**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: AKS HOPE
* Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)

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The Agnes Kunze Society ‘HOPE Project’ started its work (on 16th January 2002) more than a decade back with street and “slum” children by providing education and vocational training in various Urban & Rural areas of Dehradun district. We assist children, the poor and the marginalized individuals and communities in need-regardless of background, caste, race, religion, sex. Agnes Kunze Society is registered under Society Act, Income Tax department, Education department- Government of Uttarakhand and also registered under FCRA Act, Ministry of Home Affairs, Government of India.

**Mission Statement: -** Agnes Kunze Society ‘Hope Project’ assists children & community in need-regardless of background, caste, race, religion, sex, operating from **Sr. Agnes Kunze’s** vision that the mark of the human being should be love for one another. We create an enabling atmosphere and offer direct and professional aid to the children & community across all the development domains notably Education, Health, Social Development and Nutrition and Hygiene in the form of awareness, childcare, upbringing, education, job-oriented skill building and facility provision across social and development sectors.

* Chief Functionary: Mr. Stephen Masih
* Year of establishment: 2002
* Year and month of project initiation: 2016
* Evaluation team: Dr. Akash Mishra, Mr. Mohan Pant, Mr. Arun Ruhela (CA)
* Evaluation Timeframe: 24-26 February

Profile of TI

(Information to be captured)

* Target Population Profile: **FSW** / MSM / IDU / HTG/TRUCKERS /MIGRANTS
* Type of Project: Core/ Core Composite / Bridge population: **CORE**
* Size of Target Group(s): Allocated Target of FSWs- 600,
* Sub-Groups and their Size: active population-880 (home based)
* Target Area: TI’s hotspots stretched in approx.45 kilometers periphery from the TI office, 10-Sites and 23 Hotspots are there.

Key Findings and recommendations on Various Project Components

## **Organizational support to the program**

Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc.

Meeting held with the NGO office bearers and felt that they are concerned about the program & community, regular support and input is provided to the TI staff for betterment of their work.

The organization is running the program successfully in the assigned project area and with the population. Regular handholding and support provided to the team as per the need of program and capacity enhancement is done at regular interval.

The support is visible at different levels of program and felt during the evaluation period.

## **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:

Staffing pattern is in place as per the norms and staff positions are filled. The supervision is done on regular basis as informed by the beneficiaries during field visits & individual interaction with HRGs/beneficiaries of the project. Despite tough condition and hard to reach areas the commitment of staff is good and they are providing services & support to the beneficiaries at regular interval. The coordination between staff is good and they are supportive to each other. Turnover of PE was seen during this period but that was due to the promotion of PE to ORW position, vacant positions were filled within timeline as stated by the NGO representatives and seen during the review of program.

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

Regular orientation is done by the NGO staff and the senior officials of NGO, handholding support, capacity building is done at regular interval by different staff members for program support & improvement. Documentation is maintained by the TI on regular basis which shows the commitment of the team.

1. Infrastructure of the organization:

The organization is having an office in the project area which is rented and located in a central place & it is easy to reach. The DIC is situated in project areas which provides a safe and secure space to HRGs during their visit to DIC as well as they enjoy visiting the DIC.

1. 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.

Mechanism is in place and adherence to SACS protocols being followed at every level, TI has availability of documents at TI office and it is regularly maintained by the TI staff. Review mechanism is in place and it is regularly done by TI staff & PD. Action is taken by the TI on given feedback or if there’s any finding regarding program/person. Timeliness of reporting is taken care by the TI and feedback mechanism is in place. Reports are prepared, shared and disseminated by the TI at regular interval & timeliness is followed. If technical input is required it is being taken care by the TI.

## **Program Deliverable**

1. Line listing of the HRG by category. FSW-600, active population-880, registered- 1250
2. Shadow line list of HRGs by category. N.A.
3. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.
4. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
5. Micro planning in place and the same is translated in field and documented.

Micro planning is done at TI level, it is a regular process and done by the TI team on regular basis for service delivery. Micro planning helps in service delivery, gap identification and addressing the gaps on regular basis. The documents were reviewed during the evaluation visit.

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

The mechanism is in place and the TI is following the guidelines of SACS/NACO. Service delivery is planned by the TI and provided regularly focusing differentiated pattern of service delivery, documents are reflecting the same.

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

Coverage of target population is done on regular basis which is reviewed during the field visit of evaluation team and meeting with HRGs also helped us to understand the interaction & service delivery from TI side. The beneficiaries appreciated the support from TI and accepted that they are getting commodities & services on regular basis, PE/ORW/PM & counsellor is visiting and providing them support as and when needed.

1. Outreach planning – Secondary distribution of Needles and Syringes
2. Outreach planning – Peer Navigation:

It is integrated part of the planning & program. Peer monitoring system is in place and regularly navigated by the staff of TI, on the basis of day to day planning they are supported in field as well.

