**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: FSDS TIUNI

 Hanol,Road,Tiuni,chakrata Dehradun

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



The FSDS organization was established in 1996 with the keen support of social workers.. FSDS is a Secular, Non Profit and Non-Governmental Voluntary Organization working for upliftment and sustainable development of Hilly Area communities since 1996 without discrimination of race, caste, creed, sex, community and religion. The Organization is registered under Societies Registration Act, 1860 having its registration office at district Dehradun

 FSDS’s area of operation is District Dehradun ,Uttarkashi ,Chamoli & Tehri, FSDS is actively involved in various community development activities since last 12 year in Block Chakrata & Raipur of District Dehradun with the active support from Government and various non government organization.

We work in the close coordination with the various technological and management organization in strategic planning, human resource etc. We have proven capacities of providing management support services within the social sector. We undertake large and small community development projects such as Implementing Health, Livelihood, Child welfare, Education & Self Funded Environment Awareness & Medicinal Plant Production & Developed Nurseries etc at grass root level.

* Chief Functionary: Mr. Akhilesh vyas
* Year of establishment: 1996

(Information to be captured)

* Target Population Profile: FSW / MSM / IDU / HTG/TRUCKERS /MIGRANTS
* Type of Project: **Core**/ Core Composite / Bridge population
* Size of Target Group(s): **FSW-250**
* Sub-Groups and their Size: Home-based (HB-391)
* Target Area: TIs’ hotspots stretched in approx.45 kilometers periphery from the TI office,5-Sites and 5 Hotspots.

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.

The organization is running the program successfully in the assigned area and with the population assigned to them. Regular handholding and support provided to the team as per the need of program and capacity enhancement is done at regular interval. Meeting held with 2 board members of the NGO and their involvement in program is visible as well as the understanding on program is clear.

## **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 adjacent portion 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:

Line listing of the population is as per the norms of SACS/NACO and it is documented by the TI which is reviewed by the evaluation team during the evaluation visit. The TI is working with FSW population and the records are updated as well.

 Allocated Target of FSWs- 250, while registered FSW population is -391 the active population is -360.

1. Shadow line list of HRGs by category: N.A.
2. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.
3. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
4. 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:

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 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:

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.

Camps are regularly done to reach maximum population at field level & also to identify new community members.

1. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model:

Outreach planning is in place 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.

Outreach planning is also supporting in identification of new community members.

1. Outreach planning – quality, documentation and reflection in implementation:

Outreach planning is done by the 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. 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:

It is well managed and the quality reflects in the day to day activities & service delivery which is captured in documents on regular basis.

1. PE: HRG ratio: PE/HRG ratio is little higher due to coverage of extra population than allotted population.
2. 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.

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.

1. 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.

 We were able to meet more than 40 women in meeting and some of them in one to one interaction during our field visits. STI is one of the area need more attention.

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 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.:
2. STI services are given to the community members as an when it is reported through PPP doctors, community need was addressed by the TI but few cases need referral to higher facilities for better treatment as the first line of medicines have impacted for short term and again there are complaints from the community member about STI again.

During the field visit we have suggested the community member to visit the doctor for examination and diagnosis so the treatment can be initiated.

STI drug was available in TI kit 5 was short and it is reported to SACS for procurement. Shortage of drugs was reported by TI to SACS.

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:

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

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. s 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.

The TI is regularly distributing the condoms at community level, during the evaluation period against the demand of 84398, distribution was 62523 which is nearly 75% of the demand. Distribution channel is established and regular contact, out let DIC are the different distribution channels.

1. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.
2. Information on linkages for ICTC, DOT, ART, STI clinics:

Linkages are established with different service providers at district level. Since the services are given through CBS testing and PPP clinics TI staff randomly visit the CHC.

1. Referrals and follow up.

Mechanism in place and referral is done as per the need. Good follow up mechanism due to close contacts between the PE & community.

## **Community participation**

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

SHGs are formed and currently 8 SHGs are functional as reported by the TI. Women groups are formed and supported by the TI.

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 has 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.

Linkages are established with different service providers at district level.

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

Referral -544, tested- 448. 82% tested against referral and due to shortage of testing kits the testing shortfall is seen. Due to COVID also the testing was less than the referral.

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

The program support system is developed with various stakeholders and involvement of various stakeholders in the project is visible through different committees & regular support at community level. Met number of stakeholders during the evaluation period to understand their participation and found that they are regularly in touch with the TI team and use to support the program as per the need.

