

Confidential Report
EXECUTIVE SUMMARY OF THE EVALUATION
 (Submitted to SACS for each TI evaluated with a copy to NACO)

Profile of the evaluator(s):

Name of the evaluators	Contact Details
Imam Ansari (TL)	+91 8825125458
Mohammad Niyaz Ahmad (Co-evaluator)	+91 9503162438
Fakhruddin Hussain (Finance Evaluator)	+91 7005620629
Officials from SACS/TSU (as facilitator) Sudhir Kumar	+91 9234675020

Name of the NGO:	GraminSamaj Kalyan Vikas Manch (GSKVM) Deoghar.
Typology of the target population:	FSW
Total population being covered against target:	1007 total active population is being covered against target 850.
Dates of Visit:	07/03/2022 to 09/03/2022.
Place of Visit:	Saheb Pokhar Road, Near V2 Mall, VIP Chowk, Deoghar

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Below 40%	D	Poor	NA
41%-60%	C	Average	NA
61%-80%	B	Good	NA
>80%	A	Very Good	Recommended for continuation with specific focus for developing learning sites.

Specific Recommendations: Recommended for continuation with specific focus for developing learning sites. Staffs are able to provide training especially for record and document maintenance, therefore this skill JSACS can utilize.

Name of the evaluators	Signature
Imam Ansari (TL)	<i>Imam Ansari</i>
Mohammad Niyaz Ahmad (Co-evaluator)	<i>M Niyaz Ahmad</i>
Shubhendu Datta (Finance Evaluator)	<i>Shubhendu Datta</i>
Fakhruddin Hussain	<i>Fakhruddin Hussain</i>

T1-Annual Evaluation Tool (FSW/MSM/IDU)-2021

Name of the NGO: Gramin Samaj Kalyan Vikas Manch (GSKVM)			TI -Annual Evaluation Tool (FSW/MSM/IDU)-2021		District: Deoghar	State: Jharkhand
Organisational Capacity						
Sl.No	Indicators	Mean of verification/observations	Areas of assessment	Score Resulted	Explanation for score	Remarks
1	At least All project staff and PE positions have been filled as per project proposal	All NGOs contracted has to appoint the staff within three months from signing of contract. Project proposal, appointment letters / staff attendance sheet during the last year (If a position has been vacated and not filled in within 2 months, give "0" mark for this indicator.)	Recruitment system	1	Yes, All staff has appointed as per agreement with JSACS	
2	Staff turnover witnessed in the project during the contract period.	Attendance sheets /appointment letters. (If there is more than 60% of project staff except peer educators have resigned during the year then this indicator will be awarded '0') If the replacement for a position is not done within two months should also be awarded "0"	Institutional process	1	16% Project Staff except PE showing turnover during the project period and rest is promoted.	
3	PE turnover witnessed in the project during the contract period	Attendance sheets /appointment letters. (If there is more than 40% PEs turnover during the contract period then this indicator will be awarded '0'). If the replacement for a position is not done within two months should also be awarded "0".	Administrative system	1	33% PE showing turnover during the project period.	
4	10% of the ORWs are from the community i.e. either the peer educators have been graduated to become ORWs or the community members are selected as ORWs	This process of selection of community members as ORWs should be atleast one year old.	Staffing	1	1-ORW from community and working one year old	
5	Ratio of PEs to HRG (a ratio of 1: 60 for FSW/MSM & 1:40 for ITTG & IDUs)	Line listing of HRGs and number of PEs/VPL on board. (A 20% Variation may be considered for HRG PEs/VPL ratio as per project proposal). Please check with respective SACS for modified ratio.	Staffing	1	Line listing of PE vs HRG found as per guideline and 4-5% variation showing as per document.	
6	50% of the PEs belong to the age group below 30 years or should match with the high/medium risk HRGs listed by the programme	Interact with all the peer educators for core TIs. The peer educators should be recruited at least 6 months and are trained by the project.	Staffing	1	4 PE out of 14 (30%) of PE belongs to age group of 30+	
7	For each set of 250 HRG there is an ORW has been appointed	Registration documents, MIS reprints, ORW records. (A 20% Variation may be considered for HRG PEs/VPL ratio as per project proposal).	Staffing	1	Yes, for each set one ORW has been appointed	
8	Job description given to each project staff, atleast staffs are able to describe their job description and the same is reflected in their plans prepared for the programme during last 2 quarters	All project staff do have written job description or available at NGO level. If the programme manager and all ORWs are not able to describe their job responsibilities or the same is not reflected in their plans, the score should be '0'	Institutional Environment	1	All staff has given job description with appointment letter found.	
9	Attendance/leave register maintained for the project staff	Examine the attendance register is in use/leave register available	Administrative system	1	Attendance and leave records are found and maintained	
10	Does the NGO management takes into consideration the community needs/resources into consideration while planning delivering services through arrangements like availability of programme management body represented by community/ community consultations.	Minutes of the community consultation/ programme management body represented by community members should reflect that such process is at least more than 6 months old, otherwise the score should be '0'	Institutional visioning / shared responsibility.	1	Yes Project Management committee found and meeting done twice in a year	
11	Induction training / orientation to PE and other staff has been completed by the TI project immediately after recruitment	Training registers/ induction training report	Proper induction in place	1	Training register found and updated.	
12	The role of Governing Body members in addressing issues of crisis/stigma/discrimination faced by the community members by networking with stakeholders, by keeping well informed about the issues of HRGs	Meeting with at least 2/3 members of the GB and interview to focus on their role in the programme. Also meet at least the stake holders and assess the role played by the members. If organization not play any role in addressing issues faced by HRGs, score should be '0'.	Understanding of role of NGO in developing contusive environment.	0	Record not found	
13	The Project Director attended atleast 80% all the monthly meetings of the TI project during the year. The PD has attended and initiated action against the areas of improvement based on the minutes.	Attendance of meeting registers and minutes of the meeting. Action taken report based on previous meeting.	Involvement of Project director in project activities	1	Attendance of meeting registers and minutes of the meeting are found	
14	Assets purchased under project is codified/marked	Assets register and purchase voucher (All the assets purchased under the project)	Proper asset maintenance system	1	Yes, Assets are codified and marked	
Total Score				13		

