**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**

1. **Name and address of the Organization –**

Servants People of the Society

# 2544-2545, Sector 52, Chandigarh

1. **Background of Project**

year of starting- 2007

contracted population - 800

ever registered -1970

current active, no. of approved staff - 6 and 14 PEs

1. **Chief Functionary –**

**Project Director** - Mr. Bhimsen

**Superintendent -** Mr. Madanmohanlal

1. **Year of establishment -** 2007
2. **Year and month of project initiation -** July 2007
3. **Evaluation team –** Dr. Nidhi Jaswal, Ms. Sunita Gupta, Ms. Bhawna
4. **Evaluation Timeframe-** October 2020 to September 2021

**Profile of TI**

(Information to be captured)

1. **Target Population Profile:** MSM
2. **Type of Project:** Core
3. **Size of Target Group(s):** 800
4. **Sub-Groups and their Size**

Kothi – 453

Griya – 22

Double deker – 294

Bi-sexual - 36

1. **Target Area**: ISBT -43, Plaza 17, Sector 16, Sector 25, Daddumajra Colony, khuda lahora, khuda Alisher, Palsora, Maloya, Dhanas, Kjheri, Burail, Sector 52

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

## **Organizational support to the program**

During visit, we interacted with the Superintendent (Authorized Project Director). The organization provides support the project by their involvement in different project activities -review meetings, community events, advocacy meetings and crisis management meetings. The Project Director requested to hike the salary of the project staff.

## **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*

The project team comprises of the Project Director (1), Superintendent (1), Project Manager (1), M&E cum Finance Officer (1), Counsellor (1), ORWs (3) and Peer Educators (14) within the community. All the staff was recruited by following the formal as per NACO guidelines and appointment letters were issued to each staff. The roles and responsibilities of each staff was clearly mentioned in their individual files as well as displayed in the office premises.

1. *Capacity building:*

The newly joined Project Manager received induction training on 26th and 27th November, 2021 organized by CSACS and TSU. 2 ORWs received induction training at CSACS office on 28th December, 2020. Supportive documents and training register was available at TI level.

1. *Infrastructure of the organization:*

The project has a very spacious office located at sector 52 colony. It has three rooms, kitchen and one washroom. The place is in community itself and is accessible easily by the community. The project office has sufficient infrastructure I.e. Chairs, table, almirah, computer, internet, phone etc. required for the project. It is observed that all the assets are codified and marked.

1. *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 regarding TI project activities and reporting are managed in a proper manner as per the SACS norms and protocols by the project staff including Project manager, Counsellor, ORWs and M&E. They are maintaining all the activity registers, review meeting registers, community event register, crisis management register, advocacy meeting register, counselling register etc. It is observed that all the documents/registers are maintained as per the formats provided by SACS and all were updated. The monthly and weekly meetings are conducted on regular basis under the supervision of the office bearers. The project manager is supervising the overall activities and performance of the project on weekly and monthly basis during the review meetings field visits and one to one contact with HRGs. As per SACS protocols submission of monthly and quarterly reports to the SACS is being done by the project staff within the timeline.

## **Program Deliverable**

1. *Line listing of the HRG by category.*

Master list of all the active 847 MSMs was available in both soft & hard copy form in the project. Category wise segregation is given below:

* Kothi- 512
* Panthi- 47
* Double Decker- 246
* Bi-Sexual- 42

The list of HRGs allotted to each ORW and was available with the respective staff. Completed Registration form of all the HRGs (Form - A) was available. The ORWs fill the QPR form for each registered HRG. The risk wise segregation of the registered HRGs is given below:

They have been categorized in different risk categories.

High Risk= 102 Medium Risk= 328 Low Risk= 417

1. *Shadow line list of HRGs by category- NA*
2. *Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling. - NA*
3. *Registration of truckers from 2 service sources i.e. STI clinics and counselling. -* NA
4. *Micro planning in place and the same is translated in field and documented.*

Peer educator wise micro planning of each ORW was available and same is used in implementing the project activities and delivery of the services as per requirement in the field.

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

The staff is maintaining different service delivery planning documents. It is observed that the same is reflecting in their reporting documents, counselling registers and referral registers and ORW forms. However, ORWs daily diaries are not available.

