**REPORTING FORMAT-B**

**DESCRIPTIVE EVALUATION REPORT**

**INTRODUCTION**

**Background of the Organization**:

Society for Education in Health and Allied Training (SEHAT) was registered under the Societies Registration Act XXI of 1860 on 1st February, 1990.

SEHAT took over the intervention project for awareness and prevention for awareness and prevention of HIV/AIDS and STDs along with Syndromic Treatment of STDs for migrants’ population of Colony No. 4, Industrial Area w.e.f 1.9.2001 till 2006. Subsequently, the NGO successfully implemented the composite project for FSW, MSM and IDUs in Ramdarbar for one year. Since April 2007, the NGO has been running the targeted intervention for IDUs.

**Background of the Project:**

The Targeted Intervention Project on Injecting Drug Users(IDUs) was started in the year 2007. The current sanctioned target is 700 in target areas of Chandigarh.

**Name and address of the Organization:**

Society for Education and Allied Training(SEHAT)

Address-776 Phase 6, SAS Nagar, Punjab.

**Project/ Field office:**

H.No-740, Phase 2, Residential Colony, Ramdarbar, Chandigarh

H.No.-1961, Near Rattan Sweets, Manimajra, Chandigarh.

**Chief Functionary:** Dr. P. L. Kalra (Project Director)

**Year of establishment:** Established in 1990.

**Year and month of project initiation:**

July 2007.

**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**: Injecting Drug Users(IDUs)
* **Type of Project:** Core Population Target Intervention
* **Size of Target Group(s):**

|  |  |
| --- | --- |
| **Approved** | 700 IDUs |
| **Ever Register** | 1495 IDUs |
| **Active Population** | 843 IDUs |

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

|  |  |
| --- | --- |
| **Sub groups** | **Size** |
| Regular | 467 |
| Irregular | 384 |

* **Details of Target Area:** The TI is implemented in Chandigarh at Ramdarbar, Hallo Majra, Industrial Area Phase-1& II, Colony No. 4, Bapudham Colony, Manimajra, Mansa Devi, Saketri, Kishangarh, Indira Colony, Bhainsa Tibba, Maulijagran, Vikas Nagar, Sunder Nagar, Raipur Khurd , Raipur Kalan, Makhan Majra, Behlana, Darwa, Jagatpura, Faida, Sector – 7, 19, 20, 22, 26, 27, 28, 29, 30, 31, 32, 33, 45, 46, 47, 48, 49.

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

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

* Project director regularly attends monthly review meetings and gives one to one feedback to TI staff and actively involved in project interventions.
* With the project director guidance and leadership, the organization is providing support services to the community of HRGs beyond the recommended provisions of the NACO approved project.

**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), ANM (3) 2 for OST & 1 for TI, Counselor (1) and Outreach Worker (7) (3 TI Male ORW, 2 Female ORW & 2 OST ORW). A total of 14 Peer Educators are associated with TI.
* Commitment of staff in the project is visible through their thorough understanding of the project.
* Appointment letters with roles and responsibilities are properly documented in the personal file of each staff.
* Attendance register and leave records are properly maintained in the TI office.
* Out of a total 9 TI team, 4 TI Staff get replaced (Project manager, M &EAA, 1 female and 1 male ORW during the evaluation period).

1. **Capacity building:**

* As per NACO guidelines and sanctioned project, training was conducted for newly recruited by the organization and also by Technical Support Unit (TSU) program officer.
* Various induction and refresher trainings have been imparted by CSACS & TSU etc. on various themes-harm reduction, OST, SIMS, counseling, SOCH, etc through online and offline mode.
* Details of training are mentioned in the training register.

1. **Infrastructure of the organization:**

* Assets in the organization are codified and marked.
* TI office is at an easily accessible place and has a spacious project office cum DIC located at a suitable position.
* TI field office has 4 rooms( one for project management & OST centre, one for DIC, one for counseling, testing & Needle syringe programme; and one room is used by PD and staff for routine clinic)
* The organization has all requisite infrastructure required for the project.

