

Annexure: B

Gramin samaj kalyan samiti (GRASS)

Reporting Format-B

Introduction

○ Background of Project and Organisation:

GRASS-GraminsamajKalyansamiti(GRASS)is aUTTRAKHAND based not for profit, non- political, organization. This organization came into being with the idea of sustainable development of local communities ensuring the optimum utilization of resource in scientific manner and with the involvement of people in every such endeavor and finally got registered in 1996 under Society Registration Act 1860. GRASS is working in three district of Uttrakhandie. Almora, Bageshwar and NainitalOrganization is running Targeted Intervention project in AlmoraUttrakhand. Following table (table no.1) shows important details of the organization.

Heads	Details	Remark
Name of Organization	GRAMIN SAMAJ KALYAN SAMITI	
Address	Head Office: TALLA CHINA KHAN, ALMORA UTTRAKHAND 263601 TIP Office: same building	TI office is established on the first floor of the building.
Chief Functionary	Mr. Gopal singhchouhan	President of the Organization
Year of Establishment	Registered in Year 1996 under Society Registration ACT, 1860	Registration number:UK0648102021007124
Evaluation Team	Team Leader: Mrigankshekharsingh Program Consultant: NirjaBisht Finance Consultant: AshisBatra	
Time Frame	April 2020 to March 2022	Evaluation Visit: 24 to 26 feb 2022

Table 1: Registration, address and evaluation related details of the Organization

Profile of TI

Following table (table 2) shows the basic profile of the targeted intervention project.

Heads	Details	Remark
Target Population Profile	FSW: 250 MSM: IDU:	
Type of Project	Core exclusive	
Size of Target Group		735 registration (till 2020 out of which 271 was the size of active population)
Sub-Groups and	Brothel Based: 0	Tam tammohalla

their Sizes	Street Based:	NTD	
	Home Based: 271		
	Lodge Based: 0		
	Dhaba Based: 0		
	Highway Based: 0		
Target Areas:	Almora City, and surrounding Areas	Hot spots: Tatammohalla, thapaliya, NTT, khatyari, Karbla, odkhona, darkhasbeyarkhola, rajpura	

Table 2: Profile of the TI

Key Findings and recommendations on Various Project Components

I. Organizational support to the programme

It was found that organization is providing appropriate support to TIP, especially in field of recruitments, setting up and operationalizing institutional processes and administrative system, and providing required infrastructure. All the staff and PE positions were filled as per project proposal. Appointment letters with job descriptions were duly issued to each staff members. Attendance and leave registers were properly in place. However, some staff turnover was witnessed during last two years. Lock down during COVID 19 also played its role in recent staff turnover. Similarly, significant PE turnover was also witnessed. Disruption caused due to lockdown and staff turnovers resulted in a situation in which no member of target community was promoted to the staff positions. However, interaction with community members during hotspot visits and documents available at TIP pointed towards the fact that NGO management takes into at least some consideration the community needs/resources while planning/delivering services through activities of programme management committee and through community level consultations. Similarly, available records maintained at TIP level suggested that Project Director attended at least 80% of the monthly meetings of the TI project during last one year and initiated some actions in respect of areas of improvement based on the minutes of the review meetings.

II. Organizational Capacity

2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

Evaluation team examined existed documents at TIP and concluded that there was a system of induction training within 15 days of recruitment of the staff members. Induction trainings were organized informally at TIP in which experiences staff members provided orientation to newly appointed staff members. Formal trainings were organized at state level by USACS and TSU. Although training register mentioned the trainings organized by USACS and TSU at state level along with the details on topics and participants, however, descriptive training reports were not available at TIP level. Pre post training reports were also not available at TIP level therefore, it was hard for the evaluation team to assess the impact of the training. Furthermore, Counsellor

and few PEs worked during the evaluation period (April 2020- March 2022) were not available at TIP, therefore, evaluation team had limited access the to information regarding quality and contents of the trainings conducted at state level. Following table shows staff wise training status of the current staff members.

S.No.	Name	Designation	Date of Joining	Training Status
1.	Girish joshi	Project Manager	22-12 2019	PFMS, Revamping,22 to 24 december 2021
2.	Deepasirari	Counselor	1-04-2021	Counselor training in Dehradun 27 to 29 december 2021 USACS
3.	Narendra singh	M&E Officer	22-12-2018	29 and 30 November 2021
4.	Tarannum khan	ORW(FSW)	11-04 2015	Training in 2017 organized by USACS

3. Infrastructure of the organization:

TIP office and Infrastructure: TIP office was functioning at the first floor of a building. It was felt by the evaluation team that working space for running the TIP is appropriate. Although other facilities were available inside the office. Office had required infrastructure support, i.e., furniture, computers, printer, other equipment. It was found that organization did not receive infrastructure support form USACS for long. Computers and other equipment provided by USACS in 2010 have become obsolete and useless. USACS provide new printer to TI and one Fridge. One DIC was also situated near Zila panchayat have sufficient space for meeting and other TI related activities.

