**Evaluation Report**

Society for service to voluntary agencies (SOSVA**)**

**Chandigarh**

**IDU Project**

**REPORTING FORMAT-B**

**DESCRIPTIVE EVALUATION REPORT**

**INTRODUCTION**

**Background of the Organization**:

SOSVA (N) was registered under societies registration act in Chandigarh on 07.06.1999. It had been implementing various projects in Punjab, Haryana, Delhi and UT Chandigarh since then. The society has been recognized as mother NGO by Punjab Government for implementation of Reproductive & Child Health, programmes related to women and child development and drug de-addiction and society security projects. It has been implementing these programmes through field NGOs since 1999. Major fields of work of the organization has been – reproductive child health programmes, empowerment of women through skill development, nutrition to children and drug de-addiction programme, reclaiming dropout rural children at primary level, adult education project, special coaching for poor and weak students at primary level and capacity building workshops.

**Background of the Project:**

The Targeted Intervention Project on Injecting Drug Users (IDUs) was sanctioned in July, 2010. The current sanctioned target is 800 in the target areas of Daddumajra Colony & village Daddumajra, Dhanas, Attawa, Buttrela, Badheri, Khuda Ali Sher, Khuda Jassu, Khuda Lahora, Sarangpur, PU campus, Kaimbwala, Burail, Maloya Colony, Nehru Colony, Janta Colony/Bhaskar Colony, Kumhar Colony, Lal Bahadur Shastri Colony, Sector 1 to 6, Sector 9 to 18, Sector 23 to 25, Sector 34 to 44, Sector 50 to 56, Sector 68

Society for service to voluntary agencies (SOSVA), Room no. 19, Karuna Sadan, Sector-11, Chandigarh

**Project/ Field office:**

Urban Community Health Centre Daddumajra

**Chief Functionary:** Sh. S.K.Verma

**Year of establishment:** 1999

**Evaluation team**

* Dr. Sukhbir Singh (Team Leader)
* Dr. Nidhi Jaswal (Co-Evaluator)
* Ms. Bhawna Saini (Finance Evaluator)

**Time frame**

1st September, 2021 to 31st October, 2022.

**PROFILE OF TI**

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

| **Approved** | 800 IDUs |
| --- | --- |
| **Ever Register** | 910 IDUs |
| **Active Population** | 883 IDUs |

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

| **Sub groups** | **Size** |
| --- | --- |
| **Regular** | 746 |
| **Irregular** | 137 |

* **Details of Target Area:**

Daddumajra Colony & village Daddumajra, Dhanas, Attawa, Buttrela, Badheri, Khuda Ali Sher, Khuda Jassu, Khuda Lahora, Sarangpur, PU campus, Kaimbwala, Burail, Maloya Colony, Nehru Colony, Janta Colony/Bhaskar Colony, Kumhar Colony, Lal Bahadur Shastri Colony, Sector 1 to 6, Sector 9 to 18, Sector 23 to 25, Sector 34 to 44, Sector 50 to 56, Sector 68

**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.
* Regional director of the organization also reviews TI project activities, he is a supportive mentor for staff.

**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 (2) 1 for OST & 1 for TI, Counselor (1) and Outreach Worker (7) (5 TI Male ORW, 2 Female ORW). A total of 16 Peer Educators are associated with TI.
* Staff have a thorough understanding of the project, which reflects in their work commitment.
* 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 and cross verified with movement register.
* Staff turnover is not high in the evaluation timeline. However, positions are filled before 2 months timeline.

1. **Capacity building:**

* In house training of newly appointed staff is conducted by the organization.
* Various induction and refresher trainings have been imparted by CSACS. On various themes-harm reduction, OST, SIMS, counseling, SOCH, etc through online and offline mode.
* Documentation of training is done in register as per NACO format L for training.

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 3 rooms, i.e. one for project director, 1 for M&E, 1 for OST/ANM room, one for counseling and testing
* 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.
* Monthly reports have 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.
* Documentation and records reflect clarity and transparency.

**III. Program Deliverables**

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

* Master list of 910 registered IDUs is available in both soft and hard copy.
* Currently, TI has 883 active populations, against the target of 800 IDUs.
* Peer and ORWs has their own line list of HRGs and complete knowledge and understanding of risk status of IDUs.

| **High risk** | 176 |
| --- | --- |
| **Medium risk** | 376 |
| **Low risk** | 92 |

1. **Micro planning:**

Micro plans are available with ORWs and are utilized by outreach workers to manage delivery of services as per need and demand.