1. **Documentation and Reporting**:

* All the required documents are maintained in formats given by CSACS.
* Timely monthly report has been sent to CSACS regularly.
* At TI level, reporting and documentation is reviewed in weekly and monthly meetings and field feedback is shared under the supervision of the project director.

**III. Program Deliverables**

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

* Master list of 1495 registered IDUs is available in both soft and hard copy.
* Currently, TI has 843 active population, against the target of 700 IDUs.
* Peer and ORWs has their own line list of HRGs and complete knowledge and understanding of risk status of IDUs.

|  |  |
| --- | --- |
| High risk | 170 |
| Medium risk | 24 |
| Low risk | 639 |

1. **Micro planning:**

Micro planning is effectively utilized by outreach workers to manage delivery of services as per need and demand and available with outreach workers.

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

Out of 1495 HRGs registered by the project, 843 are the active population. 84 new HRGs were registered through outreach activities.

1. **Outreach planning**:

* TI organizes 12 SOA camps to reach out to HRGs who are hard to reach or uncover or hidden.
* 84 new HRGs registered through various outreach activities. However, no HRG reached out through social networks or virtual networks.
* 460 HRGs participated in 2 community events.
* Monthly outreach planning was done by the TI project team, to bridge the identified gaps and overcome challenges.
* Distribution of needle and syringes is done by a peer educator after assessing the need of HRG and details of the same are shared with ORW for future outreach planning.
* All monthly outreach planning including SOA camps is documented.

1. **PE: HRG ratio:**

There are 14 peer educators in the project and the PE: HRG ratio is 1: 60

1. **Regular contacts:**

* 799 (93.5%) of HRGs have been contacted at least once in a year, against the active population of 843 and availed the project services including syringes, needle & condom distribution, GMC, HIV testing, IEC and BCC services.
* As per the peer diary on an average 70.3% of the HRGs are regularly being outreached with one to one and one to group services and, N/S services, condom services every month.

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

* Line list of HRG is provided and Form B is maintained by the peer educator with support of ORWs.
* Form B-1, C, C-1, Form D and QRA are completely maintained..
* The project is also maintaining these formats in soft copy.

1. **Quality of peer education**:

* A total of 14 peers are appointed to reach out to HRGs in the project.
* Peer educators have sufficient knowledge and skills to build rapport with HRGs; disseminate messages regarding HIV/AIDS, OST, STI, N/S program; abscess treatment; and collect information from HRGs in B-form.
* During interaction with peers it is learnt that except one newly joined peer educator, all PEs are on OST.
* In field visits, it is observed that peers have good rapport with HRGs and HRGs are aware of and availing services especially Needle/Syringe exchange service provided by peers under TI project.

1. **Supervision**:

* Project manager supervises the project through field visits and through monthly review meetings in the guidance of project director 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.
* Observation- there is no mechanism to document action taken/follow ups on previous meeting feedback/suggestion.

**IV. Services**

1. **Availability of STI services**:

* A static clinic is established by TI project for STI and abscess treatment.
* The MBBS doctor has been trained as per the NACO guideline for syndromic STI management and abscess treatment and for maintaining network clinic cards.
* Doctor has divided the days i.e., 2 days in the project clinic at Ramdarbar and 2 days in the OST center at TI field office in Manimajra.
* 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 visit to the project office, it is observed that the clinic is set up in a separate room in the project office and is well equipped with necessary equipment. It is located at an easy to reach location for HRGs of nearby areas.
2. **Quality of treatment in the service provisioning:**

* Aseptic abscess management system has been established and treatment is available in the office by the doctor and the ANM. 1 individual cases of abscess has been under treatment for the last 6 months.
* The HRGs are referred to nearby ICTC and mobile ICTC for HIV testing and Syphilis screening. 1597(100%) HIV testing and 846(60.4%) of syphilis testing done of HRGs through single prick.
* Syndromic treatment method is used by the doctor, with proper follow up mechanism.

