**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 –**

PLOT NO. 1, PHASE 1, Bapu Dham Colony, Sector-26, CHANDIGARH

1. **Background of Project**

Year of starting - 2007

Contracted population - 600

Ever registered current active- 717

No. of approved staff – (Total 6 for Office and 10 Pes) which includes 1 Project Manager, 1 counsellor, 1 M&E cum Accountant, and 3 ORWs along with 10 Peer Educators which is as per approval of the project.

1. **Chief Functionary –**

A) Project Director – Dr. Pramod Sharma

B) Secretary – Mr. Manjeet Singh

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: FSW
2. Type of Project: Core
3. Size of Target Group(s) - 717
4. Sub-Groups and their Size
5. Target Area – TI project is implemented in Bapudham Colony , Manimajra, Daria and Colony no. 4 area of Chandigarh city.

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

## **Organizational support to the program**

Organization is providing support to the project staff while implementing the project TI. The project Director has basic understanding of the program and provides support to the staff in implementing different activities through review meetings, monthly planning and initiating advocacy meetings in the community to enhance the quality of the project TI. He along with other 2 Governing body members actively participate in various activities of the project organized from time to time.

## **Organizational Capacity**

1. *Human resources:*

The project team comprised of the project Director (1), Project Manager (1), Counsellor (1) and Outreach workers (3) along with Peer Educators (10) belonging to the community. All were recruited by following a proper and formal channel and appointment letters were issued to all the staff. Job description is given to all the project staff in written with proper filing in the individual project team file.

1. *Capacity building:*

The project staff received induction training from TSU on 9th April, 2021 followed by Induction Training from CSACS from 25th to 27th August, 2021. A counselor based training was held onn 17th and 18th November, 2021 by CSACS.

1. *Infrastructure of the organization:*

The organization has a spacious project office cum DIC located in Bapudham colony at a suitable position that can be easily reachable by the community. It has three rooms, one library, DIC cum kitchen room, and washroom. The organization have sufficient infrastructure which includes chairs, table, computer, internet, phone, almirah etc. required for the project. All the assets have been codified and marked.

1. *Documentation and Reporting:*

Documentation of the TI project activities was found to be excellent. Reporting is well-managed by the project staff including project manager, counsellor, M&E and ORWs. They are maintaining all the required documents as per the formats provided by CSACS. It is observed that all the formats were maintained and updated properly. The reporting is strengthened by incorporating photographs of the activities. Monthly and quarterly reports to CSACS in time. The monthly and weekly meetings are conducted on regular basis under the supervision of project Director. During these meetings field performance is shared by the project staff and Project director provides support of guidance after reviewing the performance. The M&E Officer is maintaining the performance tracking sheet carefully.

## **Program Deliverable**

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

Master list of all the active 717 FSWs was available in both soft & hard copy form in the project. All are home based. 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= 319 Medium Risk= 34 Low Risk= 376

1. *Shadow line list of HRGs by category- NA*
2. *Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counselling.*

*Not applicable in FSW TI- Not applicable in FSW TI*

1. *Registration of truckers from 2 service sources i.e. STI clinics and counselling. – Not applicable in FSW TI*
2. *Micro planning in place and the same is translated in field and documented.*

PEs wise micro planning was available and same is used by ORWs for delivery of the services as per need and demand in the field. And Yes it is filed and reflected in their field diaries and referrals in ICTC, PPP, and STI registers.

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

The staff is maintaining different service delivery planning documents. It was observed that the same reflects in their reporting documentation, counselling registers, referral registers, meeting registers, demand generation register and ORWs diaries.

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

The HRG target is 600 and they have regular contacts with 587 HRGs.

1. *Outreach planning – Secondary distribution o f Needles and Syringes* – not applicable with FSW TI
2. *Outreach planning – Peer Navigation*

The Project is maintaining the file of peer navigation for every HIV+ HRG.

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

Outreach planning with ORWs and PEs is prepared with a view of regular contacts of HRGs, area wise along with PEs and ORWs including project manager and counsellor while considering advocacy meetings, health camps where community based screening could be carried out.

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

107 new HRGs have been identified through rigourous outreach approach model.

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

Quality of outreach planning was as per SACS protocol and all the planned activities are reflected in their service delivery registers. All the documents are maintained properly.