Documentation and Reporting:

Overall documentation was good. Administrative documents and registers, i.e., attendance register/appointment letters, leave register, movement register, monthly meeting register, stock register, etc., were properly maintained. Updated and computerized line listing was available. Similarly, site wise maps and micro planning were available at TIP office. Similarly, programme and services related documentation was also maintained appropriately. Peer diary, Form C, counseling register, patient slip and referral cards, advocacy register, event register etc., were maintained as per the NACO/SACS guidelines. It was found that TIP was sharing the reports to USACS/NACO as per the requirement.

III. Program Deliverables

Outreach

1. Line listing of the HRG by category. Separate clinic registers N/A

Target Population	Sub groups	Line listing	Remark
FSW	Brothel based	0	
	Home based	271	
	Street based		
	Lodge based	0	

	Dhaba based	0	
	Highway based	0	

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 counseling. –

4. Micro planning in place and the same is reflected in Quality and documentation.

Verification of the master register of HRGs and weekly format of the last three months during the evaluation period (April 2020 to January 2022) pointed towards the fact that individual HRGs were tracked effectively for the project by peer educators. Form B was maintained by PEs and half of them were able to explain the use of risk, vulnerability, condom demand, during BCC and IPC and service delivery. It was also found that proper prioritization of the HRGs was done by ORWs on the basis of risk and vulnerability data.

5. Coverage of target population (sub-group wise): Target / regular contacts only in HRGs N/A

Following table (table 4) shows the coverage of target population

Target	Registered	Active	Drop outs
250	735	271	464

Table 4: coverage of target population

6. Outreach planning – quality, documentation and reflection in implementation.

Outreach plan was available at project level. However, the quality of outreach plan could be improved. Documentation of outreach planning was done as per NACO guideline and required format was appropriately maintained. Micro plans were available for each hot spot. Verification of the outreach plan and micro plans suggested that they were used to follow up pending ICTC, RMC and Syphilis testing. These plans were also used for risk updation, vulnerability and condom demand data. It was found that Individual HRG not taking any project services in the last 2 quarters were identified and such cases were highlighted in the micro plans.

7. PE: HRG ratio:

PE: HRG ratio was maintained as per NACO guidelines.

8. Regular contacts:

It was assessed by the evaluation team that at least 80% target population all project services verification of project proposal ORW s format C and monthly CMIS report and team met with 20% HRGs randomly selected during the field visit verified this fact. .

9. Documentation of the peer education:

4 Pes are working and all are overaged and theywere maintainingpeer diaries (Form B) by themselves. However, few shared that on some issues their still required the support of ORWs. Evaluation team found that overall quality of documentation of the peer education was satisfactory. Majority of peer educatorswere aware of the how to maintain form B. Verification of

these forms suggested that they were used to follow up pending ICTC, RMC and Syphilis testing. These forms were also used for risk updation, vulnerability and condom demand data. It was found that Individual HRG not taking any project services in the last 2 quarters were identified and such cases were highlighted in the micro plans (Form B). Peers are working hard and providing all kind of required support to program but we are recommending that TI should focus on replacement of these peers with new energetic and below 30 year age group peers. Peers activities are very difficult in hilly area like Almora so new and energetic peers will certainly do better.

10. Quality of peer education-

Evaluation team interacted with all the peer educators and found that majority of them had good communication skills along with clear understanding about their roles and responsibilities in the project and essential knowledge to carry out effective peer education. However, it was felt that all Pes should be replaced with new young peers.

11. Supervision-

It was verified that ORWs were visiting field at least 5 days a week and were providing supportive supervision to peer education. However, hot spot visits and verification if the ORW diaries suggested that all PEs have been met at the hotspot four times in a month.

IV. Services

1. Availability of STI services

STI services were provided to HRGs through DSRC. ORW ,peers and other staff have good understanding with DSRC STI clinic and Evaluation team met with DSRC STI counsellor and she verified that TI staff is regularly visiting STI clinic with HRGs and HRGs also visiting STI clinic with referral slips, referral and follow up mechanism in place and during field visit some HRGs disclosed that they visited DSRC STI clinic and they were satisfied with treatment provided by DSRC STI clinic.