Anam Ansari
13/3/22

NO. 42
13/03/2022

Jal 13/3

Sl.No.	Indicators	Typology Applicable	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores	Score Resulted	Explanation for score
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OUT REACH

Service delivery data of HRG maintained at outreach level

FSW/MASM /TC/IDU

100% of active population

100% Are Active
Population (100% weekly planning and activity sheet (Formal B.B. 1) as per NACOs Achievement)

Verify the master register of HRG. Line listing weekly Formal B.B. 1 of the last one quarter. Meeting with PIs should be conducted

Form B.B. 1 is maintained by PIs for no prioritization of HRG done by ORWs based on risk and vulnerability data

Form B.B. 1 is maintained by PIs and proper prioritization of HRG done by ORWs based on risk and vulnerability data are conducted by PIs based on risk and vulnerability data as per Formal B.B. 1.

Form B.B. 1 is maintained by PIs and proper prioritization of HRG done by ORWs based on risk and vulnerability data.

Individual HRGs tracked for project services

FSW/MASM /TC/IDU

Individual HRG tracking sheet

Yes Individual HRG tracking sheet available and updated

Individual HRG tracked for ICTC, RMC, and Syphilis testing. Updation of Risk, vulnerability and condom demand needle syringe data on quarterly basis.

Interview with M&E officer, Counselors and project manager. Soft or hard copy of individual HRG tracking sheet and quarterly updation of risk and vulnerability data

Individual HRG tracking sheet is available but not updated. Tracking sheet is also not used for planning and prioritization of HRGs.

Individual HRG tracking sheet is available and updated. Data is used for planning and prioritization of HRG Project and M&E officer are able to provide data on - how many HRG tested for HIV, once and twice, how many high visited STI clinic once, twice, three etc.

Individual HRG Tracking sheet is used for planning and prioritization of HRG but M&E not able to provide data because he is new in this position.

Registration of HRG against target

FSW/MASM /TC/IDU

100% of the Contract target

100+ % registered HRG against target

All HRG should be registered by ORW. Formal-A should be properly filled for all indicators for the registered HRGs. Check for Drop-out records and TI to provide explanation in case of less than 100% registration.

Verify the computerized master register of HRGs. Line listing and filled formal-A (data filled for all indicators) for all the registered HRGs. Check for Drop-out records and TI to provide explanation in case of less than 100% registration.

70-80 percent of the target HRGs registered

81-90 percent HRGs were registered against the target

Above 90 percent HRGs were registered

Monthly activity calendar and outreach plan for the TI staff is developed and adhered

FSW/MASM /TC/IDU

Monthly review, Calendar of activities & outreach plan for the current year.

Monthly meetings are regularly conducted, calendar of activities and outreach plan is developed, performance is reviewed and follow up actions prompted.

Whether the monthly review is conducted, activity calendar and outreach plan for the TI staff is developed, and revised plan for the subsequent month is developed.

Verify the monthly review minutes, calendar, outreach plans, and relevant reports

Monthly meetings are regularly conducted but not regular, calendar of activities and outreach plan is not developed

Monthly meetings are regularly conducted and calendar of activities and outreach plan is developed

Monthly meetings are regularly conducted, calendar of activities and outreach plan is developed, performance is reviewed and follow up actions prompted.

Percent of target HRG reached by the project (As per contract) during last one year

FSW/MASM /TC/IDU

100% of the active population/contact target

89% of target HRG reached by the project

Average no. of HRGs were contacted at least once in every month with any or all project services by PIs during last one year

Verification of project proposal, ORW's formal-C and monthly CHMS report. At least 20% of the randomly selected HRGs of selected hotspot need to be verified during the hotspot visits. 80% of the population and BCC/IPC services every month during the contract period. Cross verify with indicator for micro plan. Verify the remaining HRG taking services regularly by the TI.

60-70% of target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period

71-80% of target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period

Above 80% of target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period

Regular Contact: NSP (No. of individuals target HRG contacted with any or all project services - NSP/BCC/IEC/Referral)

IDU

100% of contact target every month

N/A

Average no. of IDUs that were contacted at least 2 days in a week for the purpose of NSP/BCC/IEC/Referral

PE form-B and ORW's formal-C and PE diaries. At least 20% of the randomly selected IDU need to be verified during above during hotspot visits

60-70% of target group are contacted at least 2 days in a week for the purpose of NSP/BCC/IEC/Referral

71-80% of target group are contacted at least 2 days in a week for the purpose of NSP/BCC/IEC/Referral

Above 80% of target group are contacted at least 2 days in a week for the purpose of NSP/BCC/IEC/Referral

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Above 80% of target group are contacted at least 2 days in a week for the purpose of NSP/BCC/IEC/Referral