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

There are 10 peers in the project and the minimum PE: HRG ratio of 1:60. The HRG target varies according to the population of the HRGs in respective 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 600, 547 are the regular contacts. 614 HRGs have been contacted atleast once in a year against the target of 600 and provided the project services including condom distribution, RMC, HIV testings, IEC and BCC services.

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. The ORW diaries were found to be updated and in line with the monthly action plan. They are also maintaining and tracking the due date and updated the data of the HRG in the SOCH app.

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

Quality of peer education was moderate. Although they have sufficient information related to HIV/AIDS, RMC, HIV Testing and other related activities of the project. However, they lack the demonstration skills in the community and few PEs were not able to communicate the messages effectively among the HRGs. The HRGs reported regular contact by the PEs.

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

Project manager supervises the performance of the project through weekly and monthly review meetings as well as by field visits verifying the services provided to the HRGs. ORWs meet PEs on regular basis and supervise their work through one to one contact with HRGs. It is observed that staff has sufficient knowledge of their work and manage their documentation and field level work in well manner.

## **Services**

1. *Availability of STI services*

Organization is facilitating STI treatment through PPP model clinics established in the community. Three PPP model have been established: one in Bapudham colony, second one in Manimajra and in Daria. The clinic is open from 10.00 AM to 1.00 PM in the morning and from 5.00 PM to 8.00 PM in the evening for all seven days of the week. The doctors were trained as per NACO guidelines for syndromic management an providing presumptive treatment. The PPP doctor provides RMC services and STI treatment 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.*

The Doctor’s clinic has all the necessary equipments for physical examination and is well equipped. During the discussion with the doctor, she said that HRGs regularly visit her clinic and necessary documents are being maintained. She mentioned that the Kit 1 provided by NACO is not sufficient for the STI treatment. She gives additional medicines for the management of STI in HRGs. The HRGs usually come with vaginal discharge problem. It was suggested to organize the STI screening camps by the PGIMER team, as was done earlier in addition to organing expert talks on STI, nutrition, personal hygience, etc.

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.* – Not applicable with FSW TI.
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.*

The Project has established 3 PPP clinics for providing RMC and STI treatment to the registered, newly registered and dynamic population. Project STI clinic established (as per NACO guidelines) at Samadhi gate, Manimajra was visited. The PPP doctor is checking the HRGs for RMC (every 3 months) and providing STI treatment. She is also giving the presumptive treatment (Kit 1) to the new HRGs. Network clinic register is maintained by the PPP doctor.

1. *Documentation-*

All the documentation regarding treatment registers, referral registers, referral slips, counselling register for all HRGs are well maintained. White colour clinic format was available at PPP clinic. Referral slips for ICTC referrals are also maintained by the staff. Stock register for medicines are well maintained at TI level.

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

*Condoms are available in the project office and the channel of condom distribution were established through stake holders / outlets in the community as well as through regular contacts by ORWs and peer educators in the field.*

Free condom distribution is done directly by PEs during one to one contacts as per HRGs requirements as well as during the group meeting at field level.

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

Total 3,65,876 free condoms & 3120 social marketing were distributed among the registered HRGs.

1. *No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets. Not applicable with FSW TI*
2. *Information on linkages for ICTC, DOT, ART, STI clinics.*

Project staff is aware of linkages of HRGs with ICTC, ART, STI and DOT centres. Project counsellor and ORWs provide support in testing of HIV on regular basis after six month and need based VDRL screening and further link for their treatment if come positive with ART centre and STI clinic. During counselling the symptomatic screening for TB at TI level carried out by counsellor and need based referrals to DOT centre is done.

1. *Referrals and follow up.*

HRGs are referred to ICTC for HIV and syphilis testing at ICTC and FICTC centres and for TB screening at DOT centre. All the STI cases are counselled at project level and at PPP clinic by a doctor during RMC. Time to time HRGs are followed up for STI and RMC by identifying the HRG from due list prepared on monthly basis by ORWs and by counsellor.

## **Community participation**

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

1 CBO entitled *Gulabi Gang* has been formed by the NGO comprising of 30 HRGs. 2 meetings have been conducted in one year. An event named *'Condom Man ki Baraat'* was conducted on Women's Day, 2020 to generate awareness regarding the use of condoms and clarify the myths regarding its use.