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

Out of 910 HRGs registered by the project, 883 are the active population. 66 new HRGs were registered through outreach activities.

| **Sub groups** | **Size** |
| --- | --- |
| **Regular Injecting** | 746 |
| **Irregular Injecting** | 137 |

1. **Outreach planning**:

* 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 HRGs and details of the same are shared with ORW for future outreach planning.

1. **PE: HRG ratio:**

There are 16 peer educator in the project and the PE: HRG ratio is 1: 50

1. **Regular contacts:**

* Above 94% (746HRGs) of the target group are contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral.

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 properly maintained by ORW.

1. **Quality of peer education**:

* A total of 16 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 programmes; abscess treatment; and collect information from HRGs in B-form.
* During field visits, it is observed that peers have good rapport with HRGs.
* HRGs are aware of and availing services especially Needle/Syringe exchange service provided by peers in TI project.

1. **Supervision**:

* Project manager supervises the project activities with support from M&EAA and counselor through field visits and review meetings with the guidance from project director and regional director at TI level.
* The ORWs supervise the work of the Peers through field visits and one to one contact with the HRGs.

**IV. Services**

1. **Availability of STI services**:

* A static clinic is established by the TI project in the field office for STI and abscess treatment.
* The MBBS doctor has been trained as per the NACO guideline for syndromic STI management and abscess treatment.
* Doctor is available from Monday to Saturday from 10:00 am to 2:00 PM
* Network clinic cards are maintained by doctor.
* 18 health camps were organised by the TI

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.
* 2 individual cases of abscess has been under treatment for the last 6 months.
* Syndromic treatment method is used by the doctor, with proper follow up mechanism.
* None of the HRG attending STI clinic were counselled.
* 843 HRG underwent once and 93 twice for syphilis testing.

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.
* 376 IDUs are married and 63.2 % spouses have been tested for HIV & syphilis.
* Referral slips are maintained for all the referrals to ICTC and cross verified with ICTC centres.

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 10 condom outlets have been established in the project area.

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

* OST center is established under the TI project at an easily approachable location for HRGs of nearby target area.
* 355 of IDUs are registered for OST.

1. **No. of condoms distributed**: Total 24567 free condoms were distributed against the demand of 27895.
2. **No. of Needles/Syringes distributed:** N/S gap analysis is done every quarter. 71684 syringes were distributed in response to demand of 74938 (95.6%). Similarly 150038 needles demand of HRGs and 142428 have been distributed against the demand (94.9%).
3. **Information on linkages for ICTC, DOT, ART, STI clinics:**

* The Project staff has complete information and establish good linkages with the nearby TB DOT centre, ICTC, 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.

1. **Referrals and follows up:**

* HRGs are referred to ICTC at Daddumjara and other nearby ICTC of target areas.
* Referral triplet slips for the ICTC at Daddumjara are cross verified during field visits.
* Referrals of HRGs to ICTC, 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 2010. No Self Help Group of spouses of HRGs is formed.
2. **Community Participation:** HRGs are members of each committee formed by TI (Programme Management Committee has 3 HRGs representatives, DIC Management committee has 2 HRG members, Crisis Management Committee has 2 HRG members). Participation of HRGs is visible in monitoring and planning.

**VI. Linkages**

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

* Linkages have been established with nearby ICTC at 52 Dispensary and Daddumjara for HIV and syphilis testing.
* For STI and abscess treatment a static clinic is established with an MBBS doctor at TI field office in Daddumjra.
* Out of 18 HIV positive HRGs, 18 HIV positive HRGs and 2 HIV positive spouse of HRG are linked to ART centers for treatment.
* All identified HRGs linked to the TB DOT centre in a nearby civil hospital. Out of 1898 HRGs screened for TB, 397 are referred and 14 underwent TB testing.
* 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 846 (81.16%) testing done during January,2021 to December 2021 out of 1205 referred.
2. **Support system developed with various stakeholders and involvement of various stakeholders in the project:**

* TI has identified 11 stakeholders.
* Total 24 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 no follow ups have been documented.
* 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

* The Accountant is following System of Planning.
* It is advisable to pay directly to vendor instead of transfer the amount to Staff account for the expenditure spent in Demand Generation Meetings or Review Meetings.