149

District: Deoghar

Program Delivery

Sl No.	Indicators	Policy Applicable	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores	Score	Explanation for score
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7	Linked by ORWs	FSW/MSM/TC/IDU		All PE have been met at the field minimum 5 days in a week and providing supportive supervision to all the PEs met at the hotspot and provided support by ORW four times in a month	ORW diaries, weekly staff meeting minutes, ORW movement plan/register and Form D. The same should be verified with the community and stakeholders during the hotspot visit.	All PE have been met at the hotspot and provided support by ORW more than four times in a month and all hotspots are covered in a month	3	Record verified and found
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8	Individual New HRGs registered during the year for any project services	FSW/MSM/TC/IDU	20 % of MOL target with in a Year	New HRG registered up to 15 HRGs against the Annual Target	Whether Outreach team registered new HRGs	Verify the master register of HRGs/Registration form "A"	New HRG registered up to 10% against the Annual Target	2	Total 120 HRG registered in last year and Form-A, found then updated in master register
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9	Strengthening outreach activities against the plan by the TIs	FSW/MSM/TC/IDU	24 health camp	100% (24 Camp for CBS out of catchment area done by TI for screening)	How many Health Camp were planned to reach out the hard to reach population	Discussion with the staff and verifying the registers	Less 50%	3	As per record 100% health camp organized by TI out of catchment area
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10	Number of HRG identified, registered, and reached from various networks (Social Network, Virtual Networks, etc)	FSW/MSM/TC/IDU		Registered at least 45% of the various social networks and virtual through virtual method	Whether Outreach team was able to identify the HRGs operating through various social networks and virtual network and how many of them are registered and reached	Discussion with the staff/ Line list/ Services	Identified various social/virtual networks, listed the networks and line list of HRGs available with the project	1	Some of the HRG are registered through various network
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11	Established STI clinic / PPP / Government STI clinics linkages	FSW/MSM/TC/IDU	STI Services should be established	Set-up of STI clinic / PPP linkages developed with DSRC/Govt. Hospital as per NACO guideline	Observations should be made based on NACO guidelines. Project STI Clinic, PPP registers and payment registers to be verified	Project STI clinic / PPP linkages has been set-up but not as per NACO guideline	STI clinic / PPP linkages in place but registers / patient card (Network clinic format) are not maintained as per NACO guideline at clinic	Record available as per guideline
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12	HRG attending STI clinics (Project based / PPP / Government STI clinic) are counselled	FSW/MSM/TC/IDU	100% of clinic attendees	87 % of HRG attended STI clinic during the period	No. of HRG visiting to clinics are counselled	Counselling registers, STI register and monthly CMIS/SIMS report. Interaction with STI providers/counselors/ANM	60-70% of HRGs attending STI clinic were counselled	3	100% of HRG were counselled attending STI clinics as per record found
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13	HRGs attending clinic for STI services such as RMC/GMC, Symptomatic and Presumptive in last one year	FSW/MSM/TC/IDU	4 times in a year of contract target	85% HRG attended clinic for RMC, STI & PT in last one year	No. of HRGs attending regular medical check-up/general medical check-up (for IDU) four times during last one year	PEs Form-B/B-1, STI registers / tracking sheet, ORW form-c field diary, referral slips/registers, Payment registers/slip of PPP doctors and monthly CMIS report	50-70% of the individual HRGs had undergone for RMC twice in past one year	3	All register and record found and verified
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14	Newly registered asymptomatic HRGs provided presumptive treatment (PT) during last one year	FSW/MSM/TC/IDU	100% of newly registered HRGs	No. of new HRG registered during last one year and received PT	STI CMIS/SIMS reports, Referral register, referral slips	50-60% newly registered HRG provided PT	61- 70% newly registered HRG provided PT	3	Yes given and found records
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15	Percent of HRGs tested for Syphilis	FSW/MSM/TC/IDU	2 times in a year of contract target	93% As per current active population	Percent of individual HRGs tested for Syphilis during last one year	STI CMIS/SIMS reports, Referral register, referral slips, individual tracking sheet	30-40% of HRGs underwent Syphilis test	3	Record of syphilis are found in separate file but testing done at private lab
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Sham Shrivastava
13/03/22