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.*

Linkages have been established with ICTC for HIV testing and for VDRL screening. For STI treatment and RMC project engaged three PPP clinics at Bapudham colony, at Manimajra and at Daria in the project area. Linkages with DOT centre also made for TB symptomatic referrals.

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

677 active HRGs (96.1%) tested for HIV during last one year

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

12 Stakeholders have been identified and 7 stakeholder meetings cum Advocacy have been conducted. During the field visit we able to meet 3 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.

## **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.*

Proper system of planning is followed by T.I. i.e. Different vendors are linked with PFMS for different categories like stationary, refreshment and for consumables items.

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.*

* All the vouchers are machine printed and all the payments to vendors done through PFMS with approvals of Project Manager and Project Director.
* All quotations are available for the items purchased of more than Rs. 2000.
* Stock register is properly maintained.
* There is no date on Bill no. 330 paid under voucher no. 71. Without stamp of vendor on Bill no. 55 under voucher no. 78. It is advised to check date, sign stamp on bill before making the payment.

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.*

* Procurement of medicines and kits is nicely maintained.
* Fixed assets register properly maintained and coding on items is present there.

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

* Maintain the ledger book in printed register instead of taking print outs from tally
* Vouchers of different kinds of head must be filled in different voucher.
* A separate file containing month wise BRS and SOE must be maintain.
* A separate file must be maintain of audit observation and their actions taken report and it should be present in TI office.
* There should not be cutting & Overwriting in Cash book.

## **Competency of the project staff**

1. *Project Manager*

Project manager is associated with the project since July 2021. Education wise she is graduate and is well aware of her roles and responsibilities in the project. She is good experienced in TI project and having satisfactory good knowledge and perception of the project. She is well aware of micro planning, project activities, organizing and reviewing staff meetings, conducting advocacy and community events etc. However educational qualification is not matched with as per norm of NACO.

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 officer was having an educational background of M.Com and joined the project in 2021. She is also mainitaning 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. In addition, she is also maintaining all the documents related to finance.

1. *Counselor*

Counsellor has done graduation and joined the organization as a counsellor from August 2021. She is well efficient with counselling skills and work efficiently with team. She has maintained counselling register in a well manner. She has knowledge of HIV and STI symptoms and have basic counselling skills. She is maintaining counselling registers, referral register and further refer the clients on the basis of identifying the symptoms of STI, TB and HIV testing in high risk HRGs.

1. *Outreach Worker (ORW)*

Three ORWs are associated with the project (two are 10th and one is 12th). They have basic understanding of their roles and responsibilities in the TI project. They are preparing their monthly plan and file is prepared for each outreach worker where planning is filed. ORWs are maintaining their daily diaries, maintaining all the formats including peer diary- form B, Risk assessment C & D. They provide supportive supervision to the peers and have good rapport with Peers.

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.

All the 10 Peer educators were found to be knowledgeable, vocal and enthusiastic. 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.

1. *Navigator*

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

Navigation is being done by the staff and maintained the fil related to the Navigator. One is identified and after testing found positive and further was linked with ART.

1. *Peer Educators in IDU TI*

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*

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.

## **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. On an average 97.8% of the HRGs are covered in a month with one to one or one to group services besides condom promotion. The staff needs to focus on the quality of BCC and dissemination of knowledge among the HRGs as the level of awareness of HRGs on HIV was not found to be adequate during FGDs. The maintenance of outreach documents needs considerable improvement.

## **Services**

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

The project is providing the services to all the HRGs on regular basis. More than 85% 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. However, the HRGs were found to have low awareness level on HIV/AIDS and STI treatement during FGDs.

## **Community involvement**

Project has involved HRGs and community people by forming project management committee, DIC management committee, and crisis management committee, initiating advocacy meetings and ensure their involvement in these meetings. It is observed community participation from meeting minutes maintained in the registers at TI level.

## **Commodities**

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

There is adequate supply of condoms and registered HRGs are getting condoms as per their demand. 3,65,876 free condoms and 2265 social marketing condoms were distributed during the last one year.

## **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 evaluation team met 3 stakeholders- the pardhan, chemist and one pimp and two condom depot holders. All reported to be involved in the project planning and addressing the issues relating to project services.

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

The HRGs have not been linked to any governmental social protection schemes. However, they distributed blankets and grocery to the needy during COVID times.

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

No best practices were found in the project.