2. Quality of the services:

Clinic was not established at TIP office and STI services were provided to HRGs though DSRC linkages. However, interaction with HRGs during hot spot visits and at DIC suggested that privacy and confidentiality were maintained at TIP level.

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:

It was verified during interaction with DSRC STI clinic counselor and form other stakeholders (DTO) that cases were treated with the adhering to syndromic treatment protocol. It was found that follow up mechanism and referral system was appropriately in place. Referral with ICTC, ART, and DOTS was in place. Interaction with HRGs during hot spot visits and at DIC has verified that around 75% of the HRGs visiting DSRC, STI clinic were counseled.

5. Documentation-

As STI services were provided to HRGs only through linkages with DSRC, the overall quality of the documentation of the services was not up to mark. However, treatment register, referral slips were available at TIP. Documents related to procurement of medicines were not appropriately maintained.

6. Availability of Condoms-

Condoms were distributed through free channels as well as through social marketing. It was verified during interaction with HRGs that they had effective accessibility to the distribution of the condoms. It was found that HRGs were satisfied with the adequacy of the condoms supplied to them. Social marketing of the condoms was also being done by the TIP. TI has develop nontraditional out let.

7. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.

Following table shows the information about distribution of condoms through different channels and associated gaps in distribution and demand.

Distribution channels	Demand	Distribution	GAP	Remarks
Free	115466	91706	18%	82% distribution against the demand
Social Marketing		2934		
Total		94640	20826	

Table: information regarding distribution of condoms against demand during April 2020 to January 2022

8. No. of Needles / Syringes distributed through outreach / D

9. Information on linkages for ICTC, DOT, ART, STI clinics.

TIP has established linkages with ICTC, DOT, ART and STI Clinics. It was verified that linkages with these stakeholders were effective during the evaluation period (April 2020 to January 2020).

10. Referrals and follows up:

Referrals with the ICTC, ART, DOTS and STI clinic were established as per requirement. It was found that out of 271 line listed HRGs had gone through counseling during the last year of evaluation period. Similarly, over 70% of the HRGs (749) underwent HIV test during the same period. However, no HIV positive found in contract period but TI has good linkages with ART. However, it was found that current counselor was actively involved in linkage development and she follows up each and every case referred to STI clinic. Most of HIV testing were conducted through CBS kit and DOT screening were also conducted.

V. Community participation

1. Collectivization activities:

No such initiative found.

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

Community participation was mostly sought through organization of event. However, no evidence was found that community members were involved in planning and implementing the event activities. However, signs of their partial involvements were found in events and health camps. The details of these events and participation of HRGs in these events are given in following table.

S.No	Activities Name	Number foActivities	Total No. of HRG. Attendant
1	Event	4	205
2	Health Camp	4	222

The advocacy efforts were initiated. TI staff has made its rapport withpimps transporters, brokers and local shop keeper, mechanic etc.

VI. Linkages

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

It was found that TIP had established effective linkages with ICTC, ART, DOTS and STI clinic at District hospital, however, there was some disruption in the linkages was noticed by evaluation team. While discussion with link ART counselor and ICTC counselor it was found that some gaps with in communication with these services providers took place due to distance and difficulties face by HRGs in hilly area. Lockdown due to COVID 19 also contributed into this communication gap. However, it was noticed that current PM and counselor were working really hard to clear the confusion with service providers and strengthening the linkages with them.

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

It was found that 749 HRGs had gone through ICTC twice a year against a referral of above 1000 which stands for 74% of the total HRGs during April 2020 to January 2022. Following table shows the actual number and percentage of the referred and tested HRGs.

Line listed HRGs	Referral for ICTC	HIV testing	Percentage	Gap
271	1000	749	74%	251(26%)

Table: percentage of HRGs tested in ICTC and gap between referred and tested during last year of evaluation period (2019-2020)

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

Evaluation found that a proper support system has been developed with the involvement of different stakeholders in project implementation. However, there has been a noticeable gap with them during last one year, especially due to lock down. However, it was found that PM and counselors were involved in reviving the linkages with them.

VII. Financial systems and procedures:

Systems of planning:

Systems of payments-

Systems procurement-

Systems of documentation-

VIII. Competency of the project staff

VIII a. Project Manager

Girish joshi is BCOM and MBA, was working as the project manager during evaluation visits. He worked as the M&E officer from April 2014 to December 2018. It was found that he has good knowledge about program performance indicators. It was also found that he actively conducts review meetings and take required action towards addressing the gaps. He is also involved in advocacy initiatives and creating effective enabling environment for program delivery.