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18/03/2022

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18/03/22

Sl.No.	Indicators	Typology Applicable	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores	Score	Explanation for
16	Use of individual HIRGs tested for HIV during last one year	FSW/MSM/TC/IDU	100% of line listed HIRG	96%	No of line listed individual HIRGs tested for HIV during last one year	Referral registers, referral slips and PE form B/B-1 and KTC data. Verify the referral slips signed by the KTC counsellors and POD no provided	51-60% of the HIRGs underwent HIV test twice during contract period	3	Record found and randomly selected referral slip are cross verified at KTC found correct PID No
17	Percentage of HIRG tested positive are registered at ART centre	FSW/MSM/TC/IDU	100% of HIRG tested positive	5 positive case detected in last year (100%)	No of positive HIRGs registered at ART centre during last one year	Verify with the ART centre, referral register	61-70% of the total identified HIRGs linked to ART	3	All positive case linked with ART centre and record cross verified with ART
18	Abcess Management	IDU	HIRGs reported with abcess	N/A	Proper dressing and treatment for all abcess cases under aseptic conditions at the clinic and through outreach	Clinic records, inspection of DIC, and interaction with clients	Aspic abcess management services established and available to for entire day	0	N/A
19	No of Active Spoused and Partner identified in project	IDU	Number of active spouses identified during the project	N/A	How many IDUs are married and having regular partner as per the master register	Verify the Master register/ Female ORW DIARY/ referral slips/	Please specify the number to be linked with indicator 19, which will be the denominator for indicator 19	0	N/A
20	Number of active spouses and partners tested from the identified IDUs by the project	IDU	Please collect the information from the project	N/A	Partners and spouses are tested against the identified by the project	Verify the Master register/ Female ORW DIARY/ referral slips/	Less 50% tested	0	N/A
21	20% of the existing active IDU population has been put on OST	IDU	Total positive identified	N/A	Partner and spoused are registered at ARTC	Verify the Master register/ Female ORW DIARY/ referral slips/	50% to 79% tested	0	N/A
22	Individual HIRGs are getting Needle and Syringes as per N/S demand analysis	IDU	20% of the Active Population	N/A	How many IDUs are currently on OST	Registration Reports/Service Directory	Less 50% tested	0	N/A
23	NSEP Needle/Syringe Return Rate	IDU	100% of distribution against N/S demand	N/A	N/S distribution should be made as per demand/ requirement gap analysis	Verification of individual peer form "B, J" and ORW form "C". Verification to be done during hotspot visit	10-15% of HIRGs registered at OST and are active	0	N/A
24	Bio-medical Waste (BMW) Management	FSW/MSM/TC/IDU	80% of distributed needles/syringes should be returned/ collected after use	N/A	Percentage of needles/syringes distributed to IDUs being returned/ collected after use for safe disposal	Verification of PE & ORW diary, DIC record, disposal register	16-20% of HIRGs registered at OST and are active	0	N/A
25	Identified cases from HIRG were linked for TB to DOT centre (RMTCP) during the contract period	FSW/MSM/TC/IDU	100% of all identified cases of TB	No TB case found in the project period	Whether BMW guidelines are being followed for the safe disposal of waste generated in the TI programme	Verification of PE & ORW diary, DIC record, disposal register, photographs	More than 50% of used needles/syringes being returned/collected for safe disposal	0	N/A
SECTION 2: SUPPORT SERVICES									
ENABLING ENVIRONMENT									
No. of target group member linked to DOT centre during the contract period									
Verification of registers, general treatment register, referral slips/register									
40-50% of the total identified HIRGs linked to DOT									
51-60% of the total identified HIRGs linked to DOT									
Above 60% HIRGs linked to DOT									
Record not found									

Shreem Shree

12/12/22

18/08/2022

13/12/22

Sl. No.	Indicators	Typology Applicable	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores	Score Received	Explanation for
26	Agency meeting with key stakeholders (health service providers, Police personnel, KTC/ART centres, PRI, Social Welfare Dept., Case Keepers, etc.)	FSW/MSM TC/IDU		Agency meeting regularly conducted as per plan at all levels with proper documentation and follow-up	Advocacy meeting held with key stakeholders at various level with plan and MIS reports	Verification of minutes, meeting registers	Advocacy meeting are conducted on need based with or without	Advocacy meeting conducted at all levels as per plan with proper documentation and follow-up	Record found in TI office
27	Crisis management team in place	FSW/MSM TC/IDU	To be addressed 100 % cases	65% addressed crisis management team during the year and team in place. Meeting done quarterly basis as per records	Set up of crisis management team at TI. Advocacy activities/ Crisis management or level. No. of cases reported and solved within 24 hours	Crisis management or meeting register/no. of harassment cases reported (if no such cases reported then verify during interaction with HRG whether they have faced any such harassment/violence/ crisis during the contract period). To review supporting financial documents.	Crisis management team addressed 61-70% of the cases reported during last one year.	Crisis management team addressed above 70% of the cases reported during last one year	Record found and verified during bi-monthly meeting with HRG
COMMUNITY MOBILISATION									
28	Collectivisation (No. of HRGs part of committees CBOs / support groups)	FSW/MSM TC/IDU		45% of HRG are the members of SHG and bank linkage then continued work for livelihood	No. of HRGs are part of committees CBOs / support groups out of the total registered HRG with the project	Verification of records/minutes of Committees (CBO / support groups meetings against the HRG registration document (if CBO do not exist with TI then HRG representation in the committee should be considered)	At least 30 % of the (registered HRGs) are part of Committees (CBO / support groups)	30- 50% of the registered HRGs are part of Committees (CBO / support groups. This should also include at least 30% are new HRGs registered more than 3 months	Some of registered HRG are part of different committee and also some are making SHG group then linked with bank
COMMUNITY RESPONSE TO THE PROGRAM SERVICES									
29	Project is adhering to confidentiality norms	FSW/MSM TC/IDU		63 % adhering confidentiality norms as per discussion of HRG/PE	Privacy in the clinic and information shared in the counselling sessions are maintained and not shared	FGD with the 10-15 community members (suggested to conduct at the field).	50%-60% participants are sure of confidentiality norms being adhered at the project level	Between 61% to 80% of the participants are satisfied with privacy and confidentiality at the project level	During field visit participants ensured TI adhere confidentiality norms.
30	Community perception on project services	FSW/MSM TC/IDU		62% community participation avail by community as per records	Are the community members satisfied with the available services and services meet their demands	FGD with 10-15 community members (suggested to conduct at the field level).	50%-60% participants are convinced with the project services	Between 61% to 80% of the participants are satisfied with the project services.	During interaction with community members some are given feedback for satisfaction of project services.
31	Adequate supply of commodities (Condoms/Lubricants /Needle and Syringes, drugs)	FSW/MSM TC/IDU		98% HRG told received condom from TI Project (As per interview 10 to 15 HRG)	Condoms, needle & syringes for IDUs and Lubricants for MSM provided by Project	FGD with 10-15 community members (Suggested to conduct at the field. If the project is composite conduct the FGD separately).	50%-60% participants are sure of confidentiality norms being adhered at the project level	Between 61% to 80% of the participants reported that they are getting the commodities as and when they demand	Yes record found
32	Involvement of key stakeholders in programme monitoring	FSW/MSM TC/IDU		Stakeholder meeting done b staff regularly	Ability of the project to involve stakeholders like police, civic health service providers, social development sector officials in addressing the issues relating to project services	One to one interaction with at least 3 stakeholders of the project (suggested to conduct at the field)	One stake holders participated in addressing the issues relating to project services	Two stake holders have said 5/10 has involved in addressing the issues relating to project services.	Only one stakeholder participated in meeting for addressing the issues relating to the project services

