finance with 2 yrs of experience as an accountant and working with TI for the last 2yrs. All documents related to finance are maintained by her. She is also compiling all the data in the soft copy and capable of providing basic analysis of data.
3. **Counsellor:** Joined TI project in June, 2016 and has prior experience as Outreach worker with another TI project. She has done her Master's in sociology.She has knowledge about her roles and responsibilities. Capacity building for counseling and it's documentation is required for productive results.
4. **Outreach Workers (ORWs):** 3 ORWs are present at time of evaluation. Out of them only one outreach worker has detailed understanding and knowledge of roles and responsibilities. Two are new recruitment and training is being done at NGO level by TI staff and TSU PO. However, they are at a learning stage and capacity building needs to be done to strengthen their skills.
5. **Peer educators:** 14 Peer educators are with the project. All peers are vocal and enthusiastic and have a fair understanding of HIV/AIDS and STIs and peer form B.

**IX. Outreach activity:**

On an average 96% of the HRGs are provided at least one or more services at least once in the evaluation timeline which reflects the effectiveness of outreach activities. ORW

**X. Services:**

The project staff and the team have knowledge of 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. The Community Score card is used to take feedback from the community.

**XI. Community involvement:** Every committee has limited members from the community. Community is actively involved in implementation activities of the TI. However, the project needs active involvement of the community in planning and monitoring to bring ownership.

**XII. Commodities:**

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

**XIII. Enabling environment:**

* Advocacy meetings are conducted 5 times during evaluation timeframe to address issues in program delivery with police personnel and other stakeholders with proper documentation.
* During the field visit most of the stakeholders were aware of the project.

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

* As per data shown HRGs are enrolled for Smart Card-125, Voter Card-56, Aadhar Card – 7, Vocational Training- 20 .

**XV. Best Practices if any:**

* Organization has initiated a skill development center for the HRG community on 1st April, 2020 as per demand of HRGs and provides a beauty Parlor and stitching course. 15 are enrolled for a stitching course and 24 are enrolled in a beauty parlor course.

**General Observation**

Bio Waste management- color coded dustbins are placed and waste is disposed at Civil Dispensary, Mauli Jagran, Chandigarh.