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

Outreach planning is done by the TI and it is reflected in day to day activities of TI and the documents were available at TI. The outreach plan also reflects in the service delivery and other support services.

1. Camps are regularly done to reach maximum population at field level & also to identify new community members:
2. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model

The process is followed and registration is done on regular basis.

1. Outreach planning – quality, documentation and reflection in implementation:
2. PE: HRG ratio: PE/HRG ratio is little higher due to coverage of extra population than allotted population.
3. 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.

Regular contact with community members was visible during the meetings with community and discussing the visits, services & support of TI team. The staff of TI has clarity about their roles and responsibilities and day to day activities of TI at office & field level. Community members were having some personal health which they discussed during our field visit it is also an impact of confidence between TI team & community.

Team need to give little extra care to cater differentiated service delivery model.

1. Documentation of the PEs & ORWs:

Peer & ORW level documents were available at TI and the peers/ORW are also carrying their diary for referral and documenting the ongoing activities on daily basis. It is as per the need and allotted field level target for different services.

We were able to meet more than 80 women in meeting and some of them in one to one interaction during our field visits.

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

Most of the Pee educators are well versed with the program and have good understanding over services & distribution of commodities to community. Peers are good in delivering the desired message regarding services, safety, personal care & providing with TI related program services to them. The community know them well as they are from community and have close association with each other.

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

The mechanism is in place and process is followed by the TI team. At some point issues were discussed and as per the need action is taken and issue is resolved by the TI team and management body of the NGO.

## **Services**

1. Availability of STI services – mode of delivery, adequacy to the needs of the community:

STI services are given to the community members as and when it is reported through PPP doctors, community need was addressed by the TI but few cases were identified during the visit those did not came to the doctor for treatment. It is suggested that they should visit the doctor or UHC/DH for diagnosis & treatment.

1. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.:

Every norm is followed by the TI and staff is very careful about the privacy during the visit to clinic. Clinic is located in a location which is accessible to the community. STI drug was available in TI. Shortage of drugs was reported by TI to SACS whenever it is required to procure.

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.
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 TI is aware of service provisioning and adherence to syndromic treatment protocol is done. Good referral & service delivery mechanism is seen; the TI has good relation with the service providers at ICTC/ART/DOTS.

1. 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:

The TI is working in this field for a long time and have all the records at TI level. Prescribed formats were available at TI level & updated regularly by the staff, reviewed it and found it appropriate.

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

Condom was available at TI and regular distribution is done by the PE, out lets, ORW & sometimes by other staff members & TI office as well. The community is able to visit the TI and PE is distributing the condoms at community level as per the need & demand of HRG.

Stock was available at TI, new stock has arrived at TI very recently and was kept in the office for distribution.

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:
3. The TI is regularly distributing the condoms at community level, during the evaluation period against the demand of 174906, distribution was 136374 which is nearly 78% of the demand. Distribution channel is established and regular contact, out let, DIC are the different distribution channels used by the TI.
4. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.
5. Information on linkages for ICTC, DOT, ART, STI clinics:

Linkages are established with different service providers at district level. The services are given through District hospital, UHC, CBS testing and PPP clinics. TI staff regularly visit the DH/ICTC/ART & DOTS, UHCs and have good relation with the service providers at DH & UHCs.

1. Referrals and follow up:

Mechanism is in place and referral is done as per the need of program. Good follow up mechanism seen due to close contacts between the PE & community. Service providers are regularly visited & established good network with them.

## **Community participation**

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

The TI has formed no of community groups in which community members are the members and leading the program support activities in community. It is also asked by the community members that they want to start income generation activities with the help of TI. TI team ensured to provide them support in entrepreneurship development in near future.

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

TI has groups in which community members are engaged in project related activities, management committee for TI program, number of community members to provide regular support, monitor & provide feedback to the TI for improvement.

## **Linkages**

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

The TI has good established network & linkages with these service providers, the TI staff is regularly in touch with them.

1. Percentages of HRGs tested in ICTC and gap between referred and tested: The testing is line with the referral, CBS & ICTC testing are good in this TI.
2. Support system developed with various stakeholders and involvement of various stakeholders in the project:

During the evaluation process it is felt that the stakeholders are associated with the TI and supporting the project, still it is suggested that the TI should provide input on program indicators & involve them in more activities.

## **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.**

***The organization is in practice to incur expenditure according to the approved budget. Expenditure is duly approved by the Project Director.***

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**.