Pranav Prasad
13/13/22

Niraj
13/03/22

13/03/22

District: Deeghar

State: Jharkhand

Sl. No.	Indicators	Typology	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores			Score	Explanation for
33	Development of Counselor / ANM /FSW/ASST/TC/IDU	FSW/ASST/TC/IDU		Counselor has continuously involved all program activity	The counselor/nurse should be sensitive while addressing issues relating to community members.	FGD with the 10-15 community members (suggested to conduct at the field level)	50%-60% respondents reported that they are satisfied with the counselor/ANM	Between 61% to 80% respondents reported that they are satisfied with the counselor/ANM	Between 81% to 100% of the respondents reported that they are satisfied with the counselor/ANM	2	During group interaction 1 HRC reported that they are satisfied with counselor
34	How many meetings conducted for community score card system in the year	FSW/ANM/TC/IDU		4 Meeting conducted for community score card system in a year		Verify the filled in score card, meeting minutes, and follow up actions	1 meeting conducted in a Year	2 meetings conducted in a Year	3 and more community meeting conducted in a Year	2	2 meetings conducted in a Year
SECTION 1: BASIC SERVICES											
SECTION 2: SUPPORT SERVICES											
SECTION 1: TOTAL MARKS OBTAINED										46	
SECTION 2: TOTAL MARKS OBTAINED										18	
* with regard to the communities, the work not experienced by IT may be taken in to consideration while scoring										64	

Sharon Shwari
13/03/22

Vinay
18/03/2022

Prashant

143
-305-

TI - Annual Evaluation Tool - 2021

(FSW/MSM/IDU/TG)

Name of the NGO: Gramin Samaj Kalyan Vikas Manch (GSKVM)

District: Deoghar

State: Jharkhand

Sl. No./Indicators	Key Questions	Methodology to be adopted	Finance		Score Resulted "0" for No "1" for Yes	Explanation for score	Remarks
			1	Score			
Budget Utilization	What is the percentage of budget utilized against the release of fund on the proposed activities	Verification of vouchers, SOE, Bank book etc..	Utilization should be of or above 60% against the release of fund from SACS	Less than 60% of the released fund		TI has received 65% of the grant Aid from JSACS in two instalments for the FY- 2020 -2021 and 80% of the fund amount has received for the FY- 2021-2022 in two instalments out of which they utilized 45% of the Amount amd for the FY - 2021 - 2022 20% of the amount is received by the TI on dated- 09-03-2022 which is about to expense now & 90% against the released of fund for the FY- 2021-2022 where they utilized 100%.	The TI has utilized 90% of the budget against the release of the fund from SACS and 10% is about to expense now.
1					1		

Deoghar
13/3/22

Deoghar
13/3/22

Deoghar
13/3

-304-
(142)

Form of expenditure	Whether the expenditure is as per approved budget in each head	Verification of vouchers, approved budget, SOE, Bank book etc.	As per the approved budget or No but as per the approval from SACS.	No as per the approval.		Yes, The expenditure is done as per the Approved Budget and each headwise.	TI accounts, vouchers, budget, SOEs and bank pass book are verified and found that as per the approval from SACS, they have been used.
2					1		
Bank Account	Whether a separate bank account maintained for the TI Project at the local bank	Verification of bank book and other related documents	Separate bank account in place for TI project in the project area	No separate account	1	Yes, A separate Bank account is maintained.	TI has a separate Bank account in its own name "GSKVM" in the Bank name "State Bank of India" and it is located near by its project office
3							
4	Systems of Payment-Verification of Bills and Vouchers (in case of book keeping is done by software, day wise prints of vouchers and ledgers should be available)	All payments made with proper bills and vouchers and are in place with proper approval along with the PFMS advice.	Verification of vouchers and bills	Vouchers and bills are properly maintained and are all with approval.	Inadequate and no approval from PD of the TI.	1	All the bills and vouchers are verified and found that some of the vouchers are kutcha means only signed not sealed by PD, PM during the evaluator visit.

Sham Shree
13/3/22

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13/3/22

-303-
191

5	PFMS portal is active	All the payments to the staff and vendors are done through the PFMS portal and advice is kept.	Verification of vouchers and bills	PFMS portal is used for all transactions	PFMS portal is not used for of transactions	1	Yes, PFMS portal is active and used for all transactions.	The TI has maintained all the payments through PFMS and Advice No. is kept
6	Systems of Payment/Mode of payments	All payment is through cheque/PFMS is Rs.5000/- as per revised direction from NACO.	Verification of bank account and vouchers	No cash transaction above Rs.5000/-	Cash transaction for the amount more than Rs.5000/-	1	Yes, Bank Account and vouchers are physically verified, there is no any record found for cash transactions.	After the Bank account and vouchers verifications it has been found that the TI has not done any cash transactions, All the payments made through PFMS.
7	Systems of Payment-Record Keeping	All vouchers are printed and machine numbered. Whether the ledger is maintained accordingly for vouchers	Verification of vouchers Verification of ledger	Vouchers are printed and machine numbered. Ledgers are maintained properly.	Not in place.	1	The TI has been used journal online printed vouchers and auto numbered. and the Ledger is maintained on online on tally..	All the vouchers are auto numbered. and the Ledger is maintained on online on tally. But maintained on accordingly for vouchers