1. **Documentation:**

* Network clinic format is filled by the doctor.
* Daily summary sheet of HRG visiting the clinic are also maintained. As per counselling register, 80% of the HRG attending clinic were counseled.
* 388 IDUs are married and 99.4% spouses of HRGs have been tested for HIV & syphilis.
* Referral slips are maintained for all the referrals to ICTC.

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 11 condom outlets have been established in the project area.

1. **Availability and accessibility of OST:**

* Two OST centers are established under the TI project, one at Project office in Ramdarbar and another in Manimajra at easily approachable locations for HRGs of nearby target area.
* 540(77.1%) of IDUs are registered for OST and are currently active.

1. **No. of condoms distributed**: Total 54175 free condoms were distributed against the demand of 37239.
2. **No. of Needles/Syringes distributed:**417036 is annual N/S demand (October, 2020 to September, 2021) of HRGs based on N/S gap analysis and 353959 have been distributed against the demand. N/S gap analysis is done every quarter.
3. **Information on linkages for ICTC, DOT, ART, STI clinics:**

* The Project staff has complete information and establish good linkages with the various ICTC, Suraksha clinic and ART centre.
* ORWs and counselors are aware that the target population has to be referred to ICTC for HIV testing twice a year and HIV positive HRG is to be referred to ART centre and syphilis reactive to Suraksha clinic.
* 2 HIV positive HRGs and 1HRG’s spouse linked with the ART centre.
* Two HRG cases were linked to the TB DOT centre.

1. **Referrals and follows up:**

* HRGs are referred to ICTC at ESI Hospital and other nearby ICTC of target areas.
* Referrals for the ICTC at ESI hospital are cross verified during 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. One Self Help Group of spouses of HRG is formed.
2. **Community Participation:** HRGs are member of each committee formed by TI (Programme Management Committee has 3HRG representatives, DIC Management committee has 4HRG members, Crisis Management Committee has 3HRG members). It is observed in documentation they are not actively participating in planning, delivery of services and not regular in meetings.

**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 and abscess treatment a static clinic is established with an MBBS doctor.
* 2 HIV positive HRGs and 1HIV positive spouse of HRG are linked to ART centers for treatment.
* Two HRGs were identified linked to the nearby TB DOT centre.
* During the field visit, it is learnt that linkages are well coordinated with the ICTC centre.

1. **Percentages of HRGs tested in ICTC and gap between referred and tested:**Total 1597 (100%) testing done during January, 2021 to December 2021.
2. **Support system developed with various stakeholders and involvement of various stakeholders in the project:**

* TI has identified 12 stakeholders.
* Total 3 advocacy meetings have been conducted with various stakeholders during the evaluation timeframe. It is observed that meeting need is not assessed as per stakeholders involved for that particular meeting and follow ups are not done.
* Evaluating team met 3 stakeholders who were aware of the project and support in linkage to OST centre, TI project, 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.**

* 98% 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 payments were made through the PFMS portal.
* Vouchers are not maintained properly. In Voucher no. 64 nothing is credited, in many voucher's PFMS is credited. Again in voucher no. 72 nothing is credited. In voucher no. 88 nothing is credited.
* System of payment records is incorrect. Soft copy in busy software available but not in TI level, maintained in Mohali. Vouchers are printed but machine numbers are manipulated by hand, voucher number 203 is changed by 103. Voucher no. 174 change to voucher no. 82 by pen, also nothing is credited in this voucher. Same mistake again and again.

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.
* All quotations were available with a proper comparative sheet and verification. Dispovan needle is purchased from Shree Balaji distribution on 17.11.20 Rs.116- also entered in stock register

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

* Separate bank account in Canara Bank, Phase-6, Mohali district, Punjab is available.
* Audit report was available to verify whether the audit recommendations are applied. All the recommendations are taken into consideration.
* Cash book is maintained and verified by the accountant and project director.
* Vouchers were printed and machine numbered.
* System of payment records is incorrect. Soft copy in busy software available but not in TI level, maintained in Mohali.