## **Financial systems and procedures**

1. Systems of planning: Existence and adherence to NGO-CBO guidelines or any approved accounting principles endorsed by SACS/NACO, supporting official communication form NACO/SACS for any deviance needs to be presented.

***The organization is in practice to incur expenditure according to the approved budget except Under Infrastructure & Administration head a sum of Rs 2800 has been utilized to pay office rent from Office Expenses Rs 800/- and from Documentation cost / BCC material Rs 2000 .***

1. Systems of payments- Existence and adherence of system of payment endorsed by SACS/NACO, adherence to PFMS, availability and practice of using printed and numbered vouchers, approval systems and norms, verification of all documents related to payments, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments and adherence to other general accounting principles.

***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 sometimes approved by the Project Director. They are supported with the bills/ details. But on some occasions it was found that vouchers are not supported with proper bills.***

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

1. System 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.

**As per the statement of Accountant purchase is made from the firms nominated by the Management Committee of the organization and it requires no quotation process. But no purchase policy could be shown at the time of visit.**

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

***NGO is maintaining a separate current bank account with State Bank of India A/c no*** 30824088250 at Tyuni.

***The said account is being operated jointly by the Project Director and President of the organization and Accountant. Bank Reconciliation Statement is being prepared on a monthly basis.***

***The organization has attended audit observations raised by the Auditor.***

## **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 was working with the TI for long time and have resigned from her position in January due to ill health (she is suffering from typhoid). She was competent and hard working. She has a good reputation at community level and has the knowledge & understanding of program. She is trained by SACS/NACO on program management & indicators. Project Manager is appointed as per the guidelines of SACS/NACO.

 **PM position is vacant and advertisement is floated for this position and very soon this position will be filled as ensured by the PD TI.**

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.

 Counsellor has clarity on indicators of TI, knowledge on basic counseling and HIV/ STI. Documents are maintained and updating of data in registers regular. Field visits are regular, linkages are developed. Counselor is hard working and supporting the TI program very well. She is good in nature and providing field level services and support on regular basis. Service delivery, counselling and handholding support is regular. Documents are maintained at TI level & outreach is done by her.

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 2 sanctioned position and both the ORWs are in place. One PE is promoted as ORW recently due to a vacant position. **One more ORW is needed considering the tough conditions and stretch of the field in the hills.**

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.

4 sanctioned position in TI and it is filled as per the norms, they are from community. One new PE joined recently and was oriented by the TI team about the program. **2 more Pes are required for the TI as the conditions are tough in this area.**

1. Navigator

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

The TI is well versed with the process and system is in place to provide service support & develop linkages with different departments/ service provider to support the community.

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.

The M&E was able to provide analytical information about the gaps in outreach, service uptake to the project staff. M&E position is vacant and advertisement is floated for this position and very soon this position will be filled as ensured by the PD TI.

## **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 ORW & PE during the evaluation period. Planning is based on the data collected & information’s gathered from the community which provide evidences for planning & service delivery.

## **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 seems that TI has very good relations with community members and the stakeholders at every level, services are satisfactory and quality is ensured by the TI.

## **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.

Regular services are provided to the community and community accepted that they are regularly provided with the services.

Community is involved in project and it is seen during the evaluation period, support of community, participation of community members & accessing the services with the help of PE is visible.

## **Commodities**

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

The system is in place and the process has been followed by TI staff for planning through different data uses & demand generation assessment.

## **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.

Women of community are motivated to collectivize themselves through SHGs and individually skill development is also done which is not noted or recorded. Different committee has been formed by the TI & it has representation from community.

Financial literacy, legal literacy, digital literacy and enabling for human rights was focused by the TI which helped lot of community members & their family.

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

|  |  |  |
| --- | --- | --- |
| Sr. No. | Scheme Name  | No. Of Beneficiaries  |
| 1) | Aadhar Card  | 250 |
| 2) | Pradhan Mantri Jan Dhan Yojana  | 185 |
| 3) | PAN Card | 75 |
| 4) | Internal Road Sanction Follow up  |
| 5)  | Gharkul Awas Yojana Form Filling & submission  |
| 6)  | Voting Card  | 250 |
| 7) | Water Supply Connection Follow up  |
| 8) | Opening Balwadi for young kids |
| 9) | Ration Card  | 250 |

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

The TI is working in this area for long time and the community support & trust is one of the best visible outcome is seen during this evaluation period.

The TI helped community in leveling of a ground for young kids which is a good gesture towards changing the mindset of community & society at large.