**2**. **Systems of payments**- Existence and adherence of payments endorsed by SACS/NACO, availability

It is observed that all the vouchers are machine printed and all the payments to vendors done through PFMS with approvals of Project Manager and Project Director.

1. Stock register of consumables and fixed assets are properly maintained.
2. Mention the balance in ledger book properly
3. While booking the expenditure in Cash book and Vouchers, Always book it in proper head.
4. Ledger book, Cash book, SOE & BRS should be signed by Accountant and Project Manager

**3.** **Systems of procurement**-

It is observed that 1. TI is maintaining Fixed assets register properly and coding on items is present there.

2. Quotations from 3 different vendors collected to purchase any items above Rs.2000 and comparative statement is in place.

**4.** **Systems of documentation**- Availability of bank accounts ( reconciliation Not made on monthly basis), audit reports

1. Accountant is maintaining BRS and SOE Separately of TI, OST-56 and OST-38 and submitting the same to CSACS on monthly basis.
2. Book the expenditure in proper head.
3. Mention the Voucher no. in Cash book.

**VIII. Competency Of The Project Staff**

1. **Project Manager:** The project manager joined organisation as counsellors in TI project and appointed as project manager on in the same year (2021). He has prior experience of working as M&EAA at another TI for FSW. He has good knowledge about the TI programme, financial management and is an active team member.
2. **M&E cum Account Assistant:** He has done B.Com, joined TI on 12th October, 2021. He has an understanding of her role and responsibilities and managing accounts and data of TI project effectively.
3. **Counsellor:** Appointed counselor on 6th September, 2022 and has done her Master's in psychology. She has no prior experience of working with TI. She has knowledge about the roles and responsibilities of counselor. However, capacity building for need based counseling is required.
4. **ANM:** 2 ANM are appointed, one for OST and 1 for TI project. ANMs have a clear understanding of roles and responsibilities at TI project and OST center. Same is visible in their records.
5. **Outreach Workers (ORWs):** 5 male ORWs and 2 female ORWs are appointed by TI. All ORWs has detailed knowledge of roles and responsibilities. During field visit, it is observed that ORWs have an understanding of their field area and effectively interact with HRGs to provide services.
6. **Peer educators:** 16 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. Peers also carry needle collection kit in their bags and are aware of proper procedure to be followed to collect used syringes.

**IX. Outreach activity:**

* 746 HRGs (above 94% of target HRGs) are contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral.
* During FGDs it is learnt that HRGs have good rapport with peers and ORWs and avail N/S from peer educators which reflects the effectiveness of outreach activities.
* Outreach activities are carried out as per monthly outreach plan developed by TI staff.
* As per the monthly plan and movement register the ORWs usually meet Peers at their hotspot and provide support to them 4 times in a month.
* 18 SOA camps were organised to reach out the HRG against the target of 24.

**X. Services:**

* Above 80% of the target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period.
* In FGDs, HRGs reported they are satisfied with the counseling services 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, GMC and HIV testing done for the HRGs.
* The Community Score card is implemented by CSACS.

**XI. Community involvement:**

* HRGs are part of each committee, PMC-3, DMC-5, CMC-3.
* HRGs participation in planning, monitoring and implementation of services is visible.

**XII. Commodities:**

* FreeCondoms are supplied to the HRGs by peer educators, Outreach workers and through condom outlets.
* HRGs received N/S from peer educators and ORWs as per demand assessment.
* N/S gap analysis is done every quarter.
* Waste Disposal mechanism in place: collection, disinfection and final disposal being done as per guidelines at nearby ICTC at Daddumjara.

**XIII. Enabling environment:**

* 24 Advocacy meetings are conducted during evaluation timeframe to address issues in program delivery, however, need assessment is not and no follow up is documented.
* 5 crises are addressed by the crisis management committee and 4 quarterly meetings were conducted for the members of the crisis management committee.
* In one to one interview with 3 stakeholders, it is learnt that they are involved in addressing the issues related to project services.

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

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

* Collaborations are done with other organizations to provide services other than TI projects to HRGs.

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