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

The HRG target is 800 and they have regular contacts with 815 HRGs.

1. *Outreach planning – Secondary distribution of Needles and Syringes*. - NA
2. *Outreach planning – Peer Navigation*

The ORWs are maintaining the peer navigation file for the newly identifed HIV positive HRG.

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

Outreach planning is being done by ORWs along with peers hotspot area wise and as per the need of service delivery including community events and CBS to reach hidden HRGs.

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

Outreach planning is being done by the ORWs along with the peers on the basis of their regular contacts with HRGs and through networking. Few HRGS also work as a network operator in the community to register new and young hidden HRGs but no one is registered from this network. The project has identifed 18 network operators, still to be registered.

1. *Outreach planning – quality, documentation and reflection in implementation*

The outreach planning is being done by ORWs along with PEs on the basis of prioritization of area, need based services in the community. The same is observed in the documentation of referral registers, RMC due list and demand generation registers. It was also reflected during FGD meeting with HRGs and observed that HRGs are satisfied with the services delivered at TI level.

1. PE: HRG ratio, PE: migrants/truckers ratio.

Peer educator to HRGs ratio is 1:60 (on an average).The distribution of target also depends upon the HRG population in the respective field area.

1. *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.*

Against the target of 800, the project has reached 847 HRGs during the evaluation period and 815 HRGs were contacted at least once in every month with all the project services by Peer educators and ORWs during past one year.

1. *Documentation of the PEs & ORWs*

The PEs are mainiatining the peer education diary (Format B) as per NACO guidelines. They are also doing the priortization of the HRGs on the basis of their HIV risk and vulnerability and the data is being maintained by the ORWs in SOCH app. The vulnerability risk assessment is used to organize the tailored made IPC/BCC sessions. However, the ORWs are not maintaining the daily diaries in line with the monthly action plan.

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

PEs have good knowledge level of MSM TI project and are aware of services to be delivered in the community, different activities, need based linking HRGs with ICTC, RMC, STI clinic. They are aware of HIV, STI problems and about protection methods. The quality of peer education was reflected in the knowledge level of the registered HRGs during FGDs.

1. *Supervision:*

Project manager supervises project performance through weekly and monthly review meetings as well as by field visits by verifying the services provided to the HRGs. ORWs supervise PEs performance through regular one to one contact with HRGs. It is observed that staff are equipped with sufficient knowledge about project activities and services to be delivered to the HRGs.

## **Services**

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

STI services are provided through PPP model clinics established in the community. TI MSM project has established 3 PPP clinics in the community area among them 1. Sector 52, 2. Sector 41, and at sector 25 area. Clinics are located at the position where HRGs accesses the services easily along with TI staff. Clinic is open from 10.00 am to 2.00 pm and 5.00 pm to 8.00 pm in the evening for all seven days of the week. The PPP doctor facilitate RMC services and STI services along with condom distribution to the HRGs.

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

3 PPP clinics are established by the project in community prime location where HRGs can access services easily by their own and along with PEs and other staff. All clinics are well equipped with RMC check up instruments and treatment kits. They are receiving Kits from organization on regular basis as per requirement. The PPP doctor requested for the provision of gloves by the project.

1. *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. - NA*
2. *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.*

ORWs meet PEs on weekly basis 4-5 times in the field and identify symptomatic HRGs and refer them to ICTC, ART and DOT centre as per requirement. The staff refer HRGs suffering from STI problems to STI clinics. The HRGs receive STI services during RMC follow up check up time also. Time to time follow up referrals and counselling regarding issues related to STI, TB and HIV test are made by the counsellor and maintained related registers at TI office.

1. *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.*

Documents related to project TI are well maintained and are available at TI level. Treatment register, referral slips, follow up register/ due list, stock register for medicine are properly maintained at TI level.

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

Condoms are available at TI office and the channel of condom distribution is established through stake holders/ outlets in the community. Free condom distribution is done directly through regular one to one contact as per requirement of HRGs at the field level.

1. *Availability and Accessibility of OST – Provision of OST through NGO/CBO/Public Health facilities / Satellite OST centres. - NA*
2. *No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.*

There is adequate supply of condoms and registered HRGs are getting condoms as per their demand. 217417 free condoms were distributed against the demand of 215748 during the last one year.

1. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets. - NA
2. *Information on linkages for ICTC, DOT, ART, STI clinics.*

The Project staff is aware of linkages of HRGs with ICTC, ART, STI and DOT centres. The project counselor and ORWs make regular visits to the ICTC center and PPP clinics and provide due date record to the concerned official in the centers. The Counselor is available in the ICTC center during the HIV testing and the ORWs accompany the HRGs to the PPP clinic for RMC and STI treatment. During counselling the symptomatic screening for TB at TI level carried out by counsellor and need based referrals to DOT centre is done after confirmation from the PPP doctor.

1. *Referrals and follow up.*

HRGs are referred to ICTC for HIV and syphilis testing at ICTC centres in sector-45 and sector-22 and for TB screening at the nearby DOTS centre. All the STI cases are counselled at project level and at PPP clinic by a doctor during RMC. The due date record for STI and RMC of each HRG is maintained for regular follow up.

## **Community participation**

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

No CBO/SHG has been formed under the project.

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

The community members have been included in various committees of the project, and are actively participating in the project activities. The project needs to focus on involving community actively in monitoring and planning of project services. Project team needs to ensure the committee member’s active participation in project implementation.

## **Linkages**

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

The organization has established linkages with the service providers to refer HRGs to the STI clinic and DOT centre after identifying HRGs with the symptoms of STI problems and TB symptoms. During new registration of HRGs, counsellor does counselling and refer for HIV testing and VDRL testing at the STI clinics. HRGs are also linked with PPP clinics for RMC and if found symptomatic of TB than HRGs are linked with DOTS center. HRGs are regularly followed up and as per their need they are linked with different service providers.

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

756 active HRGs (94.5%) tested for HIV during last one year

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

The project developed a very strong support system with the stakeholders in the community. The project staff has linked shop keepers, doctor, Community leader and HRGs are included as committee members. Crisis management committee include 2 advocates, shopkeeper, local leaders, and community members.

## **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 presented.*

The Accountant is following a system of planning but it is advisable to book at least one vendor for each hotspot for refreshment and link it with PFMS and pay directly to vendor instead of transferring the amount to ORW / Staff account for the expenditure spent in Demand Generation Meetings. The bills of refreshment should be on date of Demand Generation Meetings and postdated bills should not be considered.

1. *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.*

It is observed that all the vouchers are machine-printed and all the payments to vendors is done through PFMS with the due approvals of the Project Manager and Project Director. Stock register of consumables and fixed assets are properly maintained. It is advised to collect the bills of vendors from their printed bill book. Bills enclosed in the Health camp organized in March 2021, contains a bill of refreshment without any vendor’s sign & stamp.

1. *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.*

It is observed that the 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 and comparative statement is in place.

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

The Accountant is maintaining BRS and SOE properly and submitting the same to CSACS on monthly basis. It is advisable to maintain a separate file of audit observation and their actions taken report should be maintained and it should be present in TI office. Cutting and Overwriting in the cash book should be avoided.

## **Competency of the project staff**

1. **Project Manager**

The project Manager is well qualified as per norms of SACS and has 21 years of experience in HIV/AIDS field. He is equipped with good knowledge of the roles and responsibilities of the TI MSM project. The project manager looks out overall activities and functioning of the project. The project manager conducts monthly and weekly review meetings where indicator wise performance is reviewed. On the basis of monthly performance, he supports in developing next month plan.

1. **Counselor**

Clarity on risk assessment and risk reduction, knowledge on basic counselling 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.

Counsellor is having qualification as per SACS norms and has good experience of work in the TI project. She has basic knowledge of counselling on HIV, STI and on other psychological and mental health issues which are faced by the HRGs in their routine life and refers them to need based ICTC, STI clinic or DOTs centres.. The counsellor is maintaining counselling register including referrals to ICTC, referrals to STI clinic and referrals to DOT centres. She does counselling of HRGs during new registration in DIC at TI level and also at field level during the field visits. She is well aware of the risk assessment and risk reduction techniques for HIV and STI. She also regularly visits the PPP clinics and ICTC centers and meet the doctor and counselor, respectively.

1. 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.