Sham Shwari
13/03/22

Pinar
13/03/22

13/03/22

-302-
140

Terms of booking keeping maintenance	Whether cash book maintained/entry made on daily basis	Verification of cash book and interview of accountant	Cash book is updated	Not updated		No, the Cash Book is not maintained instead they are using Bank book.	The TI has maintained only Bank Book And the Accountant, is B.com and joined the TI from 31-12-2021 and so he has not much knowledge about the TI accounts, Since he is very new so he needs training on accounts.
8					0		
Financial reporting-SOEs submitted as per operational guideline	Whether SOEs are submitted to SACS on time in the prescribed format.	Verification of SOEs and interview of SACS official	SOEs are submitted on time and records for the same is available.	Irregular in submission of SOEs.	1	Yes, the TI has submitted SOEs monthlywise to JSACS.	SOEs has submitted in the prescribed format only but the records keeping like Cash book and Ledger are only maintained on tally.
9							

Pranathi
13/3/22

Nirvan
13/3/22

13/3/22

-205-
(139)

Financial reporting-Mismatch between physical & financial reporting		Whether any mismatch between financial and physical progress reports	Verification of MIS reports and audit reports	Nil or Negligible mismatch	Huge level of mismatch observed and not justifiable		No, there is no any mismatch between financial and physical progress reports	TI's MIS report has been verified and the audit report for the FY-2019-2020 & 2020-2021 is not yet received by the TI where the last audit has done on dated 18-10-2021.
10						1		
	Compliance to SACS directions	Whether NGO has complied to the audit observations	Verify audit recommendation and action taken based on the report	NGO has given adequate attention to audit recommendations and actions were taken	No action from NGO side		No, the Audit report is not available at TI for the FY-2019-2020 & 2020-2021,	Since the TI has not received Audit Report for the FY- 2020-2021, so there is no any compliances to the audit observations to SACS.
11						0		
	Procurement system in place	What is the procurement system for purchase of drugs/needles and syringes/fixed assets/ etc	Three quotations to be collected (Not needed where the supply is from government mechanism)	Quotations are in place from three different parties and assessed.	No system in place, either by the NGO or Government system is in place	1	Procurement system is maintained by the TI for the purchased of any materials for official purpose,	Three quotations from different parties are kept by the TI.
12								
Total Score						10		

Answer
18/13/22

Divya
18/03/2022

Jadhav

138 - 306 -

Scoring Sheet for FSW/MSM -2021									
Name of the NGO: GSKVM				District: Deoghar		State: Jharkhand			
Calculation of score for stage 1									
S. No.	Particulars	Maximum no. of indicators	Max. Score	Minimum Qualifying Marks	Minimum Qualifying Percentage				
Stage1									
1	Organisational Capacity	14	14	11	79				
2	Finance	12	12	8	67				
Actual Marks (calculated automatically from the evaluation sheet)									
	Particulars	Max. Score	Actual Marks Obtained	Percent of Marks	Status-Qualified/ not Qualified	Remarks			
1	Organisational Capacity	14	13	93	Qualified				
2	Finance	12	10	83	Qualified				
Calculation of score for stage 2									
Weightage Score from Program Delivery (calculated automatically from the evaluation sheet)									
S. No.	Particulars	No. of indicators	Max. Score	Maximum weighted Score	Actual Score Obtained	Actual Weighted Score obtained	Percent score obtained		
1	BASIC SERVICES	17	51	40.8	46	36.8	90.2		
2	SUPPORT SERVICES	10	30	15	18	9.0	60.0		
Total		27	81	55.8	64	45.8	82.1		
Name of the Evaluators				Imam Ansari, Mohammad Niyaz Ahmad & Fakhrudin Hussian					

Shamoon Hussain
13/3/22

Niyaz
10/3/22

Fakhrudin Hussian
13/3/22

-299-
132

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

- o Name and address of the Organization:

GraminSamaj Kalyan Vikas Manch, Deoghar, Jharkhand

Address: Saheb Pokhar Road, Near V2 Mall, VIP Chowk, Deoghar-814112

Email ID: gskvm@yahoo.com/tiofficedeoghar@gmail.com

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

Year of starting	Contracted population	Ever registered	Current active	No. of approved staff	No. of staff on board
Jan'2010	850	1016	1007	6	6

- o Chief Functionary: **Md. Hashmat Rabbani**

- o Year of establishment: **25th January'1990**

- o Year and month of project initiation: **Jan'2010**

- o Evaluation team:

Imam Ansari (TL, Evaluator)

Mohammad Niyaz Ahmad (Co-evaluator)

Fakhruddin (Finance Evaluator)

Sudhir Kumar (Facilitator-JSACS)

- o Evaluation Timeframe:

7/03/2022 to 9/03/2022

Profile of TI

(Information to be captured)

- o Target Population Profile:

FSW

- o Type of Project:

Core

- o Size of Target Group(s):