***On the basis of the test check conducted by us it was found that the NGO is in practice to use printed and machine numbered vouchers. Vouchers are signed by the accountant and project manager and approved by the Project Director and also are supported with the bills/ details.***

***Further, the organization could not start making payments through PFMS portal as per revised NACO guidelines due to technical problems.***

***Stock registers for stationery items and medicine is being maintained but not properly maintained.***

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 organization has formed a Purchase Committee consisting of Project Director, Project Manager, Counsellor and M&E. The committee is responsible for procurement of items costing more than Rs 5000/-. Any item that involves cost more than Rs 5000/- is procured through quotation process.**

**After preparing comparative statement of quotations, order is placed to the firm which has quoted the lowest price.**

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

***NGO is maintaining a separate bank account with Punjab National Bank A/c no 7917000100006962*** **at Dehradun.**

***Bank Reconciliation Statement is being prepared on a monthly basis.***

***The organization has given due attention towards audit observations received from USACS office.***

## **Competency of the project staff**

1. 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.

The project manager is working with the TI for long time and have been associated with the TI since inception of the program as PM. He has good reputation amongst TI staff, service providers & at community level, has the knowledge & understanding of program. He is trained by SACS/NACO on program management & indicators. Project Manager is appointed as per the guidelines of SACS/NACO and providing quality support to the program as per the norms.

1. 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 doing her work effectively and she is trained on HIV/symptoms of STI, risk etc. She is doing regular counselling at field as well as DIC level, doing field visit with the ORW to address the issues & provide services. Documents are update and showing the regularized service delivery at different level.

1. 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.

1. 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.:

TI has 3 sanctioned position and they are in place. The TI has covered more than assigned target and require to add one more ORW for smooth running of TI program.

The review shows that they have clarity over service mentioned here & addressing the need based demand from field and as assessed during the planning & review of data as evidence for their strategy development. Emphasized on more data analysis for specific focused approach for service delivery.

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.

The planning itself provide insight about the service delivery mechanism & importance of different services for the community. Pes are regularly following the norms to provide services & the TI staff is updating/upgrading their knowledge on regular basis as seen during the field visit.

1. Navigator

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

The TI is following the norms and linkages/follow up is regularly done by them.

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.

1. 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.

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.

Reports are being produced & prepared by the M&E officer, the key information’s are shared with the staff and on the basis of that the TI staff is preparing their service delivery plan for the community. SIMS report is regularly shared with SACS.

## **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.:

Interacted with all PEs during the evaluation period along with ORWs. Outreach activities are reflected in in the service uptake as well as addressing the gap in the services. Planning is based on evidences gathered from field by PE/ORW and filtered by the M&E officer to provide the data for quality planning. Monitoring is regularly done by the TI staff & every hotspot wise micro plan is prepared in consultation with the PE/ORW.s

## **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.

## **Services**

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

It is observed and assessed with the help of interaction, desk review and field visits that the service delivery level is satisfactory.

## **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.

TI is doing well in the field of involving the community and they are doing some extra efforts to form different kind of committees for community support & programmatic improvement. Have seen number of committee details and asked the PM to ensure active involvement of the community member in different activities at different level.

## **Commodities**

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

Demand generation activities done by the ORW for calculating the demand for condom distribution, also service delivery mechanism is assessed for delivery of services at community level. Asked the TI team to do more brainstorming with the Pes for specific service delivery plan.

## **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.

Regular advocacy activities are done by the TI, asked the PM to increase the area of advocacy with different departments for benefit of the community associated with the program.

Women of community are motivated to collectivize themselves through SHGs and individually skill development is also done which is not noted or recorded. During the field visit it is observed that the women are ready to accept entrepreneurship development activities for themselves, demanded trainings & support.

PM is asked to assess and provide the support to them.

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

**Vaccination camp for HRGs**

On 2-9-2021, Under the AKS HOPE TI PROJECT (FSW), A Vaccination Camp was organized in the primary school of Niranjanpur Mandi (Preet Vihar) in collaboration with the SEED Organization. In which Mr. MOHAN RANA of seed institution, two staff nurses & Project Manager, Counselor & Outreach Worker’s from AKS HOPE TI PROJECT were present. First of all we registered then by their aadhar number & mobile number. After registration HRG‘s was vaccinated. After the vaccination all staff members meeting with HRG’S. And told HRG’S in the meeting that anyone who has not got the vaccine should inform us after that all staff members & HRG’S given refreshments.

The staff of AKS HOPE TI PROJECT (FSW) have prepared some documents of HRG’S that documents are following as

Support to get Social Entitlement

|  |  |  |
| --- | --- | --- |
| Sl no | Social Services | Quantity |
| 1 | Ration Card | 65 |
| 2 | Pan Card | 25 |
| 3 | Bank Account | 15 |
| 4 | Labour Card/ E Shram card | 65 |
| 5 | Aadhaar Card | 25 |
| 6 | Voter I D | 35 |

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