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

Name and address of the Organization-**"APAAR"** Association for Peoples Advancement & Action Research, Tanakpur Champawat

- Background of Project (year of starting-2010, contracted population.250, ever registered, current active, no.317, of approved staff vs. no.11, of staff on board etc.)
- Chief Functionary- Mr.Shubhash Joshi
- Year of establishment-1993
- Year and month of project initiation-22-01-2010
- Evaluation team- Prof.-Jagendra Singh Rawat Team Leder
  - Mr.Harpal Singh Program
  - Mr.Ajay Kasyap Finance
- Evaluation Timeframe : 2 to 4 March 2022

Profile of TI

(Information to be captured)

- Target Population Profile: FSW
- Type of Project: Core
- Size of Target Group250
- Sub-Groups and their Size
- Target Area-04

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

Interaction with key office bearers, 3-, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc.

The project director was available for the intarection and 100% monthly meetings attended by the PD.Evaluation team observed that he is engaged in project activity.

II. 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

   1 PM, 1 Counsellor, 1 M&E and 2 ORWs are there.
2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

Induction training was given to each staff

3. Infrastructure of the organization

Adequate infrastructure was there

4. 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.

   All necessary documents was available and maintained as per USACS norms

III. Program Deliverable

1. Line listing of the HRG by category-0317.
2. Shadow line list of HRGs by category- Not seen
3. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.
   Na
4. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
   NA
5. Micro planning in place and the same is translated in field and documented.
   Available and maintained by team.
6. Differentiated Service Delivery planning in place and the same is reflected in documentation.
   Available and maintained by team.

7. Coverage of target population (sub-group wise): Target-250 / regular contacts-295 only in core group
8. Outreach planning – Secondary distribution of Needles and Syringes
   NA
9. Outreach planning – Peer Navigation- Not seen
10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.
    CBS camp was organized by TI
11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model
    Planning need more focus
12. Outreach planning – quality, documentation and reflection in implementation
    Outreach planning tools was available and used by staff.

13. PE: HRG ratio. 1=60
14. 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, etc., should be referred with SACS.
    Peers regularly contact by the HRGs in field and provided project services
15. Documentation of the PEs & ORWs
    Peers are maintaining form b and ORWs are maintaining their particular documents.
16. Quality of peer education- messages, skills and reflection in the community
    Most of the peers have sufficient knowledge about programme

17. Supervision- mechanism, process, follow-up in action taken, etc.
    PM used to monitor all staff and supervision structure was there

IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community.
   Clinical services made available through the PPP model
2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.
   Clinic location was easy to assess for the HRGs and all norms are followed.
3. 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
4. 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.
   Syndromic management followed by the doctor.
5. 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.
   Above mentioned documents was available and maintained as per norms
6. Availability of Condoms- Type of distribution channel, accessibility, adequacy, etc.
   Free and social marketing distributed by the team.
7. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres.
   NA
8. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.
   Condoms are distributed as per demand of HRGs.
9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.
   NA
10. Information on linkages for ICTC, DOT, ART, STI clinics.
    Linkages established by TI.
11. Referrals and follow up.
    Follow up of STI need more strengthened

V.Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.
   Community closely involved with the project
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents

Community closely involved with the project

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics, etc.
   Linkages established by the TI.
2. Percentages of HRGs tested in ICTC and gap between referred and tested.

   Above 60% of the HRGs underwent HIV test twice during contract period

3. Support system developed with various stakeholders and involvement of various stakeholders in the project.
   Stack holders are involved in project activity.

VII. Financial systems and procedures

1. The NGO is adhering to the NGO-CBO Guidelines and other systems endorsed by SACS/NACO.

   a) Budget & Expenses of Society: Grant of **Rs. 13,43,500/-** received by the society against it expenses are booked **Rs. 10,00,1126/-** which is 74 % of total fund received by the NGO for the period from 1-APRIL-21 to 02 MARCH-22

2. **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.

   a) Cash Book & ledger properly maintained But cash book is not updated as on date.
   b) Most of the payments were made by cheque. PFMS system is used at the NGO
   c) Vouchers are serially numbered and proper voucher file maintained.
   d) Stock register was properly maintained and updated.

3. **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.
    a) WHO-GMP practices for procurement of medicines, systems of quality checking were followed by the NGO.
    b) Three Quotations were collected for purchase of drugs/medicines.
    c) No fixed assets were purchased during the reporting period

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

    a) Bank reconciliation statement maintained
    b) Cash book & ledger properly maintained but cash book is not updated as on date.
    c) Bank Account jointly operated by President and project Director.
    d) The NGO has not given adequate attention to audit recommendations.

VIII. Competency of the project staff

a) Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about TI programme including TI revamped strategies, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

PM have adequate knowledge about programme

b) ANM/Counselor

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

The Counsellor is good in counseling and documents was maintained properly.

c) ANM/Counselor in IDU TI

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.
NA

d) ORW

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.
Bothe ORWs are from community and they have good knowledge about programme.

e) 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.

Peers are working with the TI and all are from the community and have very good repo with the community.

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.
Peer navigation system developed by the team.

g) 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.
NA

h) 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.
NA

i) Peer Educators in Truckers Project

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.

NA

j) 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.

Qualified accountant and data manager was there and he has sufficient knowledge about data and finance.

IX. 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.
Outreach plan was there and same were used by the team.

X. Outreach activity in Truckers and Migrant Project

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.
NA

XI. Services

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

XII. 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.
Community was closely involved with the project.

XIII. Commodities

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

Condom gap analysis was done and supply as per demand.

XIV. 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.
Advocacy was conduct by TI and good documented.

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

Most of the HRGs linked with different social protection scheme.

XVI. Details of Best Practices if any

Social protection scheme related work was excellent