VIII b. ANM/Counselor

DEEPA SIRARI, MA(Sociology), is working with TIP since 1-04 2021. She has had gone through training organized by USACS however, evaluation team noticed that she is playing crucial role in interaction with stakeholder and service providers to restore the linkages at prior levels. It was also found that she had proper clarity on her roles and responsibilities under the TIP

and also had basic counseling and HIV, STI related knowledge. It was verified that she properly maintained documents related to counseling, STIs . She continuously visit fields.

VIII c. ANM/Counselor in IDU TI Not applicable

VIII d. ORW

1. ORW 1 (FSW): Tarranum khan, is inter pass and joined the TIP on 11 April 2015. She had good understanding of TIP and hardworking ORW she has good skill of communication .

VIII e. Peer educators

All the PE positions were filled; however, evaluation team was not satisfied with the qualities of most of them. All the Pes are more than 40 years of age soIt is recommended to replace them with more suitable candidates form HRGs.

VIII f. Peer educators in IDU TI Not applicable

VIII i. M&E officer:

M&E Officer: Narendra Singh, M.Com joined the TIP on 22 December 2018. His prior experiences included; assistantaccountant in one local NGO . Evaluation team felt that hehavethe proper knowledge about his roles and responsibility. However, it was found that he is hardworking and committed towards the TIP. M&E officer get new better job in Gobindballabh pant institute and he is going to resigned next month..

IX. a. Outreach activity in Core TI project

Evaluation team interacted with the ORWs and Pes (FSW). It was found that outreach activities were focused on service delivery and providing supportive supervision to peer education. ORWs needed to improve clarity on the goals and objectives of TIP. It was also felt by evaluation team that hot spot wise micro plans should be more effective, in respect of prioritization, risk assessment and service delivery. It was found that ORWs were actively visiting filed and providing support to peer in respect of program delivery and services. It was verified that ORWs met all the PE at least once a week. However, it was felt by the evaluation team that a comprehensive outreach planning for achieving goals and objective of TIP was needed at project level. Organization should give more attention on key issues during review meetings and should

providing appropriate support to project management. HRGs were not visiting TI office regularly and number of FSWs during filled visit disclosed that they were not aware about TIP office.

IX. b. Outreach activity in Truckers and Migrant Project

X. Services

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

It was found during interaction with the HRGs in the field and at DIC that majority of them prefer services provided under the TIP. They were satisfied with the quality and service delivery under the project. An overwhelming majority (80%) of them were satisfied with the privacy and confidentiality maintained during service delivery. It was also found that majority (80%) of them were satisfied with the service.

XI. Community involvement

After examining the documents and interacting with the HRGs and stakeholders, evaluation team concluded that community participation in the planning and implantation of TIP has been largely neglected. However, some evidences pointed towards the involvement of community and stakeholder in the advocacy. Community participation was mostly sought through organization of events and its monitoring. It was found that 4 events were organized during the evaluation period in which 205 HRGs took part. Similarly, 4 health camps were organized during the same period in which 222 HRGs participated. Above mentioned information suggested that TIP was less focused on involving community in program delivery as well as organizing events through which they could achieve higher level of community participation.

XII. Commodities

Condoms, were distributed to HRGs as per their needs. Evaluation team interacted with HRGs at different places and at DIC and found that almost all of them were satisfied with the supply of condoms, lubes and needle & syringes, respectively. Gap analysis in respect of condoms distribution was being done. Condoms were distributed through free channels as well as through social marketing. Need analysis was being done in respect of distribution of needles and syringes. Almost all the HRGs interacted during the field visits shared that they had easy access to these commodities.

XIII. Enabling environment

Although advocacy meetings were organized with stakeholders/HRGs as per records, however, same was not corroborated during field visits. It seemed that disruption caused due to COVID 19 along with some other reasons have impacted the status of enabling environment. It was found that key objectives and strategic planning behind carrying out advocacy was missing and meetings were conducted on need basis. It was found while discussion with stakeholders and service

providers that organization had established a very effective enabling environment in past. Evaluation team was convinced that present TIP management was very serious about creating the enabling environment as effective as the project had achieved in past.

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

Although, organization is working on a range of social, economic and health related issues, however, there was no evidence found which could suggest that HRGs were linked with any social protection scheme or with any kind of welfare scheme related innovation at project level TI staff involve in Dry rashaan distribution and sells sparsh sanitary pads (sanitary pad yojna)in field.

XV. Best Practices if any:

Nothing in this regard was witnessed during evaluation process.