850

- o Sub-Groups and their Size: **850**

1. Street based, 2. Home based, 3. Lodge/Dhaba based

Imam Ansari
13/3/22

Niyaz
13/3/22

Fakhr
13/3/22

-298- 136

Target Area: Target area is divided into 29 hotspots:-

List of Hot Spot				
Sl. No.	Name of Hot Spot	Block	TYPOLGY	ACTIVE HRG
1	Bajla Chowk	Deoghar	FSW	21
2	Govt. Bus Stand	Deoghar	FSW	10
3	Chopa More	Mohanpur	FSW	31
4	Gidhani	Deoghar	FSW	20
5	Barmasiya	Deoghar	FSW	72
6	Kunda	Deoghar	FSW	23
7	Rikhiya	Mohanpur	FSW	13
8	Nandan Pahar	Deoghar	FSW	33
9	Mohanpur	Mohanpur	FSW	73
10	Deoghar Railway Station	Deoghar	FSW	32
11	Ranga More	Deoghar	FSW	14
12	Jasidih Railway Station	Deoghar	FSW	35
13	Sarath	Sarath	FSW	25
14	Ashna More	Sarath	FSW	27
15	Sapaha	Sarath	FSW	3
16	Bherwa	Madhupur	FSW	13
17	Madhupur	Madhupur	FSW	126
18	Jhil Talab	Madhupur	FSW	21
19	Bagdaha	Palojori	FSW	37
20	Palojori	Palojori	FSW	38
21	Chitra	Palojori	FSW	80
22	Belatukur	Devipur	FSW	31
23	Satsang Chowk	Deoghar	FSW	43
24	BaidhynathTokise	Deoghar	FSW	34
25	Azad Chowk	Deoghar	FSW	21
26	Pvt. Bus Stand	Deoghar	FSW	38
27	NursinghTokies	Deoghar	FSW	22
28	Jhundi	Devipur	FSW	53
29	Thadyari	Devipur	FSW	18
TOTAL				1007

Key Findings and recommendations on Various Project Components

I. 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.

Anam Anwar
13/13/22

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During the visit we meet with the secretary of the project and found that he is aware about the project activities and organization was doing advocacy with different stakeholders to address the issues which affected the community members to continue their profession peacefully. TI asked more intensive monitoring from the secretary.

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.
Staffing pattern as per NACO is applied and in support documents are also available, reporting and supervision as per instruction is followed and in support documents are attached (Please find hard copy). Most of the staffs are dedicated to the organization and are performing well their role and responsibilities. The support in the form of grant from JSACS motivates and is a great help for the organization to run (said by staffs).
2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.
Advocacy is done in the community. All points are satisfactory except few, on regular interval basis training is provided by senior employees as well as staffs go for training to Ranchi. Documentation of training & advocacy we checked and found satisfactory.
3. Infrastructure of the organization. **To run an organization all possible facilities are available.**
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. **Documentation and Reporting is satisfactory as per documents available.**

III. Program Deliverable

1. Line listing of the HRG by category. **Yes, it available**
2. Shadow line list of HRGs by category. **Yes, it available**
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. **Found satisfactory.**
6. Differentiated Service Delivery planning in place and the same is reflected in documentation. **Found satisfactory.**
7. Coverage of target population (sub-group wise): Target / regular contacts only in core group. **Yes, it available and done.**
8. Outreach planning – Secondary distribution of Needles and Syringes (NA).
9. Outreach planning – Peer Navigation. **Yes, it available and done.**
10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp. **Monthly planning and day wise documentation available at TI level and proper follow up done regularly. Reaching out to HRGs who are uncovered and try to reach out if any**

Amam Anvari
12/8/22

Niyal
3 18/03/2022

Jack 12/3

information from different source gets.

11. Outreach planning-Increasing new and young HRGs registration through strengthened outreach approach model. **Outreach approach model is getting followed for new HRG registration and follow up document is available.**
12. Outreach planning – quality, documentation and reflection in implementation. **Outreach planning documents are available and implementation exists.**
13. PE: HRG ratio. 1: 60+

Sl. No.	Name of the PE	PEs-Code	Total No. of Active HRG
1	Shila Hembram	PE-01	80
2	Gudia Devi	PE-02	82
3	Ranju Devi	PE-03	37
4	Sugiya Devi	PE-04	72
5	Lalita Devi	PE-05	80
6	Chanda Devi	PE-06	21
7	Manju Besra	PE-07	38
8	Manorama Kumari Murmu	PE-08	65
9	Poonam Kumari	PE-09	113
10	Sukhani Kumari	PE-10	77
11	Yashoda Kumari	PE-11	71
12	Aloka Kumari	PE-12	72
13	Anita Murmu	PE-13	126
14	Shahjadi Bibi	PE-14	73
Total		14	1007

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, lubes, syringe and needles, abscess treatment, etc., should be referred with SACS.

According to SACS guideline one to one and regular contacts is made as well as (Differentiated Prevention Service Delivery mode is applied). STI care, PT, RMC service delivery is reaching to the FSW, condom distribution according to stock availability is done.

15. Documentation of the PEs & ORWs.

Documentation of the PEs & ORWs are very satisfactory except a few irregularities.

16. Quality of peer education- messages, skills and reflection in the community. **Satisfactory.**

17. Supervision- mechanism, process, follow-up in action taken, etc. **Satisfactory.**

IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community. **Very carefully it is done during the inspection it has been found.**
2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc. **PPP clinic is available in the office wherever required the referral slip and follow up is found satisfactory.**
3. In case of migrants and truckers the STI drugs are to be purchased by the target

Amam Anvari
13/3/22

4 *Niyaz*
14/03/2022

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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.

Quality of treatment in the service provisioning is enough satisfactory and adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS center and Community care centers as well.

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.

Who were found positive their record is maintained, referral slip, follow up card, medicine stock is available! Everything is satisfactory (Please find hard copy).