The M&E Cum Accounts Officer is graduate in commerce and having a experience of 12 years. He joined the project in 2010 and is maintaining and updating the tracking sheet in computer and possesses basic understanding of the analysis of data. The condom demand and due date of the next RMC and HIV testing is calcuated by the M&E officer. Besides, he is also maintaining all finance related documents.

1. **ANM/Counselor in IDU TI - NA**

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.

1. **ORWs**

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.

The project has associated 3 ORWs with the TI MSM project. 1 ORW is MA in sociology 2 ORW is 12th and 3 ORW is 10th and all three are having good working experience in the field of HIV/AIDs. They are aware of their target area and about their indicators and along with Peers they develop outreach plan. They meet peer educators regularly – weekly for 4-5 times. During one-to-one contacts and group meetings ORWs identify symptomatic of STI and TB to which they link with ICTC, DOTs services. For follow up HRGs and new registered HRGs they refer for HIV testing at ICTC centres and for RMC at PPP clinics.

1. **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.

There are 14 Peer educators enrolled in the project. All were found to be knowledgeable, vocal and enthusiastic. Few of them also function as a network operators in the community. All were having peer bags with the peer diary (Format B), Line list, map of the area, dummy, condoms and IEC material. The IEC material was related to blood donation. The understanding level of the Peers regarding Format B was assessed and it was found to be adequate. They were also having relevant information regarding the project services and the number of RMCs and HIV testing per HRG.

1. **Navigator**

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.

The project staff is maintaining Navigator file and staff identified one navigation case and linked PLHIV with ART centre. But there is no specific navigator appointed in the project.

1. **Peer Educators in IDU TI - NA**

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.

1. **Peer Leaders in Migrant Projects - NA**

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

1. **Peer Educators in Truckers Project - NA**

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

## **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.

The outreach activities are conducted on regular basis. Synchronization between the records of peers and ORWs was found to be good. 815 HRGs (101.8%) have been contacted atleast once in a year against the target of 800 and provided the project services including condom distribution, RMC, HIV testings, IEC and BCC services. The project should focus on forming a CBO/SHG of HRGs and their upliftment in the form of skill development, employement, etc.

## **Outreach activity in Truckers and Migrant Project - NA**

*Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake, that is whether enough Counseling and clinic footfalls are happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.*

## **Services**

*Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs.*

More than 90% of the HRGs were satisfied with all the services being provided by the project which included awareness generation about the HIV and its risk factors, its prevention and management, how to use condoms, condom distribution, HIV testing and RMC, providing medicines and linking with the social security schemes. The HRGs were found to have good awareness level on HIV/AIDS and STI treatement and the services available under the project, during FGDs.

## **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 project TI has established crisis management committee, project management committee and DIC management committee comprising of 10 members each and community persons are the members of these committees. Project staff has organized 7 advocacy meeting, 2 crisis management meeting and other meetings where community members had participated actively. The presence of community is reflected in the meeting minutes registers. They are included in providing feedback for the delivery of preventive services as well linking social protection schemes. The HRGs suggested to link them with the vocational and skill-based courses and the project should make effort to link the HRGs with the employment schemes such as National Urban Livelihood Mission in the form of networking and advocacy with the concerned officials.

## **Commodities**

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

Condoms and Jelly is available at TI level and as per demand distribution of condom is done at field level by PEs during one-to-one contacts and group meetings. The project facilitates HIV testing, RMC through field staff including counsellor. Counsellor provides counselling at DIC and at field level.

## **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.*

The project stakeholders reported to be involved in the project planning and addressing the issues relating to project services. Few stakeholders are also the condom depot holders who promote and sell the social marketing condoms.

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

The project TI conducts advocacy meetings with different departments so that HRGs and PLHIVs can take benefit of social protection schemes. Project TI has supported HRGs by linking with transport services and Bus pass received for travelling. Project also supported HRGs for making Adhar card, Ration card and E -Shram card. The HRGs suggested to link them with the vocational and skill-based courses and the project should make effort to link the HRGs with the employment schemes such as National Urban Livelihood Mission in the form of networking and advocacy with the concerned officials.

## **Details of Best Practices if any**

The project has trained the HRGs in patient care course organized by Jan Shiksha Sansthan. After completing the course, 2-3 HRGs have got jobs in different private hospitals of the tricity like Fortis hospital, Indus Hospital, etc.