**VIII. Competency of the Project Staff**

1. **Project Manager:** The project manager joined organisation as M&EAA in TI project in 2016 and appointed as project manager on 17th November, 2020. She has good knowledge about the TI programme, financial management and is an active team member. For strengthening of project activities and active mentorship of the team, capacity building for documentation of records, like action taken and follow up report is recommended.
2. **M&E cum Account Assistant:** With the approval of CSACS organization has appointed two persons {M&E and Accountant (Part Time)} for this post. However, M & E resigned recently and is not available at time of evaluation. Accountant has an understanding of his role and responsibilities and managing accounts of TI project effectively.
3. **Counsellor:** Counsellor joined TI project in May, 2019 and has prior experience working with YRG care organisation. She has done her Master's in sociology and B.Ed.She has knowledge about her roles and responsibilities. It is learnt that due to over documentation of both TI and OST, it is recommended to have a separate counselor for TI and OST centers to manage counselling and documentation effectively.
4. **ANM :** ANM as done GNM nursing and joined TI on 1st September, 2015. ANM has complete understanding about her roles and responsibilities in TI project and actively support in functioning of all activities in project.
5. **Outreach Workers (ORWs):** 3 male ORWs and 2 female ORWs are appointed by TI. Out of 3 male outreach workers two ORW and 2 Female ORWs has detailed understanding and knowledge of roles and responsibilities. It is observed during field visit, one male ORW recalls all HRGs in his linelist through their unique ids, which shows his understanding and commitment towards his work. However, capacity building of ORW of Manimajra field area needs to be done for effective program delivery in that area.
6. **Peer educators:** 14 Peer educators are associated with the project. Peer educators have understanding of HIV/AIDS, OST, N/S program, abscess treatment, STIs and peer form B.

**IX. Outreach activity:**

On an average 799 (93.5%) of the HRGs are provided at least one or more services at least once in the evaluation timeline. During FGD it is learnt that HRGs have good rapport with peer and ORWs and avail N/S from peer educator which reflects the effectiveness of outreach activities

**X. Services:**

* 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. Confidentiality and privacy is maintained at TI level.
* As per the records most of the service uptake is satisfactory in the project as they are able to get the counseling done, GMC and ICTC testing done for the HRGs.
* The Community Score card is used twice to take feedback from the community, which shows positive feedback from the community.

**XI. Community involvement:** The number of members in the committee is very less and active involvement is required in planning and implementation of TI project.

**XII. Commodities:**

* FreeCondoms are supplied to the HRGs by peer educators, Outreach workers and through 11 condom outlets.
* HRGs received N/S from peer educators and ORWs as per demand assessment.
* 74 % of the used needle syringes are returned to TI for safe disposal.
* Waste disposal mechanism is in place and disposal is done as per guidelines.

**XIII. Enabling environment:**

* 3 Advocacy meetings are conducted during evaluation timeframe to address issues in program delivery, however, need assessment is not done as per stakeholders attending the meeting.
* 2 crisis management meetings were conducted for the members of the crisis management committee. However no crisis occurred during the evaluation timeline.
* In one to one interaction with 3 stakeholders, it is learnt that they are involved in addressing the issues.

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

As per data shown HRGs are enrolled for

* Aayushman Card- 4
* E-Shram Card – 22
* Sukanya Samridhi Yozna – 1
* Aadhar Card -4

**XV. Details of Best Practices if any:**

* During covid restrictions and fear of corona spread by earlier project office landlord, because of visits of HRGs at OST centre, OST centre was temporarily shifted to community centre building of the area. It happened with effective community stakeholders and outreach, collaboration was done with area councillor and other stakeholders to provide OST to HRGs from community centre building at that time.
* Community Members vaccinated for Hepatitis B.