5. Availability of Condoms- Type of distribution channel, accessibility, adequacy, etc. **At present 1285 condom is available in register as well as stock is available and verification has been done, and through ORW to PE and finally HRG gets condom according to demand.**
6. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres. (NA)
7. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.

Total no. of condom distribution is 94853 during theFY 2021-22 from April to February through regular contacts.

8. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.(NA)
9. Information on linkages for ICTC, DOT, ART, STI clinics.**It is available & meeting done with all facilitator then cross verified the random selected data matched.**
10. Referrals and follow up.**It is available.**

V.Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.**Single (FSW) CBO formation exists. Beneficiaries are emotionally attached with the organization and believe on its work.**
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents. **Through the photographs, field visit and document, it is evident that Community participation exist.**

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics, etc.**Linkage establishment document is available and is satisfactory.**
2. Percentages of HRGs tested in ICTC and gap between referred and tested.**100% tested, no gap between referral and test is found.**
3. Support system developed with various stakeholders and involvement of various

Anwar Anwar
13/12/22

5 *Nigam*
13/08/2022

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stakeholders in the project. Is available.

VII. 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 System of Accounting has been followed as per SACS/NACO Guidelines where the NGO is practicing a system of getting approval from Project Director/Secretary before any transactions or payments. All payments are made with proper bills and vouchers which reflects in Cash book and Ledger as well.

2. 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.

TI has received 65% of the payments from the JSACS for the FY- 2020-2021 in two installments where the TI has utilized 45% of it from the 1st instalment and 80% of the payments received from JSACS for the FY- 2021-2022 and has utilized 100%. All the payments were made with bills and vouchers but some of the vouchers are not pucca vouchers where it has been found that the payment vouchers were not sealed by the TI signing authority during the approval, i.e, Secretary/PD of TI Project. TI NGO adheres of system of SACS/NACO in which all the payments were made through PFMS and the advice also kept by the TI. More over NGO is using printed vouchers with machine numbered and cash payments beyond Rs. 5000/- is not witnessed. Regarding the stock and issue register are properly maintained by the TI and quotations are also available in the office.

3. 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.

It has been found that proper procurement system is maintained by the TI and all kept in record and in place.

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

TI has a separate Bank account in its name " GSKVM" in the Bank name "State Bank of India" and it is located in nearby its project office area.

The TI has maintained all the payments through PFMS and Advice No. is kept properly and verifications of bills and payment vouchers have also been done where some of the bills and vouchers are not pucca and only signed by the PD but not sealed where they are strictly observed and advice not to repeat the same.

Anam Anvari
18/12/22

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- 298 -
(131)

SOEs has been submitted monthly wise to JSACS where only SOE has been prepared by the TI.

Audit Reports for the FY- 2019-2020 & 2020-2021 was not available in the NGO.

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. **MA in and having several years of experience in the concerned area. All relevant documents are available in the form of hard copy, and all responses from the queries we found very satisfactory. (please find hard copy)**

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. **She is having enough knowledge of Clarity on risk assessment and risk reduction, and further having the knowledge of counseling and HIV, symptoms of STIs; all aspects he elaborates and maintains document as well. Data and registers are available, field visits and initiation of linkages also exists, symptoms of STIs he told with clarity and explanation, maintenance and updating of data and registers is moderately satisfactory.**

c) ANM/Counselor in IDU TI (NA)

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.

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. **ORWs are well aware regarding their document maintenance and are doing well in the field as well, knowledge sharing to PEs and HRGs exists. About outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing etc. we enquired, over all their performance is satisfactory. Most of the plans and documents are pasted at walls.**

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13/3/22

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18/03/2022

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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. **Prioritization of hotspots exists after analysis, importance of RMC and ICTC testing is delivered, condom demonstration skill they fulfill.**

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc. **PLHIV identification exist and escorting PLHIV to ART center is also in process; help in ration card registration and account opening service facility is also provided by the organization.**

g) Peer Educators in IDU TI (NA)

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.

h) Peer Leaders in Migrant Projects (NA)

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.

i) Peer Educators in Truckers Project(NA)

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.

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.

M&E cum accountant is able to elaborate everything regards to his responsibilities and is able to provide analytical information about the gaps in outreach as well as how much target has been achieved, service uptake to the project staff is very satisfactory.

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

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13/3/22

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monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

We interacted with almost every ORWs, PEs, and a few FSWs respondents, they informed that they get all possible help from the organization regarding condom, awareness about HIV etc. Hotspot wise micro plan and its clarity to staff and PEs are very clear and are able to describe.

X. Outreach activity in Truckers and Migrant Project(NA)

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.

XI. Services

Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs. **All are very satisfied.**

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.

The NGO tried to find the HRG and through counselling registration process started, and regarding the program word to mouth grapevine method worked well in the community, so it became easy to identify the authentic person for community participation in the TI. Role of community participation is first preference for advocacy, monitoring, feedback, prevention service delivery, etc. Community is very happy regarding NACO's effort for prevention of deadly disease. Community involvement exists.

XIII. Commodities

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

Condom and kit delivery system exist here and rest is very satisfactory especially hotspot analysis and planning for distribution.

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.

Systematic plan for advocacy, involvement of stakeholders and community involvement advocacy is satisfactory and network linkage also exist. Most of the services are delivered as well as via network linkage especially condom distribution, referral,

Amam Ansari
13/3/22

9/11/22
12/08/22

13/3

advocacy to HRGs etc.

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

Regards to social protection schemes the NGO intervention exist like rations card get made to HRGs and Aadhar card updating facility is facilitated.

- I. Details of Best Practices if any

Document maintenance is very satisfactory. The community engagement with the organization is familial.

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